

FISTULA CARE

Associate Cooperative Agreement

GHS-A-00-07-00021-00



Annual Report October 2007 to September 2008

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to

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By

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ACRONYMS AND ABBREVIATIONS

AAFH	Addis Ababa Fistula Hospital
ACQUIRE	Access, Quality and Use in Reproductive Health
AMTSL	Active Management of the Third Stage of Labor
AWARE-RH	Action for West Africa Region – Reproductive Health
BBC	British Broadcasting Corporation
BCC	Behavior Change Communication
BE _m OC	Basic Emergency Obstetric Care
CBO	Community Based Organization
CHUK	Central University Hospital of Kigali
COPE [®]	Client-Oriented, Provider Efficient Services
DRC	Democratic Republic of the Congo
EmOC	Emergency Obstetric Care
ESD	Extending Service Delivery
FC	Fistula Care
FIGO	Federation of International Gynecologists/Obstetricians
FoC	Fundamentals of Care
FP	Family Planning
FRS	Fistula Repair Surgery
FTWG	Fistula Technical Working Group
FY	Fiscal Year
GBV	Gender Based Violence
GFMER	Geneva Foundation for Medical Education and Research
HEAL	Health, Education, Community Action, Leadership Development
IHI	IntraHealth International
IRC	International Rescue Committee
IP	Infection Prevention
IOFWG	International Obstetric Fistula Working Group
ISOFS	International Society of Obstetric Fistula Surgeons
LGA	Local Government Areas
MAP	Men As Partners [®]
M&E	Monitoring and Evaluation
MIS	Management Information System
MOH	Ministry of Health
MSF	Medecins Sans Frontieres
NGO	Nongovernmental Organization
Ob/Gyn	Obstetrics/Gynecology
PAUSA	Pan African Urological Surgeons Association
PMP	Program Monitoring Plan
QI	Quality Improvement
REF	Network for the Eradication of Fistula

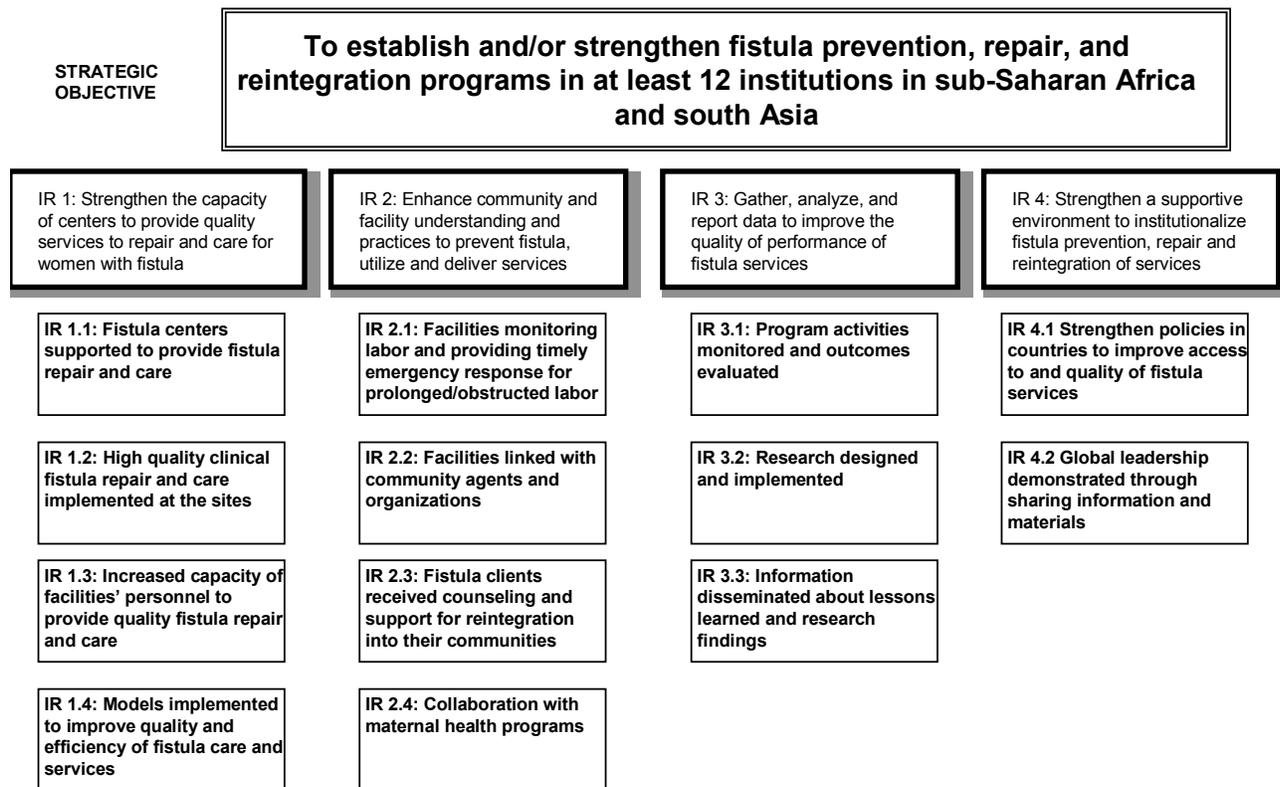
RH	Reproductive Health
RVF	Recto-vaginal Fistula
SM	Safe Motherhood
UNFPA	United Nations Population Fund
USG	United States Government
UTI	Urinary Tract Infection
VOA	Voice of America
VVF	Vesico-vaginal Fistula
WHO	World Health Organization

I. INTRODUCTION

This annual report represents a summary of accomplishments for the first year (October 1, 2007-September 30, 2008) of the Fistula Care project, a five-year Associate Cooperative Agreement (No. GHS-A-00-07-00021-00) supported by USAID.

USAID support to EngenderHealth for fistula services began in 2004 under the ACQUIRE Project. The scope of work under the ACQUIRE project was primarily focused on training of surgeons in fistula surgery and strengthening the capacity of sites to provide quality fistula surgery. With the award of the Fistula Care Project, the scope of work has been expanded to include a focus on prevention activities. The goal of the Fistula Care project is to increase and strengthen the number of sites providing fistula services, as well as to support prevention through advocacy, increased attention to the provision of emergency obstetric care, the use of family planning, and to identify ways to support fistula clients post-surgery to reintegrate into their families and communities, if that is their desire and their need. The results framework for the project is shown below in Figure 1.

Figure 1: Fistula Care Results Framework



This report focuses on Fistula Care’s inputs, outputs and, in certain cases, results of key interventions from global leadership and country programs. As of September 30, 2008, USAID is now supporting fistula treatment and prevention activities in **37 sites** (includes 4 prevention only sites in Ethiopia, 1 in Niger and 8 sites in Nigeria) in **10 countries**; see Table 1 and Figure 2 below. Funding for program activities in the final quarter (July-September 2008) continued with ACQUIRE pipelines in all

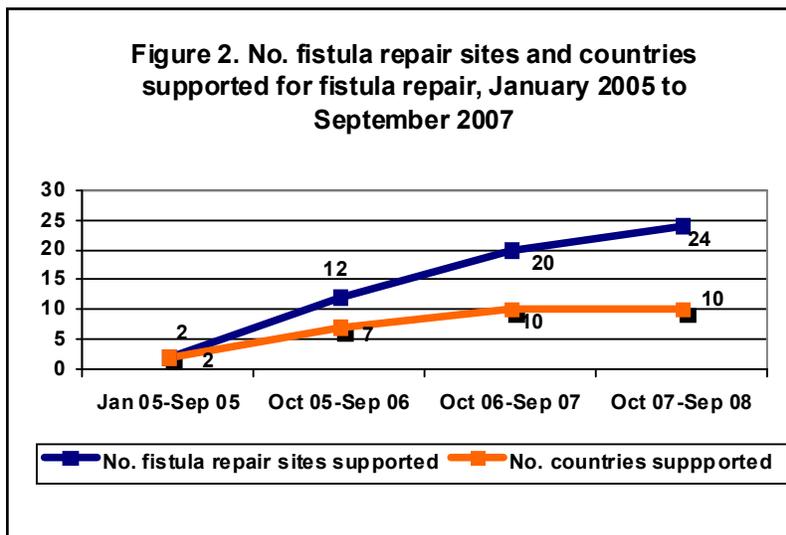
countries except Guinea, Liberia, Niger, Nigeria, and Sierra Leone. Fistula Care funds supported activities in Guinea, Liberia, Nigeria and Sierra Leone this quarter.

The annual report is organized into three sections: Overall accomplishments by Results, Country Reports, and Management.

**Table 1. Number of Countries Supported by USAID for Fistula Repairs by Status
October 2007-September 2008**

Country	Active Oct 2007-Sep 2008	Programs Under Development	Completed
Bangladesh	X		
Benin*		X	
Democratic Republic of Congo (DRC)	X		
Ethiopia	X		
Ghana			X
Guinea	X		
Liberia*	X		
Mali		X	
Niger	X		
Nigeria	X		
Rwanda	X		
Sierra Leone	X		
Uganda	X		

*Fistula repair activities will be carried out in these two countries aboard the Mercy Ships *Africa Mercy* while docked in those countries. Support of fistula repairs in Liberia began August 1, 2008. The *Africa Mercy* will move to Benin in early 2009.



II. Global Accomplishments

During the first year of the project considerable effort was put into assuring a smooth transition from the ACQUIRE Project to Fistula Care, and developing new programs. Global staff worked with all the country programs to support the development of workplans and strategies and the development and management of sub-awards. During the past year a total of 10 sub-awards were managed by the New York based team and six by the EngenderHealth country office in Bangladesh (see Table 2).

Table 2. Sub-awards, October 2007 through September 2008

Country	Name of Institution	Where managed	Purpose	Start Date	End Date	Total Amount Obligated to date
New York Managed Sub-awards						
Bangladesh	LAMB Hospital	EH/NY	Global research	1/1/2008	11/30/2008	2,205
Bangladesh	Kumudini Hospital	EH/NY	Global research	1/1/2008	11/30/2008	1,352
Bangladesh	Memorial Christian Hospital	EH/NY	Global research	1/1/2008	11/30/2008	1,279
Bangladesh	LAMB Hospital	EH/NY	Program Services	7/1/2005	12/31/2007	79,373
Sierra Leone	Mercy Ships	EH/NY	Program Services	1/1/2007	3/31/2008	353,679
Sierra Leone, Liberia & Benin	Mercy Ships	EH/NY	Program Services	7/1/2008	6/30/2009	701,840
Uganda	Kitovu Hospital	EH/NY	Global research	12/1/2007	8/31/2008	5,107
Uganda	Kagando Mission Hospital	EH/NY	Global research	12/1/2007	8/31/2008	3,308
Uganda	Center for Digital Storytelling	EH/NY	DVD development	8/1/2007	12/31/2007	25,562
Uganda	Mulago National Referral Hospital	EH/NY	Program Services	1/1/2005	12/31/2007	2,225
Field Based Managed Sub-awards						
Bangladesh	LAMB Hospital	Field office	Program Services	3/1/2007	12/31/2007	15,543
Bangladesh	LAMB Hospital	Field office	Program Services	1/1/2008	11/30/2008	53,489
Bangladesh	Kumudini Hospital	Field office	Program Services	7/1/2005	12/31/2007	75,691
Bangladesh	Kumudini Hospital	Field office	Program Services	1/1/2008	11/30/2008	55,115
Bangladesh	Memorial Christian Hospital	Field office	Program Services	3/1/2007	12/31/2007	9,724
Bangladesh	Memorial Christian Hospital	Field office	Program Services	6/1/2007	06/30/2008	19,976

Fistula Care global staff, EngenderHealth staff, and consultants provided in country technical assistance visits to 9 countries during the October 2007 –September 2008 period. The focus of the technical assistance included (see Table 3):

- Training of research teams for the global prospective study on fistula (Bangladesh, Nigeria, Rwanda)¹
- Skills training for providers in counseling and infection prevention (Bangladesh and Nigeria)
- Development of new program materials—traumatic fistula counseling and fistula nursing materials (Tanzania, DRC, Uganda)

¹ Training for the research teams in Guinea and Uganda was accomplished under the ACQUIRE project in FY 2006-2007.

- Program development and support (Mali, Niger, Nigeria, Rwanda)
- Data management (Nigeria)
- Program evaluation (Sierra Leone)

Table 3. International Technical Assistance October 2007-September 2008

Country	Purpose	Who	When
Bangladesh	Research Training for global study	Mark Barone	October 2007
Bangladesh	Field test of fistula curriculum	Levent Cagatay	June 2008
Democratic Republic of Congo	Key informant interviews for development of traumatic fistula curriculum	Elizabeth Rowley (consultant)	September 2008
Mali	Program Development	Karen Beattie Sita Millimono	February 2008
Niger	Program support	Carrie Ngongo	April 2008
Nigeria	Research Training for global study	Mark Barone	December 2007
Nigeria	Data management	Evelyn Landry	December 2007
Nigeria	Fistula Counseling Training	Fred Ndede	January 2008
Nigeria	Workplan and budget development; medical monitoring	Karen Beattie, Joseph Ruminjo	July 2008
Nigeria	Program Development: integration of family planning & community engagement	Betty Farrell, Nancy Russell	July 2008
Nigeria	Infection prevention training	Fred Ndede,	October 2007
Rwanda	Program Development	Karen Beattie Joseph Ruminjo	June 2008
Rwanda	Research Training for global study	Vera Frajzyngier	September 2008
Tanzania	Workshop for development of nursing curriculum for fistula care	Isaac Achwal	September 2008
Sierra Leone	Program Evaluation	Evelyn Landry Grant MacClean (Mercy Ships)	February 2008

Fistula Performance Data

Fistula Care had several discussions with USAID about development of a performance management plan (PMP). USAID/W approved the PMP in October 2008. A total of 15 core indicators were identified organized by the four project results. Table 4 below shows the Fistula Care accomplishments for the year. See Annex 1 for details about each indicator. Proposed benchmarks for FY 08/09 are under review and will be submitted separately by December 31, 2008.

Table 4: Fistula Care Achievements and Benchmarks

	Baseline 06/07	FY 07/08	FY 07/08	FY 08/09
	Actual	Planned	Actual	Planned
SO To establish and/or strengthen fistula prevention, repair & reintegration programs in at least 12 institutions in sub-Saharan Africa & south Asia				
1. # of sites supported	23	37	37	TBD
▪ # fistula repair only	n/a	9	10	
▪ # fistula repair and FP	n/a	16	14	
▪ # FP only	n/a	12	12	
▪ fistula repair & EOC	n/a	n/a	n/a	
▪ Fistula repair , EOC, FP	n/a	n/a	n/a	
▪ EOC only	n/a	n/a	n/a	
▪ EOC & FP	n/a	n/a	n/a	
▪ unknown	n/a	n/a	1	
2. # of women receiving fistula repair surgery	3,106	3,882	4,061	
IR 1 Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula				
3.#/% of women who received fistula surgery who have a closed fistula & are dry upon discharge	87%	75%	79%	TBD
4 % of women who had fistula surgery who experienced complications	8%	≤20%	4%	TBD
5 # of people trained, by type of training	603	1,800	4,858 ²	TBD
IR 2 Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration				
6. # of community outreach events about fistula prevention	513	625	1,323 ³	TBD
7. # of persons reached in outreach events about fistula prevention	239,675	350,000	442,534	TBD
8. % of all labors with partographs correctly completed & managed according to protocol	NA	NA	NA	TBD
9. Number of births at FC supported sites	NA	NA	NA	TBD
10. Number/Percent of births that were by c section	NA	NA	NA	TBD
11. Number/Percent of c-sections that that were a result of obstructed labor	NA	NA	NA	TBD
IR 3. Gather, analyze and report data to improve the quality and performance of fistula services				
12. % of supported sites reporting and reviewing quarterly fistula monitoring data for improving fistula services	NA	45%	48%	TBD
13. # of evaluation & research studies completed	0	1	0	TBD

² 84% of training was for training of community volunteers; 97% training of community volunteers was in Ethiopia.

³ Data on number of events missing from Guinea for all quarters; from Ethiopia pre repair centers missing for three quarters; for Ethiopia/AAFH missing for all quarters.

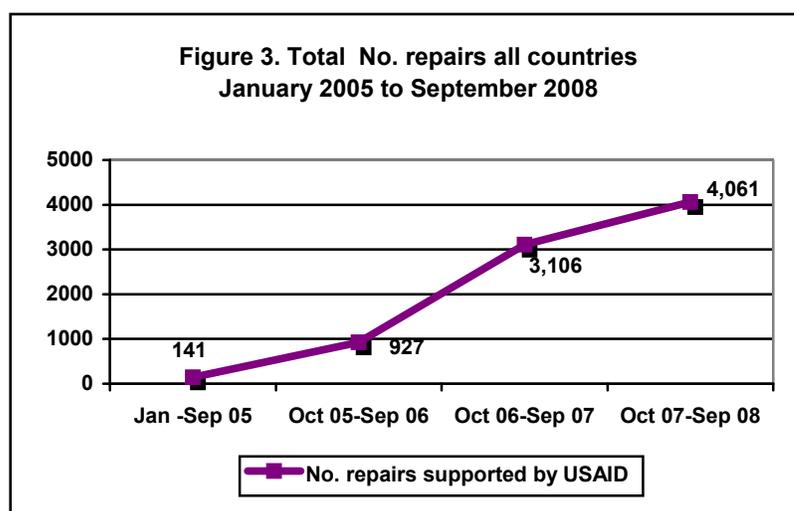
	Baseline 06/07	FY 07/08	FY 07/08	FY 08/09
	Actual	Planned	Actual	Planned
IR 4 Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs				
14.. Number of countries receiving support from Fistula Care where governments or supported facilities have revised/adopted/initiated policies for fistula prevention or treatment	NA	TBD	4	TBD
15. Number of facilities using Fistula Care technical products, by product, for improving fistula treatment and prevention services.	NA	TBD	26	TBD

NA=not applicable
TBD=to be determined

RESULT 1: Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula

Increase in number of Fistula Repairs

The number of women receiving fistula repair surgery in the final quarter was lower than the previous quarter: 931 in July-September compared with 976 in the April-June 2008 period (6% decrease). This was partly a result of delays in funding in the transition from ACQUIRE to Fistula Care. As shown below in Table 5, the total number of women receiving repairs reported for the year was 4,061



from 24 repair sites in 10 countries⁴; the project benchmark was to support 3,882 repairs. The number of repairs supported this year exceeds last year's performance by 31% (see Figure 3); the increase is primarily due to the increase number of sites supported by the project and increased capacity at some sites. Just over one third of all procedures were performed at the Nigeria supported sites (35.4%).

Table 6 is summary of key indicators for all countries reporting services in FY 07/08.

- **Number seeking and requiring fistula surgery:** Overall the majority--77% or more-- of women seeking fistula repair surgery were in need of surgery. Exception was the DRC where about 70% of women who were seeking services required repairs.
- **Percent who received surgery:** Some country programs are experiencing backlogs--women who need surgery but were unable to get surgery during the reporting period. In Guinea 54% of

⁴ Fistula repair services were not provided at one site in Niger--Issaka Gazobi; during this FY this site was a prevention only site.

of women needing surgery received it, in Niger 55%, Bangladesh 71% and Rwanda 65%. The rest of the countries were able to provide 80% or more of the required surgeries.

- **Percent of repairs which were first repairs:** In Ethiopia and Sierra Leone about 80% of the repairs were first repairs; in other countries this ranged from 48% in Rwanda, to about half in Bangladesh and the DRC to about two thirds in the remaining countries.
- **Percent of women discharged with closed and dry fistula:** The rates for women who had closed fistula and were dry was 79% overall for all sites, with a range of 67% (Ethiopia) to 93% (Nigeria); see Figure 4. About one fifth (21%) of the clients had either a fistula that was not closed or had residual incontinence at the time they were discharged.
- **Percent of women who experienced complications:** In general, reports on complications remain low across all the program supported sites; see Annex 2. Complications varied from a low of 3% to a high of 6%, with a mean of 4%. The Bangladesh program had a high rate in the 2nd quarter – 50%- but this gradually went down to 24% in the following quarter and 12% in the last quarter of the year⁵. Most of the other programs had complication rates varying between 0 and 10%. Most of the complications were in the aggregated group of post-op fever, bleeding and urinary track infection (UTI); the second commonest category was anesthesia related. Guidelines for reporting complications has been updated (following discussion at the Accra Meeting) and distributed to program supported sites.

Table 5. Total number of Women Receiving Fistula Repair Surgery by Country, Site, Year and Projections⁶ for FY 08

	FY 05 ⁷	FY 06 ⁸	FY 07 Oct 06 - Sep 07					FY 08 Oct 07 - Sep 08						Grand Total
Country	Total	Total	Oct-Dec	Jan-Mar	Apr-Jun	July-Sep	Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Total	Proj. FY 2008	FY 05 – FY 08
Bangladesh														
Kumudini	7	22	2	3	5	14	24	12	12	8	25	57	30	110
Lamb	4	40	18	14	19	21	72	24	1	13	14	52	40	168
MCH	9	31	6	6	2	9	23	8	0	2	3	13	20	76
Total	20	93	26	23	26	44	119	44	13	23	42	122	90	354
DRC														
Heal Africa	NA	53	33	28	110	44	215	103	90	7	n/a	200	NA	468
Panzi	NA	NA	92	103	93	83	371	n/a	101	33	n/a	134	NA	505
Total	0	53	125	131	203	127	586	103	191	40	n/a	334	NA	973
Ethiopia														
Bahir Dar Ctr ⁹	NA	81	54	58	9	18	139	159	214	171	172	716	750	936

⁵ Actual number of complications was small, 5 in each quarter, with a denominator of 10 and 21 women, respectively (women who had surgery and had been discharged in the quarter).

³ Projections, where noted, were provided by country programs during the work plan development process.

⁷ January to September 2005

⁸ October 2005 to September 2006

	FY 05 ⁷	FY 06 ⁸	FY 07 Oct 06 - Sep 07					FY 08 Oct 07 - Sep 08						Grand Total
Country	Total	Total	Oct-Dec	Jan-Mar	Apr-Jun	July-Sep	Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Total	Proj. FY 2008	FY 05 - FY 08
Mekelle Ctr	NA	n/a	n/a	n/a	n/a	n/a	n/a	35	61	49	50	195	400	195
Total	0	81	54	58	9	18	139	194	275	220	222	911	1150	1131
Ghana¹⁰														
Mercy Ships	0	21	0	42	0	0	42	NA	NA	NA	NA	NA	NA	63
Total	0	21	0	42	0	0	42	NA	NA	NA	NA	NA	NA	63
Guinea														
Ignace Deen	NA	79	39	15	20	40	114	16	16	16	15	63	90	256
Jean Paul II	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	36	36	0	36
Kissidougou	NA	120	54	19	65	40	178	32	40	42	16	130	130	428
Total	NA	199	93	34	85	80	292	48	56	58	67	229	220	720
Liberia														
Africa Mercy	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	59	59	n/a	59
Total	0	0	0	0	0	0	0	0	0	0	48	48	n/a	59
Niger¹¹														
Dosso	NA	NA	NA	NA	NA	0	0	3	11	3	0	17	n/a	17
Issaka Gazobi	NA	NA	NA	NA	NA	0	0	0	0	0	0	0	n/a	0
Lamorde	NA	NA	NA	NA	NA	27	27	12	35	15	8	70	n/a	97
Maradi	NA	NA	NA	NA	NA	0	0	52	34	11	26	123	n/a	123
Tera	NA	NA	NA	NA	NA	0	0	0	3	0	0	3	n/a	3
Total	NA	NA	NA	NA	NA	27	27	67	83	29	34	213	n/a	240
Nigeria														
BabbarR.	NA	NA	NA	NA	NA	356	356	90	172	118	156	536	n/a	892
Faridat Yak.	NA	NA	NA	NA	NA	180	180	22	30	60	38	150	n/a	330
Kebbi	NA	NA	NA	NA	NA	102	102	36	38	36	12	122	n/a	224
Laure Fistula Ctr.	NA	NA	NA	NA	NA	339	339	115	129	107	122	473	n/a	812
Maryam Abacha	NA	NA	NA	NA	NA	104	104	8	56	51	41	156	n/a	260
Total	NA	NA	NA	NA	NA	1,081¹²	1,081	271	425	372	369	1,437	1,385	2,518
Rwanda														

⁹ Data for Bahir Dar are under reported for all quarters prior to October 2007. There was no formal reporting mechanism in place with Engender Health for reporting data. For periods prior to October 2007, the number of women receiving surgery is based on information provided by the pre-repair centers

¹⁰ Fistula Care is no longer supporting services in Ghana

¹¹ Repairs in Niger reported in the April to June & July to September quarters were not supported with USAID funds.

¹² Data for Nigerian sites was not available by quarter for FY07. All services for the year were reported under the July to September quarter.

	FY 05 ⁷	FY 06 ⁸	FY 07 Oct 06 - Sep 07					FY 08 Oct 07 - Sep 08						Grand Total
Country	Total	Total	Oct-Dec	Jan-Mar	Apr-Jun	July-Sep	Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Total	Proj. FY 2008	FY 05 – FY 08
CHUK	0	45	11	10	27	7	55	10	10	7	9	36	90	136
Ruhengeri	0	100	7	62	0	23	92	0	0	47	0	47	145	239
Total	0	145	18	72	27	30	147	10	10	54	9	83	235	375
Sierra Leone¹³														
Aberdeen.	NA	NA	NA	92	109	71	272	85	99	85	94	363	375	635
Total	NA	NA	NA	92	109	71	272	85	99	85	94	363	375	635
Uganda														
Kagando ¹⁴	NA	79	88	25	12	49	174	24	30	29	35	118	n/a	371
Kitovu ¹⁵	121	256	43	48	63	73	227	55	71	66	0	192	n/a	796
Total	121	335	131	73	75	122	401	79	101	95	35	310	n/a	1167
Overall Total	141	927	447	525	534	1,600	3,106	901	1,253	976	931	4,061	3,455	8,235

NA: not applicable; no services supported by USAID during the reporting period. n/a: not available

¹³ Repairs in Sierra Leone reported in the April to June quarter were not supported by USAID.

¹⁴ Repairs at Kagando reported in the July to September quarter were not supported by USAID.

¹⁵ Repairs at Kitovu reported in the April to June quarter were not supported by USAID.

Table 6 Project: Trends Oct. 2007 to Sept 2008 Selected Clinical Indicators

	Bangladesh	DRC ¹⁶	Ethiopia	Guinea	Liberia ¹⁷	Niger	Nigeria ¹⁸	Rwanda	Sierra Leone	Uganda	Total
1. # sites supported for fistula repair	3	2	2	3	1	3	5	2	1	2	24
2. # sites for prevention only services	0	0	4	0	0	1	8	0	0	0	13
3. # women arriving and seeking surgery	202	446	n/a	439	61	440	1,308	141	545	423	4,005
4. #/% of women requiring surgery	171(85%)	308(69%)	n/a	435(99%)	59(97%)	388(88%)	1,287(98)	127(90%)	439(80%)	327(77%)	3,535(88%)
5. Among women who need surgery #/ % getting surgery	122(71%)	334 ¹⁹	911	235(54%)	59(100%)	213(55%)	1,437 ²⁰	83(65%)	363/83%	310(95%)	4,061 ²¹
6. #/% of surgeries first repairs	96(56%)	191(57%)	736(81%)	157(67%)	38(64%)	105(49%)	779/67%	40(48%)	290(80%)	206(66%)	3,455(91%) ²²
7.# discharged ²³	130	334	911	235	59	202	1,069	82	380	316	3,712
8. #/% closed and dry at time of discharge ²⁴	92(71%)	271(81%)	609(67%)	173(74%)	52(88%)	144/71%	996(93%)	61(74%)	276(73%)	251(79%)	2,924(79%)
9. #/% women with complications ²⁴	19(15%)	6(2%)	n/a	8(3%)	16(27%)	1(<1%)	51(5%)	4(5%)	38(10%)	8(4%)	155(4%)

n/a=not available

¹⁶ Data for DRC does not include Oct-Dec for 1 site and July-Sept for 2 sites.

¹⁷Data for Liberia is for one quarter only (Jul-Sep 2008)

¹⁸ Data for Nigeria is incomplete for July to September 2008 for most indicators for 2 site (# seeking services, # requiring surgery, # first repairs, # closed and dry, # complications). Data for items 6, 7, 8 & 9 are based on 1,159 women for whom data is available (data missing for 278 repairs in July to September 2008).

¹⁹ In the DRC the number of women getting surgery exceeds the number of women seeking and needing surgery because of women waiting from the last quarter of 2006/2007.

²⁰ Data for Nigeria is incomplete for July to September 2008 quarter on number of women seeking fistula services and requiring surgery for 2 sites. Therefore the number of repairs done exceeds the number of women seeking services.

²¹ Total number of repairs exceeds the number of women needing repair surgery because data missing for some sites in Nigeria and Ethiopia.

²² Denominator excludes 278 repairs from Nigeria (no data available for this indicator)

²³ Numbers discharged may not sum to total number women getting repairs since not all women are discharged in the same quarter as the surgery and data missing from 2 sites in Nigeria.

²⁴ Denominator is number of women discharged.

Figure 4. Percent women who had surgery and were discharged with a closed and dry fistula by Country and Quarter, Oct 2007-Sep 2008

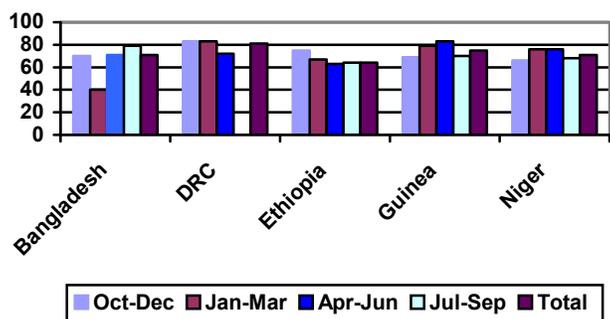
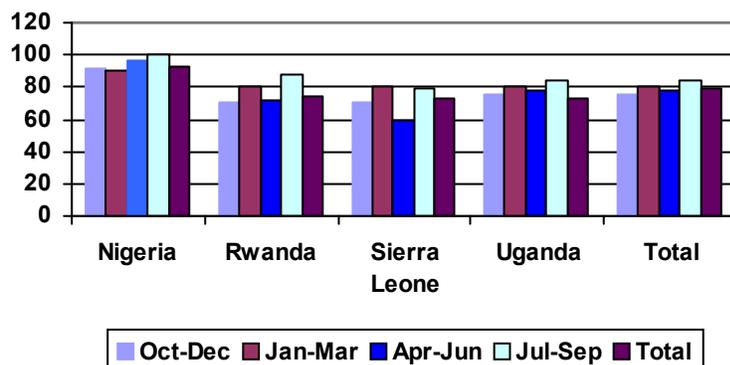


Figure 4 continued



Increased capacity at Fistula Supported Sites

During this reporting quarter, training for surgeons in fistula repair took place in Guinea, Liberia and Sierra Leone. During this FY a total of **52** new surgeons were trained in fistula repair; **29** surgeons attended follow up training. Other training activities at the country level included FP counseling, fistula counseling, prevention and referral for nurses, emergency obstetric care; see Table 7. See individual country reports for details.

Table 7. Training for fistula care by country: Number of persons trained by topic October 2007 thru September 2008

	Bangladesh	DRC	Ethiopia	Guinea	Liberia	Niger	Nigeria	Rwanda	Sierra Leone	Uganda	Total
First fistula repair & care training for surgeons	1	9	17	3	3	3	10	1	1	4	52
Follow up fistula repair & care training for surgeons	0	2	0	9	0	4	6	5	3	0	29
Fistula nursing care/pre & post operative care	20	8	0	41	3	12	6	0	0	9	99
Infection Prevention	0	0	0	45	0	80	10	0	0	0	135
Quality Assurance	0	0	0	0	0	60	0	0	0	0	60
Fistula Counseling	45	0	0	0	0	0	18	0	13	0	76
FP Counseling	0	0	0	0	0	2	40	0	0	0	42
Contraceptive Technology Updates	0	0	0	0	0	0	40	0	0	0	40

	Bangladesh	DRC	Ethiopia	Guinea	Liberia	Niger	Nigeria	Rwanda	Sierra Leone	Uganda	Total
Men As Partners	0	0	0	120	0	0	14	0	0	0	134
Community Outreach & Advocacy²⁵	0	0	4,049	0	0	20	36	0	0	0	4,105
Data Management²⁶	0	0	0	0	0	0	9	0	0	0	9
Other²⁷	0	0	38	0	0	4	33	0	0	2	77
Total	66	19	4,104	218	6	185	222	6	17	15	4,858

Fundamentals of Quality Care for Fistula Programs

Described below are activities the global team is undertaking in collaboration with country programs and partners to assure quality in the programs.

Facilitative Supervision and Medical Monitoring Tools to Improve Quality of Fistula Services and Trainee Follow-up

A clinical supervision and monitoring system was rolled out to Fistula Care supported programs during the last quarter of the year. This system will facilitate the standardization of services, not only in clinical services but also in counseling, clinical training, quality improvement approaches and training site follow up. The system is the basis for timely and appropriate clinical and programmatic support of country activities and staff. We expect the system to strengthen the capacity of supported sites to provide quality services for repair and care of women with genital fistula; enhance facility and community knowledge and behavior to support prevention and reintegration; enable sites to gather, analyze, utilize and report data to improve service quality and performance and to ensure a supportive environment. The goals of the clinical supervision and monitoring system are to:

- Assure improved quality and standardization on clinical issues in fistula program activities.
- Identify training/development needs and facilitate development of staff, consultants, country counterparts in clinical areas such as counseling, clinical training and quality improvement.
- Facilitate technical capacity in
 - clinical knowledge and skills
 - monitoring and counseling and trainee follow up
 - assessing the quality of clinical training quality and
 - using quality improvement approaches

A component of the monitoring system examines **Medical Waste Management Systems and Practices** according to WHO and USAID standards. The medical waste component of the supervision tool was field tested in Bangladesh, Guinea, Nigeria, and Rwanda in the last quarter

²⁵ Includes prevention and referral in Ethiopia

²⁶ Includes training in research methods for the global study.

²⁷ Other includes: In Ethiopia and Niger: orientation for medical students; in Nigeria grants management/USG policies; in Uganda anesthetists.

(July-September 2008). The medical waste section is currently being revised to reflect current USAID/W reporting requirements.

A **Protocol for Investigating and Reporting Mortality Related to Fistula Surgery** was introduced this year to all FC supported programs. As part of FC's ongoing efforts for programmatic quality improvement and medical audit, it is necessary to investigate and report on all serious complications, including any deaths, which may be associated with fistula surgery or to related clinical procedures (e.g. colostomy, examination under anesthesia). Analysis of the findings from a strictly confidential medical investigation allows causative and contributory factors to be identified and, potentially, the establishment of systems and interventions to minimize similar occurrences in future. An investigation and report are required for all deaths of clients for EngenderHealth/ Fistula Care-supported programs that occur within *42 days* of the last fistula – related clinical procedure or anesthesia. Following the investigation, the clinical staff help determine whether or not the death was attributable to the procedure. The investigation has several objectives:

- 1) To determine the cause of death
- 2) To identify contributing factors
- 3) To ascertain whether the death was attributable to the procedure or anesthesia
- 4) To determine whether the death was preventable
- 5) To design a list of recommendations to prevent occurrence of similar events

Secondarily, the data will also be used to determining case fatality rates in FC supported programs.

Fistula Training Strategy and Fistula Surgeon Knowledge Assessment Tool Developed

The number of physicians with the surgical skill to repair fistula is small. Providing quality training is a key element of increasing access to high quality services for repair and care for women living with obstetric and traumatic gynecologic fistulae. Fistula Care's training strategy is designed to help programs implement a uniform training approach which results in improving the quality of training and subsequent service delivery. The approach to training is a holistic, service-oriented, systems approach that focuses on the fundamentals of care—choice, safety and quality improvement. With this focus, the training is intended to contribute to sustainable improvements in quality, availability, access, and use of fistula services. The FC project faces several training challenges:

- There are many, different clinical types of fistula and the widely divergent degrees of surgical complexity encountered both in repair and in training.
- There is a lack of standardization in training, in curricula and reference materials, in duration of training, models for training, and in classification of fistula.
- There are different approaches and skill sets required for service provision and for training
- Training-site resources, including personnel, general surgical and fistula- specific equipment, expandable supplies and training materials differ among countries and sites.
- There is a dearth of evidence-based clinical and operations research data to help physicians determine the best management regimens.

In order to facilitate training we developed a knowledge assessment tool for surgeons who will attend training at FC supported training facilities. The assessment tool is composed of mostly true/false questions; a perfect score is : 110/110 points with a standard set at 80%. The assessment tool is designed to assess a trainee's understanding of the definition of fistula, epidemiology and

magnitude of the problem. The tool also assesses knowledge of common presentations and classification, as well as complications, management and interventions for reintegration.

Fistula Care is actively engaged in discussions with the Federation of International Gynecologists/Obstetricians (FIGO), the International Society of Obstetric Fistula Surgeons (ISOFS), the Pan African Urological Surgeons Association (PAUSA), and UNFPA about the development of an international fistula surgical training curriculum. Dr. Ruminjo attended a meeting of ISOFS in Addis Ababa in September 2008 where the FIGO curriculum was discussed. The draft curriculum was distributed following this meeting; Fistula Care was invited to review and comment on the curriculum (comments are due in November 2008). PAUSA is also in the process of developing a training curriculum and Dr. Ruminjo is engaged in discussions with leaders of PAUSA about their curriculum (Dr. Ruminjo attended the PAUSA biennial meeting in Dakar, in October 2008; details about his trip will be included in the next FC quarterly report).

Fistula Care is a partner of the Classification Consortium, an international group (convening members include UNFPA, USAID, Fistula Care Project, Johns Hopkins, WHO) that is exploring how to overcome barriers to implementing quality training and services in the absence of an internationally accepted fistula classification system. A classification system which is simple, well accepted and includes crucial elements of surgery is needed which will inform surgical approach, technique and prognosis. WHO will host a meeting of the Consortium in March 2009 in Geneva to review these issues.

Training curriculum produced to prepare health care personnel to provide pre-intra and post treatment counseling to obstetric fistula clients

The Obstetric Fistula Counseling training curriculum is designed to prepare providers to meet the information and counseling needs of obstetric fistula clients before, during and following treatment, including referral for services and issues which may be outside the scope of providers' responsibilities. The training materials focus on counseling clients with *obstetric fistula* caused by obstructed labor. The Obstetric Fistula Counseling training curriculum has been field tested in Bangladesh, Nigeria, Rwanda and Uganda and will be finalized by the end of 2008. Core components of this curriculum are being translated into French and Kinyarwanda.

Counseling Module for Traumatic Fistula under development.

Fistula Care has engaged the services of Ms. Elizabeth Rowley to prepare a module on counseling women who have experienced traumatic fistula. This module will serve as a companion piece to the Obstetric Fistula Counseling Curriculum (funded by USAID/East Africa). During this period Ms. Rowley met with FC project staff, reviewed and updated a literature review previously prepared by EngenderHealth in 2005, contacted organizations who participated in the 2005 Traumatic Fistula Conference held in Ethiopia, participated in the 2008 Reproductive Health in Emergencies Conference in Uganda, and reviewed existing curricula on counseling for women who have experienced gender-based violence. During the next quarter she will prepare and organize a small consultative meeting with representatives from NGOs who provide counseling care to women with traumatic fistula to outline the key themes and content area of the module, based on the review of the literature and other data collected from key informant interviews. We expect the module to be completed by March 2009.

Nursing Curriculum for pre and post operative fistula care management under development.

With funds from USAID East Africa, the East, Central and Southern Africa Congress of Nurses is developing this curriculum in collaboration with the Fistula Care team. A workshop to develop the curriculum for nurses and midwives was conducted from 22 – 26 September 2008 in Dar es Salaam, Tanzania and attended by 14 participants from Kenya, Uganda, Tanzania and Nigeria. Participants included nursing education and examination officers, representatives of nursing councils, a lecturer from the university school of nursing, a nursing tutor from the Ministry of Health and Social Services, a representative from Women's Dignity Project, a curriculum development specialist, a fistula surgeon and master trainer from the region, and nurses from fistula care health facilities with a wealth of experience in fistula-pre, intra and postoperative care. Staff from EngenderHealth and ECSA facilitated the meeting.

The workshop included review of epidemiology of Fistula in Africa South of Sahara, pathophysiology of fistula, medical/surgical practices in managing patients with fistula and psychosocial aspects of fistula care. A framework for curriculum development (e.g., assessment of training needs, designing and development, implementation and evaluation of the curriculum) was introduced and used to guide the process during the workshop.

The draft curriculum was successfully completed. The curriculum is intended to impart knowledge, attitudes and skills in nursing and midwifery tasks in prevention of fistula, as well as pre, intra, post operative care for women who receive fistula treatment and documentation. The next step will be to develop a facilitator guide and participant handbook including slides followed by conducting a pilot study on the package to complete the process of curriculum development. The curriculum is expected to be completed in the first quarter of calendar year 2009.

Strategic Approach to our work: a Framework for Levels of Care for In Patient Services

In July 2008, FC global staff, along with the Nigeria FC team developed a framework for a network of sites to facilitate prevention, diagnosis, limited treatment and referral, treatment of simple cases, treatment of complex cases and the establishment of a site or sites capable of providing training in fistula. In the coming year, Fistula Care will establish a proof of concept for this framework in three or four countries, starting in Nigeria. At the end of the year, we will assess how this framework is contributing to increased access, with a view to developing a programming guide for fistula management. The following is a description of the three levels of facility-based care that we envisage:

Level 1: Diagnosis, limited treatment and referral²⁸

Sites at this level would likely be staffed by surgeons and surgical teams who are at the very beginning of their training in fistula surgery, although it would not be essential for a surgeon to be in training for this level. Over time, as the expertise of surgeons in fistula repair increases, the site would be expected to advance to level 2 and ultimately to level 3. At level 1, the site would be expected to:

- Carry out awareness creation activities for fistula prevention and/or link with community-based organizations to support awareness creation. This may include messages to increase

²⁸ The components at this level will be partially informed by the documentation of the pre-repair model that is currently being implemented in Ethiopia. Documentation is planned for the first quarter of FY08.

girl's education to the completion of secondary school, delaying early childbearing, FP for delaying, spacing or limiting of pregnancies, men's roles in facilitating women's access to safe delivery, and skilled care for delivery.

- Where services permit, carry out the following additional fistula prevention activities:
 - Provide family planning counseling and methods provision during routine ante-natal care and at discharge or at post-operative follow-up visits for fistula clients
 - ANC – to include health education for timely arrival at delivery facility and for signs of obstructed labor, outreach to families/partners for birth planning, including a transport plan
 - Labor and delivery – to include active and continuous use of the partograph for safe labor and delivery; referral for emergency services not provided at the site; and where provided, management of obstructed labor (including prophylactic catheterization); and safe operative delivery (forceps, vacuum, c/section.)
- Carry out selected rehabilitation/reintegration activities such as fistula counseling and physical therapies
- Have staff with the skills to assess women with a complaint of incontinence; diagnose and classify fistula for appropriate management and referral; and refer to sites capable of providing simple or complex surgeries
- Provide adjunct therapies such as nutrition, physical therapy for foot drop, general hygiene, treatment for dermatitis from urinary leaking, urinary tract infections or anemia, assessment and support for emotional disturbances, e.g. depression
- Offer conservative treatment for selected clients (catheterization for women with urinary leakage post-delivery)
- Provide pre-operative care such as fistula counseling, obtaining informed consent for procedure/surgery, laboratory studies and bowel preparation.
- Routine nursing care would be available twenty-four hours, seven days a week for all in-patient services.

Level 2: Repair of simple fistula cases

Facilities at this level would have staff and surgical teams capable of:

- Providing all of the level 1 activities
- Repairing simple fistula cases, with a surgical team skilled in pre, intra- and post-operative functions to support surgery
- Providing long-term post-operative care, in general approximately of three weeks, including the provision of meals
- Routinely and consistently scheduling simple fistula repairs in the theater and/or during regularly scheduled campaigns.
- Diagnosing, classifying and referring or deferring fistula cases that cannot be repaired at that site

Level 3: Repair of complex fistula cases

Facilities at this would be able to:

- Carry out all the level 1 and 2 functions
- Repair simple and complex fistula cases
- Offer practical experiences in support of training for surgeons and nurses (client volume, trainer on site, etc.)

- Offer individuals who could serve as preceptors or coaches on-site to expand support for surgeons and nurses training.

RESULT 2: Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration

At the global level the FC team focused on developing and identifying appropriate prevention strategies which country programs can implement over the course of the project. During work plan development meetings country program managers identified appropriate interventions for inclusion in the FY 08-09 work plans. The goal is to focus attention on specific activities that could reasonably be expected to result in a reduction of fistulae, as well as other maternal morbidities and mortality. It was determined the interventions most likely to achieve this goal were:

- Integrating FP services to address early births and to assist women to achieve a successful pregnancy after surgery;
- Promoting consistent and complete use of the partograph to enable appropriate referral if a delivery becomes complicated;
- Immediate catheterization for women who experience obstructed labor to both prevent fistula and to treat small fistulae;
- Strengthening c-section services.

During this FY several country programs implemented prevention activities, e.g., expanded access to family planning services in Nigeria, partnered with community groups to raise awareness about fistula prevention (Bangladesh, Guinea, Ethiopia, Niger, Nigeria, and Sierra Leone).

In July 2008, with technical assistance from Ms. Betty Farrell, Senior Medical Associate with the ACQUIRE Project, Fistula Care convened a two day *Family Planning Integration with Fistula Care Stakeholders' meeting* in Kaduna, Nigeria. Using a successful family integration model for HIV services, developed under the ACQUIRE project, Ms. Farrell worked with the FC team to adapt this model for use in fistula programs. With participation from a broad range of stakeholders from the Senate, National Assembly, State legislators, Ministry of Health (Federal and State) and Ministry of Women and Children Affairs, to Fistula Care surgeons, In-charges of Obstetric Fistula units, family planning providers, community-based organization representatives, and representatives from Implementing Partner (IP) robust discussions followed the presentations about the model. At the conclusion of the meeting group members identified what they felt they would do to facilitate FP integration with FC. Selected activities and commitments were identified for inclusion in the FC/Nigeria work plan. The FC global team will work with the Nigeria team to monitor the progress of this model and will conduct similar workshops in other countries in FY 08-09 to engage stakeholders in the dialogue about integration of FP.

RESULT 3: Gather, analyze, utilize and report data to improve the quality and performance of fistula services

Ground breaking multi-country study on the determinants of post-operative outcomes in fistula repair surgery launched.

There is a lack of detailed information on the social causes of fistula and a severe gap in the evidence around the factors and pre- and post-operative techniques that influence the success of fistula repair. To answer some of the most pressing clinical research questions and to inform future interventions and further research, in consultation with USAID/W, ACQUIRE developed the first ever **prospective facility-based study** on the *Determinants of post-operative outcomes in fistula repair surgery*. This study, started under the ACQUIRE project will be completed under the Fistula Care project and will be carried out in 13 sites in six countries: Bangladesh, Guinea, Niger, Nigeria, Rwanda and Uganda. An estimated 1,436 women will be recruited into the study. The primary objective of the study is to determine predictors of complications and success of fistula repair surgery. The study will consider circumstances surrounding development of the fistula (including obstetric history), anatomical and clinical characteristics of the fistula, and pre-, intra- and post-operative techniques used. A secondary objective is to examine socio-structural factors associated with fistula. The study will gather socio-demographic and other background information, details of the circumstances surrounding development of the fistula and explore issues around availability of and access to obstetric services, thus helping us to identify some of the socio-structural factors associated with development of fistula.

A total of 11 of the 13 planned sites for the study began data collection activities during the year (4 sites began recruitment in the July-September 2008 period): 3 in Bangladesh, 2 in Guinea, 3 in Nigeria, 1 in Rwanda, and 2 in Uganda. By the end of September 2008 a total of 399 participants had been enrolled, 372 have had fistula repair surgery and 166 had returned for their three month post-surgery follow-up visit and therefore completed the study. Overall this represents 26% of the total recruitment in terms of surgeries completed relative to the number needed for the study sample size (372 surgeries completed/1436 total sample size). See Table 8 for recruitment details by quarter and study site.

In September, Fistula Care/NY program associate Vera Frajzyngier went to Rwanda to conduct refresher training as well as train the new staff at CHUK who will participate in the study. Recruitment of study participants began while she was at the site. All of the forms for the Niger study sites have been printed and the participant folders prepared. The forms will be shipped to Niger in October and Ms. Frajzyngier is scheduled to go there in early November to conduct refresher training at Lamordé and also to train staff at Maradi (as mentioned in the last quarterly report, we have decided to replace Dosso Hospital with Maradi Hospital given a steadier case-load at the latter site). Both of the sites in Niger are scheduled to begin recruitment while Ms. Frajzyngier is there so that she can provide guidance and review completed study report forms from the first participants recruited. We are in the process of collaborating with REF to identify a monitoring, evaluation, and research assistant in Niger who can function as the study monitor for the sites under the supervision of the REF coordinator Mariama Moussa, as well as assist her in the routine data collection and reporting.

Table 8. Fistula Research Recruitment by Country, Site, October 2007-September 2008

Country	Site	October - December 2007			January – March 2008			April - June 2008			July – September 2008			Percent of total recruitment to date (# surgeries/ sample size at site)
		# enrolled	# having surgery	# completing follow-up	# enrolled	# having surgery	# completing follow-up	# enrolled	# having surgery	# completing follow-up	# enrolled	# having surgery	# completing follow-up	
Bangladesh	Kumudini Hospital	N/E	N/E	N/E	9	9	0	8	8	0	18	18	2	35/40 = 88%
	LAMB Hospital	N/E	N/E	N/E	N/E	N/E	N/E	17	12	1	10	13	18	25/40 = 63%
	Memorial Christian Hospital	N/E	N/E	N/E	N/E	N/E	N/E	2	2	0	3	3	2	5/40 = 13%
Guinea	Ignace Deen Hospital	N/E	N/E	N/E	6	6	0	12	12	0	16	16	0	34/96 = 35%
	Kissidougou Hospital	N/E	N/E	N/E	29	29	6	22	22	15	16	16	17	67/194 = 35%
Niger	Hôpital Lamorde	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	0/107= 0%
	Maradi	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	0/71= 0%
Nigeria	Mariamama Abacha Hospital	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	10	10	0	10/80 = 13%
	Faridat Yakubu Hospital	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	11	11	0	11/214 = 5%
	Specialist Fistula Center Birnin Kebbi	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	10	9	0	9/125 = 7%
Rwanda	CHUK, Kigali	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	N/E	2	0	0	0/116= 0%
Uganda	Kagando Hospital	N/E	N/E	N/E	40	26	0	34	30	30	18	18	12	74/139 = 53%
	Kitovu Mission Hospital	22	17	0	43	42	1	21	14	44	22	29	18	102/174 = 59%
Totals		22	17	0	127	112	7	116	100	90	134	143	69	372/1436 = 26%

N/E – not enrolling participants yet

Staff of Kagando Hospital in Uganda have agreed to recruit an additional 22 women into the study for a total recruitment of 139 (an earlier reallocation of numbers at the Nigeria sites left us 22 woman short for our sample size and we were waiting to see how the various study sites progressed to determine which site to ask to recruit the remaining 22 woman). In Bangladesh, unfortunately, Memorial Christian Hospital will no longer have a fistula program because of staffing changes, although they have agreed to continue the follow-up for the participants who were already recruited. We will distribute the remaining 35 women that MCH was to recruit among the two study sites in Bangladesh, probably allocating more to LAMB because their follow-up appears to be better.

Research Agenda for Improving Fistula Surgical Services under development

While the results of the global prospective study will help identify potential new areas of research, the results will not be available until late 2009. In the mean time FC, in consultation with USAID/W and partners has identified three subject areas that may be appropriate for randomize controlled trials (RCT):

- The use of prophylactic antibiotics, to include types of antibiotics available, how they are used, optimal regimen before, during and after surgery etc. As a subsection of this study, in sites where c-sections are conducted we will explore similar information. (We will discuss with other colleagues what information they may have on this particular topic.)
- The role of catheterization in management of fistula. This will include open versus closed drainage, bed rest versus ambulatory management, catheterization for prophylaxis, sole treatment or as adjunct treatment, and the cost implications.
- Stress incontinence after fistula repair and its management. The global study will provide information on the incidence of stress incontinence and some information about predictors, but will not include information on management.

Before embarking on the development of study protocols for RCTs on any of these three issues USAID/W and FC decided it would be best to conduct descriptive qualitative reviews (interviews with key informants) about these issues in order to learn about current practices. Dr. Steve Arrowsmith is assisting the FC to conduct these reviews (design of study protocols and analysis of findings). We expect to have these results by early 2009. During the conduct of these qualitative reviews we will also use the opportunity to ask surgeons and nurses about other issues which they feel are important to research which would have an impact on outcome of surgery/care for women with fistula. Once the study findings are completed we will meet with USAID/W to determine which topics we should proceed with a RCT and convene a consultative review meeting to discuss study protocols etc. with other key international stakeholders such as WHO, UNFPA, JHU, etc. We will also work with USAID/W to identify potential non FC supported sites for a RCT and to identify an organization with the expertise to carry out RCT studies. We expect to launch at least one RCT by September 2009.

Monitoring and Evaluation tools for fistula supported services developed

Reporting forms for clinical indicators, training, community outreach and family planning services were created and revised twice during the first year of the project. The field of monitoring and evaluation of the clinical aspects of fistula services is new and the process for identifying the most appropriate indicators for routine monitoring and reporting continues to evolve. Fistula Care staff are working with the International Obstetric Fistula Working Group on development of fistula indicators (see Result 4 for more information). The quarterly clinical monitoring/reporting tool underwent a

final revision in August following review at the partners meeting in Accra. The quarterly reports have now been translated into French to assist with better reporting from the Francophone countries.

An on-line data base (with data entry via the EngenderHealth Intranet) was created for the clinical indicators, community events and family planning services. Field staff are now able to enter the data directly into the on-line database. Fistula Care partners will have access to the database via the FC web site in 2009. Fistula Care is working with EngenderHealth's corporate M&E team to develop an agency-wide training database.

Procedures and tools for conducting site assessments were revised and updated in September 2008. The Fistula Care Site Assessment tool was expanded to include a review of key prevention services: maternity care, family planning and linkages with communities. This tool will be used for all future needs assessments.

RESULT 4: Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs

Strengthening the Environment

USAID supported 70 fistula providers from 16 countries to meet to discuss their needs, challenges, remaining gaps and successes in fistula repair and care

With support from USAID, the AWARE-RH, ACQUIRE and Fistula Care projects, a Fistula Partner's Meeting was held in Accra, Ghana from April 15-17, 2008. The purpose was to advance the state of the art on fistula prevention and care. The meeting facilitated the exchange of successes and challenges experienced, allowing providers, program staff and partners to share nascent or successful programming models and to engage in smaller working group discussions to give guidance on strategies to improve the quality of care, program indicators, research priorities and advocacy needs to support the sustainability of services. The meeting brought together more than 70 individuals from 16 countries, primarily from the West African region, to provide an opportunity for south-to-south exchange and reflection on the milestones achieved and the direction of fistula care and prevention. Meeting participants contributed to defining essential elements for a quality of care fistula strategy, discussed training needs, assisted in defining, refining program monitoring indicators, and identified key actions which would contribute to a strengthened environment to support fistula prevention, repair and re integration.

Fistula Care Supports national committees meet to discuss obstetric fistula

Fistula Care programs in Bangladesh, Guinea, Nigeria and Uganda worked this year to either establish or revive national committees to work on fistula.

- **Bangladesh**, as well as many other countries, is challenged by a lack of coordination among the donors and public and private sector implementing agencies as well as the absence of a national strategic vision regarding this maternal health problem. During the last year the Bangladesh team, in collaboration with local government policymakers, UNFPA and other stakeholders advocated with the Directorate General of Health Services of the Government of Bangladesh to form the National Task Force on Obstetric Fistula to provide guidance in the development of a national strategic vision and a national action plan for prevention, treatment and rehabilitation of obstetric fistula cases, within the framework of the National

Maternal Health Strategy. The Task Force was formed in August 2008. The task force will facilitate effective coordination between the different stakeholders.

- In **Guinea**, the EngenderHealth/FC team, in collaboration with the Ministry of Health initiated the creation of a national league to halt fistula. The terms of reference for this league is under review by the Ministries of Health and Social Affairs. The FC/Guinea team is advocating for the designation of a national fistula day and re in the process of discussing this idea with the National Assembly Health Committee.
- In **Nigeria**, the Fistula Care project staff, partnered with Federal Ministry of Health (FMOH) to convene a stakeholder's meeting of the reconstituted National VVF Task Force. At this meeting FC Project staff advocated for the establishment of state taskforces which would feed upward to federal level. One outcome of the meeting was agreement among the major partners – UNFPA, Fistula Care Project, and Federal MOH –will each support one out of four annual meetings of the taskforce as a way of keeping issues of VVF in the forefront. As a follow up to this meeting , FC project staff visited the Chairman of the Senate Health Committee and made a presentation on the idea of establishing a National Fistula Day in March. The senate is open to considering the suggestion.

The project, in partnership with Institute of Development Administration of Nigeria, FMOH, UNFPA and Rotary International, organized a National Seminar to highlight the impact of Fistula on National Development. The two day seminar drew participation from a diverse range of people and groups from all over the country. Four state First Ladies, four Senators and several academics were on hand to either present papers or deliver goodwill messages. The seminar was chaired by the Chairman of the Senate Committee on Health and she delivered the keynote address. At the end of the Seminar, participants resolved to form a group to advocate on behalf or the fistula clients. They also requested that the National VVF Task Force prepare a presentation for the legislature on the challenges of fistula in Nigeria and request that a day in March be set aside as Nigeria Fistula day...

- In **Uganda**, the Ministry of Health spearheaded the formation of a Fistula Technical Working Group whose mission was to coordinate fistula activities across partner groups, oversee surgical repairs and the training of providers (including doctors, nurses, and other cadres), advocate for fistula services, formulate fistula policy, provide strategic direction to fistula activities in Uganda including prevention, and monitor fistula activities across the country. In 2006, funding for these meetings had dwindled and this important regulatory and coordinating body had become defunct. Since October 2007, Fistula Care is supporting the meetings of this technical working group. The Technical working group meets biannually to discuss pressing issues in fistula care, including coordination of training activities for local surgeons so that motivated providers receive training. At the meetings, work plans and budgets are shared so that resources can be maximized and synergies can be developed. The Technical Working group is also working to coordinate the collection and reporting of fistula service statistics to better capture the magnitude of the problem in Uganda.

Collaboration

International Obstetric Fistula Working Group (IOFWG). UNFPA serves as the secretariat of the IOFWG. The IOFWG is comprised of four committees: 1) Partnerships and Advocacy; 2) Data, Indicators and Research; 3) Treatment and Training; and 4) Reintegration. Fistula Care senior staff actively participated in several meetings of the IOFWG throughout the year, including the annual meeting which was held in Accra Ghana, April 12-14, 2008 (which Fistula Care co sponsored). The FC team is actively engaged in the discussions for the development of a handbook of program evaluation indicators.

UNFPA/Johns Hopkins University/WHO Study. The Fistula Care team continues to coordinate with the UNFPA/Johns Hopkins University/WHO study on fistula. The study, entitled *Prognosis, Improvements in Quality of Life (QOL) and Social Integration of Women with Obstetric Fistula after Surgical Treatments: A Collaborative JHU/UNFPA/WHO Study*, will be done in collaboration with medical institutions in seven high fistula prevalent countries. The study will examine post-operative prognosis, improvement in quality of life, social integration, and rehabilitation of fistula patients after surgical treatments. The study data will be further utilized for developing a standardized classification system that allows for the predictability of prognosis. Dr. Mark Barone from EngenderHealth, and a principal investigator for the USAID funded global prospective study, participated in a two-day expert panel review of the proposed study along with other international stakeholders in April 2008. Fistula Care will continue to engage in dialogue with this group's study and how the data from the USAID funded global prospective study (see above under Result 3) can contribute to a larger body of data which may lead to the development of a classification system for fistula.

Dissemination

The **Fistula Care brochure** has been developed, designed, and reproduced. The brochure introduces the problem of fistula and describes Fistula Care's comprehensive approach. The content of the brochure was honed through discussions with USAID about how best to describe the project to the intended audience. The brochure is the first publication to showcase the look of Fistula Care materials. It promises to be a useful communications tool for people interested in understanding Fistula Care's work.

The **Fistula Care website** is under development. The website architecture has been established, with sections that introduce fistula, descriptions of supported sites, posting of publications with download links. Part of the architecture will include a link for Fistula Care partners to the on line database of fistula indicators. The visual appearance of the website's pages has been created using the same design of the project brochure. We expect the web site to be completed by the end of 2008 at which time we will seek USAID/W approval before it 'goes live'.

USAID supported work in Fistula highlighted in publications and at international conferences

A total of two articles and eight presentations at international conferences on fistula and USAID supported Fistula Care work were written/presented in the last year (see Annex 3). Presentations at international conferences included:

- Global Health Mini University, Washington DC, October 2007
- Women Deliver Conference, London, October 2007
- French College of Ob/Gyns Annual Meeting, Paris, December 2007
- Reproductive Health in Emergencies Conference in Kampala, June 2008

DVD Produced: Experiences of fistula clients used in training for fistula programs

In August 2007, the ACQUIRE Fistula Project collaborated with the Center for Digital Storytelling (CDS) to produce a series of 11 **digital stories** documenting the experiences of fistula clients in Uganda from the perspective of fistula surgeons, nurses, ACQUIRE fistula staff and the women themselves. These stories were collected using interviews and a story telling workshop with 11 fistula clients. The DVD--“Learning From My Story: Women Confront Fistula in Rural Uganda” has been nationally disseminated in Uganda and is now being used in training for surgeons and other health staff in four Fistula Care supported sites. In addition the DVD has been or will be used in the following ways:

- As a prelude to an East African regional nursing curriculum development workshop
- As a prevention and recruitment tool with the community in one program area in Uganda (Kasese) during health talks and played in clinic waiting rooms.
- The Uganda Ministry of Health is disseminating copies of the DVD to MOH facilities.
- The entire DVD is posted on YouTube.com. As of October 26, 2008 various segments of the DVD have been viewed by more than 4,000 persons (each of the 11 women’s stories are posted as well as the segments with the providers; one woman’s story (Federisi) was posted on the YouTube main page during a special event marking the Millennium Development Goals.
- In FY 08-09 the Fistula Care project will prepare a facilitators guide to accompany the DVD in training.
- The stories will be shown at film festival at the 2008 American Public Health Association meeting in November.
- Family Care International (FCI) and the United Nations Population Fund (UNFPA) have collaborated to create an advocacy publication and CD-ROM toolkit – *Living Testimony: Obstetric Fistula and Inequities in Maternal Health*. The Digital Stories DVD will part of this tool kit. This tool kit will provide guidance and tools to conduct advocacy to promote improved maternal health and highlight how perceptions, knowledge, and attitudes related to pregnancy and delivery affect maternal mortality and morbidity, including obstetric fistula.

III. Country Reports

BANGLADESH

Program Background

Service start date: July 2005

Sites: Three private hospitals to prevent and repair fistula and link women with income generating and reintegration activities. Bangladesh program sites include:

- Kumudini Hospital, Mirzapur, Tangail
- LAMB Hospital, Parbatipur, Dinajpur
- Memorial Christian Hospital, Malumghat, Chokoria, Cox's Bazar



Note: The Bangladesh fistula work has been funded in FY 07/08 through ACQUIRE. Sub-agreements with the three sites have been extended until November 2008 as part of a no-cost extension for the ACQUIRE project.

Progress to Date

July-September 2008 Activities

Fistula Repairs. During the July-September 2008 quarter a total of 42 women had fistula surgery, which is twice as many as performed in the last quarter; see Table BGD1. Fistula repair surgeons were available at both Kumudini and LAMB throughout the quarter. The FC Bangladesh assisted LAMB in organizing a repair camp for complicated cases with support of visiting surgeons from Dhaka. Thirty-four patients, or 79%, had a closed fistula and were dry upon discharge. A total of three women remained with stress incontinence. Six fistulae were not closed. Two of these were large fistulae that were recommended to repair in two phases. All six women were advised to return for additional surgery.

Ongoing community awareness raising activities appears to be increasing the demand for fistula repair: a total of 71 women presented at hospitals seeking fistula repair services; 65 of these women were assessed as fistula cases, however only two thirds were able to get surgery this quarter. Client backlog is most significant at LAMB Hospital. FC/Bangladesh will continue to work with LAMB to organize repair camps to reduce the backlog.

Training. During the quarter 15 providers from Kumudini attended training for fistula counseling. form the FC Bangladesh team who facilitated the organization of surgical camps with visiting surgeons from Dhaka.

**Table BGD1. Clinical Indicators by Hospital and Quarter,
October 2007 thru September 2008, Bangladesh**

Fistula Treatment Indicators	Kumudini					Lamb				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	16	21	18	34	89	17	8	38	30	93
No. requiring FRS	16	15	11	30	72	16	8	28	30	82
No. receiving FRS	12	12	8	25	57	24	1	13	14	52
----- first repair	10	8	8	22	48	17	1	11	10	39
----- second repair	1	4	0	2	7	4	0	1	4	9
----- >2	1	0	0	1	2	4	0	1	0	5
No. discharged after FRS	23	9	8	27	67	25	1	11	13	50
No. with a closed fistula who are dry	17	4	5	24	50	16	0	8	8	32
Percent with closed fistula who are dry	74%	44%	63%	89%	75%	64%	0%	73%	62%	64%
No. with closed fistula & stress incontinence	0	0	0	0	0	3	0	0	2	5
No. whose fistula was not closed	6	5	3	3	17	6	1	3	3	13
No. with complications after FRS	0	5	3	3	11	2	0	2	2	6
----- anesthesia-related	0	0	0	0	0	0	0	0	0	0
-----post operative	0	3	3	3	9	2	0	2	2	6
----- other	0	3	3	0	6	0	0	0	0	0
Percent with complications after FRS	0%	56%	38%	11%	16%	8%	0%	18%	15%	12%
No. not discharged after FRS	0	3	3	1	7	0	0	2	1	3

FRS: fistula repair surgery

**Table BGD1. Clinical Indicators by Hospital and Quarter,
October 2007 thru September 2008, Bangladesh (Continued)**

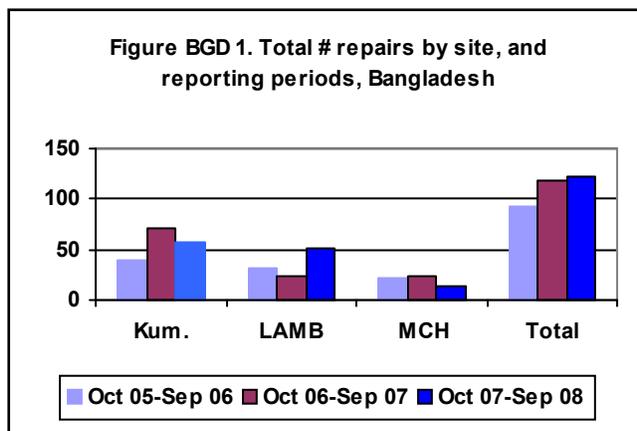
Fistula Treatment Indicators	Memorial Christian Hospital					Country Total				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	8	0	5	7	20	41	29	61	71	202
No. requiring FRS	8	0	4	5	17	40	23	43	65	171
No. receiving FRS	8	0	2	3	13	44	13	23	42	122
----- first repair	5	0	2	2	9	32	9	21	34	96
----- second repair	3	0	0	0	3	8	4	1	6	19
----- >2	0	0	0	1	1	5	0	1	2	8
No. discharged after FRS	8	0	2	3	13	56	10	21	43	130
No. with a closed fistula who are dry	6	0	2	2	10	39	4	15	34	92
Percent with closed fistula who are dry	75%	0%	100%	67%	77%	70%	40%	71%	79%	71%
No. with closed fistula & stress incontinence	1	0	0	1	2	4	0	0	3	7
No. whose fistula was not closed	1	0	0	0	1	13	6	6	6	31
No. with complications after FRS	2	0	0	0	2	4	5	5	5	19
----- anesthesia-related	0	0	0	0	0	0	0	0	0	0
----- post-operative	2	0	0	0	2	4	3	5	5	17
----- -- other	0	0	0	0	0	0	3	3	0	6
Percent with complications after FRS	25%	0%	0%	0%	15%	7%	50%	24%	12%	15%
No. not discharged after FRS	0	0	0	0	0	0	3	5	2	10

Key Accomplishments October 2007-September 2008

Fistula Repairs. A total of 122 women had fistula repair surgery between October 1 2007 and September 30, 2008 (Table 1). Kumudini and LAMB performed about equal number of repairs (~50), while MCH was only able to provide services to 13 women due to staffing shortages at the site.²⁹ While LAMB also faced staffing shortages, short term solutions were put into effect with support

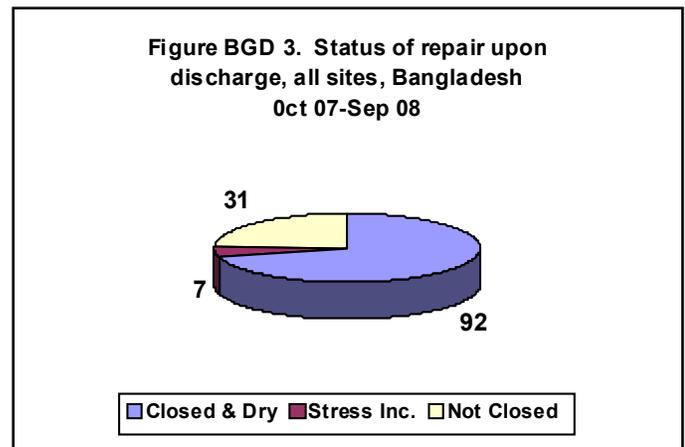
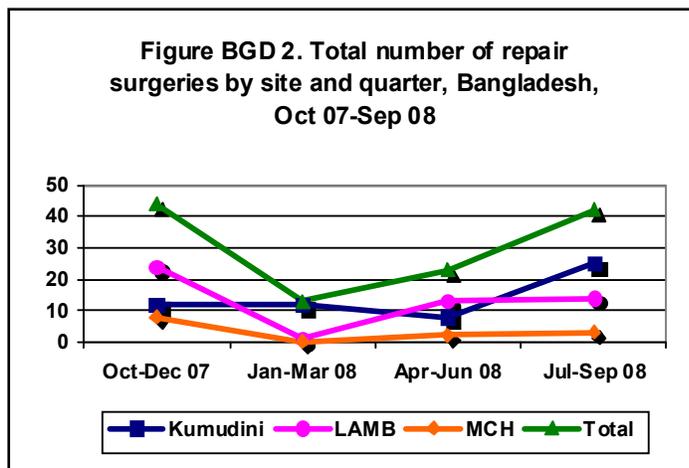
Memorial Christian Hospital carried out the fewest repairs, averaging just over one per month. This is likely as a result of the hospital's reliance on visiting expatriate surgeons in this past year. LAMB and Kumudini performed similar numbers of total repairs over the fiscal year, at 52 and 57, respectively. The number of repairs per quarter at each institution varied, again due to staffing issues (see Figure 2)

Ninety-six of the 122 women, or 79%, repaired this year underwent fistula surgery for the first time.



Nineteen women, 15%, had a second surgery, while eight women, 6%, had had two or more surgeries previously. A total of 171 women required surgery for fistula, so the number of repairs represents 71% of the known demand.

Of the 130 women discharged this year after repair, 71% were closed and dry at the time of discharge. Seven women (5%) remained with stress incontinence. Thirty-one women (24%) had fistulae that were not closed after surgery; see Figure 3.



²⁹ The fistula surgeon was on a sabbatical this past year and the site managed with replacement surgeons periodically. Regrettably, for health reasons, the fistula surgeon at MCH will not be returning to Bangladesh and MCH is unable to continue its fistula services. Fistula Care is conducting a site assessment at another facility in December 2008 where a surgeon trained by the project is currently located.

Strengthening capacity at supported sites. Fistula Care Bangladesh completed a field test for the **fistula counseling curriculum** this fiscal year. A total of 45 staff were trained in obstetric fistula counseling. One surgeon was trained in **fistula repair** for the first time, and 16 members of surgical teams received training on pre- and post-operative care. Four nurses were trained on nursing care for fistula surgery (see Table BGD 2). Kumudini completed renovations for a 20 bed fistula ward.

**Table BGD2. Number of Persons Trained by Topic , Bangladesh
October 2007-September 2008**

	Oct-Dec 2007	Jan-Mar 2008	Apr-Jun 2008	Jul-Sep 2008	FY Total
Training Topic	Number Trained	Number Trained	Number Trained	Number Trained	
Fistula Repair for surgeon (first training) at Kumudini	1	0	0	0	1
Fistula pre & post operative care at Kumudini	20	0	0	0	20
Fistula Counseling	0	0	30	15	45
Total	20	0	30	15	65

Prevention activities. All three supported Fistula Care sites in Bangladesh provide family planning services and data on the number of clients receiving methods and/or counseling is being routinely monitored (data not shown). Community outreach efforts organized by each facility have been extensive. Community outreach events are organized by an outreach team from each hospital. Each outreach team is composed of 5 to 6 persons—physician, nurse, paramedics, field coordinator. Target audiences include NGOs, schools, health workers, religious leaders, locally elected officials, men, mothers-in-laws. Key messages at these events are focused on causes of maternal morbidity and mortality, importance of male involvement, danger signs of pregnancy, causes of fistula, prevention of fistula and importance of reintegrating women with fistula back into their communities. As shown in Table BGD3, a total of 15,138 people were reached through 232 community outreach events; 22 events (reaching 1,098 people) were conducted by Memorial Christian Hospital, 133 events (reaching 10,469 people) by LAMB, and 77 events (reaching 3,571 people) by Kumudini.

Table BGD3. Number of Community Outreach Events and Number Persons Reached by Hospital and Quarter, October 2007 through September 2008, Bangladesh

	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		Total	
	# Events	# Persons reached								
Kumudini	33	1,551	2	62	36	1,658	6	300	77	3,571
LAMB	18	2,208	13	1,727	47	5,145	55	1,389	133	10,469
MCH	3	123	3	283	12	526	4	166	22	1,098
Total	54	3,882	18	2,072	95	7,329	65	1,855	232	15,138

Strengthening the policy environment to institutionalize fistula prevention, repair and reintegration programs. The Bangladesh country team took the lead in bringing together various stakeholders to advocate for the creation of a task force on obstetric fistula. Bangladesh, like many other countries, is challenged by a lack of coordination among the donors and public and private sector implementing agencies as well as the absence of a national strategic vision regarding this maternal health problem. The Fistula Care team, along with local government officials and UNFPA successfully advocated with the Directorate General of Health Services of the Government of Bangladesh to form the National Task Force on Obstetric Fistula. The purpose of the task force is to provide guidance in the development of a national strategic vision and a national action plan for prevention, treatment and rehabilitation of obstetric fistula cases, within the framework of the National Maternal Health Strategy. The Task Force was formed in August 2008. The task force will facilitate effective coordination between the different stakeholders.

DEMOCRATIC REPUBLIC OF CONGO (DRC)

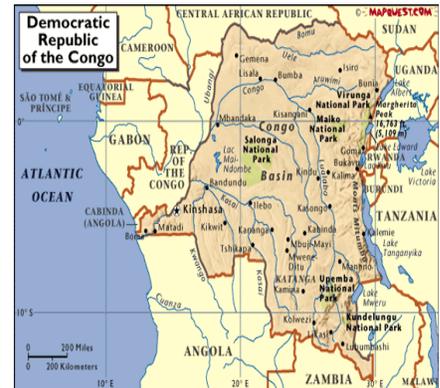
Program Background

USAID support start date: July 2005,

Sites: Two private hospitals in Eastern DRC to prevent and repair fistula. Project activities were managed by the International Rescue Committee (IRC).

DRC program sites include:

- HEAL Africa Hospital
- Panzi Hospital



Progress to Date

October 2007 to June 2008 Key Accomplishments

Reporting from the DRC was a challenge throughout the year, with reports being submitted one quarter behind schedule. The information presented below represents activities carried out through June 2008. The IRC subagreements with Panzi and Heal Africa ended in June 2008. No information is provided for Results 3 and 4 since reporting requirements were not passed on to the two facilities. Limited information is provided about outreach efforts of Panzi (Result 2). The areas in which the two supported sites are situated—the Kivus in Eastern Congo—have been experiencing increasing levels of violence and instability in the past year which has hampered both program activities and reporting, although greatly increased the need for services.

Fistula Repairs. A total of **334 fistula repair surgeries** were done between October 2007 and June 2008 at the two sites; see Table DRC 1 for details. Both Heal Africa and Panzi were able to deal with backlogs of patients requiring surgery. The majority of women (81%) were discharged with a closed fistula and dry. Both sites saw fairly large proportions of women who have had one or more previous repair surgeries: 44.5% at Heal and 40% at Panzi. Reporting of complications was low through the year: two percent overall.³⁰

Training. During the year Panzi trained a total of 8 first time surgeons for fistula repair; Heal trained one new surgeon and conducted follow up training with two surgeons who had previously been trained. Panzi Hospital conducted training in case management and prevention of fistula for seven nurses. See Table DRC2.

Community Outreach. Heal Africa reported for the first time about outreach activities they are supporting on prevention messages for one reporting period (January-March). A total of 206 events were conducted reaching over 17,000 persons. Additionally Heal Africa reported reaching 224 women of childbearing age with key messages about the importance of prenatal care.

³⁰ No graphs are shown for DRC since data were only available for three of the four quarters.

Table DRC I. Fistula Repair Clinical Indicators, October 2007 thru June 2008³¹, DRC

Fistula Treatment Indicators	Heal Africa				Panzi				Country Total			
	Oct-Dec	Jan-Mar	Apr-June	FY Total	Oct-Dec ³²	Jan-Mar	Apr-June	FY Total	Oct-Dec	Jan-Mar	Apr-June	FY Total
No. seeking FRS	104	107	7	218	n/a	195	33	228	104	302	40	446
No. requiring FRS	94	73	7	174	n/a	101	33	134	94	174	40	308
No. receiving FRS	103	90	7	200	n/a	101	33	134	103	191	40	334
----- first repair	47	57	7	111	0	54	26	80	47	111	33	191
----- second repair	21	13	0	34	0	30	1	31	21	43	1	65
----- >2	35	20	0	55	0	17	6	23	35	37	6	78
No. discharged after FRS	103	83	14	200	n/a	101	33	134	103	184	47	334
No. with a closed fistula who are dry	85	67	12	164	n/a	85	22	107	85	152	34	271
Percent with closed fistula who are dry	83%	81%	86%	82%	n/a	84%	67%	80%	83%	83%	72%	81%
No. with closed fistula & stress incontinence	8	9	0	17	n/a	15	3	18	8	24	3	35
No. whose fistula was not closed	10	7	2	19	n/a	1	8	9	10	8	10	28
No. with complications after FRS	1	2	0	3	n/a	0	3	3	1	2	3	6
----- anesthesia-related	0	0	0	0	n/a	0	0	0	0	0	0	0
----- post-operative	1	2	0	3	n/a	0	3	3	1	2	3	6
----- other	0	0	0	0	n/a	0	0	0	0	0	0	0
Percent with complications after FRS	1%	2%	0%	2%	n/a	0%	9%	2%	1%	1%	6%	2%
No. not discharged after FRS	0	7	0	7	n/a	0	0	0	0	7	0	7

n/a=not available

FRS: fistula repair surgery

³¹ No data for July –Sept 2008. Funding support from IRC ended in June 2008.

³² No data for Oct-Dec 2007 from Panzi due to gap in funding from IRC.

**Table DRC2. Training Activities by Quarter,
October 2007 thru June 2008, DRC**

	Oct Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Training Topic	Number Trained	Number Trained	Number trained	Number trained	Number Trained
Surgeons trained in fistula repair (first training) (Heal & Panzi)	1 ³³	2	6 ³⁴	NA	9
Follow up training in fistula repair (Heal)	0	2	0	NA	2
Case management and prevention (Panzi)	0	7	0	NA	7
Fistula Nursing care for surgery	1	0	0	NA	1
Total	2	11	6	NA	19

NA=not applicable; no USAID funding

³³ Training for this surgeon was provided by UNICEF and conducted by Heal. No information provided about where the trainee is from.

³⁴ One trainee did successfully complete the training. Three trainees were from Panzi and three from other sites (Bukavu and CEPAC).

ETHIOPIA

Program Background

USAID support to Ethiopia began in 2006, with funds being provided through the ACQUIRE project to support activities implemented by ACQUIRE partner, IntraHealth, and to directly support the work of the Addis Ababa Fistula Hospital (AAFH). In April 2007, the USAID Mission directed funds to IntraHealth International (IHI) through the Pathfinder managed Extending Service Delivery (ESD) Project and continued direct funding to the Addis Ababa Fistula Foundation. Program activities in Ethiopia consist of the following:

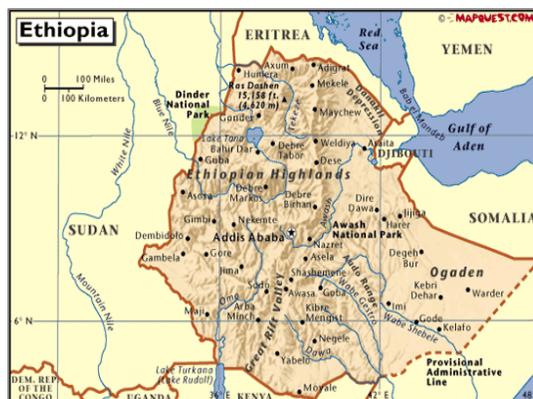
- a) Through the Addis Ababa Fistula Hospital, repairs and prevention are carried out at the Bahir Dar Fistula Center in Amhara Region, and the Mekelle Fistula Center in the Tigray Region. In addition, prevention activities are supported at the Yirga Alem Center in the South Nations Nationalities Regional States (SNNP).
- b) IntraHealth, through the ESD project, supports and strengthens three referral/pre repair health centers in the Amhara region, referring repair cases to the Bahir Dar fistula center. These centers --- Adet Health Center, Dangla Health Center and Woret Health Center---also focus on fistula prevention activities.

Progress to Date

July-September 2008 Activities

Pre-Repair Centers

- **Referrals for fistula repair surgery.** As shown below in Table ETH1, a total of 56 women arrived at the health centers seeking care; 40 of these women were assessed as having a fistula and 46 were referred for repairs (the referrals include 2 women who were screen in the previous quarter and 4 women who returning for a second repair). Overall each health center had more referrals this quarter compared to the last quarter.
- **HIV Testing at Pre Repair Centers.** Among the women who were admitted for pre repair care at the centers, 55 were counseled for HIV and 34 women consented to testing. One woman was found to be HIV positive.
- **Training.** During the quarter more than 500 persons attended training in fistula prevention and identification; participants included health center staff, community volunteers and religious leaders (this included both new training and refresher training; see Table ETH3).
- **Delivery services.** A total of 357 women delivered at health facilities (143 at health posts and 214 at the health centers); see Table ETH 4. Among the women who delivered at the health centers, 45% were monitored with a partograph.³⁵
- **Community Outreach:** During the quarter the community volunteers in the three health center catchment areas reached over 70,000 persons with messages about fistula prevention and treatment; (see Table ETH5). In addition, quarterly review meetings were held in Adet and Dangla with the members of the core fistula teams (community volunteers). Thirty eight



³⁵ Current reporting from IHI does not include the number of women who arrived at the health centers fully dilated.

persons attended each meeting. The purpose of the meetings are to review past achievements and to plan for the next quarterly outreach events.

Fistula Repair Centers

- **Fistula Repairs.** A total of 222 women received fistula repair surgery during the quarter: 172 at Bahir Dar and 50 at Mekelle; see Table ETH2. Bahir Dar referred 2 complicated fistula repair cases to AAFH.
- **Training.** Over 800 persons—health extension workers, health officers, midwives, traditional birth attendants, and community base health agents-- were trained in fistula identification, care, referral, treatment and safe motherhood.
- **Prevention.** Regional hospitals associated with the fistula repair centers conducted a total of 213 caesarian sections. More than 6,000 safe delivery kits were distributed in three regions; see Table ETH5.
- **Community Outreach.** Nearly 300 persons—community elders, religious leaders, community members of women and youth groups and local administrative leaders attended meetings designed to create awareness about the causes of fistula, treatment and prevention.

Key Accomplishments October 2007-September 2008

Fistula Repairs. The three pre repair centers referred a total of 158 women to Bahir Dar for fistula repair surgery. There was an increase in the last quarter by 15% from all centers which is expected (April-June is a busy farming season and services usually decline in this period).

These women represent about one fifth of the repairs conducted at Bahir Dar. The number of women referred to Bahir Dar fluctuated throughout the year and by center; see Figure ETH 1. A total of 911 fistula repairs were carried out by the Bahir Dar and Mekelle centers; 79% of the repairs were carried out by Bahir Dar; see ETH Figure 2. Overall, 67% of all women who had fistula repair surgery had a closed fistula and were dry at time of discharge.

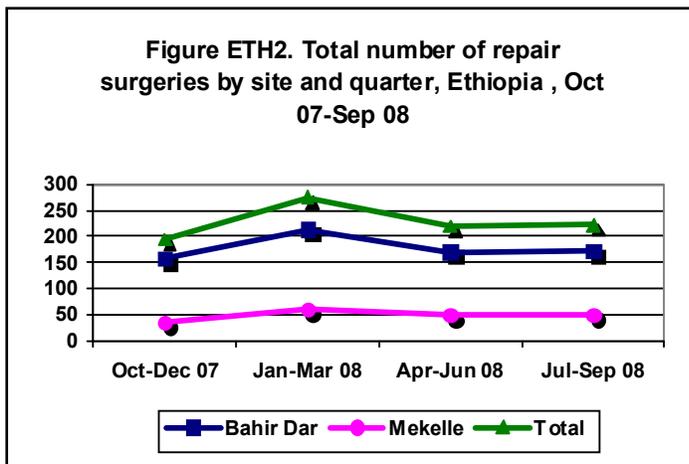
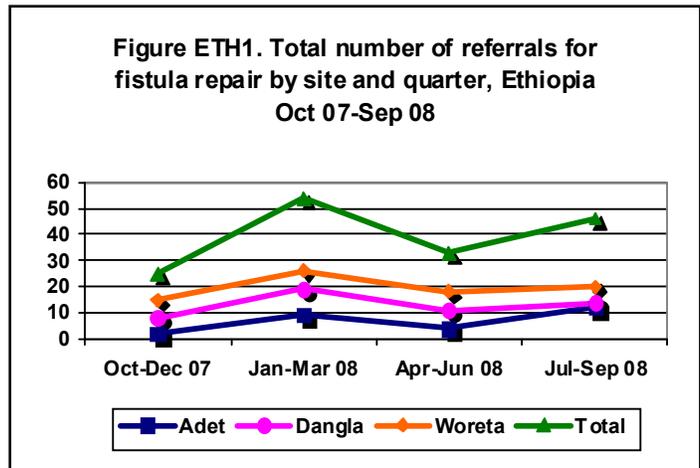


Table ETH1. Number of Women seeking, requiring and referred for fistula repair to Bahir Dar Centre, October 2007 thru September 2008, by Pre Repair Centers, Ethiopia

Fistula Treatment Indicators	Adet					Dangla					Woreta					Country Total				
	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
No. seeking FRS	6	10	14	23	53	16	29	14	18	77	17	33	21	15	86	39	72	49	56	216
No. requiring FRS	2	10	7	12	31	9	29	7	14	59	15	33	19	14	81	26	72	33	40	171
No. referred to Bahir Dar	2	9	4	12	27	8	19	11	14	52	15	26	18	20	79	25	54	33	46	158

FRS=fistula repair surgery

Table ETH2. Fistula Treatment Indicators by Fistula Center, October 2007 thru September 2008, Ethiopia³⁶

Fistula Treatment Indicators	Bahir Dar Ctr					Mekelle Ctr					Country Total				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	n/a	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
No. requiring FRS	n/a	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
No. receiving FRS	159	214	171	172	716	35	61	49	50	195	194	275	220	222	911
----- first repair	93	139	167	143	542	35	61	49	49	194	128	200	216	192	736
--- ----- second repair ³⁷	66	75	62	63	266	0	0	0	1	1	66	75	62	64	267
----- >2	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a
No. discharged after FRS	159	214	171	172	716	35	61	49	50	195	194	275	220	222	911
No. with a closed fistula who are dry	125	146	103	106	480	20	37	36	36	129	145	183	139	142	609
Percent with closed fistula who are dry	79%	68%	60%	62%	67%	57%	61%	73%	72%	66%	75%	67%	63%	64%	67%
No. with closed fistula & stress incontinence	n/a	n/a	n/a	n/a	0	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a
No. whose fistula was not closed	n/a	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
No. with complications after FRS	n/a	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

FSR=fistula repair surgery; n/a= not available

³⁶ Many of the monitoring indicators collected by FC were not available from AAFH.

³⁷ Data from Bahir Dar not available for women who had more than one previous repair.

Strengthening Capacity. The majority of the training activities supported by the pre repair centers and the AAFH sites focused on strengthening the capacity of providers and community volunteers to communicate about key prevention messages; see Table ETH3. Some training was done for service providers in screening for fistula. Fistula Mentors assigned to the pre repair centers continued to provide support in health center delivery units in the use of the partograph through on the job training, coaching and supportive supervision.

Table ETH3. Training Activities by Quarter, October 2007 thru September 2008, Ethiopia

	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Training Topic	Number Trained				
Training conducted for AAFH supported sites					
Surgeons trained in fistula repair at Bahir Dar & Mekelle Ctrs.	13	4	0	0	17
Medical students	0	38	0	0	38
Prevention & referral for fistula and safe motherhood	126	962	733	855	2,676
Training Conducted by Pre Repair Centers					
Prevention & Referral	211	95	464	589	1,359
Fistula Management	0	0	14	0	14
Total Trained	350	1,099	1,211	1,444	4,104

Increased use of health facilities for delivery. As shown below in Table ETH4 the number of women coming for delivery at health centers and health posts in the catchment areas of the three pre repair centers has increased each quarter; a total of 1,199 women delivered in facilities in the FY. Among the women who delivered at the health center, about 43% were monitored with the partograph³⁸. During this past year IHI has been working with AAFH and the Regional Health Bureau in the Amhara region to establish a comprehensive emergency obstetric unit at the Dangla health center. Under this tripartite agreement IHI (with USAID funding) renovated the delivery unit (including the creation of an operating theater) and is sponsoring the training of 2 health officers in caesarian section procedures; AAFH, with private funds, is providing equipment for the theater and will provide an ambulance for the health center; the Regional Health Bureaus is hiring staff for the unit (3 midwives will be assigned). The unit should be operational by January 2009..

³⁸ Data on the number of women arriving in the last stage of labor has not been reported, but is collected by the Fistula Mentors. It is likely that many women arrive fully dilated and therefore the partograph would not have been used. FC will be working with IHI to streamline reporting on prevention activities.

Table ETH4. Delivery Care and Services Selected Sites by Quarter, October 2007 thru September 2008, Ethiopia

	Oct- Dec 2007	Jan- Mar 2008	Apr- June 2008	Jul- Sep 2008	FY Total
Delivery Services at 3 Health Centers (Adet, Dangla, Woreta)					
Number of deliveries at satellite facilities (health posts)	n/a	66	242	143	451
Number Deliveries at 3 health centers	157	172	205	214	748
Number of health center deliveries monitored with partograph	71	72	85	97	325
Caesarian Sections carried out at AAFH affiliated sites					
Bahir Dar	150	150	n/a	150	450
Mekelle	60	60	n/a	63	183
Total number caesarian sections	210	210	n/a	213	633
Total Number of safe delivery kits distributed by AAFH supported centers	0	5,550	6,000	6,400	17,950
Number of safe delivery kits distributed in Amhara	0	n/a	4,000	3,600	7,600
Number of safe delivery kits distributed in Tigray	0	n/a	1,000	1,600	2,600
Number of safe delivery kits distributed in SNNP	0	n/a	1,000	1,200	2,200

n/a: not available

Enhancing community understanding of fistula prevention. Influencing attitudinal and behavioral changes in the community toward reproductive health issues, including causes, treatment and prevention of obstetric fistula, is a key activity carried out by the three pre repair centers. Each pre repair centers works with about 280 volunteers (a total of nearly 850 volunteers) who are responsible for conducting outreach activities in their communities using existing gatherings and institutions (schools, churches, mosques, markets, and formal and informal community meetings). These volunteers include respected members of the communities—local village elders, teachers, women association members, health extension workers, community based reproductive health agents, and religious leaders. They all have been trained in providing key messages and receive routine support from the Fistula Mentors. This community outreach strategy continues to be an effective means of delivering awareness raising messages. As shown in Table ETH5 these 800+ volunteers reached nearly 300,000 persons with information about fistula prevention and safe motherhood.

**Table ETH5. Number Persons Reached at Community Outreach Events
by Health Center and Quarter, October 2007 thru September 2008, Ethiopia³⁹**

	Oct-Dec 2007	Jan-Mar 2008	Apr-Jun 2008	Jul-Sep 2008	FY Total
Health Facility	#Persons Reached	# Persons Reached	# Persons Reached	# Persons Reached	# Persons Reached
Adet Health Center	26,087	48,885	50,611	41,277	166,860
Dangla Health Center	33,436	25,020	14,480	15,669	72,936
Woreta Health Center	12,755	8,148	6,405	13,328	88,605
AAFH supported sites	0	485	446	260	1,191
Total	72,278	82,538	71,942	70,534	297,292

³⁹ Reporting on number of events has not been reported to Fistula Care. Beginning with the next quarterly report these data will be reported.

GUINEA

Program Background

Service start up: January 2006.

Service sites: Three public hospitals:

- The National University Teaching hospital “Ignace Deen” in Conakry
- The District Hospital of Kissidougou, in the Forest Region of Guinea
- Jean Paul II in Conakry (added in August 2008)

Progress to Date

July-September 2008 Activities

A total of 67 women had a fistula repaired in Guinea this quarter. There was a drop in the number of repairs conducted in Kissidougou this quarter compared with the three previous quarters. Kissidougou has a significant backlog of patients. To reduce the backlog, 30 women were referred to the new Jean Paul II fistula site in Conakry for treatment. A team of GFMER surgeons carried out the surgical repair camp at Jean Paul II, repairing 36 fistulae with a focus on complicated cases. Perhaps as a result of the case mix, the percentage of patients who were closed and dry following surgery was 61% at Jean Paul II; see Table GUI1. Overall, 70% of women were closed and dry following surgery this quarter.

Backlog continues to be an issue at project supported sites. To address this issue in the future, Fistula Care proposes to systematize the prescreening of fistula clients at five regional hospitals and to organize surgical repair sessions according to complexity level.

This quarter Fistula Care conducted training for health staff at Jean Paul II: 25 providers were trained in infection prevention; 15 providers attended fistula nursing skills update; and three new surgeons began training in fistula repair. See Table GUI2.

The village Safe Motherhood committees reached 342 pregnant women this quarter. The committees documented 273 births and three maternal deaths. See Table GUI 3.

Key Accomplishments October 2007-September 2008

Access to fistula repair services has been expanded this year. Since January 2006, the Guinea program has focused its activities at the District Hospital of Kissidougou and the Urology and Maternity Departments of the Ignace Deen University Teaching Hospital in Conakry. One of the major challenges to providing fistula services at the Ignace Deen hospital of Conakry site was the limited availability of beds to accommodate fistula clients, the mandate to address other pathologies beyond fistula and the existence of only one operating theater. These constraints have resulted in a substantial backlog of women waiting for repair services. In order to find some solution to these issues, EngenderHealth collaborated with the Guinean Ministry of Social Affairs (MoSA) to relocate fistula services to the Jean Paul II Hospital, a public health facility in Conakry that falls under the responsibility of MoSA. Following the assessment of Jean Paul II in April, Fistula Care provided the basic materials and equipment to the centre and members of the fistula repair team were trained in a number of important topics: infection prevention, quality improvement, counseling, and pre-, intra-,



Table GUII. Fistula Repair Clinical Indicators, by Site and Quarter, October 2007 thru September 2008, Guinea

Fistula Treatment Indicators	Ignace Deen					Jean Paul II				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	26	27	28	31	112	n/a	n/a	n/a	42	42
No. requiring FRS	26	25	27	30	108	n/a	n/a	n/a	36	36
No. receiving FRS	16	16	16	15	63	n/a	n/a	n/a	36	36
----- first repair	9	10	9	4	32	n/a	n/a	n/a	30	30
----- second repair	6	5	3	9	23	n/a	n/a	n/a	2	2
----- >2	1	1	4	2	8	n/a	n/a	n/a	4	4
No. discharged after FRS	16	16	16	15	63	n/a	n/a	n/a	36	36
No. with a closed fistula who are dry	12	10	10	10	42	n/a	n/a	n/a	22	22
Percent with closed fistula who are dry	75%	63%	63%	67%	67%	0%	0%	0%	61%	61%
No. with closed fistula & stress incontinence	2	2	0	1	5	n/a	n/a	n/a	3	3
No. whose fistula was not closed	2	4	6	4	16	n/a	n/a	n/a	11	11
No. with complications after FRS	0	0	0	1	1	n/a	n/a	n/a	5	5
----- anesthesia-related	0	0	0	0	0	n/a	n/a	n/a	0	0
----- post-operative	0	0	0	1	1	n/a	n/a	n/a	5	5
----- other	0	0	0	0	0	n/a	n/a	n/a	0	0
Percent with complications after FRS	0%	0%	0%	7%	2%	0%	0%	0%	14%	14%
No. not discharged after FRS	0	0	0	0	0	n/a	n/a	n/a	0	0

FRS=fistula repair surgery

Table GUII, continued

Fistula Treatment Indicators	Kissidougou					Country Total				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	57	89	79	60	285	83	116	107	133	439
No. requiring FRS	57	89	79	60	285	83	114	106	126	429
No. receiving FRS	32	40	42	16	130	48	56	58	67	229
----- first repair	20	34	27	14	95	29	44	36	48	157
----- second repair	6	6	8	2	22	12	11	11	13	47
----- >2	6	0	7	0	13	7	1	11	6	25
No. discharged after FRS	32	40	42	16	130	48	56	58	67	229
No. with a closed fistula who are dry	21	34	38	15	108	33	44	48	47	172
Percent with closed fistula who are dry	66%	85%	90%	94%	83%	69%	79%	83%	70%	75%
No. with closed fistula & stress incontinence	3	1	1	0	5	5	3	1	4	13
No. whose fistula was not closed	7	5	3	1	16	9	9	9	16	43
No. with complications after FRS	0	0	2	0	2	0	0	2	6	8
----- anesthesia-related	0	0	0	0	0	0	0	0	0	0
----- post-operative	0	0	2	0	2	0	0	2	6	8
----- other	0	0	0	0	0	0	0	0	0	0
Percent with complications after FRS	0%	0%	5%	0%	2%	0%	0%	3%	9%	3%
No. not discharged after FRS	0	0	0	0	0	0	0	0	0	0

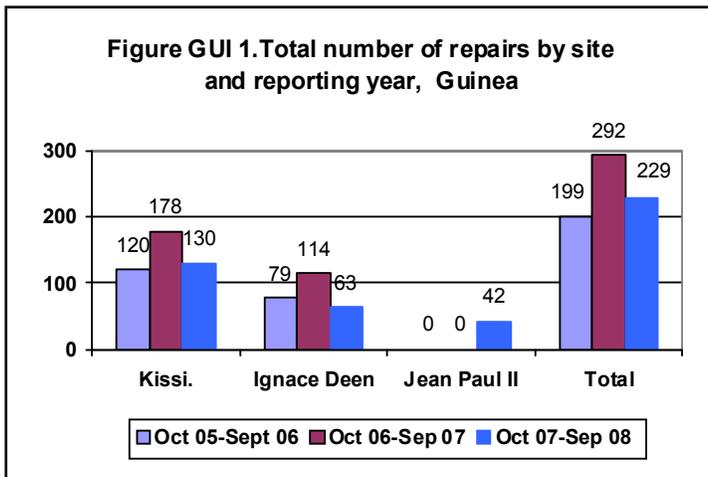
FRS=fistula repair surgery

and post-operative nursing. The new fistula unit was officially opened with an inauguration ceremony on September 2nd under the auspices of the Minister of Social Affairs and the Mission. Mr. Steve Edminster, the Team Leader of the Technical Office of USAID/Guinea participated in the ceremony on behalf of the Mission Director

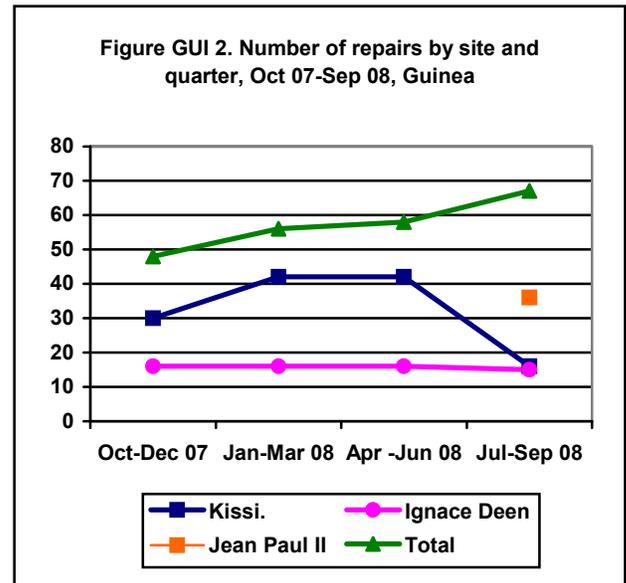
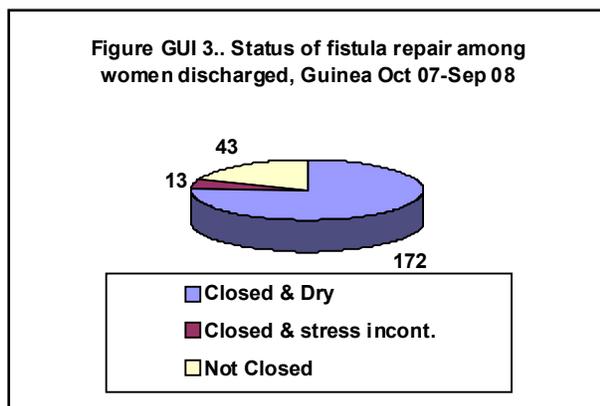


Opening of Jean Paul II Fistula Ward by Mr. Edminster, USAID, Guinea.

A total of 229 women received fistula repair services during the fiscal year, which is a 22% decrease from last year, see Figure GUI1. The trends across quarters were fairly even, except for the last quarter when Jean Paul II became active (Figure GUI2). Of the fistula surgeries carried out this fiscal year, 157 (69%) were a first attempt, 47 (20%) were a second attempt, and 25 women (11%) had had two or more surgeries previously.



Of the women receiving repairs this year, 172 or 75% had a closed fistula and were dry upon discharge; see Figure GUI3. Thirteen women (6%) remained with stress incontinence. Forty-three women (19%) had fistulae that were not closed. There were eight reported complications, all post-operative, for a complication rate of 3%.



Strengthening Capacity of Fistula Repair Sites. In August, in coordination with the Geneva Foundation for Medical Education and Research (GFMER), two experts joined the national fistula repair team to conduct the first surgical repair session at Jean Paul II site and to train three new surgeons in fistula repair. The Jean Paul II site was further strengthened with training in infection prevention and nursing care training. Fistula surgery training continued for 9 other surgeons (6 from Kissidougou and 3 from Ignace Deen) throughout the year.

Table GUI 2. Training Activities for Fistula Repair and Care by Quarter, October 2007 through September 2008, Guinea

	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Training Topic	No. Trained				
Continuing Fistula Repair training for surgeons from Ignace Deen	6	6	6	6	6*
Continuing Fistula Repair training for surgeons from Kissidougou	3	3	3	3	3*
First Fistula Repair training for surgeons from Jean Paul II	0	0	0	3	3
Infection Prevention follow up training (Ignace Deen & Jean Paul II)	0	0	20	25	45
Fistula Post Operative follow up training for Nurses (Ignace Deen, Kissidougou, & Jean Paul II)	0	0	26	15	41
Peer Educators in MAP approach	0	0	120	0	120
Total	9	9	175	52	218

*Totals are the number of individuals trained, not the number of training events

Strengthening community participation for fistula prevention. The Fistula Care team has continued to initiate and strengthen village safe motherhood committees around Kissidougou. Members of twelve committees make home visits to inform community members about the need for antenatal care. They also refer pregnant women and women who may be suffering from fistula and conduct outreach within their communities on early marriage, gender-based violence, and danger signs during pregnancy and childbirth. In addition 120 peer educators—members of village health committees, religious leaders and health providers—were trained in the Men As Partners (MAP) approach with a focus on key maternal health messages including prevention of maternal deaths, importance of antenatal care and importance of women delivering in a health facility.

Table GUI3. Safe Motherhood Committee Activities, Kissidougou Region by Quarter, October 2007 thru September 2008, Guinea

Safe motherhood committee activities	Oct-Dec	Jan.-Mar	Apr-Jun	Jul-Sep	Total
#women reached at sensitization meetings	303	313	379	342	1,337
# women attending prenatal					
1 st visit	287	272	352	319	1,230
2 nd visit	209	192	311	259	971
3 rd visit	103	141	216	169	629
4 th visit	20	36	129	73	258
# women receiving Tetanus Toxin					
1 st injection	275	199	323	311	1,108
2 nd injection	187	111	286	208	792

Social Reintegration approach piloted in Kissidougou.

Fistula Care is working in partnership with Kissidougou Hospital and the surrounding communities to provide host families for fistula patients after their surgeries. Many women have undergone a profound emotional decline; these home stays with families allows women to slowly reintegrate into and be accepted by their communities. During this social immersion period, healed women conduct community awareness campaigns around social events (such as marriages and baptism ceremonies). They also use rural radios to display relevant messages to communities.



Fistula Patient with her host family after discharge from the hospital

Strengthening the policy environment. The Fistula Care team in Guinea team advocated for fistula services through meetings with key stakeholders throughout the year. In collaboration with the Ministry of Health and Social Affairs the Guinea team initiated the formation of a National League to Stop Fistula, which will be an important advocacy body in Guinea. One activity the National League may support will be the designation of a national fistula day in Guinea. This year the EngenderHealth team organized and co-hosted several visits by U.S. Embassy and USAID officials to see fistula program activities.

LIBERIA

Program Background

The Fistula Care project issued its second sub award to Mercy Ships. The subaward was made in July 2008 to support fistula repair services on the *Africa Mercy* hospital ship while it is docked in Liberia in 2008 and in Benin in 2009. The subaward also includes support for repairs in Sierra Leone at a Mercy Ships managed land based facility (see Sierra Leone report for details). This is the fourth year that Mercy Ships has had a hospital ship in Liberia and the first year fistula services are supported with USAID funding. Mercy Ships has a good referral system in place in Liberia and has successfully collaborated with International Red Cross, International Rescue Committee, Merlin, Ministry of Health in Monrovia and Mèdicins Sans Frontières for referring women in need of fistula repair surgery.



Progress to Date

Fistula Repairs. Dr. Steve Arrowsmith was aboard the *Africa Mercy* for six weeks during the July-September reporting period to provide fistula repair surgery and to train surgeons in fistula repair. A total of 59 fistula repair surgeries were performed on board the *Africa Mercy*. While Mercy Ships had planned/hoped to carry out more surgeries during this six week period several possible reasons for the low turn out of patients included: a particularly severe rainy season which may have kept women away and increased availability of fistula repair services (fistula services are available at JFK Hospital in Monrovia⁴⁰ Phebe Hospital (located in the center) and Ganta United Methodist Hospital (located in the northeast) . The majority of women who had surgery were discharged with a closed and dry fistula. Sixteen (16) women experienced post operative complications following surgery (e.g., UTI, wound breakdown, wound infection). In addition to the fistula repair surgery, 25 ancillary surgeries were performed on these patients; see Table LIB2.

Training. Dr. Arrowsmith trained 3 surgeons in fistula repair; two of the surgeons are from the US and have committed to returning to sub Saharan Africa to provide services—most likely in Niger. The third surgeon—Dr. Margareta Sidenvall-- has made six trips to Liberia to provide care at Phebe Hospital. Upon completing the training Dr. Sidenvall spent 6 weeks at Phebe Hospital⁴¹ providing fistula repair surgery. Dr. Arrowsmith followed up with this surgeon via email and was able to discuss cases with her. In addition to the surgeon training, three midwives from Phebe Hospital spent two weeks aboard the ship for training in post operative care.

⁴⁰ Cristofel Blinden Mission has designated this hospital as a fistula repair site and Dr.Sidenvall will serve as the primary fistula surgeon at the hospital.

**Table LIB1. Fistula Repair Clinical Indicators, by Site and Quarter,
October 2007 thru September 2008, Liberia**

Fistula Treatment Indicators	Africa Mercy				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	NA	NA	NA	61	61
No. requiring FRS	NA	NA	NA	59	59
No. receiving FRS	NA	NA	NA	59	59
----- first repair	NA	NA	NA	38	38
----- second repair	NA	NA	NA	13	13
----- >2	NA	NA	NA	8	8
No. discharged after FRS	NA	NA	NA	59	59
No. with a closed fistula who are dry	NA	NA	NA	52	52
Percent with closed fistula who are dry	NA	NA	NA	88%	88%
No. with closed fistula & stress incontinence	NA	NA	NA	6	6
No. whose fistula was not closed	NA	NA	NA	1	1
No. with complications after FRS	NA	NA	NA	16	16
----- anesthesia-related	NA	NA	NA	16	16
----- post-operative	NA	NA	NA	0	0
----- other	NA	NA	NA	0	0
Percent with complications after FRS	NA	NA	NA	27%	27%
No. not discharged after FRS	NA	NA	NA	0	0

NA=not applicable. No USAID funding support.

**Table LIB2. Number of Additional Surgeries
for Fistula Patients,
by Quarter, July- September 2008, Liberia**

Type of Surgery	Jul-Sep	FY Total
Urethroplasty	2	2
Urethral dilatation	1	1
Ureteral reimplantation	2	2
Sling procedures	8	8
Neourethra	3	3
Examination under anesthesia	2	2
Cystolithotomy	1	1
Control of post-operative bleeding	2	2
Abdominal exploration	1	1
Total	22	22

Creating awareness about Fistula Prevention. With non USAID funds, Mercy Ships, worked in the Tenegar area , 20 kilometers from Monrovia, with midwives and TBAs from 11 nearby villages to provide information about fistula prevention and pre and post natal care for pregnant women.

NIGER

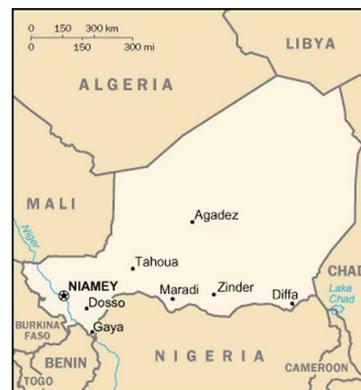
Program Background

Service start up: July 2007

Service sites: Four public hospitals were selected for the first phase:

- Dosso Regional Hospital
- La Maternité Issaka Gazobi, Niamey
- Lamordé National Hospital, Niamey
- Maradi Regional Hospital

Note: Funding for supported sites, through a subagreement with REF, funded by the AWARE-RH project ended in March 2008. USAID funds were not available to support fistula repairs from April through September (2 quarters). Although USAID funds were not available, REF provided a report on activities at the supported sites during those periods. Funding is expected to be reinstated in the first quarter of FY 2008/2009.



Progress to Date

July-September 2008 Activities

The July-September quarter witnessed continued low performance across all sites in the absence of financial support. REF negotiated with other donors to support costs at Maradi and Lamordé, but the primary fistula surgeons at both facilities were unavailable during significant periods of the quarter. As a result, only 43% (n=34) of presenting women in need of repair were operated upon. Twenty-three women (68%) had a closed fistula and were dry upon discharge. Women whose fistulae were not closed and dry were requested to return after three months. See Table NIG 1.

No fistula repairs were performed at Dosso Regional Hospital this quarter. Pending the resumption of USAID support, Dosso will continue to refer fistula repair cases to Lamordé; once USAID support is re-instated Dosso will provide fistula surgery. During this quarter, Issaka Gazobi (IG) remained a prevention-focused site that does not carry out fistula repairs. Beginning in the next FY surgeons from IG will visit Lamordé once-a-month to assist in surgeries in order to strengthen the IG surgeons' skills and experience. At the same time, the IG administration will work to make time and space for routine repairs. The proposed exchange of Issaka Gazobi and Lamordé surgical teams will begin when the new sub-agreement is implemented, after which point Issaka Gazobi aspires to become a functioning fistula repair facility.

The social mobilization campaign in the Maradi region has successfully identified many women with fistula. To reduce the long wait times for some of the identified women, Maradi Regional Hospital held a week-long repair camp staffed by Turkish surgeons and supported by a local NGO.

Table NGRI. Fistula Repair Clinical Indicators, by Site and Quarter, October 2007 thru September 2008, Niger⁴²

Fistula Treatment Indicators	Dosso					Issaka Gazobi					Lamorde				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	0	20	20	7	47	7	29	0	0	36	22	0	24	24	70
No. requiring FRS	24	13	3	7	47	0	29	0	0	29	22	35	15	25	97
No. receiving FRS	3	11	3	0	17	0	0	0	0	0	12	35	15	8	70
----- first repair	1	8	2	0	11	0	0	0	0	0	5	14	12	2	33
----- second repair	2	2	1	0	5	0	0	0	0	0	3	9	2	4	18
----- >2	0	1	0	0	1	0	0	0	0	0	4	12	1	2	19
No. discharged after FRS	0	14	3	0	17	0	0	0	0	0	12	33	16	8	69
No. with a closed fistula who are dry	0	9	3	0	12	0	0	0	0	0	9	26	12	6	53
Percent with closed fistula who are dry	0%	64%	100%	0%	71%	0%	0%	0%	0%	0%	75%	79%	75%	75%	77%
No. with closed fistula & stress incontinence	0	0	0	0	0	0	0	0	0	0	0	4	0	0	4
No. whose fistula was not closed	0	5	0	0	5	0	0	0	0	0	3	2	4	2	11
No. with complications after FRS	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0
----- anesthesia-related	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----- post-operative	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0
----- other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Percent with complications after FRS	0%	7%	0%	0%	6%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
No. not discharged after FRS	3	0	0	0	3	0	0	0	0	0	7	2	1	0	10

FRS: fistula repair surgery
n/a: not available.

⁴² From April through September repairs reported by REF were not supported with USAID funds.

Table NGRI. continued

Fistula Treatment Indicators	Maradi					Tera					Country Total				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	113	61	60	45	279	0	8	0	0	8	142	118	104	76	440
No. requiring FRS	101	54	11	41	207	0	8	0	0	8	147	139	29	73	388
No. receiving FRS	52	34	11	26	123	0	3	0	0	3	67	83	29	34	213
----- first repair	26	12	3	17	58	0	3	0	0	3	32	37	17	19	105
----- second repair	11	15	8	2	36	0	0	0	0	0	16	26	11	6	59
----- >2	15	7	0	3	25	0	0	0	0	0	19	20	1	5	45
No. discharged after FRS	52	21	14	26	113	0	3	0	0	3	64	71	33	34	202
No. with a closed fistula who are dry	33	17	10	17	77	0	2	0	0	2	42	54	25	23	144
Percent with closed fistula who are dry	63%	81%	71%	65%	68%	0%	67%	0%	0%	67%	66%	76%	76%	68%	71%
No. with closed fistula & stress incontinence	0	1	3	0	4	0	1	0	0	1	0	6	3	0	9
No. whose fistula was not closed	19	3	1	9	32	0	0	0	0	0	22	10	5	11	48
No. with complications after FRS	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
----- anesthesia-related	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----- post-operative	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
----- other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Percent with complications after FRS	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%
No. not discharged after FRS	0	13	10	0	23	0	0	0	0	0	10	15	11	0	36

FRS: fistula repair surgery
n/a: not available.

Key Accomplishments October 2007-September 2008

Fistula Repairs. A total of 213 women received fistula repair services this year. Of these, 150 women received services in the first half of the fiscal year with USAID support through the AWARE project. The number of repairs significantly decreased (by half) when USAID funds were no longer available: only 63 repairs took place in the second half of the fiscal year. See Table NGR1.

Three of the four sites that provided fistula repair services this year varied greatly from one quarter to the next in how many repairs they performed⁴³; see Figure NGR1. The availability of trained surgeons is the key determinant in the number of fistulae repaired at each facility. Although efforts have been made to train multiple surgeons at every facility, one motivated fistula surgeon at each of the three hospitals tends to advocate for the prioritization of fistula repair surgeries. The capacity of Dosso Regional Hospital was increased through training for a second surgeon and surgical interns, but the hospital received no funding for fistula work in the second half of the fiscal year and therefore provided few surgical repairs.

Of the 213 fistula surgeries performed in Niger this fiscal year, approximately half (104, or 49%) of the surgeries performed were not the first attempt at repair. A total of 144 women (71%) had a closed and dry fistula at time of discharge; see Figure NGR2.

A significant problem of backlog persists at all of the fistula repair facilities. Of 388 women who presented at the hospitals requiring fistula surgery, 55% were admitted and operated upon.

Figure NGR 1. Total number of repair surgeries by site and quarter, Niger, Oct 07-Sep 08

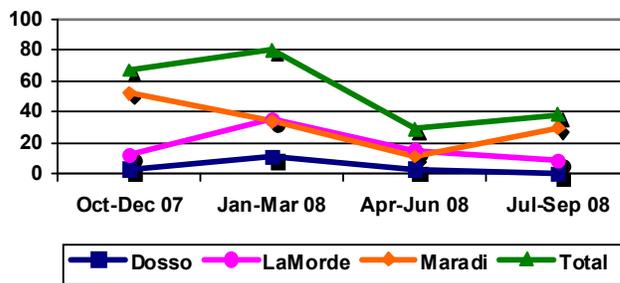
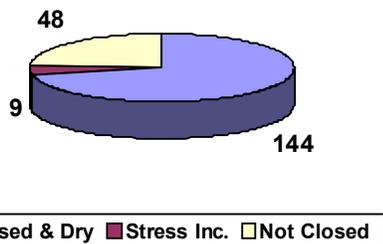


Figure NGR 2. Status of repair upon discharge, all sites, Niger Oct 07-Sep 08



Community outreach activities have effectively publicized the existence of services and identified potential surgical candidates, but when the demand for repair exceeds the facilities' capacity women are turned away, referred to another site, or told to return at an unspecified and undocumented later date. Currently there are not systems in place to keep track of women who need surgery but have not yet received it.

⁴³ Issaka Gazobi, while designated as a fistula repair site has not provided any fistula services because of lack of space. It is currently designated as a prevention center. FC plans to work with the site to provide fistula services in FY 08/09.

Strengthening capacity of fistula supported sites. REF has emphasized training for staff at supported sites. Sixty health care workers received training on quality assurance, and 80 workers were trained in infection prevention practices. Twelve nurses were trained in pre- and post-operative care, and surgical interns are encouraged to observe and learn about fistula while on rotation at Lamordé. In total, seven of these surgeons received their first or follow-up training this fiscal year. Medical students on rotation at Lamordé were invited to learn about fistula surgical skills, and four of them were included in training this year. Other training activities included training of nurses in pre- and post-operative care at Lamordé Hospital, and quality improvement and infection prevention for providers at Lamordé, Dosso, and Issaka Gazobi; see Table NGR 2. At Maradi hospital, 20 providers were trained in quality assurance and 20 providers in social mobilization. In total, 185 health care providers were trained in Niger this fiscal year.

Table NGR2. Training by topic, and number persons trained, October 2007 thru September 2008, Niger

	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Training Topic	# trained	# trained	# trained	# trained	# trained
Fistula Surgical Repair (first training)	2	1	0	0	3
Fistula Surgical Repair, follow up training	3	1	0	0	4
Orientation for medical students in fistula repair	4	0	0	0	4
Nursing Pre and post operative care	12	0	0	0	12
Quality Assurance	60	0	0	0	60
Infection Prevention	80	0	0	0	80
Social Mobilization	20	0	0	0	20
FP counseling	0	2	0	0	2
Total	181	4	0	0	185

Social Mobilization Program implemented to increase awareness about fistula. REF has implemented an extensive social mobilization program that reached out to over 6,000 community members in just the first six months of the fiscal year; see Table NGR3.⁴⁴ Based on the work of a Burkina Faso NGO, the social mobilization program works with communities to collect data on current practices related to maternal and neonatal health, and then to help stakeholders and opinion leaders to encourage community members to embrace change that will result in improved health outcomes.

Table NGR3. Number of Community Outreach Events and Persons Reached by Hospital, October 2007 thru March 2008, Niger

	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		Total	
	# Events	# Persons reached	# Events	# Persons reached	# Events	# Persons reached	# Events	# Persons reached	# Events	# Persons reached
Dosso	76	1,372	15	449	0	0	0	0	91	1,821
Maradi	n/a	233	25	2,383	0	0	0	0	25	2,614
Niamey	0	0	20	1,600	0	0	0	0	20	1,600
Total	76	1,650	60	4,432	0	0	0	0	136	6,037

⁴⁴Community outreach data are not available for the second half of the year.

NIGERIA

Program Background

Service start up: Funds were obligated September 2006. EngenderHealth Office opened in February 2007.

Supported sites are located in 5 states, the first three are primarily service sites and the last two are primarily training sites:

- Kebbi State: Specialist Fistula Center Birnin Kebbi
- Sokoto State: Maryam Abacha Women and Children's Hospital (MAWCH)
- Zamfara State: Faridat Yakubu General Hospital
- Kano State: Laure Fistula Center at Murtala Mohammed Specialist Hospital
- Katsina State: Babbar Ruga Hospital



Progress to Date

July-September 2008 Activities

A total of 369 fistula repairs were performed at five sites this quarter. More than half of the repairs were reported by two sites--Babbar Ruga and Laure Fistula Center; while these two sites performed the majority of repairs, no data is available this quarter about the women who had surgery (e.g., number of previous repairs, and outcomes of surgery)⁴⁵. Based on data which was available, all the women who had surgery were discharged with a closed and dry fistula. See Table NIG1.

The primary fistula surgeon at Faridat Hospital (Dr. Sa'ad) was in Kaduna working on behalf of the Physicians for Peace during the month of August. Dr. Sa'ad received advanced training under the ACQUIRE/Fistula Care project and is now a trainer for the project. During his second visit to Kaduna (his first was in March 2008) he trained four physicians and 8 nurses from Kaduna State in fistula surgery. During these two visits he performed 33 fistula repairs surgeries. Dr. Sa'ad has been named as a Global Medical Advisor on fistula for Physicians for Peace.

Renovation work for the Kebbi facility began and is expected to be completed by the first quarter of the new FY. FC is coordinating with the Katsina state government about refurbishing newly renovated facilities at Babbar Ruga and is in discussion with Maryam Abacha Hospital in Sokoto regarding refurbishment of the family planning unit.

Training activities included a contraceptive technology update for staff at Katsina, family planning counseling for staff at Kebbi and a religious leader's workshop in Kebbi. See Table NIG2.

⁴⁵ Dr. Kees Waaldijk has mandated that only information on the number of repairs may be provided from these two sites. No information on outcomes is routinely provided (information from Laure Fistula Center was provided for the first three quarters).

Table NIGI Fistula Repair Clinical Indicators, October 2007 thru September 2008 , Nigeria

	Babbar Ruga					Faridat Yakubu General Hospital					Kebbi				
Fistula Treatment Indicators	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
No. seeking FRS	90	212	81	n/a	383	22	30	61	38	151	25	67	29	14	135
No. requiring FRS	90	212	71	n/a	373	22	30	61	38	151	18	67	29	11	125
No. receiving FRS	90	172	118	156	536	22	30	60	38	150	36	38	36	12	122
----- first repair	61	100	70	n/a	231	20	21	41	22	104	19	28	26	7	80
----- second repair	15	70	30	n/a	115	2	2	11	11	26	8	6	5	4	23
----- >2	14	2	18	n/a	34	0	7	8	5	20	9	4	5	1	19
No. discharged after FRS	86	179	87	n/a	352	23	21	53	40	137	42	32	19	26	119
No. with a closed fistula who are dry	86	179	87	n/a	352	22	21	52	40	135	31	23	16	26	96
Percent with closed fistula who are dry	100%	100%	100%	n/a	100%	96%	100%	98%	100%	99%	74%	72%	84%	100%	81%
No. with closed fistula & stress incontinence	0	0	0	n/a	0	0	0	1	0	1	11	7	3	0	21
No. whose fistula was not closed	0	0	0	n/a	0	1	0	0	0	1	0	2	0	0	2
No. with complications after FRS	1	0	0	n/a	1	0	1	0	0	1	8	0	0	0	8
----- anesthesia-related	0	0	0	n/a	0	0	1	0	0	1	1	0	0	0	1
----- post-operative	1	0	0	n/a	1	0	0	0	0	0	7	0	0	0	7
----- other	0	0	0	n/a	0	0	0	0	0	0	0	0	0	0	0
Percent with complications after FRS	1%	0%	0%	n/a	0%	0%	5%	0%	0%	1%	19%	0%	0%	0%	7%
No. not discharged after FRS	7	0	31	n/a	38	1	10	17	15	43	0	5	17	3	25

FRS=fistula repair surgery
n/a=not available.

Table NIGI continued

Fistula Treatment Indicators	Laure Fistula Center					Maryam Abacha					Country Total				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	115	133	206	n/a	454	31	62	61	31	185	283	504	438	83	1308
No. requiring FRS	115	133	206	n/a	454	31	62	61	30	184	276	504	428	79	1287
No. receiving FRS	115	129	107	122	473	8	56	51	41	156	271	425	372	369	1437
----- first repair	77	104	80	n/a	261	8	27	41	27	103	185	280	258	56	779
----- second repair	20	22	10	n/a	52	0	17	8	11	36	45	117	64	26	252
----- >2	18	3	17	n/a	38	0	12	2	3	17	41	28	50	9	128
No. discharged after FRS	98	118	97	n/a	313	0	51	18	79	148	249	401	274	145	1069
No. with a closed fistula who are dry	88	118	91	n/a	297	0	19	18	79	116	227	360	264	145	996
Percent with closed fistula who are dry	90%	100%	94%	n/a	95%	0%	37%	100%	100%	78%	91%	90%	96%	100%	93%
No. with closed fistula & stress incontinence	9	0	6	n/a	15	0	32	0	0	32	20	39	10	0	69
No. whose fistula was not closed	1	0	0	n/a	1	0	0	0	0	0	2	2	0	0	4
No. with complications after FRS	0	0	0	n/a	0	0	41	0	0	41	9	43	0	0	52
---- anesthesia-related	0	0	0	n/a	0	0	35	0	0	35	1	36	0	0	37
- post-operative	0	0	0	n/a	0	0	11	0	0	11	8	11	0	0	19
----- other	0	0	0	n/a	0	0	0	0	0	0	0	0	0	0	0
Percent with complications after FRS	0%	0%	0%	n/a	0%	0%	80%	0%	0%	28%	4%	11%	0%	0%	5%
No. not discharged after FRS	17	28	38	n/a	83	8	13	46	8	75	33	56	149	26	264

FRS=fistula repair surgery
n/a=not available.

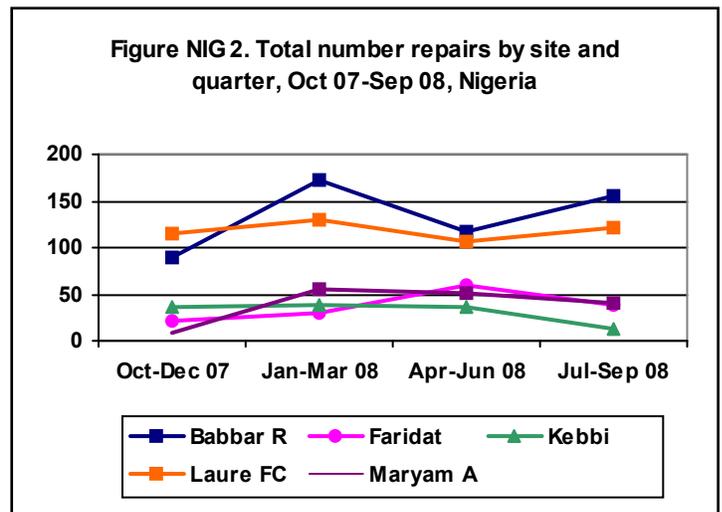
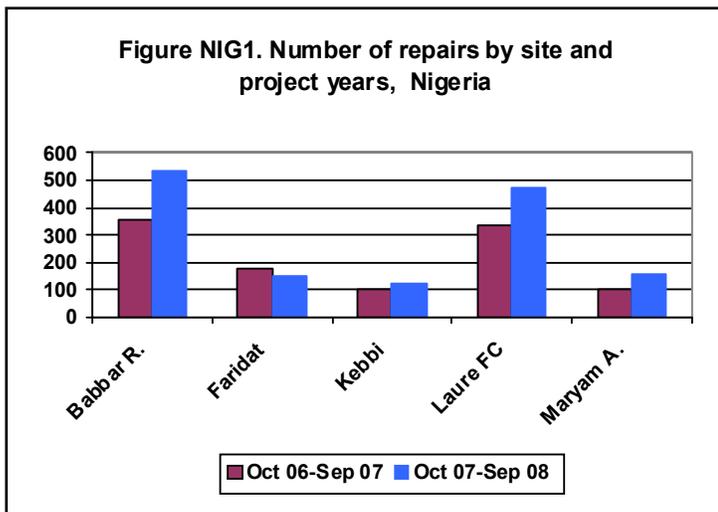
The community based outreach activities continued with a focus on activities in Kebbi, Sokoto and Zamfara states as well as work with religious leaders in these three states. The combined efforts of the religious leaders, CBOs and FC/Nigeria staff resulted in nearly 80,000 persons being reached with key fistula prevention messages; See Table NIG 3.

All state and federal approvals for the global perspective study have been obtained. Patient enrollment in the study began this quarter at three sites—Faridat, Kebbie and Maryam Abacha. Prior to the start of the study FC staff conducted updated/refresher training for the study consultants at each site

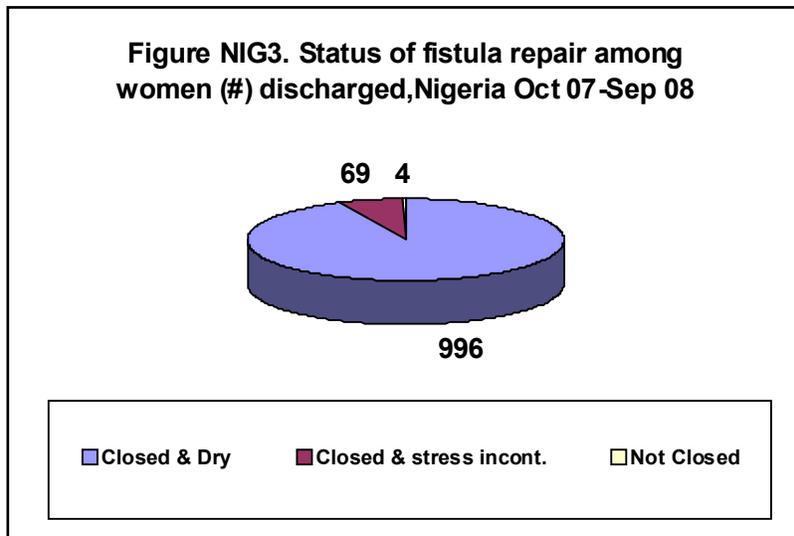
Key Accomplishments October 2007-September 2008

Fistula Repairs. At the beginning of the FY program partners developed a strategy to help reduce the backlog of fistula repair cases by conducting ‘pooled effort’ campaigns at least once a quarter. These campaigns involve bringing surgeons from more than one site to another site in order to work together to provide services for a one week period. These ‘pooled efforts’ have helped to reduce the backlog of women waiting for fistula surgery. While the backlog has been reduced by these efforts, most sites still have large backlogs of women waiting for services.

The total number of women who received fistula repair services during the FY was 1,437, representing an increase of 33% from last year. All sites with the exception of Faridat performed more surgeries this year compared with last year (see Figure NIG1). There were some variations in performance across sites and quarters: Kebbi did more repairs in the 2nd and 3rd quarters compared with other quarters and Faridat performed twice as many repairs in the 3rd quarter compared with the quarters. The higher performing quarters at both sites was a result of ‘pooled efforts’ to reduce the back log (see Figure NIG2).



The majority of women who had surgery had a closed and dry fistula upon discharge—93%; see Figure NIG3. Reports of complications from the supported sites was overall very low.



Strengthening capacity of fistula repair sites. Training in fistula surgery is conducted in collaboration with State-level Ministries of Health. FC/Nigeria has set forth clear trainee selection criteria (e.g., surgeons must have interest in fistula surgery, minimum of two years experience in general surgery and be willing to stay at posted facility to provide services). However the Ministries have selected surgeons for training who are not working at currently supported sites, but who are from three peripheral hospitals in order to decentralize access to fistula services. FC project staff is working the Ministries of Health, Women’s Affairs and other concerned agencies to set up state fistula task forces to assist in the development of sustainable fistula services. In the meantime FC staff will follow up with the surgeons who were trained from non supported sites to determine the feasibility of providing future support.

One of the strategies for ensuring sustainable fistula services is the establishment of additional training centers. During this FY two of the FC supported sites—Faridat and Maryam Abacha were selected to become state level training centers, in Zamfara and Sokoto, respectively. Ten surgeons were trained for the first time in fistula repair and six surgeons continued with advance training. In addition, staff from supported sites were trained in infection prevention, counseling and family planning; See Table NIG2.

Table NIG2. Training by topic, number events and number persons trained, by Quarter, October 2007 thru September 2008 Nigeria

	Oct-Dec	Jan-Mar	Apr-Jun	July-Sep	FY Total
Training Topic	Number Trained				
Fistula Repair for new trainees ⁴⁶ (1st training)	0	8	2	0	10
Advance fistula repair training for previously trained surgeons	0	6	0	0	6
Pre and post operative management for Nurses	0	4	2	0	6
Contraceptive Technology Update, (for all sites)	20	0	0	20	40
USG Policies	15	0	0	0	15
Infection Prevention/Kano	10	0	0	0	10
Family Planning Counseling	0	20	0	20	40
TOT Fistula Counseling	0	18	0	0	18
Men as partners/Sokoto	0	14	0	0	14
Religious Leaders for community outreach	0	0	12	24	36
CBO grants management	0	0	18	0	18
Research/data collection	9	0	0	0	9
Total	54	70	34	64	222

Strategies for creating awareness about fistula treatment and prevention. During the FY the FC/Nigeria project undertook several initiatives to raise awareness fistula treatment services and key prevention. These activities included:

- **Partnering with six community based organizations (CBOs)** (two from each Birini Kebbi, Katsina and Zamfara states) to create awareness about fistula. During the FY these CBOs carried out 36 outreach events, reaching 3,715 people. In addition the CBOs were trained in the Men As Partners (MAP) approach.
- **Development of behavior change communication strategies (BCC).** In collaboration with health providers, fistula clients, CBO partners and an artist, FC facilitated workshops to review existing materials and develop new messages with appropriate language specific to the target audiences in three focal states (Kebbi, Sokoto and Zamfara). Materials were pretested and reviewed/approved by USAID. By the end of the fiscal year, the project produced a total of 25,000 client educational materials - brochures and posters – in conventional English, Hausa, and Ajimi.
- **Mobilizing Religious Leaders as Advocacy Champions for Fistula.** Project staff and fistula site partners identified 36 religious leaders from Kebbi, Sokoto and Zamfara who were willing to participate were interested in becoming advocates for fistula. These religious

⁴⁶ Training conducted at Faridat, Kebbi and Babbar Ruga

leaders attended training to educate them about the causes of fistula, the short and long term impact on the client, family and the community as a whole. Part of the training included meeting women who were awaiting fistula repair surgery in order to have first hand knowledge about the impact of fistula on women's lives. These religious leaders include key messages about safe motherhood when they address their congregations—importance of ANC attendance and delivering in a facility with trained birth attendants. In their outreach activities, they have reported reaching over 75,000 people during the fiscal year; see Table NIG 3.

- **Using the media to increase awareness.** Fistula Care/Nigeria partnered with the The Nigerian Television Authority (NTA) in Sokoto to air 4 interviews with Fistula Care project staff and partners about programming for fistula treatment and prevention. Discussions with fistula clients were also aired in the Hausa service of Voice of America (VOA) and the British Broadcasting Corporation (BBC). Rima Radio, a Sokoto state local radio station aired several live discussions with Fistula Care project staff and the Religious Leaders Advocacy Champions. At the national level, the FC/Nigeria sponsored a program on Radio Nigeria, discussing the challenges of fistula and its prevention in Nigeria.

Table NIG 3. Number of persons reached through outreach activities, October 2007 thru September 2008, Nigeria

	Oct-Dec 2007	Jan-Mar 2008	Apr-Jun 2008	Jul-Sep	Total FY
Religious Leaders					
Number Events	8	4	8	47	67
Number Persons reached	10,000	10,011	1,365	75,953	97,329
Other Outreach Efforts					
Number Events	0	4	14	36	54
Number Persons reached	0	3,000	594	3715	7,309
Total # Events	8	8	22	83	121
Total # Persons reached	10,000	13,111	1,959	79,668	104,638

Increasing access to prevention services. During this year considerable effort was put into capacity building to support family planning services, a key fistula prevention intervention. A total of 8 sites (4 in Katsina and 4 in Kano States) provide FP counseling and services. Three of the fistula repair sites also provide FP services—Faridat, Kebbi and Maryam Abacha. During the Oct 2007-Sep 2008 period a total of 8,165 women were counseled about family planning and 6,522 women received a FP method.

Rehabilitation Center Opened. The FC/Nigeria project is working with the State governments to identify strategies to help fistula clients obtain skills which may help them become self sufficient following surgery. Working in collaboration with the State Governments, particularly the offices of the First Lady, in each state, FC has advocated for construction of Rehabilitation Centers in the fistula facility where clients can learn sewing, cooking knitting and other trades during their long postoperative recovery (clients often remain in the facility for 4-6 weeks after surgery).



Fistula patient at Rehabilitation Center,
Zamfara State

In October 2007 The Government of Zamfara State constructed and furnished a Rehabilitation center for skills building activities which is attached to the Faridat Yakubu fistula hospital. The total cost of constructing and equipping the center is put at NGN30,000,000. (\$256,410). FC/Nigeria staff are discussing a similar project with the Birnin Kebbi State Government (State authorities have already conducted site assessment and will soon award the contract for construction of rehabilitation center within the Gesse Fistula Hospital in Birnin Kebbi).

Partnership with Private Sector.

During the FY the project signed a tripartite MOU with USAID and Syngenta to support Fistula Care project activities in Nigeria. Syngenta donated 40 long lasting insecticide treated mosquito nets for the fistula patient wards in Faridat Yakubu hospital. Syngenta also donated sewing machines for the newly constructed Rehabilitation Center for skill building activities for fistula patients at Faridat.

Stakeholder Meeting on National VVF Task Force

The FC project, in partnership with the Federal Ministry of Health convened a reconstituted stakeholder's meeting of the National VVF Taskforce. The Project advocated the establishment of state taskforces which would feed upward to federal level. As a follow up to this, FC project staff visited the Chairman of the Senate Health Committee and made a presentation on the idea of establishing a National Fistula Day in March. The senate is open to considering the suggestion.

The project, in partnership with Institute of Development Administration of Nigeria, FMOH, UNFPA and Rotary International, organized a National Seminar to highlight the impact of Fistula on National Development. The two day seminar drew participation from a diverse range of people and groups from all over the country. Four state First Ladies, four Senators and several academics were on hand to either present papers or deliver goodwill messages. The seminar was chaired by the Chairman of the Senate Committee on Health and she delivered the keynote address. At the end of the Seminar, participants resolved to form a group to advocate on behalf of the fistula clients. They also requested that the National VVF Task Force prepare a presentation for the legislature on the challenges of fistula in Nigeria and request that a day in March be set aside as Nigeria Fistula day.

RWANDA

Program Background

Service start up: March 2006

Service sites: Activities in Rwanda are focused on two public sites:

- Central University Hospital of Kigali (CHUK)
- Ruhengeri District Hospital

Progress to Date

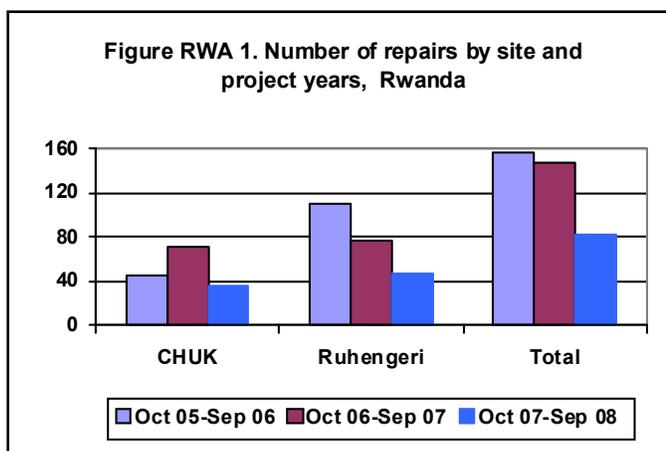
July-September 2008 Activities

A total of nine women received fistula repair surgery this quarter. All nine women were operated on at CHUK. Ruhengeri Hospital, which relies on outside surgeons for repair camps, did not carry out any fistula repairs this quarter. See Table RWA 1 below. CHUK operated on two women more this quarter than it did last quarter, in part because it has made an effort to maintain a goal of at least one fistula surgery per week. We anticipate that the number of repairs will increase at CHUK as part of the global observational study. Seven of the eight women who were discharged before the end of the quarter, had a closed and dry fistula and one woman's fistula was not closed.



Key Accomplishments October 2007-September 2008

Fistula Repairs. A total of 83 women received fistula repair services this year, which was a 44% decrease from FY 2007; See Figures RWA1 and RWA2. Services at Ruhengeri have not been routine and only one repair camp was carried out this FY. The master trainer (Dr. Raasen) had to cancel his planned visit in October 2007 due to family illness and we were unable to arrange for an alternate in that time. The repair totals at CHUK are more consistent over time, but CHUK averages just three surgeries per month. Fistula repairs at CHUK have, however, been hampered by the fact that the main operating theater block is undergoing reconstruction. The hospital, which is the central teaching hospital in Kigali, is therefore relying on two operating theaters in the maternity wing for all surgeries. The reconstruction is expected to be completed by April/May 2009. A planned fistula repair camp at CHUK in November was cancelled due to the unavailability of the master trainer (Prof. Magueye.)

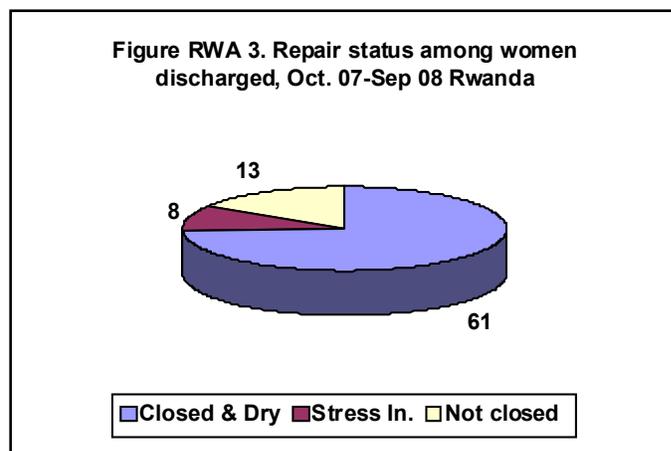
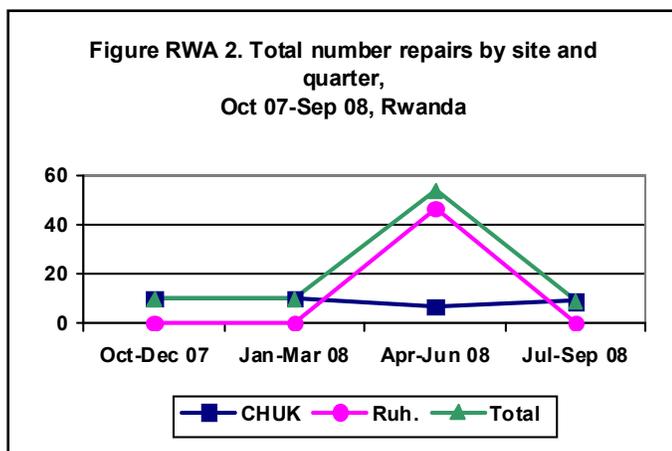


A total of 127 women requiring fistula repair presented to CHUK and Ruhengeri this year, so the number admitted represents 65% of the known demand. Approximately half of the admitted women received fistula surgery for the first time, while 24 women (29%) experienced a second attempt and 19 (23%) had previously had two or more surgeries.

**Table RWAI. Fistula Repair Clinical Indicators by Hospital,
October 2007 thru September 2008, Rwanda**

Fistula Treatment Indicators	CHUK					Ruhengeri					Country Total				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	20	16	15	15	66	2	73	n/a	0	75	22	89	15	15	141
No. requiring FRS	20	16	12	14	62	2	0	63	0	65	22	16	75	14	127
No. receiving FRS	10	10	7	9	36	0	0	47	0	47	10	10	54	9	83
----- first repair	6	5	4	5	20	0	0	20	0	20	6	5	24	5	40
----- second repair	4	3	3	1	11	0	0	13	0	13	4	3	16	1	24
----- >2	0	2	0	3	5	0	0	14	0	14	0	2	14	3	19
No. discharged after FRS	10	10	7	8	35	0	0	47	0	47	10	10	54	8	82
No. with a closed fistula who are dry	7	8	6	7	28	0	0	33	0	33	7	8	39	7	61
Percent with closed fistula who are dry	70%	80%	86%	88%	80%	0%	0%	70%	0%	70%	70%	80%	72%	88%	74%
No. with closed fistula & stress incontinence	1	1	1	0	3	0	0	5	0	5	1	1	6	0	8
No. whose fistula was not closed	2	1	0	1	4	0	0	9	0	9	2	1	9	1	13
No. with complications after FRS	0	0	0	0	0	0	0	4	0	4	0	0	4	0	4
----- anesthesia-related	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----- post-operative	0	0	0	0	0	0	0	4	0	4	0	0	4	0	4
----- other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Percent with complications after FRS	0%	0%	0%	0%	0%	0%	0%	9%	0%	9%	0%	0%	7%	0%	5%
No. not discharged after FRS	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1

FSR=fistula repair surgery
n/a-not available



Of the 82 women discharged during the year, 61 women (74%) had a closed fistula and were dry when discharged. Eight women (10%) remained with stress incontinence, while 13 women (16%) had fistulas that were not closed; see Figure RWA3. Four women had post-operative complications such as fever or infections following surgery.

Improving capacity for fistula repair. Six surgeons were trained in Rwanda this fiscal year in fistula surgery. Participants included three surgeons from CHUK, two from Butare for follow-up surgical training, and one surgeon from Ruhengeri for a first fistula repair training; see Table RWA2. Three surgeons (2 from Burundi⁴⁷ and one from Nyamata Hospital) attended an orientation on fistula repair training.

Fistula Counseling Materials adaptation. Fistula Care Rwanda has translated the training module from the fistula counseling curriculum into Kinyarwanda. This will be used to train nurses and social workers, for continued improvement of fistula counseling services. Fistula Care has also overseen a national radio broadcast about the causes, symptoms, and prevention of fistula. It participates in the national Safe Motherhood technical working group. Fistula Care collaborates with the Ministry of Health and several organizations supporting fistula work to coordinate safe motherhood interventions and to review plans for EmOC training at Ruhengeri.

In 2007/08, Twubakane was identified by the USAID Mission to support and integrate prevention activities for fistula into their ongoing work. Meetings were held with Twubakane to agree on how to proceed in this regard, but because funds were delayed until September 2008, no activities were specifically undertaken in the year for which we are reporting. Plans are in place to implement prevention activities moving forward.

⁴⁷ The Burundi surgeons are in the process of organizing fistula workshops and were invited to see how training is organized.

**Table RWA 2. Training by topic, number events and number persons trained,
October 2007 thru September 2008, Rwanda**

	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Tot
Training Topic	Number Trained				
Fistula Follow Up training	0	0	5	0	5
First Fistula Repair Training	0	0	1	0	1
Total	0	0	6	0	6

SIERRA LEONE

Program Background

Service start up: January 2007

Service sites: Aberdeen West African Fistula Center

Note: The subagreement with Mercy Ships for support of work in Sierra Leone with ACQUIRE funding ended in March 2008. Fistula Care funds were obligated in July 2008. USAID funds support repair and treatment for women with fistula and training. All other activities/accomplishments are supported with non USAID funds through Mercy Ships.



Progress to Date

July-September 2008 Activities

A total of 94 women had fistula repair surgery this quarter, a 10% increase over the last quarter. The majority (70%) of the fistula repairs were first repairs. Most women (79%) were discharged with a closed and dry fistula. See Table SRL1. Women who has fistula repair also had ancillary surgical procedures (see Table SRL2).

During the quarter Dr. Lyth was away on leave for two months and two surgeons covered during this time so that there would not be any interruption in services. A new surgeon—Dr. Alyona Lewis-- joined the staff at the Aberdeen Center which will allow the center to serve more women.

Beginning in September 2008, the Aberdeen center began a new partnership with Marie Stopes to provide family planning services for women who want to start using a method before discharge.⁴⁸ Two nurses from Marie Stopes will come to the Aberdeen center twice month to provide information and education and services for patients. Marie Stopes's staff will provide follow up services for any woman who is provided with a method. During this quarter 25 women were counseled about family planning, 2 accepted the injection and four women has tubal ligations.

There was no training this quarter (for surgeons or on the job (OJT) for the nursing staff.



Marie Stopes nurse and
Fistula patient

⁴⁸ Providing family planning counseling and services was key recommendation from the EngenderHealth & Mercy Ships joint evaluation of the program in February 2007.

Table SRL1. Fistula Repair Clinical Indicators, October 2007 thru September 2008, Aberdeen West African Fistula Center, Sierra Leone

Fistula Treatment Indicators	Aberdeen				
	Oct-Dec	Jan-Mar	Apr-June ⁴⁹	July-Sep	FY Total
No. seeking FRS	129	132	140	144	545
No. requiring FRS	85	126	119	109	439
No. receiving FRS	85	99	85	94	363
----- first repair	80	72	72	66	290
----- second repair	18	23	18	28	87
----- >2	5	4	0	0	9
No. discharged after FRS	103	98	85	94	380
No. with a closed fistula who are dry	72	79	51	74	276
Percent with closed fistula who are dry	70%	81%	60%	79%	73%
No. with closed fistula & stress incontinence	22	10	23	6	61
No. whose fistula was not closed	9	10	11	14	44
No. with complications after FRS	14	5	6	13	39
----- anesthesia-related	0	2	0	1	3
----- post-operative	14	3	6	12	35
--- -- other	0	0	0	0	0
Percent with complications after FRS	14%	5%	7%	14%	10%
No. not discharged after FRS	0	0	0	0	0

FRS=fistula repair surgery

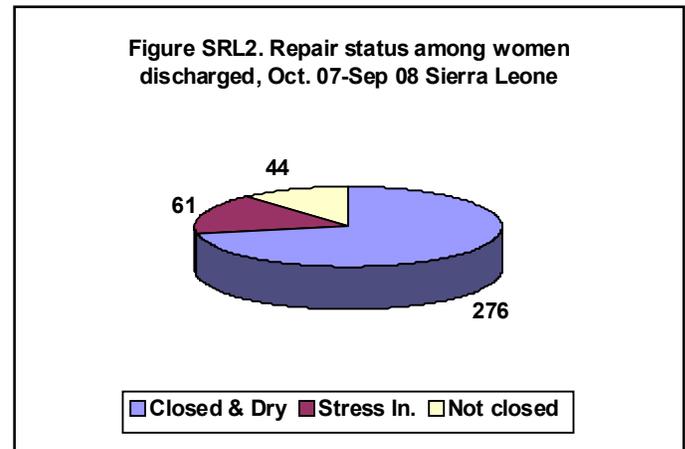
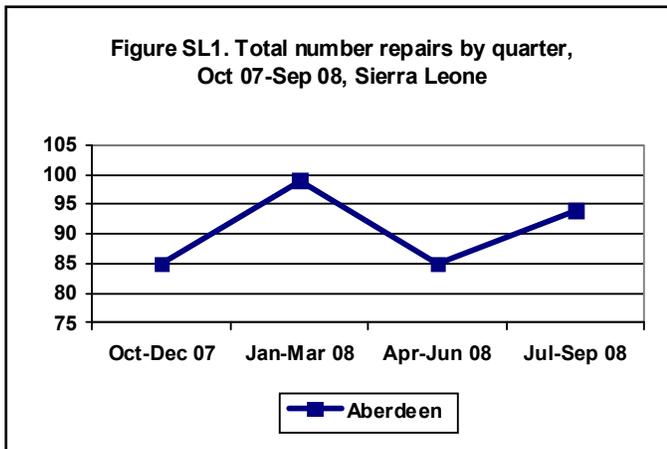
Table SRL2. Number of Additional Surgeries for Fistula Patients, by Quarter, October 2007 thru September 2008, Sierra Leone

Type of Surgery	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Removal of bladder stones	2	1	0	0	3
Abdominal ureteric re implantations	8	10	2	6	26
Sling procedures	0	11	21	2	34
Repair of 3 rd & 4 th degree anal lacerations	1	0	2	3	6
Urethral dilation	1	0	0	0	1
Total	12	22	25	11	70

⁴⁹ Repairs for April-June 2008 were not supported by USAID.

Key Accomplishments October 2007-September 2008

Fistula Repairs. Overall a total of 363 women had fistula repair surgery. There was little fluctuation in the number of repairs performed each quarter since there was always a surgeon available throughout the year, either the residents surgeon Dr. Lyth or visiting surgeons; see Table SRL 1 and Figure SRL1. Nearly three quarters of the women who had surgery had a closed and dry fistula upon discharge (Figure SRL2).



Improving quality of nursing care. The senior nursing staff at the center, with assistance from visiting surgeons or nurses, routinely conducts OJT for the staff nurses. During the year nursing staff attended training sessions on a wide range of topics including pre and post operative care, infection control, pain management, emergency planning; see Table SRL3 for more details.

Strengthening referral systems. During previous years the Aberdeen center relied on referrals from several NGOs who work outside of Freetown. Many of those NGOs have now left Sierra Leone as the country transitions from relief mode to development work. As a result of the decline in the number of NGOs, the center has increase the number of staff and frequency of pre screening visits to rural areas of the country. The pre screening teams referred a total of 147 women in need of services. In addition the Aberdeen center is partnering with Health Unlimited, an NGO working in remote areas of the country to increase awareness about fistula and to assist with referrals.

Raising Public Awareness. The Center undertook several activities throughout the year to increase awareness about fistula prevention and treatment:

- radio interviews with staff on UN Radio and Cotton Tree Network radio stations,
- newspaper interviews with nursing staff from the center and former patients
- collaborated with Sierra Leone Broadcasting Service on a program about fistula
- working in partnership with Health Unlimited trained former patients in how to be advocates for fistula prevention
- developed IEC materials –radio spots, flip charts, posters, a song—with key messages about early pregnancy, the importance of delivering in a health facility and causes of fistula.

Table SRL3. Training by topic, number persons trained, by Quarter, October 2007 thru September 2008, Sierra Leone

	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Training Topic/Site	Number Trained				
Refresher Training for fistula surgeons	1	2	0	0	3
Training in Fistula Repair (first training)	0	0	1	0	1
Counseling training (Healing the Wounds of Trauma) ⁵⁰	0	0	13	0	13
OJT sessions for nursing staff by topic					
----Routine pre and post op care	14	12	0	0	
----OR theater nursing skills	2	5	0	0	
--Physiotherapy-Orientation to foot drop and exercises	0	12	6	0	
----Medication calculations	16	0	0	0	
--Bladder Symptoms, causes, treatment	0	12	13	0	
--Emergency equipment	0	0	13	0	
--Emergency Scenarios	0	0	8	0	
--Emergency medications	0	0	10	0	
--Computer course	16	0	0	0	
--Infection control & pain management	0	0	16	0	
--Care of wounds	0	0	18	0	
--IV Care & dressings	0	0	9	0	
--Ob/gyn nursing	0	0	10	0	

Re-integration Skills Development. The centre is building a curriculum of basic literacy and numeracy, as well as instruction in handcrafts (like sewing and crochet) to give patients an opportunity to interact with one another and learn new skills while they recover from surgery. In addition to the basic skills program, the Centre is pilot testing, in partnership with a local cell phone company, a micro enterprise project for women to set up shop as the local ‘telephone lady’. The goal of the pilot project is assist women to rebuild both social and economic ties within their communities. A total of 12 women have been enrolled in the program

Program Evaluation. In February 2007 staff from EngenderHealth and Mercy Ships conducted a joint evaluation of the Aberdeen program in preparation for the second year of program support from USAID. Evaluation methods included a review of project documents, observations, and individual interviews with staff, a surgical trainer, former patients, and other stake-holders. The evaluation was designed to address seven broad issues, all with a focus on *service delivery, training, outreach, prevention, and re-integration* activities. Many of the recommendations were incorporated in the new subaward (issued in July 2008).

⁵⁰ Training was funded by the Aberdeen Fistula Center and conducted by the Christian Health Association of Sierra Leone (CHASL). Two persons from the Fistula Center and the remaining participants were from other in country organizations.

UGANDA

Program Background

Service start-up: January 2005

Service Sites:

- Kitovu Mission Hospital in Masaka in collaboration with Masaka Regional Referral Hospital
- Kagando Mission Hospital, in collaboration with Bwera District Hospital in Kasese.

Progress to Date

Funding for fistula activities under the Uganda ACQUIRE Associate award came to an end in June 2008 and funds under Fistula Care will not be released until the new FY. Fistula Care funds have been allocated for support of patient costs for those enrolled in the global research study. However, this caused a gap in funding for both sites. Management staff at Kitovu requested and received UNFPA support, through the Fistula Technical Working Group (FTWG), to support a previously arranged camp with international surgeons in June 2008. Kagando has continued to provide services.

July-September 2008 Activities

As noted above USAID funding was not available this quarter to support fistula repair services. Kitovu did not perform any repairs while Kagando used other funds to support fistula surgery for 35 women; see Table UGA 1. Among the women who received services, it was the first repair for 34 women. The majority of the women (29/88%) were discharged with a closed and dry fistula.

In August 2008 EngenderHealth staff attended the national Fistula Technical Working Group (FTWG). The primary purpose of the meeting was for in country partners—UNFPA, AMREF and Fistula Care-- to share planned activities for the remainder of the calendar year with the MOH.

Key Accomplishments October 2007-September 2008

Fistula Repairs. A total of 310 fistula surgeries were carried out by the two project sites this year, a 23% decrease from last year's performance (see Figure UGA1). The decline is due to the gap in funding from USAID. While USAID funding was not available for the entire year, Kagando was able to continue with repairs at the same rate each quarter (see Figure UGA2).



Figure UGA 1. Total number repairs by site and reporting year, Uganda

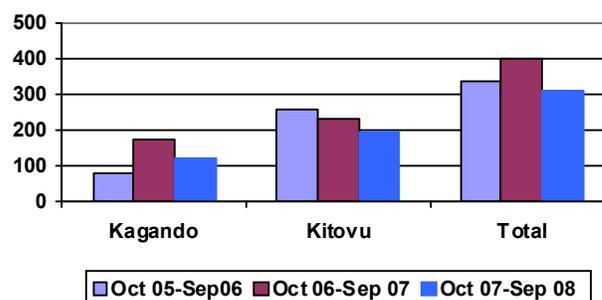


Table UGA I. Fistula Repair Clinical Indicators by Site and Quarter, October 2007 through September 2008, Uganda⁵¹

Fistula Treatment Indicators	Kagando					Kitovu					Country Total				
	Oct-Dec	Jan-Mar	Apr-Jun	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-Jun	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-Jun	July-Sep	FY Total
No. seeking FRS	27	49	47	44	167	75	88	93	0	256	102	137	140	44	423
No. requiring FRS	24	44	29	38	135	55	71	66	0	192	79	115	95	38	327
No. receiving FRS	24	30	29	35	118	55	71	66	0	192	79	101	95	35	310
----- first repair	20	22	18	34	94	37	40	35	0	112	57	62	53	34	206
----- second repair	3	6	9	1	19	16	19	19	0	54	19	25	28	1	73
----- >2	1	2	2	0	5	2	12	12	0	26	3	14	14	0	31
No. discharged after FRS	39	24	29	33	125	54	46	25	66	191	93	70	54	99	316
No. with a closed fistula who are dry	23	16	20	29	88	47	40	22	54	163	70	56	42	83	251
Percent with closed fistula who are dry	59%	67%	69%	88%	70%	87%	87%	88%	82%	85%	75%	80%	78%	84%	79%
No. with closed fistula & stress incontinence	9	2	8	2	21	3	2	0	6	11	12	4	8	8	32
No. whose fistula was not closed	7	3	1	2	13	4	3	3	6	16	11	6	4	8	29
No. with complications after FRS	1	0	2	3	6	3	0	0	0	3	4	0	2	4	10
---- anesthesia-related	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
--post-operative	1	0	2	3	6	3	0	0	0	3	4	0	2	3	9
----- other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Percent with complications after FRS	3%	0%	7%	9%	5%	6%	0%	0%	0%	2%	4%	0%	4%	4%	3%
No. not discharged after FRS	0	6	0	2	8	0	25	66	0	91	0	31	66	2	99

FRS=fistula repair surgery

⁵¹ Fistula repairs reported for April through September were not supported by USAID. UNFPA supported services at Kitovu and Kagando used other funds during these two quarters.

Figure UGA 2. Number of repairs by site and quarter, Oct 07-Sep 08, Uganda

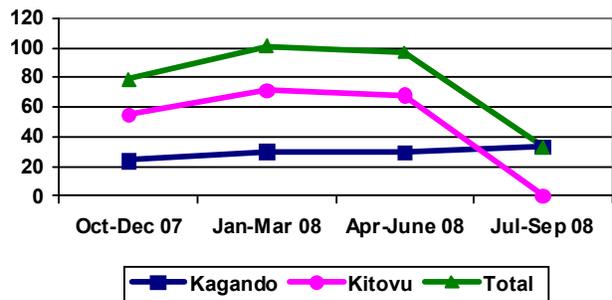
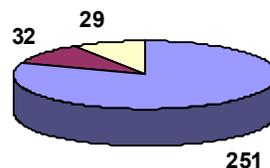


Figure UGA 3. Status of repair among discharged women, all sites, Oct 07-Sept 08 Uganda



In addition to fistula repairs, the project supported 36 additional ancillary surgeries for women who had fistula surgery; See Table UGA2.

Overall the majority of women who had fistula repair surgery had a closed and dry fistula at the time of discharge (see Figure UGA3), though there were differences between the two sites and between quarters:

Table UGA 2. Number of Additional Surgeries for Fistula Patients, by Quarter, January thru September 2008, Uganda⁵²

	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Type of Surgery				
Kagando Hospital				
Sling Procedures	0	1	0	1
Colostomy	0	1	0	1
Perineal tears	2	3	0	5
Kitovu Hospital				
De sloughing of vaginal walls	1	0	0	1
Mainz pouch	3	0	0	3
Ureteric implant	3	0	0	3
Stress	2	0	0	2
Reimplantation of uterus	1	0	0	1
Colostomy closure	0	4	0	4
Sling procedures	0	12	0	12
Examination under anesthesia	0	2	0	2
/dilation of urethra	0	1	0	1
Total Kagando & Kitovu	12	24	0	36

⁵² No data available for October-December 2007 period.

Training. Trainee selection in Uganda remains a challenge. Fistula Care will work with the FIWG to address training selection criteria, and how to organize trainee and trainer feedback sessions. More attention to trainee follow up is also required since many of the trainees come from sites not supported by the FC project. During fistula repair camps at Kitovu Hospital 4 new surgeons were trained in fistula repair along with training 9 nurses in post operative care and two providers in anesthesia; see Table UGA3.

Table UGA 3. Training by topic, number persons trained, by Quarter, October 2007 thru September 2008, Uganda

	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Training Topic	Number Trained	Number Trained	Number Trained		Number Trained
First fistula repair training for surgeons	2	1	1	0	4
Pre and Post Op care for nurses	5	2	2	0	9
Anesthesia	0	1	1	0	2
Total	7	4	4	0	15

Dissemination activities. In April 2008, the ACQUIRE Project hosted a meeting in Kampala to disseminate the findings from the Women’s Dignity Project/EngenderHealth study “Sharing the Burden: Ugandan Women Speak About Obstetric Fistula” and to screen the DVD entitled “Learn from my Story: Women Confront Fistula in Rural Uganda”. Among the invited guests were: the Minister of State for Primary Health Care, Dr Emmanuel Otaala, the USAID Mission Director, Ms Margot Ellis, and the Commissioner for Clinical Services, Dr Jacinto Amandua.

The study was carried out between April and July 2005 by the Women’s Dignity Project and EngenderHealth, in collaboration with the Association for Reorientation and Rehabilitation of Teso Women for Development, The Good Hope Foundation for Rural Development, and Kitovu Mission Hospital, with support from the MOH Uganda. The purpose of the study was to: understand fistula vulnerability amongst girls and women, family members of girls and women with obstetric fistula, and community and health care providers, and come up with recommendations to prevent and manage fistula at both community and facility level.

In August 2007, the ACQUIRE Project partnered with the Center for Digital Storytelling and St. Joseph Hospital Kitovu to document the experiences of girls and women who have experienced obstetric fistula. A DVD entitled “Learn from my Story: Women Confront Fistula in Rural Uganda” was developed. Plans are underway to use the digital stories for community outreach activities and for training of providers.. The recommendations from the research will be used in planning for next fiscal year program activities.

Dr. Maura Lynch has been able to use the DVD as a fundraising tool, helping to raise additional funds for a dedicated fistula operating theater, with plans to hire a full time surgeon in the coming year.

IV. Management

The Fistula Care Project was awarded on September 25, 2007, so we have completed our first year of implementation. Fistula activities had previously been funded through the ACQUIRE and AWARE projects, also managed by EngenderHealth. During this first year, the Fistula Care staff has been spending down funds and implementing activities begun under ACQUIRE and AWARE, while at the same time making the transition to Fistula Care. This has required careful management and monitoring from both program and financial perspectives.

Staffing: In addition to the three key staff mandated by the RFA, in the past year the project hired the following individuals for the Fistula Care global team:

- Carrie Ngongo, Fistula Program Coordinator
- Mieke McKay, Senior Program Associate
- Altine Diop, Senior Program Assistant
- Isaac Achwal, Senior Medical Associate

The team also has part-time support from the following individuals:

- Mark Barone and Vera Frayingier – Fistula research on Determinants of Outcomes of Fistula Surgery
- Maynard Yost – Budget and Financial Management
- Bethany Cole – support for the DRC program
- Betty Farrell – support for prevention activities.

Working with USAID/Washington: The Fistula Care team has established an excellent working relationship with our counterparts at USAID, holding regular face-to-face meetings or meetings via teleconference. We have consulted routinely on management, funding, program implementation, research priorities, the design and implementation of the Fistula Partners' meeting held in Accra in April 2008, coordination with USAID Missions and with international and national stakeholders, etc.

Finances: Using and adapting templates developed under the Leader Award, the ACQUIRE Project, we have submitted monthly pipeline reports to USAID/W that describe the current state of 44 funds. The number of funds is conditioned by whether they were obligated under the ACQUIRE and AWARE projects or under the Fistula Care project, as well as their source. We will have spent down all ACQUIRE funds by December 30, 2008, in accordance with the extensions that were provided under the Leader Award. This monthly monitoring enables us to determine which country programs or sub-awardees are implementing activities on track, and which might need some additional support. The project has also established standardized budgeting procedures to assist in project management.

Workplans, PMP and other contractual requirements: As required by the cooperative agreement, the project has prepared and submitted an annual workplan and has collaborated with USAID/W in the development of the PMP for the project. The PMP was approved in September 2008. The project also developed tools to assist country programs to monitor and evaluate environmental consequences of project activities. In accordance with the branding and marking plan, we have consulted with USAID/W in the development of logos, brochures and other project materials.

Partnering and collaboration: In addition to partnering with USAID/W, USAID Missions and our in-country counterparts, the project has been managing an impressive array of partnerships and collaborations. IntraHealth International, a partner on the project, in consultation with EngenderHealth, has taken the lead on fistula activities in two countries: Ethiopia and Mali. In addition, we are successfully partnering with Twubakane, the IntraHealth-managed bilateral in Rwanda for prevention activities, while EngenderHealth focuses its attention on the treatment side. The project continues to collaborate with the International Obstetric Fistula Working Group, and hosted the meeting held in Accra, Ghana in April 2008 in conjunction with the Fistula Partners Meeting. This collaboration covers the full range of fistula activities and issues – prevention, treatment, classification, research, indicators, etc. In addition, the project is participating in international initiatives of the International Society of Obstetric Fistula Surgeons, the Pan-African Urological Surgeons Association, the International Federation of Obstetricians and Gynecologists.

Challenges: From a programmatic perspective, the main challenge at the country level continues to be that expectations for the scope of fistula programs are larger and faster than can reasonably be implemented. Missions and national counterparts alike are interested and invested in expanding access to fistula surgery to meet the very real needs of women who have been ignored for many years. Our ability to do this is limited by some very real capacity constraints – the number of surgeons available, their skill levels, the number of operating rooms available for routine fistula surgery, the capacity (both physical and financial) of the service site to provide care and support for women who need long-term hospital stays, etc. Our hope and expectation is that the development and testing of the “levels of facility-based care framework” described earlier will capitalize on the enthusiasm for addressing this issue, and more adequately address the issue of prevention, while at the same time help to triage treatment cases so that they can be managed at the appropriate level.

A challenge has also been that in six of the countries where Fistula Care activities are being implemented, EngenderHealth has no office. These include the DRC, Rwanda, Niger, Sierra Leone, Liberia, and Benin. This requires management from New York which can at times be challenging. For Rwanda, we will be establishing a technical support office in 2009 which will also serve the DRC. Sierra Leone, Liberia and Benin are managed through a sub-award with Mercy Ships, but this organization is receiving its first USAID support and has required significant assistance from EngenderHealth in its day to day compliance with USAID rules and regulations. For Niger, we are making arrangements to increase the number of staff supported at the REF, as well as having our staff from Guinea provide some periodic backstopping.

2008 Delays in Funding: Fistula Care has been the beneficiary of extraordinary support in terms of the funding allocated in its first year of activity. In 2008, we experienced a full year’s delay in the obligation of funding for country level activities (although we did get an earlier advance on core funds) which has resulted in some management challenges. As a consequence, we were not able to replace sub-awards ending under ACQUIRE as quickly as we might have liked and are currently catching up. This problem will be resolved by December 2008, but it may have resulted in some slowing down of program results.

Annex I. Fistula Care Results by Indicator and Benchmarks

RESULT NAME: SO To establish and/or strengthen fistula prevention, repair & reintegration programs in at least 12 institutions in sub-Saharan Africa & south Asia					
INDICATOR 1: # of sites supported by Fistula Care /USAID support					
YEAR	PLANNED	ACTUAL			
2006/2007 (Baseline)	N/A	23 fistula repair only			
2007/2008	37 total; 9 repair only; 156FP & Repair; 12 FP only	37 total; 10 repair only; 14 FP & Repair; 12 FP only; 1 unknown			
2008/2009	TBD				
<p>UNIT OF MEASURE: Cumulative SOURCE: Project reports,, annually INDICATOR DESCRIPTION: Fistula Care will support facilities for fistula repair and/or obstetric and family planning services disaggregated by type of site: a. Facilities providing fistula repair services: can include training, equipment, minor renovation or rehabilitation of facilities. Support to clients can include: transport costs to hospitals for surgery, temporary shelter, costs for repair, post-operative hospitalization costs, and client rehabilitation services during post-operative recovery, pre and post operative counseling. b. Sites providing emergency obstetric services (EOC) with <i>immediate interventions to help prevent fistula</i>. We will track three key immediate term interventions which will be a focus of strengthening at selected sites:</p> <ul style="list-style-type: none"> ▪ Correct use of the partograph to manage labors ▪ Availability of c section services ▪ Routine use of catheterization for women who had prolonged/obstructed labor. <p>c. Sites providing Family Planning services as a <i>medium term fistula prevention intervention</i> Sites will be classified as a) Fistula Repair only; b) Fistula Repair & EOC; c) Fistula Repair &FP; d)Fistula Repair, EOC, & FP; e) EOC only; f)FP only; g) EOC & FP</p>					
<u>FY 2006/2007 (baseline)</u>					
23 sites in 10 countries. All sites were classified as fistula repair only sites. Countries (number sites) included: Bangladesh (3) DRC (2), Ethiopia (4) Guinea (2), Niger (4), Nigeria (5), Rwanda (2), Sierra Leone (1), Uganda (1). Mercy Ships provided support in Ghana.					
<u>FY 2007/2008:</u>					
	Repair only	Repair & FP	FP only	Unknown	Total
Bangladesh	0	3	0	0	3
DRC	2	0	0	0	2
Ethiopia*	2	0	3	1	6
Guinea	0	3	0	0	3
Liberia	1	0	0	0	1
Niger	3	0	1	0	4
Nigeria	2	3	8	0	13
Rwanda	0	2	0	0	2
Sierra Leone	0	1	0	0	1
Uganda	0	2	0	0	2
Total	10	14	12	1	37
* One site in Ethiopia, managed by AAFH provides community outreach with prevention messages. No information about other prevention activities.					

RESULT NAME: SO To establish and/or strengthen fistula prevention, repair & reintegration programs in at least 12 institutions in sub-Saharan Africa & south Asia							
INDICATOR 2: # of women receiving fistula repair surgery							
YEAR	PLANNED			ACTUAL			
2006/2007 (Baseline)	N/A			3,106			
2007/2008	3,882			4,061			
2008/2009	TBD						
UNIT OF MEASURE: Number							
SOURCE: Project reports, quarterly							
INDICATOR DESCRIPTION: # women undergoing fistula repair surgery at supported sites This includes all types of fistula repairs: urinary and RVF together, and RVF alone. Each time a woman has surgery it will be counted, therefore the number of women getting fistula repair surgery = number of surgeries. It is unlikely that any woman would get more than one repair surgery during a reporting period							
	FY	FY	FY	FY	FY	FY	Total
	06/07	07/08	08/09	09/10	10/11	11/12	to date
Bangladesh	119	122					
Benin	NA	NA					
DRC	586	334					
Ethiopia	139	911					
Ghana	42	NA					
Guinea	292	229					
Liberia	0	48					
Mali	NA	NA					
Niger*	27	213					
Nigeria	1081	1437					
Rwanda	147	83					
Sierra Leone**	272	363					
Uganda***	401	310					
Total	3,106	4,061					7,167
NA=not applicable. No USAID support.							
*in FY 07/08, Niger: 63 repairs not supported w/USAID funds							
** in FY 07/08, Sierra Leone: 85 repairs not supported w/USAID funds							
*** in FY 07/08, Uganda: 101 repairs not supported w/USAID funds							

RESULT NAME: IR 1 Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula		
INDICATOR 3: #/% of women who received fistula surgery who have a closed fistula and are dry upon discharge		
YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	87%
2007/2008	75%	79%
2008/2009	75%	TBD
<p>UNIT OF MEASURE: Number SOURCE: Project reports, quarterly INDICATOR DESCRIPTION: # of women who received any type of fistula repair surgery (urinary only, Urinary and RVF) who when discharged, had a closed fistula and were dry at time of discharge. # women who fistula repair surgery (urinary, urinary/RVF) with a closed fistula and dry at time of discharge / # women who had fistula repair surgery (urinary, fistula and/or urinary/RVF) and were discharged X 100</p> <p>2006/2007: Does not include Niger (missing). Ranges were from 55% (Ghana) to 99% (Nigeria).</p> <p>2007/2008: Ranges were from 67% (Ethiopia) to 93% (Nigeria). See individual country reports.</p>		

RESULT NAME: IR 1 Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula		
INDICATOR 4: % of women who had fistula surgery who experienced a reportable complication ⁵³		
YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	8%
2007/2008	20% or less	4%
2008/2009	20% or less	TBD
<p>UNIT OF MEASURE: Number SOURCE: Project reports INDICATOR DESCRIPTION: Reportable Complications can either be major or minor related to the fistula surgery or to anesthesia. Deaths will be reported under complications.</p> <p>#women who had any type of fistula repair surgery who experienced a reportable complication / total # women discharged after any type of fistula repair surgery X 100</p> <p>2006/2007 (Baseline): Does not include data for Ethiopia and Niger (missing). Ranges from 1% (Nigeria) to 50% (Sierra Leone)</p> <p>2007/2008: Ranges were from 0% (Niger) to 15% (Bangladesh). Data not reported from Ethiopia. See individual country reports.</p>		

⁵³ During the April 2008 meeting in Accra we discussed complications reporting during small group discussion. Based on these discussions we have developed guidelines for reporting complications.

RESULT NAME: IR 1Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula

INDICATOR 5: # of people trained, by type of training

YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	603
2007/2008	1,800	4,858
2008/2009	TBD	

UNIT OF MEASURE: Number

SOURCE: Project reports

INDICATOR DESCRIPTION: # of persons attending training in support of fistula care. Type of training reported will be for the primary training category. Training in surgical repair will be reported separately. Training will be reported for specific topics such as counseling, use of the partograph, QI, etc. Details by country are summarized in annual reports.

2006/2007 (Baseline)

Topic	Total Number trained
Surgeons for 1 st fistula repair training:	58 surgeons
Continuing training in Fistula repair	8 surgeons
Pre /Post operative care for fistula	116
Safe motherhood	32
Quality improvement (COPE, IP, counseling)	101
Prevention/referral/advocacy:	112
Data management:	87
Other:	89
Total	603

2007/2008	
Topic	Total number trained
Surgeons for 1 st fistula repair training:	52 surgeons
Continuing training in Fistula repair	29 surgeons
Fistula nursing care/pre & post operative	99
Infection Prevention	135
Quality Assurance	60
Fistula Counseling	76
FP Counseling	42
Contraceptive Technology Updates	40
Men As Partners	134
Community Outreach & Advocacy [^]	4,105
Data Management	9
Other ^{^^}	77
Total	4,858

[^]Includes prevention and referral in Ethiopia

^{^^}Other includes: In Ethiopia & Niger orientation for medical students; in Nigeria grants management; in Uganda anesthetists

RESULT NAME: IR 2 Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration																										
INDICATOR 6: # of community outreach events for fistula prevention																										
YEAR	PLANNED	ACTUAL																								
2006/2007 (Baseline)	N/A	513																								
2007/2008	625	1,323																								
2008/2009	TBD																									
<p>UNIT OF MEASURE: Number SOURCE: Project reports INDICATOR DESCRIPTION: # events carried out by program partners to provide information about fistula prevention and other safe mother hood issues.</p> <p>2007/2008:</p> <table border="1"> <thead> <tr> <th></th> <th># events</th> </tr> </thead> <tbody> <tr> <td>Bangladesh</td> <td>232</td> </tr> <tr> <td>DRC</td> <td>206</td> </tr> <tr> <td>Ethiopia</td> <td>591**</td> </tr> <tr> <td>Guinea</td> <td>37</td> </tr> <tr> <td>Liberia</td> <td>0</td> </tr> <tr> <td>Niger</td> <td>136</td> </tr> <tr> <td>Nigeria</td> <td>121</td> </tr> <tr> <td>Rwanda</td> <td>0</td> </tr> <tr> <td>Sierra Leone</td> <td>0</td> </tr> <tr> <td>Uganda</td> <td>0</td> </tr> <tr> <td>Total</td> <td>1,323</td> </tr> </tbody> </table> <p>**data from Ethiopia is underestimated. Data was not provided for each quarter on the number of events carried out by community volunteers. These data represent activities in July-September 2008</p>				# events	Bangladesh	232	DRC	206	Ethiopia	591**	Guinea	37	Liberia	0	Niger	136	Nigeria	121	Rwanda	0	Sierra Leone	0	Uganda	0	Total	1,323
	# events																									
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DRC	206																									
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Guinea	37																									
Liberia	0																									
Niger	136																									
Nigeria	121																									
Rwanda	0																									
Sierra Leone	0																									
Uganda	0																									
Total	1,323																									

RESULT NAME: IR 2 Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration																										
INDICATOR &: # persons reached about fistula prevention at out reach events																										
YEAR	PLANNED	ACTUAL																								
2006/2007 (Baseline)	N/A	239,675																								
2007/2008	350,000	442,534																								
2008/2009	TBD																									
<p>UNIT OF MEASURE: Number SOURCE: Project reports INDICATOR DESCRIPTION: Number of persons attending fistula prevention outreach events. Numbers of persons reached will be estimates.</p> <p>2006/2007 (Baseline) Includes community outreach in Bangladesh & Ethiopia, advocacy in Bangladesh and village safe motherhood committees in Guinea. Persons reached include community members, NGOs and community health workers.</p> <table border="1"> <thead> <tr> <th></th> <th># persons reached</th> </tr> </thead> <tbody> <tr> <td>Bangladesh</td> <td>15,138</td> </tr> <tr> <td>DRC</td> <td>17,224</td> </tr> <tr> <td>Ethiopia</td> <td>297,292</td> </tr> <tr> <td>Guinea</td> <td>2,230</td> </tr> <tr> <td>Liberia</td> <td>0</td> </tr> <tr> <td>Niger</td> <td>5,982</td> </tr> <tr> <td>Nigeria</td> <td>104,668</td> </tr> <tr> <td>Rwanda</td> <td>0</td> </tr> <tr> <td>Sierra Leone</td> <td>0</td> </tr> <tr> <td>Uganda</td> <td>0</td> </tr> <tr> <td>Total</td> <td>442,534</td> </tr> </tbody> </table>				# persons reached	Bangladesh	15,138	DRC	17,224	Ethiopia	297,292	Guinea	2,230	Liberia	0	Niger	5,982	Nigeria	104,668	Rwanda	0	Sierra Leone	0	Uganda	0	Total	442,534
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Total	442,534																									

RESULT NAME: IR 2 Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration		
INDICATOR 8: % of all labors at fistula supported sites, for which partographs are correctly completed and managed according to protocol		
YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	N/A
2007/2008	N/A	N/A
2008/2009	TBD	
<p>UNIT OF MEASURE: percentage of labors monitored (in sub sample) SOURCE: Project reports INDICATOR DESCRIPTION: # of all partographs in a given facility in a reference period that are correctly completed and show adherence or a justified deviation from management protocol/ # all labors in a given facility in a reference period X 100</p> <p>This information will be collected during the medical monitoring supervision visits using the FC medical monitoring tool. A sample of delivery records for the reference period will be reviewed (10% random sample of all records for all the months preceding the supervision visit. Instructions for drawing a sample are included in the monitoring tool.) Data will <u>only</u> be collected from sites where FC is working to strengthen the correct use of the partograph.</p>		

RESULT NAME: IR 2 Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration		
INDICATOR 9: Number of births at FC supported sites		
YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	N/A
2007/2008	N/A	N/A
2008/2009	TBD	
<p>UNIT OF MEASURE: Number SOURCE: Project reports INDICATOR DESCRIPTION: Number of births at FC supported sites that provide delivery service. This is a new indicator and we have no baseline information about services in the past. We will collect this information in the first quarter.</p>		

RESULT NAME: IR 2 Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration		
INDICATOR 10: Number/Percent of births that were by c section		
YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	N/A
2007/2008	N/A	N/A
2008/2009	TBD	
<p>UNIT OF MEASURE: Number SOURCE: Project reports INDICATOR DESCRIPTION: Number of total births for the reporting period that were by c section. # of c-section births/total number of births (indicator 9) X 100 This is a proposed new indicator (September 2008). We do not have data on past performance and unable to develop benchmarks at this time. will asses the feasibility of collecting and reporting on this indicator by conducting a small qualitative study in selected countries.</p>		

RESULT NAME: IR 2 Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration		
INDICATOR 11: Number/Percent of c-sections that that were a result of obstructed labor		
YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	N/A
2007/2008	N/A	N/A
2008/2009	TBD	
<p>UNIT OF MEASURE: number/percent SOURCE: Project reports INDICATOR DESCRIPTION: % of all CS, at fistula supported sites that provide c section services, for reasons of prolonged/obstructed labor Number of c sections for reasons of prolonged/ obstructed labor/# c sections (indicator 10) X100 This is a proposed new indicator. We will asses the feasibility of collecting and reporting on this indicator by conducting a small qualitative study in selected countries.</p>		

RESULT NAME: IR 3. Gather, analyze and report data to improve the quality and performance of fistula services		
INDICATOR 12: % of supported sites reporting and reviewing quarterly fistula monitoring data for improving fistula services		
YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	N/A
2007/2008	45%	48%
2008/2009	TBD	
<p>UNIT OF MEASURE: Number/percent SOURCE: Project reports INDICATOR DESCRIPTION: Proportion of supported sites with a functioning process for reporting <u>AND</u> reviewing quarterly fistula monitoring data in order to improve services. Functioning review process is defined as a team of staff from the site who meet once a quarter , with or without outside assistance (e.g., supervisory teams, FC program staff) to review and discuss the data and make program decisions to improve fistula services based on these data. # sites in which quarterly data is reported and reviewed at the facility to assess program progress / # of supported sites X 100</p> <p><u>2007/2008</u></p> <p>A total of 12 sites among the 25 fistula repair sites held meetings to review quarterly clinical monitoring data.</p> <p>In Bangladesh: each of the 3 fistula repair sites met twice during the year to review data.</p> <p>In Guinea: The national technical review committee met in March to review data from all sites; Ignace Deen and Kissidoukou staff met at least once to review data. (2 sites)</p> <p>In Nigeria: three retreat meetings were held with surgeons and nurses from 5 fistula repair sites. At these meetings the surgeons and nurses reviewed data on progress to date.</p> <p>In Uganda: FC/Uganda M&E officer met with the staff at 2 fistula centers twice during the year to review data.</p>		

RESULT NAME: IR 3. Gather, analyze and report data to improve the quality and performance of fistula services		
INDICATOR 13: # of evaluation and research studies completed		
YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	N/A
2007/2008	1	0
2008/2009	TBD	
<p>UNIT OF MEASURE: Cumulative SOURCE: Project reports INDICATOR DESCRIPTION: # of evaluation research studies completed that address fistula care service delivery. This includes evaluation of models of service delivery for fistula. Annual report will list studies by study name, location, ongoing/complete <u>2007/2008:</u> Ongoing: Global Study: Determinants of post-operative outcomes in fistula repair surgery- A prospective study. This study is being implemented in 6 countries—Bangladesh, Guinea, Niger, Nigeria, Rwanda and Uganda. Data collection began in all countries during the year. The last country-Niger—will begin activities in the first quarter of 2008/2009. As of September 2008, 372 women have been recruited into the study. Planned Studies: Planning for two studies began in the last month of the fiscal year—a study to review current practices of fistula surgeons in the care and treatment of women with fistula focused on three topics: use of prophylactic antibiotics, management of stress in continence and role of catheterization. This study will help in the process of developing one more clinical trail studies in 2008/2009. Data collection will begin in January 2009.</p> <p>The second study we began planning is to review the quality of data on indications/reasons for c sections in FC supported facilities. Data collection for this study will begin in January 2009.</p>		

RESULT NAME: IR 4 Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs		
INDICATOR 14: Number of countries receiving support from Fistula Care where governments or supported facilities have revised/adopted/initiated policies for fistula prevention or treatment		
YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	N/A
2007/2008	TBD	4
2008/2009	TBD	
2011/2012	TBD	TBD
<p>UNIT OF MEASURE: Cumulative SOURCE: Project reports INDICATOR DESCRIPTION: # of countries or facilities (some private sites may develop their own policies) that have revised/adopted or initiated policies in support of fistula prevention and treatment services. Polices can be part of reproductive and/or maternal health policies. Ideally countries should also include the necessary budgetary and policy frameworks to execute these policies Annual report will include the name of policy, location, status (under development/approved/implemented) <u>2007/2008</u> 4 FC supported countries initiated policy dialogue.</p>		

RESULT NAME: IR 4 Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs
INDICATOR 14: Number of countries receiving support from Fistula Care where governments or supported facilities have revised/adopted/initiated policies for fistula prevention or treatment
In Bangladesh the FC team in collaboration with other national stakeholders to form a National Task Force on Obstetric Fistula. One goal of the task force is to develop a national strategic plan for prevention, treatment and rehabilitation of fistula as part of the National Maternal Health Strategy. Guinea and Nigeria FC staff advocated with national organizations to designate national fistula days to bring national attention to the issues. In Nigeria the FC team partnered with the Federal MOH to convene at national VVF Task force and advocated for establishment of state fistula task forces. In Uganda , the National Fistula Technical Working Group was dormant until Oct 2007 when FC/Uganda agreed to support the cost of the meeting. The Working group meetings 2-4 times a year to review work of all in country partners to coordinate efforts and maximize resources. National guidelines/policies on fistula were issued by this working group in 2006.

RESULT NAME: IR 4 Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs				
INDICATOR 1: 15. Number of facilities using Fistula Care technical products, by product, for improving fistula treatment and prevention services.				
YEAR	PLANNED	ACTUAL		
2006/2007 (Baseline)	N/A	N/A		
2007/2008	TBD	26		
2008/2009	TBD			
UNIT OF MEASURE: Cumulative SOURCE: Project reports INDICATOR DESCRIPTION: Technical products include quality improvement tools, training curricula, supervision tools, program strategies, lessons learned reports, a searchable web site, etc. <u>2007/2008</u> Not all sites supported with USAID funds used the quarterly monitoring tool: 3 sites in Ethiopia which are supported through a USAID/Ethiopia bilateral agreement did not use the tools. One site in Nigeria did not use the quarterly clinical monitoring tool.				
	FC Quarterly reporting tools	Medical Monitoring Checklist**	Fistula Counseling Curriculum	Fistula Site Assessment Tool
Bangladesh				
Kumudini	x	x	x	
Lamb	x	x	x	
MCH	x	x	x	
DRC				
Heal Africa	x			
Panzi	x			
Ethiopia				
Bahir Dar Ctr				

RESULT NAME: IR 4 Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs

INDICATOR 1: 15. Number of facilities using Fistula Care technical products, by product, for improving fistula treatment and prevention services.

Mekelle Ctr				
Yirgalem Health Ctr				
Adet Health Ctr	x			
Dangla Health Ctr	x			
Woret Health Ctr	x			
Guinea				
Ignace Deen	x	x		
Jean Paul II	x			x
Kissidougou	x	x		
Liberia				
Africa Mercy	x			
Niger				
Dosso	x			
Issaka Gazobi	x			
Lamorde	x			
Maradi	x			
Nigeria				
Babbar R.			x	
Faridat Yak.	x	x	x	
Kebbi	x	x	x	
Laure Fistula Ctr.	x		x	
Maryam Abacha	x	x	x	
Rwanda				
CHUK	x			
Ruhengeri	x			
Sierra Leone				
Aberdeen.	x			
Uganda				
Kagando	x			
Kitovu	x			
Total sites	25	8	8	1

** Only Medical waste monitoring section was used.

Appendix 2. Complications by Site and Country, October 2007-September 2008

	FY 08 Oct 07 - Sep 08				
Country	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Total
Bangladesh					
Kumudini	0%	56%	38%	11%	16%
Lamb	8%	0%	18%	15%	12%
MCH	25%	0%	0%	0%	15%
Total	7%	50%	24%	12%	15%
DRC					
Heal Africa	1%	2%	0%	NA	2%
Panzi	0%	0%	9%	NA	2%
Total	1%	1%	6%	NA	2%
Guinea					
Ignace Deen	0%	0%	0%	7%	2%
Jean Paul II	NA	NA	NA	14%	14%
Kissidogou	0%	0%	5%	0%	2%
Total	0%	0%	3%	9%	3%
Liberia					
Africa Mercy	NA	NA	NA	27%	27%
Total	NA	NA	NA	27%	27%
Niger					
Dosso	0%	7%	0%	0%	6%
Issaka Gazobi	0%	0%	0%	0%	0%
Lamordé	0%	0%	0%	0%	0%
Maradi	0%	0%	0%	0%	0%
Tera	0%	0%	0%	0%	0%
Total	0%	1%	0%	0%	<1%
Nigeria					
Babbar R.	1%	0%	0%	0%	0%
Faridat Yak.	0%	5%	0%	0%	1%
Kebbi	19%	0%	0%	0%	7%
Laure Fistula Ctr.	0%	0%	0%	0%	0%
Maryam Abacha	0%	80%	0%	0%	28%
Total	4%	10%	0%	0%	5%
Rwanda					
CHUK	0%	0%	0%	0%	0%
Ruhengeri	0%	0%	9%	0%	9%
Total	0%	0%	7%	0%	5%
Sierra Leone					
Aberdeen	14%	6%	7%	14%	10%
Total	14%	5%	7%	14%	10%
Uganda					
Kagando	3%	0%	7%	9%	5%
Kitovu	6%	0%	0%	0%	2%
Total	4%	0%	4%	3%	3%
Overall Total	3%	5%	3%	6%	4%

NA=not applicable. No services reported which were supported by USAID

Annex 3. Papers and Presentations

October 2007-September 2008

Published Papers:

Ruminjo, J. 2007. Obstetric fistula and the challenge to maternal health care systems. *IPPF Medical Bulletin* : (Vol. 41, Number 4)

Longombe, A. O.; Claude, K.M. and Ruminjo, J. 2008. Fistula and Traumatic Genital Injury from Sexual Violence in a Conflict Setting in Eastern Congo: Case Studies, *Reproductive Health Matters* (2008;16(31):132–141).

Presentations:

Global Health Mini University, Washington, DC, October 2007. Senior program associate Katie Tell presented on USAID’s work to address fistula which included the Uganda digital stories.

Women Delivery Conference, London, October 2007. EngenderHealth staff from NY and from Uganda and Nigeria attended the Women Deliver Conference in October 2007 in London. Presentations were made about the work at Gusau General Hospital in Zamfara State in Nigeria and the Uganda Digital stories:

- “Community, NGO and Government collaboration on Fistula: The Zamfara experience” presented by Dr. Sa’ad Idris (surgeon at Faridat Yakubu General Hospital in Gusau) and Dr. Adamu Isah (EngenderHealth medical associate).
- “Digital stories: the Uganda experience” presented by Dr. Henry Kakande (EngenderHealth)

French College of Ob/Gyns Annual Meeting, Paris, France, December 2007. Professor Namory Keita from the Guinea program presented a paper entitled “Fistula care: The Guinea experience”.

Reproductive Health in Emergencies Conference, June 2008 in Kampala, Uganda. Fistula Care supported presentation of 4 papers:

- Traumatic Gynecologic Fistula in Reproductive Health Emergencies by I. Achwal, J. Ruminjo, C. Ngongo [global]
- Voices from the field: Community research on the experiences of survivors and perpetrators of sexual violence by H. Akullu [Uganda]
- La prise en charge des fistules génitales de la femme en RDC: Contexte, ampleur et perspectives by M.A. Kalume, L. Ahuka [DR Congo]
- Psychosocial effects of sexual violence in conflict situations by M. Mungherera [Uganda]