FISTULA CARE
Associate Cooperative Agreement
GHS-A-00-07-00021-00

Annual Report
October 2008 to September 2009

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By

EngenderHealth, 440 Ninth Avenue, New York, NY 10001, USA
Telephone: 212-561-8000, Fax: 212-561-8067, Email: elandry@engenderhealth.org

Fistula Care
c/o EngenderHealth
440 Ninth Avenue
New York, NY 10001 U.S.A.
Telephone: 212-561-8000
Fax: 212-561-8067
email:fistulacare@engenderhealth.org
www.fistulacare.org

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ACRONYMS AND ABBREVIATIONS

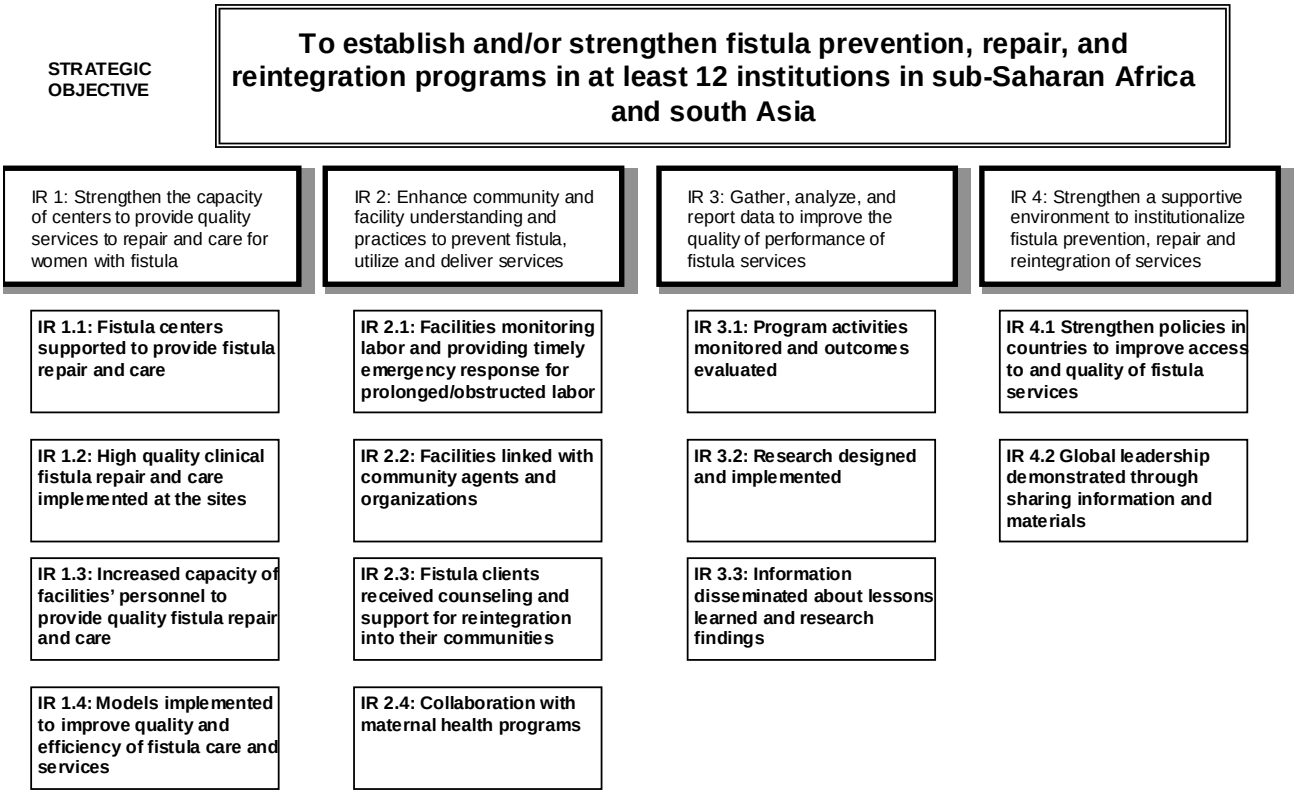
AAFH	Addis Ababa Fistula Hospital
AMREF	African Medical and Research Foundation
AMTSL	Active Management of the Third Stage of Labor
CBO	Community--Based Organization
CHUK	Central University Hospital of Kigali
COPE®	Client-Oriented, Provider Efficient Services
DRC	Democratic Republic of the Congo
ECSA	East, Central and Southern African Health Community
ECSACON	East, Central and Southern African College of Nursing
FC	Fistula Care
FMOH	Federal Ministry of Health
FP	Family Planning
FRS	Fistula Repair Surgery
GFMER	Geneva Foundation for Medical Education and Research
HC	Health Center
HEAL	Health, Education, Community Action, Leadership Development
IP	Infection Prevention
MAP	Men As Partners®
MCH	Maternal & Child Health
M&E	Monitoring and Evaluation
MIS	Management Information System
MOH	Ministry of Health
MSF	Médecins Sans Frontières
NGO	Nongovernmental Organization
OAA	Office of Assistance and Acquisitions
Ob/Gyn	Obstetrics/Gynecology
OC	Obstetric Care
OFWG	Obstetric Fistula Working Group
OJT	On-the-Job Training
PMP	Program Monitoring Plan
QI	Quality Improvement
RCQHC	Regional Centre for Quality of Health Care
RCT	Randomized Controlled Clinical Trial
REF	Network for the Eradication of Fistula
RH	Reproductive Health
RVF	Recto-vaginal Fistula
SUNFPA	United Nations Population Fund
USG	United States Government
VVF	Vesico-vaginal Fistula
WHO	World Health Organization

I. INTRODUCTION

This annual report represents a summary of accomplishments for the second year (October 1, 2008-September 30, 2009) 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 (FC) 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. In FY 08/09 the project was implemented with a range of partners in 11 countries: the public sector in Ethiopia, Guinea, Mali, Niger, Nigeria, Rwanda; private and mission hospitals in Bangladesh, the DRC, Ethiopia, Sierra Leone and Uganda; and via national and international NGO partners (REF, IntraHealth International, and Mercy Ships).

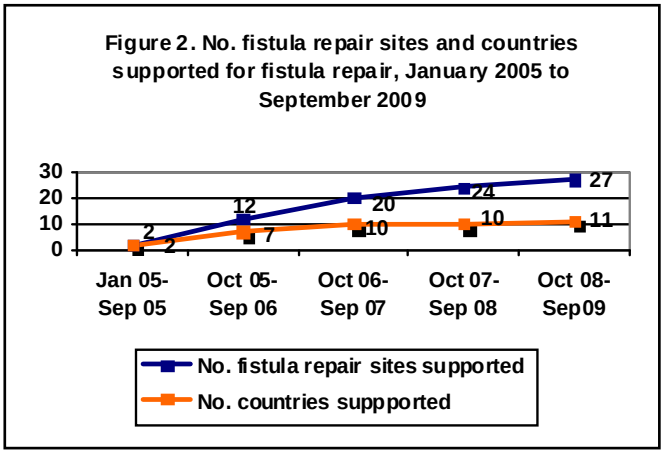
As of September 30, 2009, USAID is now supporting fistula treatment and prevention activities in **44 sites** in **11 countries;** see Table 1 and Figure 2 below. Memorial Christian Hospital in Bangladesh was dropped in January 2009 due to the hospital's inability to find a surgeon who could be posted at the site. Data from MCH is included in this annual report where appropriate.

The annual report is organized into four sections: Performance Data, Global Accomplishments by Results, Country Reports, and Management.

Table 1. Number of Countries Supported by USAID for Fistula Repairs and Prevention by Status, September 30,2009

Country	Currently Active	Number of Sites in Active Countries			Number Programs Completed
		# Repair[1] Sites	# Prevention only Sites	Total # Supported Sites	
Bangladesh	X	3[2]	0	2	
Benin*	X	1	0	1	
Dem. Republic Congo (DRC)	X	2	0	2	
Ethiopia	X	2	4	6	
Ghana*		NS	NS	NS	X
Guinea	X	4	3	7	
Liberia*		NS	NS	NS	X
Mali	X	1	0	1	
Niger	X	3	1	4	
Nigeria	X	6	10	16	
Rwanda	X	2	0	2	
Sierra Leone	X	1	0	1	
Uganda	X	2	0	2	
Total	**11**	**27**	**18**	**44**	**2**

*Fistula repair activities were carried out in these countries aboard the Mercy Ships hospital ships *Anastasis* (Ghana) and *Africa Mercy* (Liberia and Benin) while docked in those countries. The Africa Mercy will move to Togo in early 2010 and Fistula Care will not support surgery except through training.
NS: not supported by USAID funds



[1] All but seven of the fistula repair sites include one or more prevention intervention such as family planning, provision and/or obstetric care services (either basic emergency obstetric care or comprehensive emergency obstetric care) or community outreach about prevention and treatment.
[2] One site dropped in January 2009.

II. Fistula Care Annual Performance

Fistula Care had several discussions with USAID about development of a performance management plan (PMP) during the first year of the project; the PMP was approved in October 2008. A total of 15 core indicators were identified, organized by the four project results. Table 2 below shows the Fistula Care accomplishments for the year compared to the proposed benchmarks and includes proposed benchmarks for FY 09/10.

During FY 08/09, we did not meet our planned benchmarks for six indicators. Two key indicators in support of the strategic objective were not achieved—number of supported sites and number of repairs. Reasons for the lower than expected performance are outlined below. In addition to the explanations we have provided below, we must also consider the capacity of the sites which are being supported for fistula repair. As shown in Annex 1, more than one third (n=9) of the 25 fistula repair centers do not provide surgery at least once per week[3]. Eight of these nine sites are busy general hospitals with some limited capacities to provide daily/weekly repair services—limited number of operating theaters, inadequate number of trained nursing staff for pre-, intra- and post-operative care, and limited number of trained surgeons.[4] While we are working to strengthen the capacity of each facility to provide quality services, it is possible that the performance at these sites may have reached a plateau unless more resources (such as operating theaters, trained surgeons, patient beds) are increased. In addition while some sites provide surgery weekly, there is limited bed capacity. For example, at Kagando the hospital has one operating theater to serve the entire hospital. Kagando is a busy hospital and recently has been providing more services such as cesarean sections due to the lack of staff at the nearby government district hospital. This has surely put a strain on the capacity of the site to provide more fistula repairs.

We did not measure two of the four maternity related indicators due to delayed implementation of activities to strengthen these services. Outlined below is a brief discussion of the project's overall accomplishments versus planned benchmarks for each result. Further details about these indicators are described in the Global Accomplishments section of the report. Summary details about these benchmarks and achievements are in Annex 2, organized by country.

Result 1: Strengthened capacity

Five indicators, including two at the strategic objective (SO) level.

Supported Sites (SO). While the project added three new sites for fistula repair this FY (Labé Regional Hospital in Guinea, Gao Regional Hospital in Mali and Ebonyi Fistula Center in Nigeria) and six prevention sites (for family planning and/or obstetric care (OC)), our plans to expand to additional sites for fistula repair and prevention in Bangladesh, Ethiopia, Niger, Rwanda and Uganda were hampered by administrative and programming delays. For example we had planned for a large expansion to 18 prevention sites in Uganda, however limited funding will restrict this expansion in FY 09/10 to only six sites. Additionally it now generally takes more than three months to process subawards through EngenderHealth's own contractual process and through the Office of Assistance

[3] Mercy Ships Africa Mercy is excluded from this review.

[4] Ebonyi VVF center is a dedicated fistula repair center however it is limited now by number of trained surgeons. FC is working with the center to identify and train more surgeons.

and Acquisitions in Washington. IO&P funding would have accounted for some expansion, however these funds were not received until September 2009.

Fistula Care staff carried out site assessments in Bangladesh, DRC, Guinea, Mali, Nigeria, Rwanda and Uganda as part of the expansion process. Four additional sites for fistula repair have been identified (two in Bangladesh; one in Rwanda and one in Uganda) which will become active sometime in the first two quarters of FY 09/10. Expansion to one additional site in Nigeria is still under discussion with USAID/Nigeria.

Table 2: Fistula Care Achievements and Benchmarks (Corrected February 1, 2010)

	Base-line[5] 06/07	FY 07/08	FY 07/08	FY 08/09	FY 08/09	FY 09/10
	Actual	**Planned**	**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. Total # of sites supported	23	37	37	68	**45**	**70**
▪ **Fistula Repair Sites**	**23**	**25**	**24**	**33**	**27**	**32**
Fistula repair only	n/a	9	10	12	**7**	**8**
Fistula repair and FP	n/a	16	14	2	**2**	**4**
Fistula repair & OC	n/a	n/a	n/a	2	**2**	**3**
Fistula repair , OC, FP	n/a	n/a	n/a	17	**16**	**17**
▪ Non Repair Sites	n/a	12	12	35	18	38
FP only	n/a	12	12	3	**12**	**16**
OC only	n/a	n/a	n/a	18	**0**	**7**
OC & FP	n/a	n/a	n/a	13	**5**	**14**
Community outreach for prevention[6]	n/a	n/a	1	1	**1**	**1**
2. # of women receiving fistula repair surgery at USAID supported site	**3,437**[7]	3,882	**3,746**[8]	5,075	**3,741**	**4,250**[9]
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	**98%**	75%	**83%**	75%	**75%**	**75%**
4. % of women who had fistula surgery who experienced complications	**9%**	≤20%	**5%**	<20%	**3%**	**<20%**
5. # of people trained, by type of training	603	1,800	4,858[10]	5,000[11]	**5,531**[12]	**3,050**[13]

[5] Baseline year of FY 06-07 was funded by the ACQUIRE Project. ACQUIRE funds continued to be used in selected countries in the first year of the project (Oct 07-Sept 08).

[6] Yirgam Center in SNNP in Ethiopia. Supported by USAID/Ethiopia funds.

[7] Updated based on revised data from USAID/Ethiopia support to AAFH for performance at Bahir Dar Fistula Hospital.

[8] Updated with revised data from Ethiopia for Bahir Dar and Mekelle Hospitals

[9] 14 percent projected increase

[10] 84% for training of community volunteers;

[11] 80% of the projected benchmark is for training of community volunteers in Ethiopia. Total projected training for community volunteers was 4,000; training in other topics was projected to 1,000.

[12] Of this training total, 77% were trainings for community volunteers and health workers in Ethiopia. A total of 3,509 community volunteers were trained (64% of training total) and 727 health workers and administrators were trained (13% of training total) in fistula prevention and referral. Over half of the community volunteers were receiving refresher trainings.

	Base-line[5] 06/07	FY 07/08	FY 07/08	FY 08/09	FY 08/09	FY 09/10
	Actual	**Planned**	**Actual**	**Planned**	**Actual**	**Planned**
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[14]	1,500	**4,113**	**5,000**
7. # of persons reached in outreach events about fistula prevention	239,675	350,000	442,534	500,000	**720,058**	**750,000**
8. % of all labors with partographs correctly completed & managed according to protocol	NA	NA	NA	80%	**NA**	**80%**
9. Number of births at FC supported sites	NA	NA	NA	NA[15]	**30,002**	**NA**
10. Number/Percent of births that were by c section at FC supported sites	NA	NA	NA	NA[6]	**34%**	**NA**
11. Number/Percent of c-sections that that were a result of obstructed labor or prolonged labor	NA	NA	NA	NA[6]	**NA**	**NA**
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[16]	NA	45%	48%	**80%**	**20% met 4x; 83% met at least 1x**	**80%**
13. # of evaluation & research studies completed	0	1	0	**3**	**1**	**2**
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	**5**	**6**	**7**
15. Number of facilities using Fistula Care technical products, by product, for improving fistula treatment and prevention services.	NA	TBD	26	**68**	**36 sites using 9 tools**	**70**

NA=not applicable
TBD=to be determined

Fistula Repairs (SO). The benchmark for the number of repairs was based on past performance and the planned expansion of sites that was not fully achieved in FY 08/09. There was an overall decline in performance between fiscal years 07/08 and 08/09 and in our planned benchmark. The number of

[13] These estimates include substantial planned training in Guinea (25% of projected training); estimates were made prior to the recent political unrest and programming is likely to be a slower implementation that planned.
[14] Data on number of events is missing from Guinea for all quarters; from Ethiopia pre-repair centers missing for three quarters; for Ethiopia/AAFH missing for all quarters.
[15] We will not set benchmarks for indicators 9, 10 and 11. We will report on actual achievement by those sites we are supporting to improve delivery and c section services.
[16] Fistula repair sites are counted here as well as three pre-repair centers in Ethiopia.

repairs performed in FY 08/09 was 8% less than the previous year and was 26% less than our projected benchmark. As show in Table 3 below (section III), four countries had an increase in the number of repairs (Bangladesh, DRC, Guinea and Rwanda), while four countries had a decline (Niger, Nigeria, Sierra Leone and Uganda). During preparation of this report we also discovered that the data reported from Ethiopia for previous years includes not only fistula repairs, but other related surgeries; therefore the data from Ethiopia is over reported for the previous years; data for FY 08/09 conforms to the standard FC reporting on clinical indicators. The reasons for the decline in performance and/or overall lower performance than projected include:

- *Bangladesh.* One site ceased to provide fistula services when the expatriate surgeon returned to the U.S. for health reasons. No other surgeon was available to continue with those services. While overall performance was higher this year than last year, it is partly due to periodic visits to LAMB by visiting surgeons for complicated repairs. Kumudini experienced a shortage of available surgeons when the primary surgeon resigned. An assessment was conducted in December 2008 to identify two additional sites that will become operational in early FY 09/10[17].

- *Guinea.* A political coup at the end of 2008 resulted in slower implementation for a period of time. None of the supported sites are providing routine (weekly) fistula repair; they all provide quarterly repair camps.

- *Niger.* A long close-out process under AWARE caused delays in awarding a new subaward to REF, our managing partner in Niger, and resulted in low performance the first quarter. One treatment site (Maradi Regional Hospital) underwent extensive renovations during the fourth quarter and did not provide any non-emergency services. The one prevention-focused site (Issaka Gazobi Maternity Hospital) was designated to become a fistula repair site this year, but it is a busy maternity and recently concluded that it does not have the personnel, space, or administrative coordination to introduce fistula repair services. This facility will continue to refer patients to Lamordé and will receive support to strengthen prevention services. Discussions are underway about identifying another site to provide repairs.

- *Nigeria.* The overall performance was lower by 6% compared to FY 07/08 despite adding one new site. Reasons for the lower performance included extended leaves by surgeons from Faridat, Kebbi and Maryam Abacha for religious holidays in the first and fourth quarters; the appointment of one senior surgeon as the commissioner of health (Faridat), and extended absence of the chief surgeon at Babbar Rugar who also performs surgery at the Laure Fistula Center in Kano. In Kano, there are two other centers for fistula repairs which have, in the past year, been supported by other international organizations, who organize periodic camps for fistula repairs. The surgeons from the Laure Center have been working at these camps, taking away time from their work at the center. These surgeons are drawn to working at these camps because of payments provided by the international organizing groups.

- *Rwanda.* While overall performance was higher in FY 08/09 then in FY 07/08, we had projected even higher performance. The operating block at CHUK was under construction with severe delays in completion. As a consequence, the main teaching hospital was reduced

[17] The subaward was submitted to New York in June, to OAA in late August and approved in November 2009)

to providing all services in two theaters in the maternity wing, resulting in a limit on the number of non-emergency surgeries that could be conducted. No repair camps were held for two quarters at Ruhengeri hospital. Two repair camps were planned in collaboration with other donors, however both were cancelled. The first camp was cancelled due to the illness of the primary surgeon and the second, two weeks prior to the scheduled camp, because UNFPA declined to support the required medicines. FC has now negotiated with the MOH to cover those costs and the camps will be scheduled in early 2010. Kanombe Hospital began providing repairs in the fourth quarter of FY08/09 with a surgeon trained through FC, and will be an officially supported site in FY 09/10. Repairs performed at Kanombe have been included in the report on repairs.

- *Sierra Leone.* The management of the Aberdeen West African Fistula Center is undergoing a transition which has resulted in the departure of one surgeon, leaving the center with just one surgeon. With the relocation of the one other fistula hospital in country from Freetown to a city in the Northeast (Bo), the number of referrals for fistula repair from referring NGOs is lower. The referring NGOs prefer to send women to the facility in Bo which provides easier access for women in need of care.

- *Uganda.* Kitovu hospital has no fistula surgeon posted at the hospital. All repairs are done during quarterly organized camps with visiting surgeons. One quarter did not have a repair camp due to the extended leave of the fistula program manager Dr. Maura Lynch. Delays in issuing new subawards following the close out of the Uganda ACQUIRE resulted in reduced levels of support at both sites. The subaward to Kagando was delayed and limited the ability of the site to mobilize community outreach activities and provide services.

Fistula Surgical Outcomes. The overall percentage of women who were discharged with a closed and dry fistula was 75%; the reported complications rate was three percent.

Training. During this FY nearly 3,000 persons attended training in one or more aspects of fistula care, prevention and management. In addition, over 2,000 community outreach workers were trained in prevention and treatment messages. The total number trained was 5,531, 10% higher than projected. Details about the training activities are discussed below under Result 1 (Table 5).

Result 2: Enhanced community and facility practices to prevent fistula

Includes six indicators.

Community Outreach. Community outreach activities exceeded the planned benchmark. Bangladesh, Ethiopia, Guinea, Niger, Nigeria all carried out community outreach activities to raise awareness about fistula treatment and prevention. See individual country reports for details (Section IV).

Maternity Related Services. No benchmarks will be set for three of the four indicators: number of deliveries, number of cesarean deliveries, and percentage of cesareans performed as a result of prolonged/obstructed labor. For partograph monitoring, we expect that 80% of all labors would be monitored with the partograph. We will report on these indicators only in those sites where we are working to strengthen cesarean delivery services and/or use of the partograph. We agreed with USAID/W we would determine the feasibility of collecting/reporting on the proportion of cesareans

for reasons of obstructed/prolonged labor by conducting a record review study. The implementation of this study was delayed until the final month of FY 08/09.

As noted above we collected information on the number of deliveries and cesarean sections from 20 sites, see details below in Section III, Result 2.

In FY 08/09 technical assistance to address improving maternity services and Fistula Care's specific focus interventions—catheterization following cesarean delivery, correct use of the partograph, and improved cesarean surgery—were delayed in most countries. Activities to address these interventions began in the last quarter of this FY:

- *Bangladesh* conducted training on maternity service management.
- In the *DRC*, a training was held about c-section and partograph use.
- In *Guinea*, the FC staff began the development of training modules for catheterization, partograph and c sections; these modules will be introduced next year.
- In *Uganda*, nurses were trained in partograph use and catheterization.

We have incorporated review of partographs into the medical monitoring checklist tool. This was not implemented in FY 08/09, but we expect to begin monitoring this indicator once technical support has started in FY 09/10.

Result 3: Use of data for decision making

We have two indicators to measure how the project is performing for this result: number of evaluation and research studies completed and routine review of quarterly fistula monitoring data for improving services. For FY 08/09 we projected completing three studies, however only one study was completed: the qualitative review of clinical practices of fistula treatment. The second planned study—cesarean record review study—was approved late in the FY; field work began in September in Uganda. The third planned study—cost analysis—was not approved in the FY.

Twenty supported fistula repair sites and three pre-repair sites met at least once during the FY to review monitoring indicators during FY 08/09 (25/30 sites; 83%)[18]. Three repair sites (Kumudini, Kitovu and Kagando) and the three pre repair centers in Ethiopia met once each quarter (6/30 sites; 20%)

Result 4: Strengthening the environment for fistula

The two indicators for strengthening the environment for fistula are: number of countries that are adopting, revised or initiating policies for fistula prevention and treatment; and number of supported facilities using FC-produced technical products for improving fistula treatment and prevention services. Six countries worked on fistula policy issues. See details under Result 4 below. 36 of the supported sites (prevention and treatment) used at least one product during the year —the fistula reporting forms. A description and summary of the other products used is described under Result 4 below.

[18] Total sites includes the repair sites (n=27) and the three repair centers in Ethiopia.

III. Global Accomplishments

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

Fistula Repairs

The number of women receiving fistula repair surgery in FY 08/09 was 3,741 at 28[19] sites in 11 countries; see Table 3: see Figure 3. There was a small decline in the number or repairs from last year; reasons for the decline are discussed previously, in section II. Just over one-third of all repairs this FY were provided by the Nigeria program (36%, 1,347 repairs).

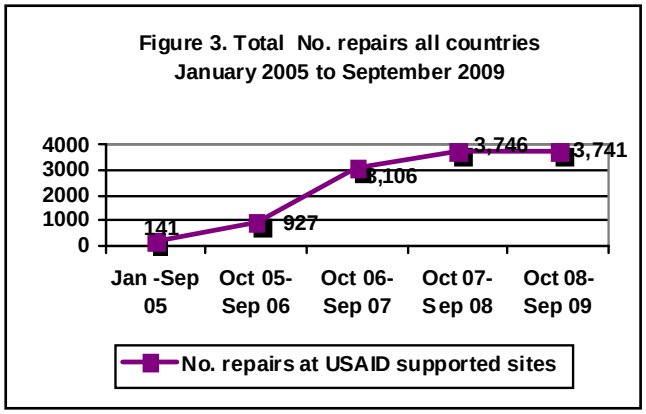


Table 4 provides a summary overview of selected clinical monitoring indicators for all countries reporting services in FY 08/09. By September 2009, 12,637 women had received fistula surgery as a result of USAID support since 2005.

Number/percent seeking and requiring fistula surgery. Ranges were from a low of 58% in Ethiopia and 69% in Uganda to over 90% in Bangladesh and Guinea (data from the DRC and Niger are skewed because of missing data on the number of women seeking care in one or more quarters). Recent community outreach efforts and increased media attention in Guinea have contributed to these high numbers.

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 44%f of women needing surgery received it, in Niger 69%, Rwanda 62%, Ethiopia 67% and Mali 72%. The rest of the countries were able to provide 80% or more of the required surgeries. In Guinea, most of the sites only provide surgery once a quarter during organized events with visiting surgical teams; Niger and Rwanda had had reduced capacity at supported sites as discussed above under Section II.

Percent of repairs which were first repairs. Nearly 75% or more of repairs in Benin, Ethiopia and Uganda were first repairs; the proportions were lower in other countries ranging from 40% in Niger, to 70% in Nigeria and Rwanda.

[19] We include data for the fourth quarter from Kanombe Hospital in Rwanda. Formal support will begin in FY 09/10. In FY 08/09 we supported training for the surgeon at the site.

Table 3. Number of Women Receiving Fistula Repair Surgery at USAID supported Sites, by Country, Site and Year[20] (Corrected February 1, 2010)

	FY 04 / 05	FY 05 / 06	FY 06 / 07	FY 08 Oct 07 - Sep 08					FY 09 Oct 08 - Sep 09					Grand Total
	Total	Total	Total	Oct-Dec	Jan-Mar	Apr-Jun	July-Sep	Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Total	FY 05 - FY 09
Bangladesh														
Kumudini	7	22	24	12	12	8	25	57	17	16	9	7	49	**159**
LAMB	4	40	72	24	1	13	14	52	19	32	9	21	81	**249**
MCH	9	31	23	8	0	2	3	13	1	NS	NS	NS	1	**77**
Total	**20**	**93**	**119**	**44**	**13**	**23**	**42**	**122**	**37**	**48**	**18**	**28**	**131**	**485**
Benin														
Africa Mercy Ship	NS	NS	NS	NS	NS	NS	NS	NS	NS	44	61	5	110	**110**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**44**	**61**	**5**	**110**	**110**
DRC														
HEAL Africa	NS	53	215	103	90	7	0	200	NS	90	43	81	214	**682**
Panzi	NS	0	371	n/a	101	33	NS	134	NS	85	86	97	268	**773**
Total	**0**	**53**	**586**	**103**	**191**	**40**	**0**	**334**	**0**	**175**	**129**	**178**	**482**	**1,455**
Ethiopia [21]														
Bahir Dar Ctr	NS	94	480	n/a	n/a	n/a	n/a	596	64	86	86	61	297	**1,555**
Mekelle Ctr	NS	NS	NS	n/a	n/a	n/a	n/a	n/a	42	44	51	29	166	**204**
Total	**0**	**94**	**470**	n/a	n/a	n/a	n/a	**596**	**106**	**130**	**137**	**90**	**463**	**1,772**
Ghana														
Anastasis Ship	NS	21	42	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	**63**
Total	**0**	**21**	**42**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**63**
Guinea														
Ignace Deen	NS	79	114	16	16	16	15	63	14	11	12	12	49	**305**
Jean Paul II	NS	NS	NS	NS	NS	NS	36	36	26	24	16	22	88	**124**
Kissidogou	NS	120	178	32	40	42	16	130	30	65	21	32	148	**576**
Labé	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	15	16	31	**31**
Total	**0**	**199**	**292**	**48**	**56**	**58**	**67**	**229**	**70**	**100**	**64**	**82**	**316**	**1036**
Liberia														
Africa Mercy Ship	NS	NS	NS	NS	NS	NS	59	59	NS	NS	NS	NS	NS	**59**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**59**	**59**	**0**	**0**	**0**	**0**	**0**	**59**
Mali														

[20] Non supported sites during reporting periods are identified with NS

[21] Data for Ethiopia for FY 05-06, FY 06-07 and FY 07-08 corrected February 1, 2010. .

	FY 04 / 05	FY 05 / 06	FY 06 / 07	FY 08 Oct 07 - Sep 08					FY 09 Oct 08 - Sep 09					Grand Total
	Total	Total	Total	Oct-Dec	Jan-Mar	Apr-Jun	July-Sep	Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Total	FY 05 - FY 09
Gao Regional Hospital	NS	NS	NS	NS	NS	NS	NS	NS	NS	13	19	14	46	**46**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**13**	**19**	**14**	**46**	**46**
Niger														
Dosso	NS	NS	NS	3	11	3	0	17	0	3	3	9	15	**32**
Lamordé	NS	NS	27	12	35	15	8	70	32	15	30	7	84	**181**
Maradi	NS	NS	NS	52	34	11	26	123	3	16	40	0	59	**182**
Tera	NS	NS	NS	NS	3	NS	NS	3	NS	NS	NS	NS	NS	**3**
Total	**0**	**0**	**27**	**67**	**83**	**29**	**34**	**213**	**35**	**34**	**73**	**16**	**158**	**398**
Nigeria														
Babbar R.	NS	NS	356	90	172	118	156	536	83	86	111	51	331	**1,223**
Ebonyi Fistula Center	NS	NS	NS	NS	NS	NS	NS	NS	NS	72	65	52	189	**189**
Faridat Yak.	NS	NS	180	22	30	60	38	150	55	70	18	44	187	**517**
Kebbi	NS	NS	102	36	38	36	12	122	39	31	42	39	151	**375**
Laure Fistula Ctr.	NS	NS	339	115	129	107	122	473	75	121	97	44	337	**1,149**
Maryam Abacha	NS	NS	104	8	56	51	41	156	28	57	45	22	152	**412**
Total	**0**	**0**	**1081**	**271**	**425**	**372**	**369**	**1437**	**280**	**437**	**378**	**252**	**1347**	**3,865**
Rwanda														
CHUK	NS	45	55	10	10	7	9	36	13	9	14	15	51	**187**
Kanombe	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	14	14	**14**
Ruhengeri	NS	100	92	0	0	47	0	47	50	52	0	0	102	**341**
Total	**0**	**145**	**147**	**10**	**10**	**54**	**9**	**83**	**63**	**61**	**14**	**29**	**167**	**542**
Sierra Leone														
Aberdeen	NS	NS	272	85	99	85	94	363	65	69	52	67	253	**888**
Total	**0**	**0**	**272**	**85**	**99**	**85**	**94**	**363**	**65**	**69**	**52**	**67**	**253**	**888**
Uganda														
Kagando	NS	79	174	24	30	29	35	118	19	23	31	12	85	**456**
Kitovu	121	256	227	55	71	66	0	192	38	64	0	81	183	**979**
Total	**121**	**335**	**401**	**79**	**101**	**95**	**35**	**310**	**57**	**87**	**31**	**93**	**268**	**1,435**
Overall Total	**141**	**940**	**3,437**	**707**	**978**	**756**	**1305**	**3,746**	**713**	**1,198**	**976**	**854**	**3,741**	**12,005**

n/a: not available

NS: not supported: :no services supported by USAID during the reporting period.

Table 4. ProjectTrends Oct. 2008 to Sept 2009, Selected Clinical Indicators

	Bangladesh	Benin	DRC	Ethiopia	Guinea	Mali	Niger	Nigeria	Rwanda	Sierra Leone	Uganda	Total All
1. # sites supported for fistula repair	3	1	2	2	4	1	3	6	2	1	2	27
2. # women arriving and seeking surgery	119	151	303[22]	1,187	774	94	183[23]	1,912	333	354	419	5,829
3. # of women requiring surgery	109	126	287	695	720	64	228	1,669	270	266	290	4,724
4.Among women who need surgery#/ % getting surgery[24]	131 (>100%)	110 (87%)	482 (>100%)	463 (67%)	316 (44%)	46 (72%)	158 (69%)	1,347 (81%)	167 (62%)	253 (95%)	268 (92%)	3,741 (79%)
5. # urinary only repair	129	107	297	434	296	35	152	1,264	152	244	243	3,353
6,.# urinary & RVF repair	1	2	1	8	13	4	4	32	3	3	10	81
7. # RVF only repair	1	1	13	21	7	7	2	51	12	6	15	136
8. #/% of urinary fistula surgeries first repairs	87 (67%)	78 (72%)	195 (65%)	385 (87%)	183 (59%)	24 (62%)	63 (40%)	923 (71%)	107 (70%)	159 (64%)	193 (76%)	2,397 (70%)
9.# women discharged with urinary repair[25]	121	109	260	453	290	25	156	1,247	155	237	245	3,298
10. #/% closed and dry at time of discharge urinary related only[26]	86 (71%)	79 (72%)	155 (n/a[27])	369 (81%)	232 (80%)	22 (88%)	85[28] (64%)	923 (74%)	124 (80%)	168 (71%)	214 (87%)	2,457 (75%)
11. #/% women with complications[29]	38 (31%)	25 (23%)	3 (1%)	2 (<1%)	7 (2%)	0 (0%)	1 (1%)	10 (1%)	2 (1%)	7 (3%)	3 (1%)	98 (3%)

n/a=not available

[22] Data missing in the DRC for the number of women seeking surgery and needing surgery for two quarters.
[23] No information available in Niger for Oct-Dec on the number of women seeking fistula treatment.
[24] % who got surgery may exceed 100% because of carry over of back log from the last quarter of the last FY
[25] Numbers discharged with a urinary related fistula does not always sum to total number women getting repairs; not all women are discharged in the same quarter as the surgery
[26] Denominator is number of women discharged with a urinary and urinary & RVF repairs (#10)
[27] % closed and dry is unavailable for DRC due to incomplete data.
[28] Denominator is133 women for whom data was available. Data missing for 25 women in Oct-Dec 2008 period.
[29] Denominator is all women discharged (urinary only, urinary & RVF, RVF only).

Percent of women discharged with closed and dry fistula. The rates for women who had a closed fistula and were dry was 75% overall for all sites, with a range of 64% (Niger) to 80% or higher in DRC, Ethiopia, Guinea, Uganda, Mali and Rwanda.

Percent of women who experienced complications. In general, reports on complications remain low across all the program supported sites. Complications varied from a low of 0% (Mali) to more than 20% (Bangladesh and Benin). Most of the complications were in the aggregated group of post-operative care (E.g. bleeding and urinary track infection (UTI)). Guidelines for reporting complications were updated following discussion at the Accra Meeting in 2008 and distributed to program supported sites in FY 08/09.

Training Activities

As shown below in Table 5, over 5,000 persons attended training in a range of topics about fistula treatment and prevention. Twelve surgeons attended first time training in fistula repair and 29 had continuing training (14 from Guinea). FC sponsored advanced training in fistula repair and training techniques on board the *Africa Mercy* hospital ship for two senior surgeons from Nigeria under the coaching of Dr. Steve Arrowsmith. One hundred and sixty-one (161) providers from five countries were trained in pre- and postoperative care management. Other training in support of fistula treatment included infection prevention (128 providers trained), quality assurance/improvement (64 providers) and fistula counseling (156 providers). Training in prevention related activities included FP counseling, FP methods provision, OC management, and community outreach.

Table 5. Training for fistula treatment and prevention, by country: Number of persons trained by topic, October 2008 thru September 2009 (Corrected February 1, 2010)

	Bangladesh	Benin	DRC	Ethiopia	Guinea	Mali	Niger	Nigeria	Rwanda	Sierra Leone	Uganda	Total
First fistula repair & care training for surgeons	2	0	0	0	3	2	0	1	0	3	1	**12**
Follow up fistula repair & care training for surgeons	1	0	2	0	14	3	0	2	5	0	2	**29**
Fistula nursing care /pre post op care	16	0	0	0	47	0	0	25	0	69	4	**161**
Infection Prevention	58	0	0	0	51	0	0	13	0	6	0	**128**
Quality Assurance	12	0	0	0	52	0	0	0	0	0	0	**64**
Fistula Counseling	45	0	46	0	10	36	0	19	0	0	0	**156**
FP Counseling	0	0	0	0	14	0	0	15	0	0	0	**29**
FP methods/LAPM methods	0	0	0	0	0	0	0	16	0	0	0	**16**
Obstetric care	45	0	73	5	20	0	0	0	0	0	4	**147**
Fistula Screening and /Prevention for Health workers	0	0	0	1,883	0	50	0	0	0	0	0	**1,933**
Community Outreach & Advocacy	86	0	0	2,353	0	0	0	147	0	0	0	**2,586**
Data Management	0	0	0	0	11		0	134	0	0	0	**145**
Other[30]	51	0	0	0	0	0	0	59	0	15	0	**125**
Total	**316**	**0**	**121**	**4,241**	**222**	**91**	**0**	**431**	**5**	**93**	**11**	**5,531**

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 FY 08/09. The system includes tools—medical monitoring checklist, medical waste management monitoring, protocol for investigating and reporting mortality related to fistula surgery—which are designed to facilitate the standardization of services, not only clinical services but also counseling, clinical training, quality improvement approaches and training site follow-up. This system is the basis for timely and appropriate clinical and programmatic support of country activities and staff. Through this system we are working with supported sites to strengthen their capacity 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. In FY 09/10, we will hold a medical monitoring meeting with FC staff to assess the challenges, opportunities and lessons learned in the use of these tools in the last year. During this meeting we will develop a plan for institutionalizing these tools in programs.

[30]In Bangladesh other included training providers in how to teach pelvic floor exercises; In Nigeria this included training in USG policies and management training for Zamfara State VVF Task Force

Training Curriculum Produced to Prepare Health Care Personnel to Provide Pre-, Intra and Post Treatment Counseling to Obstetric Fistula Clients. This 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 in early 2010.

International Training Curricula for Fistula. During FY 08/09 Fistula Care was 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 meetings with both groups to provide input into each organization's curriculum and has reviewed and commented on the documents. With urging from Dr. Ruminjo, during the FY PAUSA decided to postpone the development of their curriculum and is now collaborating with FIGO to produce a single standardized curriculum. As part of the collaboration PAUSA will assist with the roll out of and advocacy in West African countries in partnership with the West African College of Surgeons. The finalization of the curriculum has taken longer than FIGO anticipated and field testing is now planned for early 2010. Fistula Care is in discussions with FIGO about how to collaborate in the roll-out.

Fistula Site Assessment Package Developed. A comprehensive site assessment tool to review a site's capacity for both service and training in fistula treatment as well as selected prevention services—emergency obstetric care and family planning--was drafted, piloted, and finalized in FY 08/09. The site assessment package also includes guidelines for preparing for an assessment and report preparation. The package of tools was translated into French and is posted on the FC web site. In FY 08/09 Fistula care staff carried out site assessments in Bangladesh, DRC, Guinea, Mali, Nigeria, Rwanda and Uganda. These assessments were carried out at both supported sites and sites under consideration for expansion.

Counseling Module for Traumatic Fistula. During FY 08/09, Fistula Care engaged the services of consultant Ms. Elizabeth Rowley to prepare a module on counseling women who have experienced traumatic fistula. This module is being merged into the larger Obstetric Fistula Counseling Curriculum rather than have two separate curriculae. In March 2009, in collaboration with the Regional Center for Quality Health Care (RCQHC) in Kampala, FC convened a 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. The content has been finalized and will be translated into French and piloted in the DRC in the next FY. We expect the module to be completed by March 2010.

Curriculum on Prevention and Management of Obstetric Fistula for Nurses and Midwives. With funds from USAID East Africa, the East, Central and Southern Africa Congress of Nurses has developed this curriculum in collaboration with the Fistula Care team. The development of the curriculum began in FY 07/08 with a workshop in Tanzania attended by 14 nurses and midwives 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. The purpose of the curriculum is to impart knowledge, attitudes and skills in nursing and midwifery tasks in prevention of fistula, as well as pre-, intra-, and postoperative care for women who receive fistula treatment.. The training package includes a facilitator's guide and participant handbook. The final draft of the training materials was completed in September 2009 and is now under review by the FC Global team. We expect to publish the materials by April 2010.

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

Strategic Approach for Fistula Services Developed. In July 2008, Fistula Care staff developed a framework for describing 'levels of care' for increasing access to quality fistula services. This framework is intended to capitalize on public interest in increasing access to fistula services by using a strategic approach which links a network of sites to facilitate prevention, diagnosis, limited treatment and referral, treatment of simple cases, treatment of complex cases and the establishment of one or more sites capable of providing training in fistula. This approach was introduced in FY 08/09 in Guinea and Nigeria and will be introduced in Rwanda and Uganda in FY09/10. The framework will be introduced in Mali and Bangladesh to support the development of national strategies for fistula care services.

Strengthening fistula prevention services is a key component addressing fistula. Fistula Care is focusing on four key prevention measures: family planning, consistent and correct use of the partograph, immediate catheterization for women who experience obstructed labor, and strengthening cesarean delivery services.

Integration of Family Planning. Most women with fistula have recently lost a child and therefore desire to be pregnant. In addition, many fistula service providers believe that providing information to women post-repair on family planning confuses women who have already been told to abstain from sex for at least three months post-surgery. Fistula Care has embarked on a strategy to effectively integrate family planning into fistula services from two perspectives: to enable women and couples to delay first births to help prevent fistula and to help women and couples achieve a successful pregnancy post-repair by allowing the woman time to heal.

Family Planning Counseling and Provision of Methods. A total of 35 of the 45 supported sites provide family planning counseling services and 34 sites provide family planning methods (Kitovu Hospital in Uganda provides counseling but no methods). As shown below in Table 6 (page 18), FC supported facilities reported more than 10,000 women accepting a FP method during FY 08/09 and nearly 21,000 were counseled

Model for Family Planning Integration with Fistula Care Services Piloted. Fistula Care has adapted a successful family planning integration model for HIV services, developed under the ACQUIRE project, for use in fistula programs. The model was introduced in 2008 in Nigeria to 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) organizations. At the conclusion of the meeting group members identified what they would do to facilitate FP integration with fistula services. Discussions began in the last quarter of FY 08/09 to introduce the model in Guinea, Rwanda and Uganda. The model is being further developed to incorporate gender sensitivity (GS) into the FP integration activities and messages for fistula treatment services. The goal is to ensure the engagement of men as well as to enhance provider and community understanding of how gender contributes to both the situation of women with fistula and how it affects their lives and their care.

Promoting the Use of the Partograph to Monitor Labor and Delivery. The incidence of prolonged labor can be substantially reduced by use of the partograph, and therefore can reduce obstructed labor and its potential sequelae, including fistula. Although the partograph has been around for more than 30 years, challenges have been experienced in the consistent use of the partograph to monitor active labor. FC will work with countries interested in increasing or improving the use of the partograph to provide training and other support for its use. A literature review is in preparation to frame future discussions about strategies to strengthen its use.

Promoting the Use of the Catheter to Prevent or Treat Fistula Associated with Prolonged or Obstructed Labor. Immediate catheterization can be used both as a prophylaxis and as primary or principle treatment. In the case of prophylactic use, it may require a period of 7-14 days in-hospital stay. For primary treatment, it may require 3-4 weeks in-hospital stay. Training is required to effectively recognize the type of fistula that would respond to this kind of treatment. FC will work with interested countries to demonstrate and, where appropriate, increase the use of immediate catheterization after prolonged or obstructed labor.

Strengthening cesarean delivery services. Approximately 10-15% of fistula cases are iatrogenic, although it is not known what percentage of that number are related to cesarean deliveries. Fistula Care will work with sites who have expressed interest in addressing poor cesarean performance as a means of reducing the number of fistula cases. Addressing this issue will require a step-wise approach to determine what policies exist regarding who can do cesarean deliveries, what training or refresher training is required, what reference materials, equipment and supplies are in place or required, the availability of blood, training in life-saving skills, etc.

Table 6. Number of FP Clients by Method, by Country.
October 2008 – September 2009

Methods	Bangladesh	DRC[31]	Ethiopia	Guinea	Mali[32]	Niger	Nigeria[33]	Rwanda	Sierra Leone[34]	Uganda[35]	Total
Oral Pill	1,084	27	n/a	323	229	1,947	n/a	31	0	76	**3,717**
IUCD	0	0	n/a	136	6	226	n/a	3	0	1	**372**
Condom (male)	285	15	n/a	36	1554	451	n/a	0	0	2	**2,343**
Condom (female)	0	0	n/a	0	0	0	n/a	0	0	0	**0**
Injectable	1397	12	n/a	398	264	813	n/a	35	39	130	**3,088**
Implant	0	3	n/a	0	0	104	n/a	30	0	12	**149**
Tubal Ligation	193	2	n/a	19	0	5	n/a	70	8	45	**342**
Vasectomy	0	0	n/a	0	0	0	n/a	11	0	1	**12**
Foaming Tablets	0	0	n/a	0	1	0	n/a	0	0	0	**1**
Total acceptors	**2,959**	**59**	n/a	**912**	**2,054**	**3546**	**n/a**	**180**	**47**	**267**	**10,024**
Total Number of clients counseled about FP methods	3,234	n/a	101[36]	1,175	444	3,115	1,1959	n/a	130	805	**20,963**

n/a: not available

[31] DRC family planning data consists only of data reported by HEAL Africa, for the time period April – September 2009.
[32] The data recorded for the January-March quarter includes data for the entire district, while the April – September period reports only on Gao Hospital.
[33] Nigeria data systems were capturing CYP for FP, and not number of clients served, as required by the USAID/Nigeria mission. We are working on additionally establishing a system to capture number of clients served.
[34] There were no FP services provided in the July-September 2009 period; the Fistula Center management staff are working on re-establishing services. See Sierra Leone report for more detail.
[35] Kitovu Hospital only provides counseling on natural family planning methods.
[36] Number of women counseled for family planning in Ethiopia includes only fistula patients.

Deliveries and Cesareans Sections. During FY 08/09, 20 of the 23 FC supported sites which provide delivery services reported on the number of deliveries and where available/provided, the number of cesarean sections. As shown below in Table 7, the proportion of deliveries which were C-sections ranged from 7% (Jean Paul II in Guinea) to 66% (at Kumudini in Bangladesh). Many of the institutional rates are high because the facility is a tertiary facility that may often be the only facility in a region /district that can provide cesarean services. As part of our on going work with facilities about cesarean services we will gather more information about the availability of the maternity services in the regions/districts where these facilities are located to better understand the rates. In FY 09/10 we will report these services only for those facilities where we are actively providing technical assistance to improve obstetric services.

Table 7. Number of Deliveries and Cesarean Sections at Selected Fistula Care Supported Sites, October 2008-September 2009

	No. deliveries	No. C sections	% C- section
Bangladesh			
Kumudini	1,672	1,097	66%
LAMB	3,108	721	23%
DRC			
Heal[37]	248	44	18%
Ethiopia[38]			
Adet Health Center	223	0	0%
Dangla Health Center	198	0	0%
Woreta Health Center	245	0	0%
Guinea			
Ignace Deen	3,573	1,050	29%
Labé[39]	585	203	35%
Jean Paul II	445	33	7%
Kissidougou	864	351	41%
Mali			
Gao[40]	1,075	341	32%
Niger[41]			
Dosso	1,220	231	19%
Issaka Gazobi	4,383	1,965	45%
Maradi	1,193	661	55%
Nigeria			
Faridat Yak.	861	83	10%
Maryam Abacha	1,029	35	3%
Rwanda			
CHUK	1,801	891	49%
Ruhengeri	4,107	934	23%
Uganda (3 quarters)			
Kitovu	1,486	529	36%
Kagando	2,352	971	41%
Total	**30,002**	**10,140**	**34%**

[37] July-September 2009 only.
[38] Deliveries at three health centers attached to the pre repair centers. No cesarean services provided.
[39] Only three quarters; no data for Oct-Dec 2008
[40] The data from Mali excludes the Jan-March quarter, because data was misreported during this time period and included district-wide data instead of Gao-specific data.
[41] Only three quarters; no data for Oct-Dec 2008

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

Completed and Ongoing Research

Completed Research.

Qualitative Study of Current Practices in Fistula Treatment. Little is known about current treatment practices for women suffering from fistula. In 2009, Fistula Care conducted an email and mail survey with fistula surgeons who perform surgery in Sub-Saharan Africa and South Asia to gather objective data about current practices in the care and treatment of fistula. The overall purpose was to identify practices which could inform the development of one or more randomized controlled clinical trials (RCT). A total of 40 fistula surgeons responded to the survey about their practices for three treatment regimens: use of prophylactic antibiotics in fistula surgery; the role of catheterization in fistula management; and preventive and treatment practices for stress incontinence related to fistula surgery. The role of catheter management in treatment of fistula was identified as the key area to focus on for a possible RCT since it has the potential for reducing cost of treatment and freeing up bed space if the duration of catheterization can be reduced without compromising quality of care. Discussions began with USAID/ about how best to move forward with the planning and implementation of an RCT. A final report (*Identification Of Current Practices In Fistula Treatment: A Qualitative Review)* was produced and shared with all respondents. A copy of the report is being translated into French. A journal article on study results is in preparation.

Ongoing Research.

A Multi-Centre Retrospective Review of Data Collection Procedures and Data Quality of Indications for Cesarean Deliveries. This study was approved in the third quarter of FY 08/09 following review and feedback from several outside reviewers. The purpose of this study is to assess the availability and quality of data on indications for cesarean delivery. The results from this study will help Fistula Care to:

- Develop indicators to inform Fistula Care's ongoing prevention interventions;
- Identify current practices for how data is collected, reported and maintained concerning cesareans;
- Identify gaps which need to be addressed in order to improve data reporting systems for cesarean services and service delivery; and
- Contribute to the literature about the current trends for clinical indications for cesareans in selected facilities.

In September 2009 Ms. Evelyn Landry and Dr. Josephine Muhairwe, consultant, traveled to Uganda to conduct the pilot at Kagando Hospital. A total of 350 cesarean records from 2008 were randomly sampled from the theater register book. Data collection continued into October 2009; preliminary data analysis will be completed by December 2009. The tools will be finalized once the analysis from Uganda is completed. Tools will be translated into French and we will commence data collection in the remaining countries (Bangladesh, DRC, Guinea, Mali and Rwanda) beginning in January 2010.

Determinants of Post-Operative Outcomes in Fistula Repair Surgery. This multi-country study continues to move forward at a reasonable pace despite a few set backs. Three of the study sites were dropped in FY 08/09: Memorial Christian Hospital in Bangladesh, Ignace Deen in Guinea and

Central University Hospital (CHUK) in Rwanda. We have managed to redistribute the expected participants from these sites to other sites and do not expect any problems in achieving our overall goal of enrolling 1,436 women.

By the end of September 2009, a total of 1,130 participants had been enrolled, 1,070 have had fistula repair surgery and 843 had returned for their three month post-surgery follow-up visit and therefore completed the study. Overall this represents 75% of the total recruitment in terms of surgeries completed relative to the number needed for the study sample size (1070 surgeries completed/1,436 total sample size). See Table 8 for recruitment details by quarter and study site. We remain quite pleased with follow-up to date, which stands at 79% (843 women who have returned for 3 month follow-up/1070 women having surgery) since this greater than the 70% study retention we had estimated when calculating our sample size. LAMB hospital has completed recruitment and patient follow-up, and recruitment at both Kagando and Kitovu Hospitals is expected to be completed in early 2010.

We have encountered some problems with the study activities at Maryam Abacha Hospital in Sokoto, Nigeria. Unfortunately, very incomplete information was gathered on the women they had recruited through June and so these women were excluded from the study. We subsequently enlisted two other surgeons to participate in the study and reinitiated the study in August. To date, 20 women have been enrolled and of those 8 have had their fistula repaired. The new data officer from the EngenderHealth office in Sokoto makes frequent visits to monitor progress of activities at the site.

Data continues to be entered and cleaned on an ongoing basis. Questions, problems or irregularities identified during data entry are recorded on a Data Problem Form and periodically sent to Fistula Care in-country staff or consultants, who then work with site staff to provide responses in an attempt to resolve the problems. Preliminary data analysis (basic frequencies, distributions, and cross tabulations) is conducted periodically for those data that have been entered. A draft analysis plan was shared with USAID/W in July 2009. We expect data collection to continue through June 2010 and a draft report is scheduled for completion by December 2010.

Table 8. Fistula Research Recruitment, July-September 2009

Country	Site	Thru June 2009			July 2009			August 2009			September 2009			% 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	61	61	36	2	2	0	3	3	3	1	1	0	67/100 = 67%
	LAMB Hospital	51	50	50	#	#	#	#	#	#	#	#	#	50/51 = 98%#
	Memorial Christian Hospital	5	5	5	+	+	+	+	+	+	+	+	+	5/5 = 100%*
Guinea	Kissidougou Hospital	178	178	139	0	0	18	16	15	0	13	13	17	206/256 = 81%
Niger	Hôpital Lamordé Lamordé	43	42	10	9	10	9	3	3	9	3	2	6	57/107= 53%
	Maradi Regional Hospital	50	48	28	6	0	0	0	0	4	2	0	11	48/71= 68%
Nigeria	Maryam Abacha Hospital	0	0	0	0	0	0	13	2	0	7	6	0	8/80 = 10%
	Faridat Yakubu Hospital	166	166	147	10	10	4	4	4	5	1	1	6	181/214 = 85%
	Specialist Fistula Center Birnin Kebbi	105	81	53	8	9	4	6	5	9	0	0	8	95/125 = 76%
Uganda	Kagando Hospital	149	149	117	6	6	11	1	1	4	1	1	6	157/180 = 87%
	Kitovu Mission Hospital	167	157	119	0	0	5	0	0	0	40	39	0	196/215 = 91%
Totals		**975**	**937**	**704**	**41**	**37**	**51**	**46**	**33**	**34**	**68**	**63**	**54**	**1070/1436 = 75%****

N/A – The information is not available.
+ No longer recruiting participants into the study.
# completed study participation. One woman was discontinued at study close out.
* Originally were to recruit 40, but no longer doing fistula repairs. Remaining 35 women recruited at LAMB and Kumudini.
**1436 is the total sample size for the study. At present, the denominators of the individual sites total to 1404 because there are 32 women who are yet to be allocated to a site.

Other Monitoring, Evaluation and Research Activities

Cost Study. The Fistula Care team submitted a study proposal to USAID/W to assess the costs of fistula services in selected sites. The cost study will adapt a tool which has been developed by UNFPA to measure costs (e.g., equipment, personnel, supplies). Approval of this study proposal was still pending at the end of FY 08/09.

On Line Fistula Care Database. Through the Fistula Care website, FC partners now have access to the database. Our field partners—IntraHealth, Mercy Ships and REF—are now able to access the database and update the clinical monitoring data on a quarterly basis. All partners who have access can produce reports from the database.

Data for Decision Making Module Adapted for Fistula Care Programs. As part of on going quality improvement technical assistance, Fistula Care adapted a module on use of data from EngenderHealth's *Facilitative Supervision for Quality Improvement* curriculum which was produced under the ACQUIRE project. This module was piloted in workshops in Guinea and Nigeria as part of larger quality improvement exercises. The tool was translated into English and has been revised based on the pilot. The goal of the workshops was to strengthen the ability of site staff and supervisors to routinely review and analyze data for making programmatic decisions about fistula services, and where appropriate, delivery/obstetric and family planning services.

Supported Sites Routine Review of Data. As noted above, during FY 08/09, a module on 'Data for Decision Making', was developed for use during quality improvement workshops or as a stand alone exercise in support of achieving this result. A total of 22 supported repair sites and the three pre repair centers in Ethiopia met at least once during the year to review and discuss data; see Table 9. The data for decision making module will be introduced to more Fistula Care program sites in FY 09/10 to support the routine review of data.

Table 9. Number of Meetings held to review data by Country and Site, October 2008 – September 2009

Country	Oct-Dec	Jan-March	Apr-Jun	Jul-Sep	FY Total
Bangladesh					
Kumudini	1	1	2	3	7
LAMB	1	0	1	2	4
DRC					
HEAL Africa	0	0	0	1	1
Panzi	0	0	0	1	1
Guinea					
Kissidougou	0	1	0	1	2
Labé	0	0	0	1	1
Ethiopia					
Bahir Dar	0	0	1	0	1
Adet HC (pre-repair site)	1	1	1	1	4
Dangla HC (pre-repair site)	1	1	1	1	4
Woreta HC (pre-repair site)	1	1	1	1	4
Mali					
Gao	0	0	1	0	1
Niger					
Dosso	NS	1	0	1	2
Issaka Gazobi	NS	0	0	1	1
Lamordé	NS	1	1	1	3
Maradi	NS	1	1	1	3
Nigeria					
Babbar Rugar	1	0	1	0	2
Ebonyi Center	1	0	1	1	3
Faridat	1	0	1	1	3
Kebbi	1	0	1	0	2
Laure Fistula Center	1	0	1	1	3
Maryam Abacha	1	0	1	1	3
Rwanda					
CHUK	0	0	1	0	1
Sierra Leone					
Aberdeen	1	0	0	0	1
Uganda					
Kagando	1	1	1	1	4
Kitovu	1	1	1	2	5
Total	**14**	**10**	**19**	**23**	**66**

NS: not supported by USAID funding support in this quarter

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

Activities reported under this result include Fistula Care's work on policy-related issues, collaborative partnerships, dissemination and use of FC-produced products.

Policy and Advocacy

During FY 08/09, Fistula Care was actively engaged at the international, regional and country level to improve support for the institutionalization of fistula treatment and prevention services. These accomplishments included:

Fistula Care Co-sponsored First Meeting of the International Consortium on Classification of Obstetric Fistula. One of the major challenges in pursuing a quality improvement agenda within fistula services is the lack of a standardized classification system on which to base training and research, and to enable comparison of outcomes. In March 2009 Fistula Care, along with UNFPA, the Johns Hopkins Bloomberg School of Public Health, and WHO, co-sponsored the first meeting of the International Consortium on Classification of Obstetric Fistula. The objective of the meeting was to begin the process of a review and validation of an internationally recognized fistula classification system. The continued work of this consortium will facilitate the inclusion of a fistula classification in the update of the International Classification of Diseases – ICD11, scheduled to be released in its draft form in 2011. Three working groups were established to examine (1) terminology; (2) data analysis and validation; and (3) communications, training and application. Participants in the process include representatives from key health professional associations and senior fistula surgeons from around the globe.

Planning Meeting on Development of Fistula Policy Model for East Africa. Prevalence of fistula in East Africa is estimated to be high: 3 to 5 women per 1,000 deliveries develop a fistula. While efforts are underway in many countries in East Africa to treat fistula, there is a notable absence of policies which address prevention alongside treatment.

With funding from USAID/East Africa, the East, Central and Southern Africa – Health Community (ECSA-HC), has been working in collaboration with Fistula Care to develop a nursing curriculum designed to address knowledge, attitude and skills gaps among heath workers in the management of fistula (see above, under Result 1). While training in the treatment of fistula is important, working with countries to encourage the development of a fistula policy fistula policy that would address regulatory issues and allocation of resources and administrative support for fistula is needed. To begin to address this issue of policy development, ECSA-HC, with support from USAID/East Africa and technical assistance from Fistula Care, is embarking on the development of a Regional Fistula Policy for East African Region.

In July 2009, a three-day workshop was held in Tanzania with senior representatives from Ministries of Health in Kenya, Tanzania, and Uganda to review the current status of policies in their respective countries (invited representatives from the DRC and Ethiopia did not attend the meeting[42]). The specific objectives of the meeting were to share experiences on fistula policy development, review a process for policy development and build consensus on issues which should be included in a policy.

[42] Rwanda and Burundi are members of the East Africa community but were not included in this activity.

After the review of individual country experiences the workshop participants agreed on a five step process for developing a policy:

1. Conduct country situational analysis
2. Conduct a dissemination workshop and build consensus on issues to be included in a policy that would impact on the reduction of the prevalence of Fistula
3. Draft of the policy and develop a strategic/advocacy plan to translate policy into implementation
4. Convene an expert review meeting on Regional Fistula Policy.
5. Monitor & Evaluate the implementation of the Policy (funds permitting) through follow-up activities in the countries involved

The meeting participants gave their inputs to improve the data collection tools and the individual country policy documents with reference to fistula, and consultants were given the responsibility to finalize data collection tools for the situation analysis and complete a desk review of existing polices. The group will meet again once the desk review is completed.

- *Bangladesh.* The Bangladesh Fistula Care team continues, in collaboration with local government policy makers, UNFPA and other stakeholders to advocate with the Directorate General of Health Services of the Government of Bangladesh to progress with the National Task Force on Obstetric Fistula which was established in August 2008. Meetings of the National Task Force were organized in April and June 2009 and a National Strategic Vision for the prevention, treatment and rehabilitation of obstetric fistula cases is under development at this time.

- *Guinea.* In FY 07/08 the Guinea/FC team worked with the Ministry of Health to implement a proposal for the development of a national league to eradicate fistula. The goals of this committee are to standardize national norms and regulations concerning fistula service delivery, coordinate efforts of key stakeholders and to mobilize resources for fistula in Guinea. The Guinea/FC team co sponsored the second annual National Fistula Day in Labé in May 2009 to coincide with the inauguration of the new sites. The event included a site launch ceremony presided by the Mayor of Labé with speeches by the representatives of USAID, the Governor of Labé and the representative of the Minister of Women, Children and Family Affairs. Testimonies from repaired fistula survivors were also part of the ceremony.

- *Mali.* Fistula Care, along with providers from regional hospitals, participated in a week long national strategy meeting organized by the MOH and UNFPA. Following this meeting, regional groups met to develop regional strategies. Fistula Care provided support to the Gao region to develop their plan to support training and treatment in fistula repair.

- *Nigeria.* In FY 08/09 the FC/Nigeria team provided technical assistance in three important initiatives. First, FC staff were instrumental in the establishment of the Zamfara VVF Task Force. This task force includes representatives from several state ministries (e.g., health, women's affairs), women's groups, religious and traditional leaders. The Zamfara State Government has pledged funds to support the meetings of the task force. Second, FC/Nigeria staff provided technical assistance to the Senate Committee on Health in

holding a Mother's Day event to raise awareness about maternal health with the National Assembly and other key stakeholders in the government and business community. Third, staff worked with the First Lady of Ebonyi state to include language about obstetric fistula in a maternal mortality monitoring law which was enacted by the state.

- *Rwanda.* Fistula Care has continued to provide technical assistance to the national fistula technical working group under the National Safe Motherhood Working Group. The project is also in the planning phase of organizing a national stakeholders meeting to take place in December 2009 concerning the integration of fistula and family planning services that will be co-hosted with the MoH and the Rwandan Medical Association.

- *Uganda.* The Uganda Fistula Care team continued to actively participate in the National Fistula Working Group meetings supported by UNFPA, and plans to support the MOH next year in conducting some of the meetings. FC provided an orientation to the Levels of Care Framework the Fistula Technical Working Group and the Ministry of Health. The framework was well-received, and in the coming year our hope is to work with the National Fistula Working Group to ensure the adoption of these tools and the levels of care framework as national tools for fistula prevention care and treatment.

Collaborations

Fistula Care global staff participated in three separate meetings of the **International Obstetric Fistula Working Group** during the year. In December 2008 and February 2009 Evelyn Landry participated in meetings with the Committee on Data, Indicators and Research to continue work on the compendium of indicators for international programs. In August 2009, Karen Beattie and Joseph Ruminjo travelled to Tanzania for a meeting of the working group. They participated in discussions about the FIGO-led fistula surgical standardized curriculum and proposed how Fistula Care can collaborate in the piloting and roll out of this curriculum. Also during this meeting Dr. Ruminjo gave a presentation about the on going prospective study on fistula and Dr. Steve Arrowsmith, consultant, presented about FC qualitative research in a panel titled "Current Practices in Fistula Management". FC staff also participated in panel and small group discussions on fistula service delivery, monitoring and training, as well as side discussions on next steps for the fistula classification consortium and training in Emergency Obstetric Care.

Presentations at Professional Conferences

During FY 08/09, three presentations about Fistula Care work were made at two conferences:

American Public Health Association Meeting, November 2008.

- Joseph Ruminjo co- facilitated a panel entitled Digital Stories for Public Health.: an emerging strategy for participatory media-making".
- The Fistula Care-produced digital stories DVD "Learning from My Story: Women Confront Fistula in Rural Uganda" as well as a video about child soldiers were featured.

Global Health Council Meeting, May 2009

- Moustapha Diallo. *For the Common Good: Good Governance and Democracy Improve Maternal Health Systems* (round table discussion)
- Joseph Ruminjo, Elizabeth Rowley, Mieko McKay. *Counseling of Women With Traumatic Genital Fistula From Sexual Violence; Development of an Evidence-Based Counseling Module.*

Fistula Care in the News

Over the course of FY 08/09, Fistula Care project activities were highlighted in various publication outlets:

- In March, 2009, Fistula Care highlighted the milestone of 10,000 women receiving fistula repair surgery at USAID-supported sites. Fistula Care worked with USAID to facilitate a press release on March 25th:http://www.usaid.gov/press/releases/2009/pr090325_1.html.

- Fistula Care assisted the USAID team to congratulate the surgical teams working in the field who made the completion of 10,000 fistula repairs a reality. One of the surgeons who has long served the people of Uganda is Maura Lynch, who was honored on the USAID website as a woman making a difference: http://www.usaid.gov/our_work/global_health/home/News/women/mch_lynch.html.

- Project Director Karen Beattie published a letter to the editor of the New York Times in response to a Science Times article describing AMREF's work on fistula in Tanzania. Her letter emphasizes the critical importance of prevention (*A Preventable Trauma,* published March 2, 2009), available at http://www.nytimes.com/2009/03/03/science/03letters-APREVENTABLE_LETTERS.html.

- In May, 2009*, Soul Beat Africa* highlighted the fistula digital stories in its e-magazine, available at http://www.comminit.com/en/node/292534/38.

- The Fistula Care Project was featured in the Huffington Post in July, 2009 in an article by Jim Luce titled "Helping Women: Eliminating Obstetric Fistula in Developing World," available at http://www.huffingtonpost.com/jim-luce/helping-women-eliminating_b_245116.html

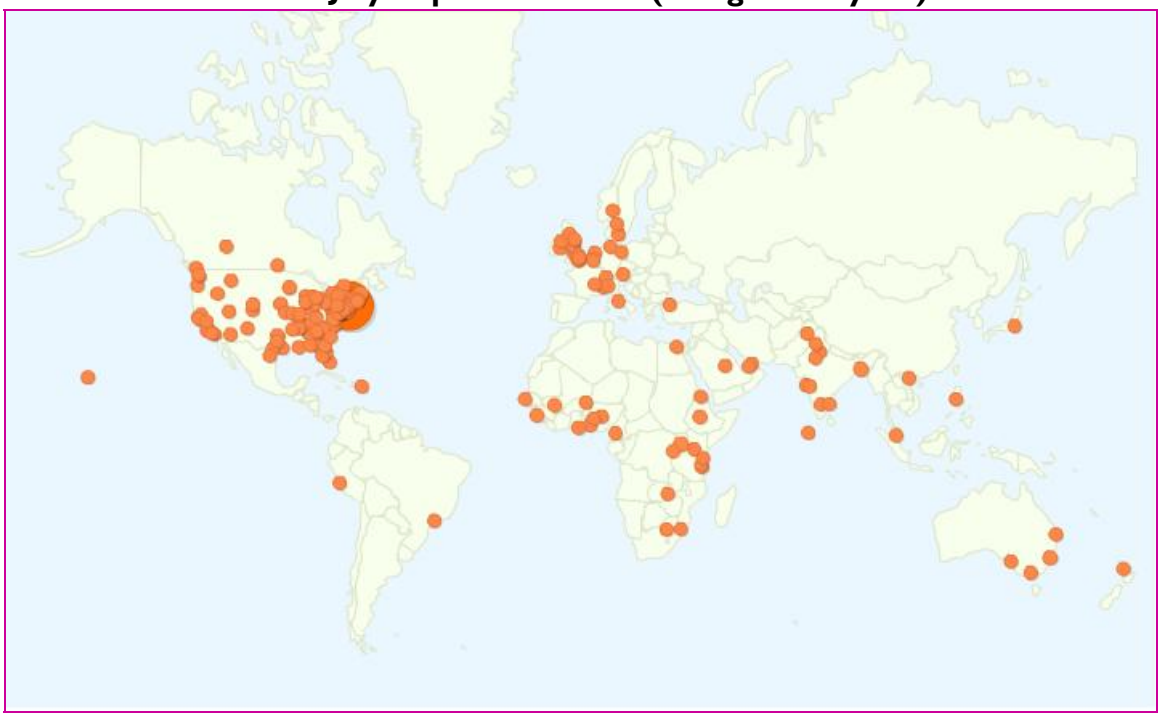
- EngenderHealth President Ana Langer is quoted throughout the article to describe the work of EngenderHealth and the need for fistula prevention and repairs.

Fistula Care Web Site

The Fistula Care website continues to be updated with project highlights, stories from the field, and program statistics. In the coming year a Fistula Care subscription service will be established and regular newsletters will inform subscribers of project and web site of project and web site updates.

During the July-September 2009 quarter there was an increase in the number of visitors to the Fistula Care's website: 1,866 visits to the site originating from 538 cities in 68 countries (see map below, Figure 4) compared to 1,790 visits in the previous quarter. There have been a total of 4,539 visits since the website's launch in March 2009.

Figure 4 Geographic Distribution of Fistula Care website visitors July-September 2009 (Google Analytics)



Fistula Care Technical Briefs

Fistula Care staff and partners traveled to three countries during the year to review program innovation projects which are being implemented to improve access to quality fistula treatment and follow-up services. These three program experiences will be documented and shared in a new publication of the project: *Fistula Care Technical Briefs*.

Ethiopia Pre-Repair Centers. In November 2008 Ms. Evelyn Landry from the FC global team traveled to Ethiopia with a representative from IntraHealth International (Ms. Cheryl Marcus) to conduct a review of the pre-repair units in the Amhara Region. Three pre-repair centers in the Amhara region provide pre- and post- repair care for women. The focus o the review was to understand how the pre repair centers function, to obtain feedback from key stakeholders about the pre repair centers and to seek recommendations from the stakeholders about how to improve the pre repair centers if the model was to be expanded to other regions of Ethiopia. A report was finalized and shared with USAID/W at the end of FY 08/09. The technical brief about this project will be published in first quarter of FY 09/10.

Nigeria Provider Networks. In April 2009, Ms. Evelyn Landry and Ms Erin Mielke (USAID/W) traveled to Nigeria to review with key program stakeholders how the pooled effort events and provider quarterly retreats have been utilized to improve access to quality fistula treatment services. A draft of this technical brief has been prepared and will be shared with USAID/Nigeria before it is finalized; we expect to publish this report in the second quarter of FY 09/10.

Guinea Prevention and Re-integration Model. In July 2009, Ms. Mieko McKay from FC and Ms. Michelle Trombley from EngenderHealth met with program staff and community leaders in Kissidogou to review how the prevention and re-integration model is implemented. We expect to publish this report by the third quarter of FY 09/10.

Use of Fistula Care Technical Products at Supported Sites

During the July-September 2009 quarter, 35 sites reporting using at least one tool. Table 10 below shows that all but one supported site reported using at least one of the nine FC tools (the quarterly reporting tools) during the year. Other tools the sites reported using included the medical monitoring and supervision checklist, medical waste management checklist, counseling curriculum, training strategy, training knowledge assessment tool, and site assessment tool.

Table 10. Use of Fistula Care Technical Tools by Country and Site, October 2008-September 2009

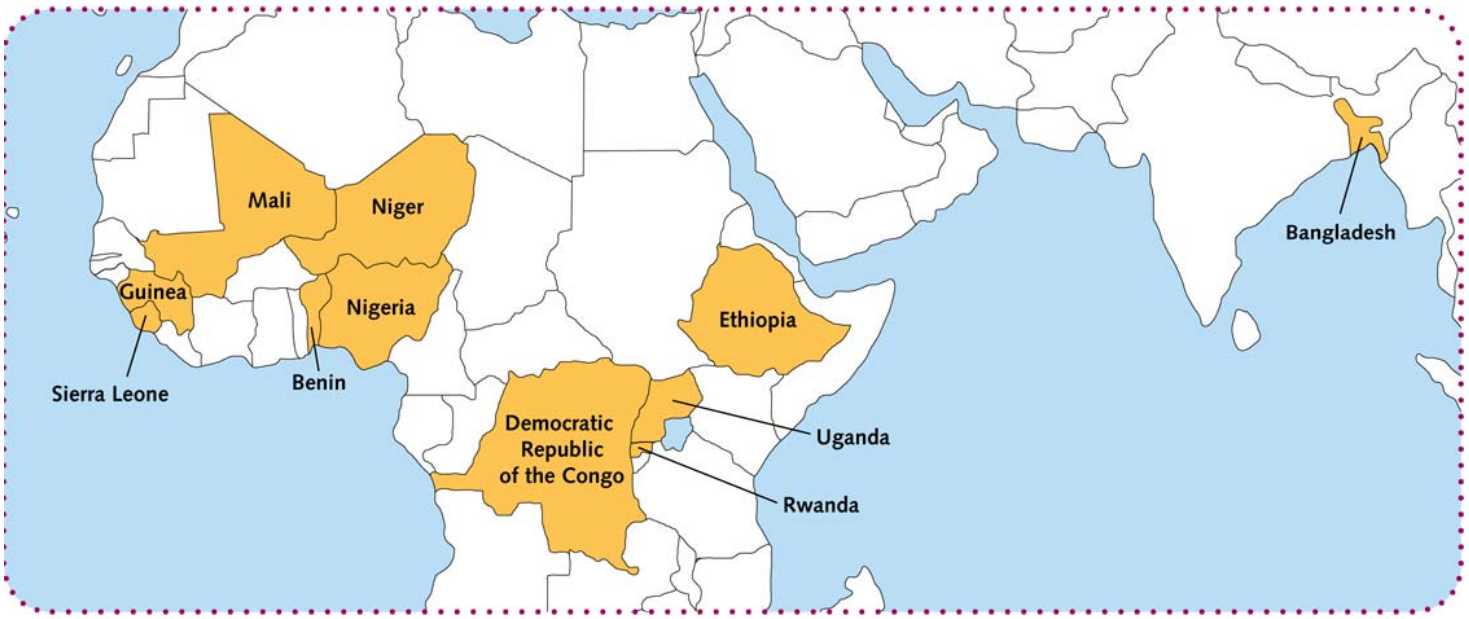
Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Medical Waste Management[43]	Training Strategy	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Site Assessment Tool	Fistula Standard Equipment List	Fistula Counseling Curriculum	Fistula Nursing Curriculum
Bangladesh										
Kumudini	X	X	X			X			X	
LAMB	X	X	X						X	
Ad-Din Dhaka							X			
Benin										
Africa Mercy	X									
DRC										
HEAL Africa	X									
Panzi	X									
Ethiopia										
Bahir Dar Ctr	X									
Mekelle Ctr	X									
Yirgalem HC										
Adet HCtr	X									
Dangla HC	X									
Woret HC	X									
Guinea										
Ignace Deen	X	X		X						
Jean Paul II	X	X	X	X						
Kissidougou	X	X	X	X						
Labé	X	X		X			X			
Mali										
Gao	X		X	X	X		X	X	X	X
Niger										
Dosso	X									
Issaka Gazobi	X									
Lamordé	X									
Maradi	X									
Nigeria							X[44]			
Babbar R.	X									
Ebonyi Center	X						X			

[43] A section in the Monitoring /Supervision for Service Delivery Check List.
[44] Site assessment tool used to assess potential sites in Kaduna and Bauchi states.

Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Medical Waste Management[43]	Training Strategy	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Site Assessment Tool	Fistula Standard Equipment List	Fistula Counseling Curriculum	Fistula Nursing Curriculum
Faridat Yak.	X									
Kebbi	X	X	X							
Laure Fist. C	X									
Maryam Abacha	X	X	X							
Prevention only sites :										
Sheik Jidda Hospital, Kano	X									
Takai Community HC, Kano	X									
Comp. HC, Kano	X									
Tarauni MCH , Kano	X									
Unguku MCH, Kano	X									
Muhammadu A. Wase Specialist Hosp. Kano	X									
Rwanda										
CHUK	X	X	X		X	X	X	X		
Ruhengeri	X	X	X		X		X	X		
Kanombe							X			
Sierra Leone										
Aberdeen	X									
Uganda										
Kagando	X	X	X					X		
Kitovu	X	X	X	X	X	X		X		
Mbale							X			
Total sites using tools	**36**	**12**	**11**	**6**	**4**	**3**	**7**	**5**	**3**	**1**

IV: Country Reports

Summarized below are key achievements for October 2008 through September 2009 period for each country. These reports highlight major accomplishments for the last year.



BANGLADESH

Program Background

Service start date: July 2005
Sites:

- Two private hospitals Kumudini Hospital, Mirzapur, Tangail
- LAMB Hospital, Parbatipur, Dinajpur

As of the end of December 2008, Memorial Christian Hospital is no longer participating in the project.[45] Following a site assessment conducted in December 2008 in collaboration with Dr. Ruminjo, plans are being made to add the Ad-Din Hospitals in Dhaka and Jessore. Ad-Din Dhaka will provide routine services while Ad-Din Jessore will provide periodic outreach repair services. USAID concurrence for this subaward was received at the start of FU 09/10.A trained surgeon who formerly worked at Kumudini Hospital is now working at Ad-Din in Dhaka. Funding for the two current sites was interrupted during the period December 2008 – mid-February 2009 because of delays in processing new sub-awards which sub-awards which started on February 15, 2009 under Fistula Care.

Progress to Date

July-September 2009 Activities

Fistula Repairs. During this quarter, a total of 28 women underwent surgery for fistula repair. This is a 36% increase over the previous quarter. The main reason for this increase is the presence of an expatriate surgeon (Dr. Christine Edwards) at LAMB for a one-month period, during which she was able to operate on women with complex fistulas. LAMB continues to have a backlog of complex cases, and Dr. Edwards will visit LAMB again in November 2009. Kumudini did not conduct and community outreach activities during this quarter, which contributed to a decrease in patient flow.

A total of 78 women receiving urinary repairs were undergoing their first fistula repair surgery. Seventy-seven percent of all, and 77% of those discharged during the quarter, were closed and dry (76% of urinary repairs; 100% RVF only repairs).Complication rates were 20% for this quarter, all were post-operative complications. Table BGD 1 provides detailed information about surgeries and outcomes for each site.

Training. One doctor from Kumudini Hospital received a first training in fistula repair and management at the National Fistula Center of Dhaka Medical College Hospital. Trainings in infection prevention and emergency obstetric care took place at both Kumudini and LAMB Hospitals. EmOC training covered issues related to logistics, medical responses (including procedures and medication) and referral arrangements. In addition, LAMB Hospital also conducted trainings in facilitative supervision and pelvic floor exercise. See Table BGD 3 for details on type of training and numbers of health workers trained.

[45] The trained fistula surgeon left the country and they have been unable to replace him with someone with a fistula background.

Table BGD1. Clinical Indicators by Site, October 2008 – September 2009, Bangladesh

	Kumudini[46]					Lamb[47]				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	20	21	10	9	60	9	15	8	21	53
No. requiring FRS	17	17	9	7	50	9	15	8	21	53
No. receiving FRS	**17**	**16**	**9**	**7**	**49**	**19**	**32**	**9**	**21**	**81**
% receiving FRS	**100%**	**94%**	**100%**	**100%**	**98%**	**211%**	**213%**	**113%**	**100%**	**153%**
Type of FRS performed										
---------- urinary only	17	16	9	7	49	19	31	9	20	79
---------- urinary & RVF	0	0	0	0	0	0	1	0	0	1
---------- RVF only	0	0	0	0	0	0	0	0	1	1
Among women who had urinary repair (excludes RVF only)										
---------- first repair	14	7	4	6	31	14	18	8	15	55
---------- second repair	2	6	5	1	14	5	7	0	3	15
---------- >2	1	3	0	0	4	0	7	1	2	10
% women first repair (urinary only)	**82%**	**44%**	**44%**	**86%**	**63%**	**74%**	**56%**	**89%**	**75%**	**69%**
No. discharged urinary only	15	13	10	9	47	20	22	11	20	73
No. discharged RVF only	0	0	0	0	0	0	0	0	1	1
No. discharged urinary & RVF	0	0	0	0	0	0	1	0	0	1
Total no. discharged	**15**	**13**	**10**	**9**	**47**	**20**	**23**	**11**	**21**	**75**
Outcome of FRS (urinary only & urinary/RVF)										
---------- No. closed & dry	10	9	6	5	30	14	17	8	17	56
--------- No. with closed fistula & stress incontinence	0	0	0	0	0	0	1	1	1	3
---------- No. whose fistula was not closed	5	4	4	4	17	6	5	2	2	15
% with closed fistula who are dry (urinary only & urinary/RVF)	**67%**	**69%**	**60%**	**56%**	**64%**	**70%**	**74%**	**73%**	**85%**	**76%**
Outcome of FRS (RVF only)										
---------- closed and dry	0	0	0	0	0	0	0	0	1	1

[46] The site didn't receive USAID fund from December 2008 to 14 February 2009. However, fistula activities have been continued and thus the above mentioned reports are for all the whole quarters.
[47] The site didn't receive USAID fund for the month of December 2008. However, fistula activities have been continued and thus the above mentioned report is for the whole quarter.

	Kumudini[46]					Lamb[47]				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
---------- incontinent, water stool/gas	0	0	0	0	0	0	0	0	0	0
---------- incontinent with firm stool	0	0	0	0	0	0	0	0	0	0
% with closed and dry fistula (RVF only)	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**100%**	**100%**
No. with complications after FRS	10	0	0	0	10	9	11	2	6	28
-- Major surgical complications	0	0	0	0	0	0	1	0	0	1
--Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0
--Post-operative complication related to perceived success of surgery	10	0	0	0	10	9	10	2	6	27
% with complications after FRS	**67%**	**0%**	**0%**	**0%**	**21%**	**45%**	**48%**	**18%**	**29%**	**37%**

Table BGD1. Clinical Indicators by Site, October 2008 – September 2009, Bangladesh (continued)

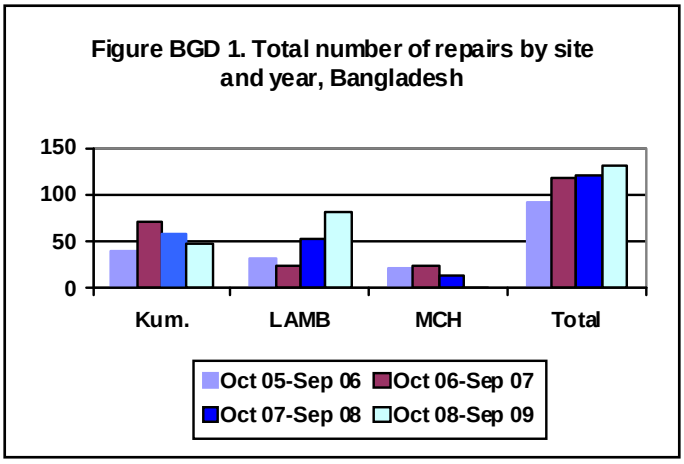
	MCH					Country Total				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	6	NS	NS	NS	6	35	36	18	30	119
No. requiring FRS	6	NS	NS	NS	6	32	32	17	28	109
No. receiving FRS	**1**	NS	NS	NS	**1**	**37**	**48**	**18**	**28**	**131**
Percent receiving FRS	**17%**	NS	NS	NS	**17%**	**116%**	**150%**	**106%**	**100%**	**120%**
Type of FRS performed		NS	NS	NS						
---------- urinary only	1	NS	NS	NS	1	37	47	18	27	129
---------- urinary & RVF	0	NS	NS	NS	0	0	1	0	0	1
---------- RVF only	0	NS	NS	NS	0	0	0	0	1	1
Among women who had urinary repair (excludes RVF only)										
---------- first repair	1	NS	NS	NS	1	29	25	12	21	87
---------- second repair	0	NS	NS	NS	0	7	13	5	4	29
---------- >2	0	NS	NS	NS	0	1	10	1	2	14
Percent women with first repair (urinary only)	**100%**	NS	NS	NS	**100%**	**78%**	**52%**	**67%**	**78%**	**67%**
No. discharged urinary only	0	NS	NS	NS	0	35	35	21	29	120
No. discharged RVF only	0	NS	NS	NS	0	0	0	0	1	1

	MCH					Country Total				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. discharged urinary & RVF	0	NS	NS	NS	0	0	1	0	0	1
Total no. discharged	**0**	NS	NS	NS	**0**	**35**	**36**	**21**	**30**	**122**
Outcome of FRS (urinary only & urinary/RVF)										
---------- No. closed & dry	0	NS	NS	NS	0	24	26	14	22	86
------- No. with closed fistula & stress incontinence	0	NS	NS	NS	0	0	1	1	1	3
---------- No. whose fistula was not closed	0	NS	NS	NS	0	11	9	6	6	32
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**0%**	NS	NS	NS	**0%**	**69%**	**72%**	**67%**	**76%**	**71%**
Outcome of FRS (RVF only)										
---------- closed and dry	0	NS	NS	NS	0	0	0	0	1	1
------- incontinent, water stool/gas	0	NS	NS	NS	0	0	0	0	0	0
---------- incontinent with firm stool	0	NS	NS	NS	0	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	**0%**	NS	NS	NS	**0%**	**0%**	**0%**	**0%**	**100%**	**100%**
No. with complications after FRS	0	NS	NS	NS	0	19	11	2	6	38
-Major surgical	0	NS	NS	NS	0	0	1	0	0	1
-Anesthesia-related	0	NS	NS	NS	0	0	0	0	0	0
-Post-operative	0	NS	NS	NS	0	19	10	2	6	37
Percent with complications after FRS	**0%**	NS	NS	NS	**0%**	**54%**	**31%**	**10%**	**20%**	**31%**

NS = Site not supported during this time period

Key Accomplishments October 2008-September 2009

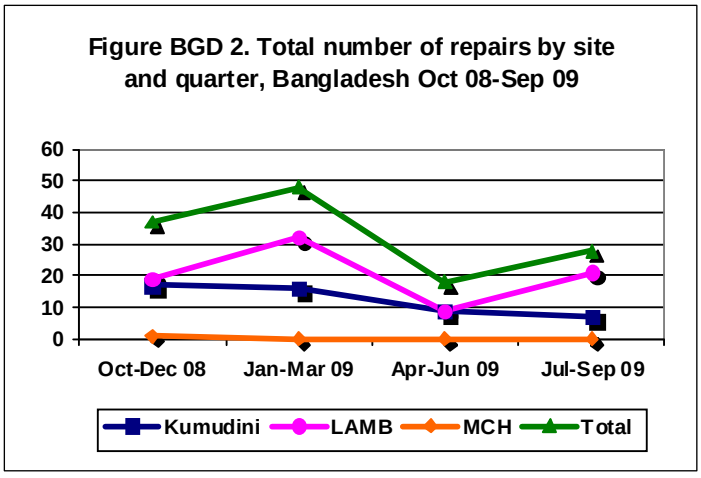
Fistula Repairs. A total of 131 women had fistula repair surgery between October 2008 and September 2009 (see Table BGD 1). This is a 7% increase overall compared to FY 07/08. The overall number of women receiving surgery exceeds the number of women presenting for surgery, which is evidence of slow progress towards eliminating the backlog of cases that exist.



The number of repairs at LAMB increased 35% compared to the previous fiscal year, largely due to increased community outreach activity and the periodic presence of an expatriate surgeon onsite to perform complex repairs. The number of repairs at Kumudini decreased 16% over the previous fiscal year due to the resignation of the experienced fistula surgeon onsite and a reduced client flow due to delays in community outreach activities. Steps have been taken to address these issues, including the recruitment and training of two additional surgeons and implementation of community outreach. Due to the departure of their one resident fistula surgeon, MCH was discontinued as a fistula care site as of December 2008. See Figures BGD 1 and 2 for additional detail about repair data over time.

Out of the 131 women repaired in FY 08/09, 87 (67%) underwent fistula surgery for the first time. Of the 122 women who were discharged after repair in FY 08/09, 71% were closed and dry at discharge, which is equal to the same percentage as FY 07/08. Thirty-two women (26%) had fistulae that were not closed after surgery, and three women had remaining stress incontinence (Figure BGD 3).

A total of 48 additional surgeries were reported at the sites during FY 08/09 (Table BGD 2).



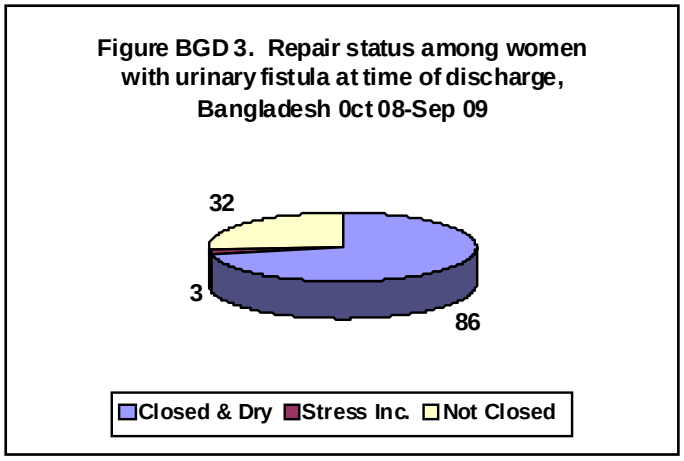


Table BGD 2. Number of Additional Surgeries for Fistula Patients, October 2008 – September 2009, Bangladesh

	Oct-Dec	Jan – March	Apr-June	Jul-Sep	FY Total
Type of Surgery by Site					
LAMB					
Ureteric Reimplantation	1		2	2	5
3rd/4th degree perineal tear repairs		3	1		4
Removal of bladder stones or foreign bodies in viscera		1		1	2
Kumudini					
3rd/4th degree perineal tear repairs		26	11		37
Total	**1**	**30**	**14**	**3**	**48**

Strengthening Capacity. Training and quality improvement activities were conducted by both Kumudini and LAMB Hospitals during FY 08/09, in order to strengthen capacity to provide quality fistula repair and prevention services.

Training. A total of 316 health care providers received training during the fiscal year. Two surgeons received their first training in fistula repair, and one surgeon received continuing training. Other trainings included 58 nurses and CHWs trained in infection prevention approaches, 45 nurses and CHWs trained in pelvic floor exercises, and 45 nurses and counselors trained in counseling for obstetric fistula and family planning. Table BGD 3 provides additional detail on the types of training conducted, and the number of providers trained.

Table BGD 3. Number of Persons Trained by Topic, October 2008 – September 2009, Bangladesh

Training Topic	Oct-Dec	Jan-Mar	Apr - Jun	Jul-Sep	FY Total
First fistula repair training for surgeons	0	0	1	1	2
Advance fistula repair training for previously trained surgeons	0	0	1	0	1
Obstetric Fistula Awareness for Community Based Organizations and NGOs	75	11	0	0	86
Comprehensive Case Management & Fistula Counseling at LAMB	16	0	0	0	16
Obstetric Fistula and Family Planning Counseling	0	20	25	0	45
Facilitative Supervision	0	0	0	12	12
Infection Prevention	0	0	0	58	58
Management of emergency obstetric services	0	0	0	45	45
Pelvic floor exercise	0	0	0	51	51
Total	**91**	**31**	**27**	**167**	**316**

Quality Improvement. Fistula monitoring data review meetings were held regularly at all the sites, during which time progress of activities was reviewed and feedback was provided to the sites regarding quarterly progress. Additionally, an EH team comprised of Dr. Joseph Ruminjo and Dr.

Apurba Chakraborty visited Kumudini Hospital for the purposes of providing facilitative supervision, with a particular focus on reviewing infection prevention and waste disposal practices.

Prevention. A flip chart on obstetric fistula for birth attendants was developed and disseminated during FY 08/09. A draft training package for emergency obstetrics was developed and is being field tested at the sites. In addition, community outreach activities were conducted by both Kumudini and LAMB Hospitals.

Community Outreach. Community outreach activities during FY 08/09 included advocacy meetings organized with the local NGO/CBO leaders of the catchment area on prevention of fistula, identification of probable cases of fistula, referral to the hospital, availability of treatment of fistula and family planning services and how the leaders can help in reintegration & rehabilitation of the patients. Additionally, a community outreach on raising awareness about blood donation was also organized in the catchment area of LAMB Hospital. See Table BGD 4 for information on number of community outreach events and number of individuals reached.

Table BGD 4. Number of Community Outreach Events and Persons Reached, October 2008 - September 2009, Bangladesh

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Advocacy meetings			1	11	3	148	7	596	**11**	**755**
Meetings with young married couples					18	715	3	96	**21**	**811**
Orientations for health workers					7	260	10	655	**17**	**915**
Community orientation							1	40	**1**	**40**
Total			**1**	**11**	**28**	**1123**	**21**	**1387**	**29**	**2521**

Family Planning. In total, 2959 individuals accepted family planning methods during the past fiscal year, and over 3200 received counseling about family planning methods (Table BGD 5). The oral pill and injectable were the most common methods distributed.

Table BGD 5. Number of FP Clients by Method and Number Counseled about FP, by site. October 2008 – September 2009, Bangladesh.

Fistula FP Methods	Kumudini Total	LAMB Total	MCH Total	Country Total
Oral Pill	295	739	50	**1084**
IUCD	0	0	0	**0**
Condom (male)	282	3	0	**285**
Condom (female)	0	0	0	**0**
Injectable	148	1219	30	**1397**
Implant	0	0	0	**0**
Tubal Ligation	40	151	2	**193**
Vasectomy	0	0	0	**0**
Foaming Tablets	0	0	0	**0**
Total FP acceptors	**765**	**2112**	**82**	**2959**
Total Number of clients counseled about FP methods	765	2112	357	**3234**

Policy. The Bangladesh Fistula Care team continues, in collaboration with local government policy makers, UNFPA and other stakeholders advocated with the Directorate General of Health Services of the Government of Bangladesh to progress with the National Task Force on Obstetric Fistula. The Task Force was formed in August 2008, and is continuing its work in facilitating coordination between the different stakeholders in country. Meetings of the National Task Force were organized in April and June 2009 and a National Strategic Vision for the prevention, treatment and rehabilitation of obstetric fistula cases is under development at this time.

BENIN

Program Background

Service start date: Subaward to Mercy Ships granted in July 2008.
Sites: Mercy Ship's *Africa Mercy* hospital ship, docked in Benin during calendar year 2009.

Key Accomplishments

January – September 2009

The *Africa Mercy*, a Mercy Ships' hospital ship, left its previous location in Liberia at the end of 2008 and will be docked in Benin through December 2009.

Fistula Repairs. Dr. Steve Arrowsmith was aboard the *Africa Mercy* to carry out fistula repairs. As shown in Table BEN1 a total of 110 fistula repairs were performed between January and September 2009. Mercy Ships had hoped to carry out a higher number of surgeries during this time period, but they experienced difficulty in locating patients despite their screening efforts. The majority of patients receiving surgery were from the rural, northern part of Benin. Efforts to identify and screen patients in upcountry locations were intensified once the initial efforts were less successful than anticipated.

Among women with a urinary and/or urinary with RVF repair, the majority were discharged with a closed and dry fistula, though the proportions varied across the three quarters from 68% to 80%. In total 23% of the patients experienced postoperative complications following surgery (e.g. large blood loss, UTI, wound breakdown). In addition to the repair surgeries, 25 ancillary surgeries were performed on women presenting at the ship, see Table BEN2. All women received counseling by a ward counselor and her staff of local counselors during their stay and through home visits.

Training. During the January-March 2009 quarter, Dr. Arrowsmith trained two Nigerian senior fistula surgeons in fistula repair, utilizing a one-on-one mentoring process. Both surgeons are poised to become master trainers in fistula repair.

Table BEN1. Fistula Repair Clinical Indicators, by Site and Quarter, October 2008-September 2009, Benin

Fistula Treatment Indicators	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	NS	66	85	0	151
No. requiring FRS	NS	51	75	0	126
No. receiving FRS	**NS**	**44**	**61**	**5**	**110**
% receiving FRS	**NS**	**86%**	**81%**	**0%**	**87%**
Type of FRS performed					
---------- urinary only	NS	43	59	5	107
---------- urinary & RVF	NS	1	1	0	2
---------- RVF only	NS	0	1	0	1
Among women who had urinary repair (excludes RVF only)					
---------- first repair	NS	30	44	4	78
---------- second repair	NS	11	12	0	23

Fistula Treatment Indicators	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
---------- >2	NS	3	4	1	8
% women first repair (urinary only)	**NS**	**68%**	**73%**	**80%**	**72%**
No. discharged urinary only	NS	34	54	19	107
No. discharged RVF only	NS	0	1	0	1
No. discharged urinary & RVF	NS	1	1	0	2
Total no. discharged	**NS**	**35**	**56**	**19**	**110**
Outcome of FRS (urinary only & urinary/RVF)					
--- No. closed & dry	NS	28	39	12	79
--- No. with closed fistula & stress incontinence	NS	4	6	2	12
--- No. whose fistula was not closed	NS	3	10	5	18
% closed fistula & dry (urinary only & urinary/RVF)	**NS**	**80%**	**71%**	**63%**	**72%**
Outcome of FRS (RVF only)					
----closed and dry	NS	0	1	0	1
----incontinent, water stool/gas	NS	0	0	0	0
---------- incontinent with firm stool	NS	0	0	0	0
% with closed and dry fistula (RVF only)	**NS**	**0%**	**100%**	**0%**	**100%**
No. with complications after FRS	NS	9	15	1	25
---- Major surgical complications	NS	3	3	0	6
---- Anesthesia-related complication	NS	0	0	0	0
----Post-operative complication related to perceived success of surgery	NS	6	13	1	20
% with complications after FRS	**NS**	**26%**	**27%**	**5%**	**23%**

NS: not supported with USAID funding.
FRS: fistula repair surgery

Table BEN2. Number of Additional Surgeries for Fistula Patients, October 2008 – September 2009, Benin

	Oct-Dec	Jan – March	Apr-June	Jul-Sep	FY Total
Type of Surgery by Site					
Examination under anesthesia	NS	4	3	0	7
Removal of bladder stones or foreign bodies in viscera	NS	1	1		2
Ureteric reimplantation	NS	3	3	0	6
Sling procedures	NS	2	0	0	2
Wound resuture	NS	1	0	0	1
Abdominal exploration	NS	2	0	0	2
Urethral lengthening and other operations for concomitant stress incontinence	NS	0	4	0	4
3rd/4th degree perineal tear repair	NS	0	1	0	1
Total	NS	**13**	**12**	0	**25**

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.

- HEAL Africa Hospital
- Panzi Hospital

Between July 2005 and April 2008, USAID-funded fistula activities were managed through a bilateral agreement with the International Rescue Committee (IRC). This relationship ended in October 2008, at which time funding was to begin through the Fistula Care Project. Delays in subaward approval and implementation resulted in suspension of funding for the first quarter of the fiscal year. Funding began at HEAL Africa and Panzi in February 2009.

Progress to Date

July-September 2009 Activities

Fistula Repairs. During this quarter, a total of 178 women underwent surgery for fistula repair: 81 at HEAL and 97 at Panzi. A backlog of cases remains at Panzi, accounting for many more women receiving surgery then presenting for surgery during the quarter. HEAL was able to repair 100% of the women who presented and required fistula repair during the quarter. Table DRC 1 provides detailed information about clinical indicators for the two sites.

Seventy-seven percent of women receiving urinary repairs were undergoing their first surgery for fistula repair, 10% underwent their second repair, and 13% had already undergone two or more previous surgeries. Incomplete data made it impossible to calculate an accurate closed and dry percentage for the quarter. Both sites had very low rates of complications, with only one complication reported for the quarter (1%).

Training. One surgeon from HEAL Africa participated in continuing training for fistula repair during the quarter. HEAL Africa conducted two trainings in obstetrical care, specifically on use of the partograph for nurses, with a total of forty nurses trained. HEAL Africa also conducted a training on C-section for five doctors and twenty nurses during the quarter. Panzi began surgical trainings this quarter that will conclude in November 2009. They will report on this training in the next quarterly report. Table DRC 2 provides information on trainings conducted in the DRC.

Table DRC 1. Clinical Indicators by Site, October 2008 – September 2009, DRC

	HEAL Africa					Panzi					Country Total				
Fistula Treatment Indicators	**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	92	46	81	219	0	0	0	84	84	0	92	46	165	303
No. requiring FRS	0	90	43	81	214	0	0	0	73	73	0	90	43	154	287
No. receiving FRS	**NS**	**90**	**43**	**81**	**214**	**NS**	**85**	**86**	**97**	**268**	**0**	**175**	**129**	**178**	**482**
Percent receiving FRS	**0%**	**100%**	**100%**	**100%**	**100%**	**0%**	**0%**	**0%**	**133%**	**367%**	**0%**	**194%**	**300%**	**116%**	**168%**
Type of FRS performed															
---------- urinary only	0	90	43	77	210	0	0	0	87	87	0	90	43	164	297
---------- urinary & RVF	0	0	0	0	0	0	0	0	1	1	0	0	0	1	1
---------- RVF only	0	n/a	0	4	4	0	0	0	9	9	0	0	0	13	13
Among women who had urinary repair (excludes RVF only)															
---------- first repair	0	38	30	67	135	0	0	0	60	60	0	38	30	127	195
---------- second repair	0	21	5	4	30	0	0	0	12	12	0	21	5	16	42
---------- >2	0	31	8	6	45	0	0	0	15	15	0	31	8	21	60
Percent women with first repair (urinary only)	**0%**	**42%**	**70%**	**87%**	**64%**	**0%**	**0%**	**0%**	**68%**	**68%**	**0%**	**42%**	**70%**	**77%**	**65%**
No. discharged after FRS (urinary only)	0	90	43	62	195	0	0	0	64	64	0	90	43	126	259
No. discharged after FRS (RVF only)	0	0	0	4	4	0	0	0	8	8	0	0	0	12	12
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0	0	0	1	1	0	0	0	1	1
Total no. discharged after FRS	**0**	**90**	**43**	**66**	**199**	**0**	**0**	**0**	**73**	**73**	**0**	**90**	**43**	**139**	**272**
Outcome of FRS (urinary only & urinary/RVF)															
---------- No. with closed fistula who are dry	0	72	35	n/a	173	0	0	0	48	48	0	72	35	48	155
---------- No. with closed fistula & stress incontinence	0	5	2	n/a	11	0	0	0	9	9	0	5	2	9	16
---------- No. whose fistula was not closed	0	13	6	n/a	25	0	0	0	8	8	0	13	6	8	27
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**0%**	**80%**	**81%**	**n/a**	**89%**	**0%**	**0%**	**0%**	**74%**	**74%**	**0%**	**80%**	**81%**	**38%**	**60%**
Outcome of FRS (RVF only)															
---------- closed and dry	0	n/a	n/a	4	4	0	0	0	8	8	0	0	0	12	12
---------- incontinent with water stool and /or flatus (gas)	0	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	0

	HEAL Africa					Panzi					Country Total				
Fistula Treatment Indicators	**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**
---------- incontinent with firm stool	0	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	**0%**	**0%**	**0%**	**100%**	**100%**	**0%**	**0%**	**0%**	**100%**	**100%**	**0%**	**0%**	**0%**	**100%**	**100%**
No. with complications after FRS	0	1	1	1	3	0	0	0	0	0	0	1	1	1	3
-- Major surgical complications	0	n/a	0	0	0	0	0	0	0	0	0	0	0	0	0
-- Anesthesia-related complication	0	n/a	0	0	0	0	0	0	0	0	0	0	0	0	0
-- Post-operative complication related to perceived success of surgery	0	1	1	0	2	0	0	0	0	0	0	1	1	0	2
Percent with complications after FRS	**0%**	**1%**	**2%**	**2%**	**2%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**1%**	**2%**	**1%**	**1%**

NS: Site not supported during this time period.
n/a: Data not available

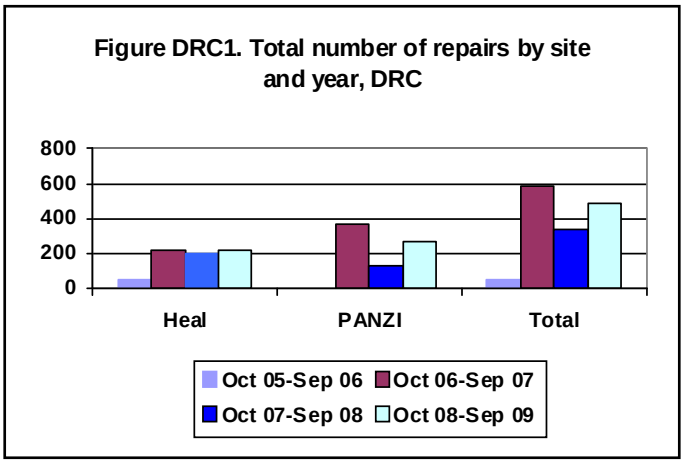
Table DRC 2. Number of Persons Trained by Topic, October 2008 – September 2009, DRC

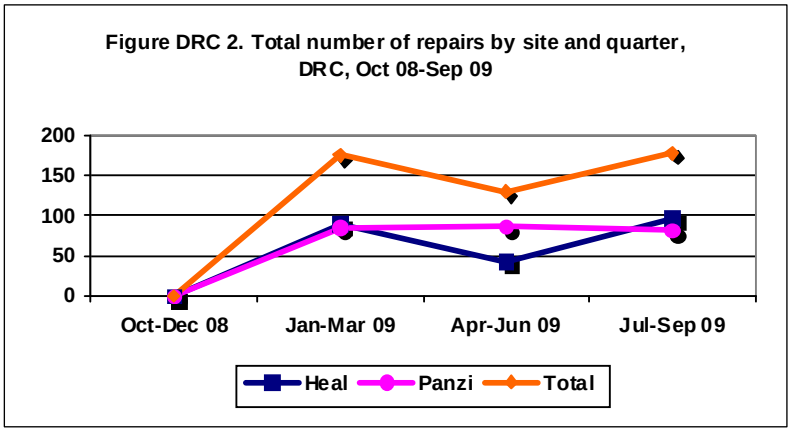
Training Topic	Oct-Dec	Jan-Mar	Apr - Jun	Jul-Sep	FY Total
Fistula Counseling (HEAL Africa)	NS	0	6	0	6
Safe Motherhood	NS	0	8	0	8
Continuing training for surgeons in fistula repair and prevention	NS	2	1	1	2*
Counseling for traumatic fistula (HEAL Africa)	NS	0	40		40
Training on partograph for nurses	NS	0	0	40	40
Training on C-section for doctors and nurses	NS	0	0	25	25
Total	NS	**2**	**55**	**66**	**121**

*Total is lower due to repeated trainings for the same individual

Key Accomplishments October 2008-September 2009

Fistula Repairs. A total of 482 women received fistula repair surgery between October 2008 and September 2009. This represents an increase of 44% from the previous year (Figure DRC1). An increase in the number of trained staff, as well as medical campaigns by outside surgeons contributed to the increase in repairs. The total number of surgeries performed by the two sites were about equal (Figure DRC 2). As indicated earlier, funding delays resulted in no repairs reported for the first quarter of FY 08/09. Both sites began reporting repairs in January 2009. The areas in which the two supported sites are located – the Kivus in Eastern Congo – have continued to experience political unrest and instability which continues to hamper program activities and reporting, with increasing need for services. Reporting difficulties resulted in incomplete data for some clinical indicators.





Panzi has been able to reduce some of its backlog of patients, while HEAL Africa was able to perform surgeries on 100% of women presenting and requiring services. Overall, 35% of women had received previous fistula repairs. Complication rates were very low at

both sites, with an overall rate of 1%. Table DRC 1 provides additional site specific information on clinical indicators.

Table DRC 3 details the additional surgeries performed at HEAL Africa between April and September 2009. The most common additional surgery performed was for uterine prolapse, followed by examination under anesthesia and urethral lengthening. This data was unavailable for HEAL Africa for the 2nd quarter, and for all quarters for Panzi during FY 08/09.

Table DRC 3. Number of Additional Surgeries for Fistula Patients, October 2008 – September 2009, DRC

	Oct-Dec	Jan – March	Apr-June	Jul-Sep	FY Total
Type of Surgery by Site					
HEAL Africa					
Examination under anesthesia	NS	0	5	6	11
Removal of bladder stones or foreign bodies in viscera	NS	0	3	1	4
Urethral lengthening	NS	0	5	4	9
Wound re-suture	NS	0	1	1	2
Uterine prolapse	NS	0	5	26	31
3rd/4th degree perineal tear repair	NS	0	6	1	7
Ureteric re-implantation	NS	0	1		1
Other	NS	0	2		2
PANZI	**Data Not Reported**				

Strengthening Capacity. Drs. Isaac Achwal and Jeanne Kabagema visited Fistula Care supported sites HEAL Africa in Goma and Panzi Hospital in Bukavu in August 2009. This site visit included follow-up technical assistance for program implementation and conducting medical monitoring including waste disposal management. It was also an orientation for Dr. Kabagema, new to the Fistula Care team, on medical monitoring for fistula services including prevention interventions. HEAL Hospital is doing commendable work in prevention, repair and reintegration of fistula clients in a difficult and challenging environment. Fistula repairs are taking place and numbers of beneficiaries are increasing. Recommendations include fistula counseling for providers, quicker turnaround for reporting, motivating providers to use partographs and procuring equipment under the subaward. Panzi repair and prevention activities are running smoothly after some delay in starting the funding mechanism. Recommendations include training for fistula counseling, equipment procurement under the subaward and infection prevention reinforcement for facility staff.

Training. During FY 08/09, 121 health providers were trained in a variety of fistula prevention and repair subjects. Two surgeons received continuing training throughout the year in fistula repair and prevention. Counseling trainings were held for general and traumatic fistula. Orientations to safe motherhood issues and general obstetrical care were carried out, as well as C-section training. Table DRC 2 provides information on training topics and number of providers trained throughout the year.

Prevention:

Family Planning. Very limited data was collected on family planning provision during the fiscal year. HEAL Africa reported on their family planning provision for the latter two quarters of FY08/09, with 59 individuals receiving family planning during that time. The most common methods distributed were the oral pill, male condoms and injectables. Table DRC 4 provides more information on family planning data.

Table DRC 4. Number of FP Clients by Method and Number Counseled about FP, by Site. October 2008 – September 2009*, DRC

Fistula FP Methods	HEAL Africa Total	Panzi Total	Country Total
Oral Pill	27	n/a	**27**
IUCD	0	n/a	**0**
Condom (male)	15	n/a	**15**
Condom (female)	0	n/a	**0**
Injectable	12	n/a	**12**
Implant	3	n/a	**3**
Tubal Ligation	2	n/a	**2**
Vasectomy	0	n/a	**0**
Foaming Tablets	0	n/a	**0**
Total FP acceptors	**59**	n/a	**59**
Total Number of clients counseled about FP methods: Not reported			

*HEAL Africa data for April – September 2009

ETHIOPIA

Program Background

Service Start Date: 2006

USAID support to Ethiopia began in 2006, with funds being provided through the ACQUIRE project to support activities implemented by ACQUIRE partner, IntraHealth International, and to directly support the work of the Addis Ababa Fistula Hospital (AAFH) in selected facilities outside of Addis Ababa. In April 2007, the USAID Mission directed funds to IntraHealth International through the Expanding Service Delivery (ESD) Project and continued direct funding to the Addis Ababa Fistula Foundation. ESD funding ended in 2008 and Fistula Care funds now support the pre-repair center work implemented by IntraHealth. Program activities in Ethiopia consist of the following:

- 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 Tigray Region. In addition, activities are supported at the Yirga Alem Center in the Southern Nations, Nationalities, and People's Region (SNNPR) for communication about prevention and treatment.

- Fistula Care 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 in their surrounding communities.

Progress to date

July-September 2009

Fistula Screening and Repairs. During this quarter, 40 women arrived at the pre repair centers seeking care for urinary incontinence; 21 women were diagnosed with fistula and were referred for surgery; an additional 17 women were referred back to Bahir Dar for continuing care following surgery in previous quarters; see Table ETH 1.

Fistula Repairs. In the July-September 2009 quarter, the two fistula hospitals carried out a total of 90 repairs, a decline from the previous period; see Table ETH2. The majority of the repairs were for urinary related fistula and 82% were first repairs; 80% of the women who were discharged had a closed and dry fistula (urinary-related only).

Training. In this quarter both the pre repair centers and the AAFH managed sites conducted training for health workers and community members on treatment and prevention for fistula. The pre repair centers trained 234 new community volunteers.

Key Accomplishments October 2008 – September 2009

Pre-Repair Centers. A total of 227 women arrived seeking treatment for urinary incontinence in FY 08/09; 57% of these women required fistula repair surgery and were referred to Bahir Dar hospital. The centers also provided care and transport for 78 women who had return appointments to the hospital for further care and treatment (Table ETH1). The number of women referred for fistula repair was lower than last year by 25% (Figure Eth 2), with the biggest declines in Adet and Dangla. The decline could be in part that awareness about fistula is quite high and the backlog of women who have suffered with fistula for many years has been addressed. Dangla reports they are seeing more women seeking treatment who have a 'new' fistula. In Adet's catchment area community outreach workers working for two NGOs (Norad and Amhara Development Association) are being funded by UNFPA. World Bank, and others for making referrals for fistula patients. This is a challenge for the project and the relationships it has established with the health extension workers (HEWs) who are now collecting payments for referrals from these NGOs. In addition, AAFH has begun radio announcements about the availability of fistula repairs outside of Addis, however no mention is made of the pre repair centers. Fistula Care will strive to inspire improve coordination and collaboration between partners in the coming year. In the last two quarters of the year the fistula mentors began to expand their outreach to new, nearby woredas where they have not previously worked in order to increase awareness and identify women in need of treatment and care.

The Fistula Mentors routinely counsel the fistula patients who are admitted to the pre repair centers about HIV and FP. During the last year, 110 fistula patients were counseled about FP after they returned from Bahir Dar and were referred to the health center for a method. Forty women were counseled about HIV and half agreed to be tested. Women who test positive are referred to the ART clinic with the health center.

Plans to expand the fistula pre repair center model to three more sites have been delayed due to planning delays at the country level. .

Figure ETH1. Total number of referrals for fistula repair surgeries by site and quarter, Ethiopia , Oct 08-Sep 09

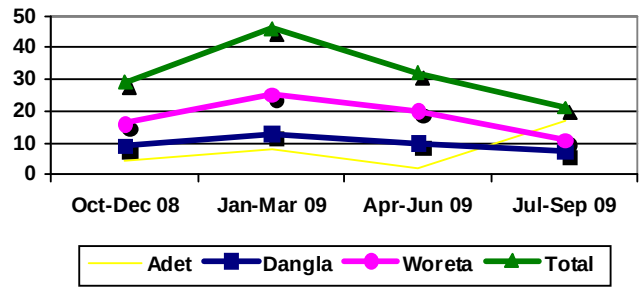


Figure ETH 2. Total number of referrals for fistula repair surgeries by site and year, Ethiopia

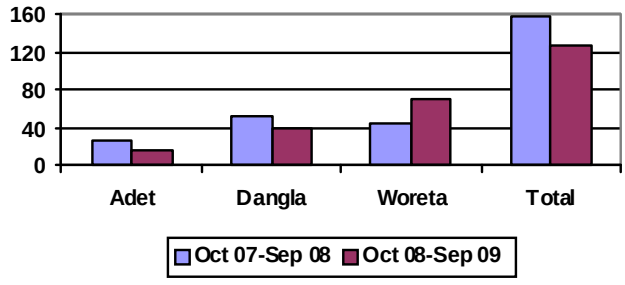


Table ETH1. Number of Women seeking, requiring and referred for fistula repair October 2008 - September 2009, by Pre Repair Centers, Ethiopia

	Adet					Dangla					Woreta					Country Total				
Fistula Screening	**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	18	19	10	14	**61**	16	20	19	**10**	**65**	24	38	23	16	**101**	58	77	52	40	**227**
No. requiring FRS	5	7	3	3	**18**	9	13	10	**7**	**39**	17	26	16	13	**72**	31	46	29	23	**129**
No. referred for Ist FRS	4	8	2	3	**17**	9	13	10	**7**	**39**	16	25	20	11	**72**	29	46	32	21	**128**
No. Referred for continuing FRS care	-	8	4	5	**17**	-	12	7	**4**	**23**	-	20	10	8	**38**	-	40	21	17	**78**
Total No. Referred	4	16	6	8	**34**	9	25	17	11	**62**	16	45	30	19	110	29	86	53	38	206

- no data available

Fistula Repair Centers. In FY 08/09, a total of 463 repairs were carried out at the two AAFH-supported hospitals. Both centers continue to experience a backlog of women waiting for services. Part of the backlog at the Bahir Dar fistula center was due the absence of the senior resident surgeon who was on an extended home leave. The majority of the repairs were first repairs. For women who had surgery and were discharged in the quarter, the majority had a closed and dry fistula. See Table ETH 2 below for details by site. We are unable to compare FY08-09 results with previous year's performance due to inconsistencies with how AAFH has reported the data on fistula surgery to USAID/Ethiopia. Under the terms of its bilateral agreement, AAFH apparently reports on all surgeries performed in support of fistula or incontinence without any disaggregation by type of surgery (e.g., auxiliary surgeries in support of fistula repair, examinations under local anesthesia, urethral lengthening, perineal tears, etc.) Since October 2008 AAFH has provided FC with reports on fistula repairs, disaggregated by type of surgery. The total number of fistula repairs performed in past years may be over reported by 15-20%.

Table ETH2. Clinical Indicators by Site, October 2008 - March 2009, Ethiopia

	Bahir Dar Ctr					Mekelle Ctr					Country Total				
Fistula Treatment Indicators	**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	224	245	218	144	831	70	111	108	67	356	294	356	326	211	1187
No. requiring FRS	117	127	131	85	460	46	75	74	40	235	163	202	205	125	695
No. receiving FRS	**64**	**86**	**86**	**61**	**297**	**42**	**44**	**51**	**29**	**166**	106	130	137	90	463
Percent receiving FRS	**55%**	**68%**	**66%**	**72%**	**65%**	**91%**	**59%**	**69%**	**73%**	**71%**	**65%**	**64%**	**67%**	**72%**	**67%**
Type of FRS performed															
---------- urinary only	58	80	78	58	274	40	42	50	28	160	98	122	128	86	434
------- urinary & RVF	2	2	2	1	7	0	0	1	0	1	2	2	3	1	8
---------- RVF only	4	4	6	2	16	2	2	0	1	5	6	6	6	3	21
Among women who had urinary repair (excludes RVF only)															
---------- first repair	49	77	77	55	258	32	31	48	16	127	81	108	125	71	385
---------- second repair	11	5	3	4	23	8	11	3	12	34	19	16	6	16	57
---------- >2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Percent women with first repair (urinary only)	**82%**	**94%**	**96%**	**93%**	**92%**	**80%**	**74%**	**94%**	**57%**	**79%**	**81%**	**87%**	**95%**	**82%**	**87%**
No. discharged urinary only	52	71	94	63	280	33	36	55	39	163	85	107	149	102	443
No. discharged RVF only	3	3	9	3	18	2	4	0	1	7	5	7	9	4	25
No. discharged urinary & RVF	4	1	4	1	10	0	0	0	0	0	4	1	4	1	10
Total no. discharged	**59**	**75**	**107**	**67**	**308**	**35**	**40**	**55**	**40**	**170**	94	**115**	**162**	**107**	**478**
Outcome of FRS (urinary only & urinary/RVF)															
-- No. closed fistula &dry	44	56	80	48	228	28	31	48	34	141	72	87	128	82	369
-- No. closed fistula & stress incontinence	9	15	15	14	53	0	0	1	0	1	9	15	16	14	54
--- No. fistula was not closed	3	1	3	2	9	5	5	6	5	21	8	6	9	7	30

	Bahir Dar Ctr					Mekelle Ctr					Country Total				
Fistula Treatment Indicators	**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**
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**79%**	**78%**	**82%**	**75%**	**79%**	**85%**	**86%**	**87%**	**87%**	**87%**	**81%**	**81%**	**84%**	**80%**	**81%**
Outcome of FRS (RVF only)															
--- closed and dry	3	2	9	3	17	1	4	0	1	6	4	6	9	4	23
--- incontinent, water stool/gas	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1
--- incontinent with firm stool	0	0	0	0	0	1	0	0	0	1	1	0	0	0	1
Percent with closed and dry fistula (RVF only)	**100%**	**67%**	**100%**	**100%**	**94%**	**50%**	**100%**	**0%**	**100%**	**86%**	**80%**	**86%**	**100%**	**100%**	**92%**
No. with complications after FRS	1	1	0	0	2	0	0	0	0	0	1	1	0	0	2
--Major surgical	0	0	0	0	0	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	1	1	0	0	2	0	0	0	0	0	1	1	0	0	2
Percent with complications	**2%**	**1%**	**0%**	**0%**	**1%**	**0%**	**0%**	**0%**	**0%**	**0%**	**1%**	**1%**	**0%**	**0%**	**0%**

FRS=fistula repair surgery

Strengthening Health Worker Knowledge about Fistula. The Fistula Mentors from Adet and Woreta Health Centers (HC) organized a one-day orientation/training and refresher for nurses, midwives, health officers and HC managers about the obstetric fistula prevention, treatment and referral mechanisms. A total of 732 health providers attended training this FY.

AAFH organized several two day training events during the year for nurses/midwives, health extension workers, and local officials to raise awareness on causes of fistula, treatment, prevention, identification and referral, care management, and safe motherhood delivery in Amhara, SNNP and Tigray regions. A total of 1,409 persons attended these events; see Table ETH 3.

Table ETH3. Number Persons Trained by Topic
October 2008 – September 2009, Ethiopia (corrected Feb. 2010)

Training Topic	Oct-Dec	Jan-Mar	Apr-June	Jul-Sep	FY Total
Pre Repair Centers Supported Training					
Refresher Prevention & Referral for nurses and health extension workers (all pre repair centers)	18	58	195	0	271
Training for health workers on prevention and referral	0	62	18	123	203
Refresher Training for community volunteers	688	185	231	649	1,A753
Training for new community volunteers	86	51	128	82	347
One month training in BEmOC (Dangla)	3	0	0	0	3
3 Month Training in CEmOC (Dangla)	2	0	0	0	2
Training for health center management personnel on fistula prevention (refresher and new)	0	53	166	34	253
AAFH Supported Training					
Safe Motherhood and fistula care	204	476	304	425	1,409
Total Trained	**1,001**	**885**	**1,042**	**1,313**	**4,241**

Enhancing Community Understanding of Fistula Prevention. Community core teams attached to each of the pre-repair centers carried out awareness raising events to address reproductive health issues, including causes, treatment and prevention of obstetric fistula. Volunteers working the three center catchment areas carried out a 3,630 community outreach meetings in a range of venues—schools, places of worship, health centers and health posts—reaching over 500,000 women and men; see Table ETH 4. Mentors at each of the pre repair centers also organized monthly meetings with the core community team members to discuss outreach plans for next quarter.

The AAFH supported sites conducted a total of 29 events in Amhara, SNNP and Tigray regions to raise awareness and sensitize local officials, community organizations, traditional birth attendants and community members about the safe motherhood issues, including causes of fistula, consequences of early marriage, how to identify and refer women with fistula and demonstration of the use of birth kits. These events reached just over 3,000 persons.

Table ETH4. Number of Community Outreach Events and Persons Reached by Health Center Catchment Areas, October 2008 – September 2009, Ethiopia

Catchment Areas	Oct-Dec		Jan - Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Adet	491	58,636	391	52,364	569	76,652	274	33375	1725	221,027
Dangla	195	68,231	153	33,210	232	38,232	279	57302	859	196,975
Woreta	246	29,562	158	23,680	357	35,206	285	22026	1046	110,474
Bahir Dar	2	113	1	97	2	1,712	4	121	9	2,043
Tigray	0	0	2	219	0	0	4	146	6	365
Yirga Alem	2	109	2	239	2	250	8	242	14	840
Total	**936**	**156,651**	**707**	**109,809**	**1162**	**152,052**	**854**	**113,212**	**3,659**	**531,724**

Supportive Supervision. In addition to the Fistula Mentors roles and responsibilities with the care and treatment of the women who have fistula, they each work in collaboration with the health center supervision teams to provide supportive supervision at health centers and health posts. During these visits they observe: how health centers manage labor and delivery with partograph, ANC follow up, family planning services, health education activities of fistula in the health center, the work of the fistula core teams and the assessment and reporting system of fistula patients in the community.

Strengthening Use of the Partograph. The mentors continue to work with the maternity ward nurses at the health centers in the correct use of the partograph. Mentors routinely review how to use and review partographs to determine whether they are completed accurately and fully, and cross-checking the partographs against the log book for accuracy. There was a marked increase in correct use of the partograph in the last year. Data which was collected between January and September showed that 666 women delivered at the health center; 354 of these women arrived already fully dilated and no partograph was used. For the remaining women, over 90% of the labors were monitored with the partograph and 80% of those partographs were completed correctly compared to 45% in FY 07/08. FC will be working with the pre repair centers in FY 09/10 to review this process and ensure it is in line with the steps we have outlined in the FC medical monitoring and supervision checklist.

Health Center Maternity Services. As reported in last year's report, efforts have been underway, through agreements with the AAFH, the Amhara Regional Health authority and the Dangla Health Woreda to establish a comprehensive emergency obstetric unit at Dangla Health Center. Renovations of the space were completed in the last FY, training for health center staff took place in the first quarter, however at the close of this year, the center is still not opened. AAFH was delayed in providing the equipment that it was supposed to provide and the MOH has not yet resolved its budgetary support. Discussions are underway to attempt to resolve the outstanding issues about budget, staffing and equipment.

Coordination and Collaboration Efforts. On the local government level, fistula mentors participate in sub- and Woreda-level health committees with Ministry of Health staff, ensuring that fistula is on the agenda and providing awareness and education at that level. This has created further support from these stakeholders for the community outreach teams, including collaboration in the supportive supervision visits to health posts and health centers.

The fistula mentor at Adet PRU met with the Woreda Women's Affairs office which had organized a meeting on women's income generation schemes. The mentor used this forum to explain the fistula project and presented messages about fistula prevention and treatment. In another meeting organized by the Woreda Council the mentor delivered her message on fistula prevention and treatment whilst encouraging women to deliver in a health facility.

At the Woreta PRU, the mentor has met with the Zonal Health Department and Zonal Women Affairs Office regarding the expansion of services in adjacent Woredas to Woreta. The officials at the Zonal level have accepted and promised to provide support to the expansion of these activities.

GUINEA

Program Background

Service start up: January 2006.
Service sites: Four public hospitals for fistula repair and three prevention sites:

- The National University Teaching hospital "Ignace Deen", Conakry
- The District Hospital of Kissidougou, Forest Region of Guinea
- Jean Paul II Maternity Hospital, Conakry
- Labé Regional Hospital, Central Region
- Level 1 fistula care (prevention): Regional hospitals of Boke, Kindia and Mamou

Labé Regional Hospital was added in FY 08/09 as were the three Level 1 sites. Faranah and N'Zerekore Regional Hospitals will be added as Level 1 (prevention) sites when training begins in 2010. Ignace Deen has 13 surgeons on site who are able to provide simple repairs, and eight surgeons able to perform medium-complex repairs, but there are currently only four pre- and post-operative beds for fistula patients. Jean Paul II and Kissidougou both have two surgeons able to perform simple repairs, and Kissidougou has one surgeon for medium-complex repairs. Jean Paul II has 31 pre- and post-operative beds available for fistula patients, while Kissidougou has 22 and 13 beds respectively. Labé currently has 16 pre- and post-operative beds available. Three surgeons are being trained to provide simple repairs during surgical repair sessions. . Repairs are conducted twice per quarter at Labé: one session conducted by a team of local experts and one conducted by GFMER experts.. Each site has at least one theater available for fistula surgery, with two theaters available at Jean Paul II.

Progress to Date

July-September 2009 Activities

Fistula Repairs. A total of 82 women had a fistula repaired in Guinea this quarter. Three of the four sites saw increases in the number of repairs conducted, while one site (Ignace Deen) reported the same number of repairs compared with the previous quarter.

All sites, except Ignace Deen, continue to have significant backlogs of patients. This backlog at Jean Paul II, Kissidougou and Labé was due to two main factors: during this period, activities were downsized due to shortage of funds, to avoid fund deficit; and with the increased community awareness about the FC program (due to media coverage, village committee work, and the reintegration program) a greater number of clients are seeking fistula care while limited beds are available at health facilities.

Overall this quarter, 86% of patients discharged were closed and dry following surgery. The vast majority of patients received urinary only repairs. Among women receiving urinary repairs, 66% were undergoing repair surgery for the first time. See Table GUI 1 for more detailed information on clinical indicators.

Training. This quarter, Fistula Care conducted training for health staff at Kissidougou, Jean Paul II, Ignace Deen, and Labé. Three surgeons received continuing training in fistula repair. Twenty health

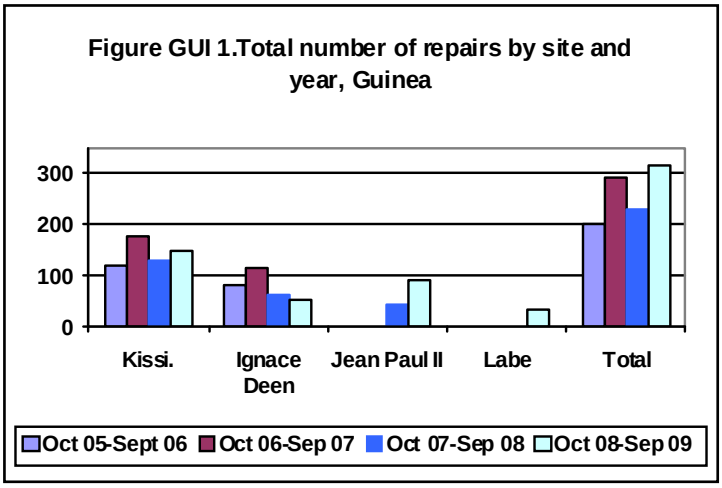
providers at Ignace Deen were trained in quality improvement for emergency obstetric care, and 11 doctors were trained in the use of data for decision making. A nursing skills follow-up training was conducted for 9 nurses at Jean Paul II and Medical Monitoring visits were conducted at Jean Paul II and Kissidougou, both of which gave special emphasis to infection prevention including medical waste management. See Table GUI3 for additional training information.

Community outreach. Seven Village Safe Motherhood committees were instituted at the newly created site of Labé. These new committees received training from the Village Safe Motherhood committees of Kissidougou, in topics including interpersonal communication skills, danger signs of pregnancy and delivery, fistula prevention and use of local radio and IEC materials to support their efforts. Three additional committees will be instituted in Labé during the next quarter. The village Safe Motherhood committees reached 346 pregnant women this quarter. The committees documented 231 births. See Table GUI 5 for additional information on the Safe Motherhood committee activities.

Reintegration. Through the social immersion program, 19 healed fistula patients were hosted by volunteer families in Kissidougou. Eleven of these women conducted 14 fistula awareness raising sessions, reaching 310 community members.

Key Accomplishments October 2008-September 2009

Fistula Repairs. A total of 316 repairs were carried out during FY 08/09. During this fiscal year, just over 40% of women receiving urinary repairs had undergone one or more previous surgeries. Of all women who were discharged after urinary fistula repairs, 85% were closed and dry at discharge, and 71% of RVF patients were closed and dry at discharge, with an overall rate of 80% (see Figure GUI3). Overall complication rates were low, only 2% of all cases.

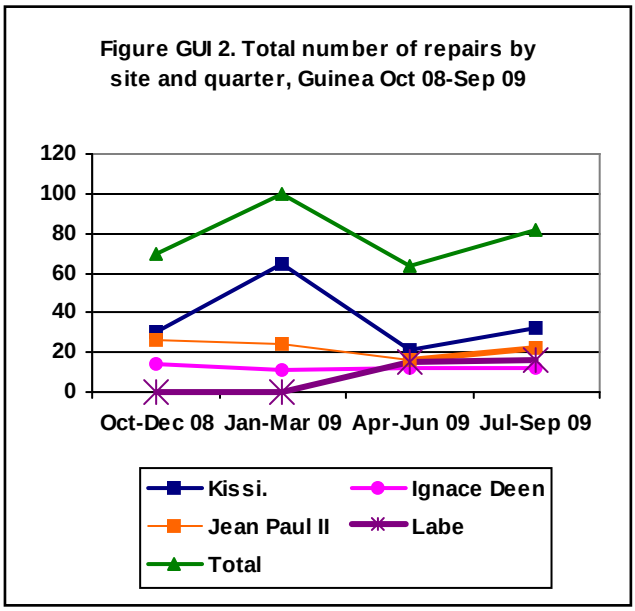


The total number of repairs increased at all sites, compared to FY 07/08, with an overall increase of 28% (see Figure GUI1). The rate of repairs at each site remained fairly steady throughout the year, with the exception of an increased number of repairs at Kissidougou in the 2nd quarter due to two surgical repair, in addition to routine repairs (see Figure GUI 2). Overall, increases were attributed to increased community awareness about the fistula care program leading to greater numbers of clients seeking services and to the addition of Labé Regional Hospital which provides repair sessions twice quarterly. All four sites have steady backlogs of women needing surgery.

This backlog is one of the biggest challenges for Guinea fistula care. The fistula steering committee has developed a timeline to address the backlogs and to improve how surgical repair activities are planned, with sessions being organized according to level of complexity. In addition, systems have

been put into place to ensure more organized and effective prescreening of fistula clients at the Level 1 fistula sites. Ignace Deen also has plans to renovate their Maternity ward to create more space for fistula patients, given that they have several surgeons on staff capable of providing repairs but a very small number of beds available for fistula patients.

Thirty additional surgeries were performed at the sites in Guinea, of which over half consisted of examination under anesthesia. See Table GUI 2 for more detailed information.



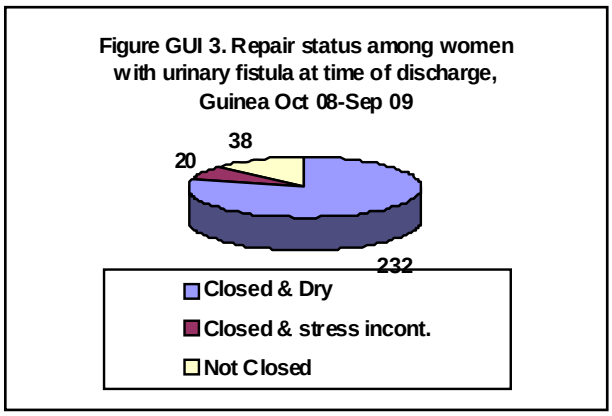


Table GU11. Fistula Repair Clinical Indicators, by Site and Quarter, October 2008 thru September 2009, Guinea

	Ignace Deen					Jean Paul II				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	16	15	17	13	61	40	49	40	53	182
No. requiring FRS	16	11	12	12	51	35	45	38	51	169
No. receiving FRS	**14**	**11**	**12**	**12**	**49**	**26**	**24**	**16**	**22**	**88**
% receiving FRS	**88%**	**100%**	**100%**	**100%**	**96%**	**74%**	**53%**	**42%**	**43%**	**52%**
Type of FRS performed										
---------- urinary only	13	10	10	11	44	26	15	16	19	76
---------- urinary & RVF	0	1	0	0	1	0	7	0	2	9
---------- RVF only	1	0	2	1	4	0	2	0	1	3
Among women who had urinary repair (excludes RVF only)										
---------- first repair	5	5	5	7	22	7	8	9	11	35
---------- second repair	2	4	2	2	10	16	8	5	7	36
---------- >2	6	2	3	2	13	3	6	2	3	14
% women first repair (urinary only)	**38%**	**45%**	**50%**	**64%**	**49%**	**27%**	**36%**	**56%**	**52%**	**41%**
No. discharged urinary only	13	8	6	15	42	26	15	16	19	76
No. discharged RVF only	1	0	2	1	4	0	2	0	1	3
No. discharged urinary & RVF	0	0	0	0	0	0	7	0	2	9
Total no. discharged	**14**	**8**	**8**	**16**	**46**	**26**	**24**	**16**	**22**	**88**
Outcome of FRS (urinary only & urinary/RVF)										
---------- No. closed & dry	10	7	5	10	32	19	14	14	19	66
---------- No. with closed fistula & stress incontinence	1	0	0	2	3	3	4	0	0	7
---------- No. whose fistula was not closed	2	1	1	3	7	4	4	2	2	12
% with closed fistula who are dry (urinary only & urinary/RVF)	**77%**	**88%**	**83%**	**67%**	**76%**	**73%**	**64%**	**88%**	**90%**	**78%**
Outcome of FRS (RVF only)										
---------- closed and dry	1	0	0	1	2	0	2	0	1	3
---------- incontinent, water stool/gas	0	0	0	0	0	0	0	0	0	0
---------- incontinent with firm stool	0	0	2	0	2	0	0	0	0	0
% with closed and dry fistula (RVF only)	**100%**	**0%**	**0%**	**100%**	**50%**	**0%**	**100%**	**0%**	**100%**	**100%**

	Ignace Deen					Jean Paul II				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. with complications after FRS	0	0	0	0	0	1	0	0	1	2
- Major surgical complications	0	0	0	0	0	0	0	0	1	1
- Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0
- Post-operative complication related to perceived success of surgery	0	0	0	0	0	1	0	0	0	1
% with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**4%**	**0%**	**0%**	**5%**	**2%**

Table GU11, continued

	Kissi					Labé					Country Total				
Fistula Treatment Indicators	**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	44	111	34	68	257	0	0	131	143	274	100	175	222	277	774
No. requiring FRS	44	104	34	68	250	0	0	119	131	250	95	160	203	262	720
No. receiving FRS	**30**	**65**	**21**	**32**	**148**	**0**	**0**	**15**	**16**	**31**	**70**	**100**	**64**	**82**	**316**
% receiving FRS	**68%**	**63%**	**62%**	**47%**	**59%**	**0%**	**0%**	**13%**	**12%**	**12%**	**74%**	**63%**	**32%**	**31%**	**44%**
Type of FRS performed															
---------- urinary only	30	63	21	31	145	0	0	15	16	31	69	88	62	77	296
---------- urinary & RVF	0	2	0	1	3	0	0	0	0	0	0	10	0	3	13
---------- RVF only	0	0	0	0	0	0	0	0	0	0	1	2	2	2	7
Among women who had urinary repair (excludes RVF only)															
---------- first repair	22	45	11	25	103	0	0	13	10	23	34	58	38	53	183
---------- second repair	6	11	7	5	29	0	0	2	5	7	24	23	16	19	82
---------- >2	2	9	3	2	16	0	0	0	1	1	11	17	8	8	44
% women with first repair (urinary only)	**73%**	**69%**	**52%**	**78%**	**70%**	**0%**	**0%**	**87%**	**63%**	**74%**	**49%**	**59%**	**61%**	**66%**	**59%**
No. discharged urinary only	30	32	52	16	130	0	0	15	16	31	69	55	89	66	279
No. discharged RVF only	0	0	0	0	0	0	0	0	0	0	1	2	2	2	7
No. discharged urinary & RVF	0	2	0	0	2	0	0	0	0	0	0	9	0	2	11
Total no. discharged	**30**	**34**	**52**	**16**	**132**	**0**	**0**	**15**	**16**	**31**	**70**	**66**	**91**	**70**	**297**
Outcome of FRS															

	Kissi					Labé					Country Total				
Fistula Treatment Indicators	**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**
(urinary only & urinary/RVF)															
- No. closed & dry	27	29	40	14	110	0	0	9	15	24	56	50	68	58	232
-No. with closed fistula & stress incontinence	1	2	4	0	7	0	0	3	0	3	5	6	7	2	20
- No. whose fistula was not closed	2	3	8	2	15	0	0	3	1	4	8	8	14	8	38
% with closed fistula who are dry (urinary only & urinary/RVF)	**90%**	**85%**	**77%**	**88%**	**83%**	**0%**	**0%**	**60%**	**94%**	**77%**	**81%**	**78%**	**76%**	**85%**	**80%**
Outcome of FRS (RVF only)															
-closed and dry	0	0	0	0	0	0	0	0	0	0	1	2	0	2	5
-incontinent, water stool/gas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-incontinent with firm stool	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
% with closed and dry fistula (RVF only)	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**100%**	**100%**	**0%**	**100%**	**71%**
No. with complications after FRS	0	1	2	0	3	0	0	2	0	2	1	1	4	1	7
-Major surgical complications	0	1	0	0	1	0	0	0	0	0	0	1	0	1	2
-Anesthesia-related complication	0	0	0	0	0	0	0	1	0	1	0	0	1	0	1
-Post-operative complication related to perceived success of surgery	0	0	2	0	2	0	0	1	0	1	1	0	3	0	4
% with complications after FRS	**0%**	**3%**	**4%**	**0%**	**2%**	**0%**	**0%**	**13%**	**0%**	**6%**	**1%**	**2%**	**4%**	**1%**	**2%**

Table GUI 2. Number of Additional Surgeries for Fistula Patients, October 2008 – September 2009, Guinea

	Oct-Dec	Jan – March	Apr-June	Jul-Sep	FY Total
Type of Surgery by Site					
Jean Paul II					
Examination under anesthesia	11	0	0	0	11
Removal of bladder stones or foreign bodies in viscera	1	1	0	0	2
Ureteric re-implantation	1	0	0	0	1
Colostomy and reversal colostomy	0	0	0	2	2
Ignace Deen					
3rd/4th degree perineal tear repair	0	0	1	0	1
Colostomy and reversal colostomy	0	0	2	1	3
Labé					
Examination under anesthesia	0	0	5	0	5
Urethral lengthening	0	0	1	0	1
Kissidougou					
Removal of bladder stones or foreign bodies in viscera	0	1	0	0	1
Urethral lengthening	0	2	1	0	3
Total	**13**	**4**	**10**	**3**	**30**

Strengthening Capacity. In May 2009, The Regional Hospital of Labé was officially inaugurated as a new Fistula Care site. This is the main referral hospital for the middle Guinea region (Fouta Djallon). Efforts are underway to build its capacity to provide quality services to repair and care for women with obstetric and traumatic gynecological fistula. The first repair session was held in June 2009.

Training. A total of 222 health care providers were trained during FY 08/09. Three surgeons received their first fistula repair trainings, and 14 surgeons received continuing training in fistula repair. Providers were trained in infection prevention, pre-and post-operative management, fistula counseling, emergency obstetric care, and use of data for decision making. See Table GUI 3 for additional training details.

Table GUI 3. Number of Persons Trained by Topic, October 2008 – September 2009, Guinea (corrected Feb 2010)

Training Topic	Oct-Dec	Jan-Mar	Apr - Jun	Jul-Sep	FY Total
First fistula repair training for surgeons	0	0	3	0	3
Advance fistula repair training for previously trained surgeons	11	11	11	3	14*
Pre – and post-operative management for nurses	0	22	16	9	60
Monitoring and supervision	0	35	17	0	52
Fistula counseling	0	10	0	0	10
Family Planning counseling	0	0	14	0	14
Infection prevention	0	30	0	21	51
Data for Decision Making	0	0	0	11	11
Quality Improvement for Emergency Obstetrical Care	0	0	0	20	20
Total	**11**	**108**	**61**	**64**	**222**

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

Quality Improvement. In August 2009 a Quality Improvement in Emergency Obstetric Care activity was conducted with 20 maternity ward staff of Ignace Deen Hospital in Conakry led by Mieko McKay from EngenderHealth NY and Dr. Sita Millimono of EngenderHealth Guinea office.

In May 2009, a Facilitative Supervision training session was conducted in Labé, for 17 selected supervisors from the FC sites. The training was led by Ms. Mieko McKay and Dr. Sita Milimono. As part of this session, a new module on data for decision making was field tested.

In December 2008, a joint team composed of Dr Sita Millimono from EH and Dr Ferida Mara from the Ministry of Health conducted a rapid assessment of 2 Fistula level I sites: The Regional Hospital of Kindia and Boke. The team used a specific tool derived from the FC Site Assessment Tool; priority focus was on the Maternity and FP services.

In order to ensure that the level I sites appropriately monitor labor and provide timely emergency response for prolonged/obstructed labor, working sessions have been held with Namory Keita, head of the maternity service of the University Teaching Hospital of Donka (Conakry) to develop training modules on practices of catheterization, partograph and C-sections. The modules will be finalized shortly, and training is expected to take place throughout FY 09/10.

Medical monitoring visits took place at Jean Paul II and Kissidougou, with special attention paid to infection prevention protocols, including medical waste management.

Prevention. A very successful Fistula Day was held in Labé in May 2009, to coincide with the inauguration of the new site and raise awareness within the community and among key decision makers. Attendees included representatives from the Ministries of Health, Social Affairs and Decentralization, USAID, the US Embassy, Peace Corps, UNFPA, WHO and several civil society organizations.

New informational materials were developed in Guinea which included brochures, IEC/BCC aids and posters on fistula care.

Community Outreach. There are now a total of 19 Village Safe Motherhood Committees: 12 in Kissidougou and 7 in Labé. Three additional committees are expected to be added in Labé in the first quarter of FY 09/10. Members of these 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. The volunteers also collect data on maternal deaths and births in the community which is shared with the regional health division. Community outreach activities involving the committees reached a total of 3,633 people during the fiscal year, with 1826 pregnant women reached through sensitization meetings. Over 1100 of these women attended at least one prenatal care visit. See Tables GUI 4 and GUI 5 for more detailed information on the work of the committees.

Table GUI 4. Number of Community Outreach Events and Persons Reached, October 2008 - September 2009, Guinea

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Collection of statistics on village activities (advocacy)	1	77	0	0	0	0	0	0	**1**	**77**
Social immersion activities and follow up of Village Committees	0	0	3	864	3	1111	6	1581	**12**	**3556**
Total	**1**	**77**	**3**	**864**	**3**	**1111**	**6**	**1581**	**13**	**3633**

Table GUI 5. Safe Motherhood Committee Activities, Kissidougou and Labé* Regions by Quarter, October 2007 thru September 2008, Guinea

Safe Motherhood Committee Activities	Oct-Dec	Jan - Mar	Apr-Jun	Jul-Sep	FY Total
#women reached at sensitization meetings	303	326	559	638	**1826**
# women attending prenatal					
1st visit	287	306	230	309	**1132**
2nd visit	209	268	186	217	**880**
3rd visit	103	181	104	125	**513**
4th visit	20	82	32	46	**180**
# women receiving Tetanus Toxin					
1st injection	275	292	216	296	**1079**
2nd injection	187	201	116	152	**656**

*Labé Committee activity began in the 4th Quarter (July-September)

Family Planning. In total, 912 individuals accepted family planning methods and over 1100 received counseling about family planning methods. Injectables and oral pills were the most popular methods selected by clients (see Table GUI 6 for additional information, by site).

Table GUI 6. Number of FP Clients by Method and Number Counseled About FP, by Site and Quarter. October 2008 – September 2009, Guinea.

Fistula FP Methods	Boke Total	Ignace Deen Total	Jean Paul II Total	Kindia Total	Kissi Total	Labé Total	Mamou Total	Country Total
Oral Pill	25	127	17	12	125	16	1	**323**
IUCD	0	97	10	3	23	3	0	**136**
Condom (male)	27	2	2	0	0	0	5	**36**
Condom (female)	0	0	0	0	0	0	0	**0**
Injectable	56	165	19	23	116	16	3	**398**
Implant	0	0	0	0	0	0	0	**0**
Tubal Ligation	0	0	0	2	17	0	0	**19**
Vasectomy	0	0	0	0	0	0	0	**0**
Foaming Tablets	0	0	0	0	0	0	0	**0**
Total FP acceptors	**108**	**391**	**48**	**40**	**281**	**35**	**9**	**912**
Total Number of clients counseled about FP methods	77	448	136	33	407	74	0	**1175**

Policy. FC/Guinea continues to work on organizing a national fistula taskforce involving all stakeholders to support policy for fistula, norms and standards for fistula care and to raise funds for fistula activities. The Guinea/FC team co sponsored the second annual National Fistula Day in Labé in May 2009 to coincide with the inauguration of the new sites. The event included a site launch ceremony presided by the Mayor of Labé with speeches by the representatives of USAID, the Governor of Labé and the representative of the Minister of Women, Children and Family Affairs. Testimonies from repaired fistula survivors were also part of the ceremony.

MALI

Program Background

Service start date: October 2008
Sites: Gao Regional Hospital

The fistula project in Mali is implemented by IntraHealth as a partner on the Fistula Care Project. Technical support and project oversight is provided by EngenderHealth. Although Gao Hospital is the principal site supported by Fistula Care, quality of fistula services training has included staff from other facilities providing fistula services in Mopti, Segou and Point G National Hospital in Bamako .

Progress to Date

July-September 2008 Activities

Fistula Repairs. During this quarter, a total of 14 women received fistula repair surgery. Only 29% of patients were receiving their first fistula repair, with the remaining 71% of women receiving second repairs. Of the 18 women discharged during the quarter, 100% were closed and dry at time of discharge. There were no complications reported during the quarter. Table MAL 1 provides additional detail on the clinical indicators for surgeries at Gao Hospital.

The high number of second repairs during the quarter was cause for concern as to why so many of the initial repairs were unsuccessful. The first repair session at Gao was organized by Medecins san Frontiers using a German surgeon who was capable of doing simple to moderate repairs. The Fistula Care collaborated with MSF by supporting the participation of the national fistula surgeon, Prof. Ouatarra who performed the majority of complex repairs and provided training for the local surgeons at Gao during this session. Unfortunately, a significant number of repairs failed during the first camp and therefore these clients had to undergo a second surgery during the second camp with Prof. Ouattara and local staff that was supported by Fistula Care. This resulted in a higher percentage of second repairs during this quarter. Based on conclusions that the quality of the earlier repairs was not at an acceptable level, Fistula Care has decided not to partner with MSF in the future when conducting repair sessions. The two organizations will continue to cooperate and collaborate on a national level regarding the fistula strategy for Mali.

Three surgeons from Gao Hospital received continuing training in fistula repair during the quarter. Two fistula counseling trainings were held during the quarter: a training of trainers held in Bamako for 17 providers with technical support from the FC global team (Levant Cagatay and Mieko McKay); and a fistula counseling training for 19 providers held at Gao Hospital. Table MAL 3 provides additional detail on trainings conducted.

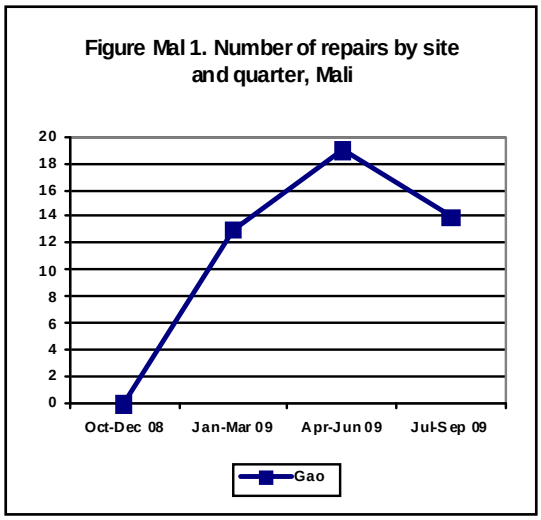
Table MAL 1. Fistula Repair Clinical Indicators by Site and Quarter, October 2008 through September 2009, Mali

	Gao Regional Hospital				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	NS	51	22	21	94
No. requiring FRS	NS	31	19	14	64
No. receiving FRS	**NS**	**13**	**19**	**14**	**46**
Percent receiving FRS	**NS**	**42%**	**100%**	**100%**	**74%**
Type of FRS performed					
---------- urinary only	NS	6	17	12	35
---------- urinary & RVF	NS	2	0	2	4
---------- RVF only	NS	5	2	0	7
Among women who had urinary repair (excludes RVF only)					
---------- first repair	NS	7	13	4	24
---------- second repair	NS	1	3	10	14
---------- >2	NS	0	1	0	1
Percent women with first repair (urinary only)	**NS**	**88%**	**76%**	**29%**	**62%**
No. discharged urinary only	NS	0	6	17	23
No. discharged RVF only	NS	0	6	1	7
No. discharged urinary & RVF	NS	0	2	0	2
Total no. discharged	**NS**	**0**	**14**	**18**	**32**
Outcome of FRS (urinary only & urinary/RVF)					
---------- No. closed & dry	NS	0	5	17	22
---------- No. with closed fistula & stress incontinence	NS	0	3	0	3
---------- No. whose fistula was not closed	NS	0	0	0	0
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**NS**	**0%**	**63%**	**100%**	**88%**
Outcome of FRS (RVF only)					
---------- closed and dry	NS	0	6	1	7
---------- incontinent, water stool/gas	NS	0	0	0	0
---------- incontinent with firm stool	NS	0	0	0	0
Percent with closed and dry fistula (RVF only)	**NS**	**0%**	**100%**	**100%**	**100%**
No. with complications after FRS	NS	0	0	0	0
-- Major surgical complications	NS	0	0	0	0
-- Anesthesia-related complication	NS	0	0	0	0
-- Post-operative complication related to perceived success of surgery	NS	0	0	0	0
Percent with complications after FRS	**NS**	**0%**	**0%**	**0%**	**0%**

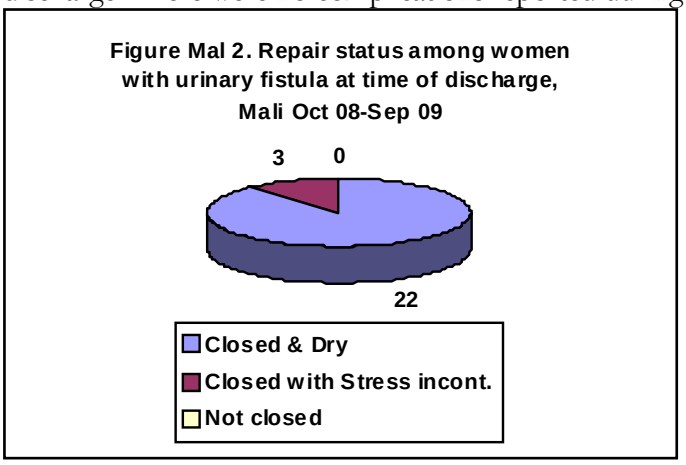
FRS=fistula repair surgery

Key Accomplishments October 2007-September 2008

Fistula Repairs. A total of 46 women had fistula repair surgery in Mali during FY 08/09 (see Table MAL 1). Since this is the first fiscal year of support to Mali, there is no previous annual data for comparison. Figure MAL 1 shows the distribution of repairs over the course of FY 08/09, Gao did not begin providing repairs until the second quarter. Overall, 62% of women undergoing surgery during the year were receiving their first repairs. The high number of women requiring second repairs during the fourth quarter and the resulting actions are discussed above.



Of the 32 women discharged during the year, 91% were closed and dry at time of discharge (88% of urinary repairs and 100% of RVF only repairs). Three women had remaining stress incontinence at time of discharge. There were no complications reported during any of the quarters (FIG MAL 2).



A total of 13 additional surgeries were performed during FY 08/09 (see Table MAL 2). The most common surgery was urethral lengthening or other operation for concomitant stress incontinence.

Table MAL 2. Number of Additional Surgeries for Fistula Patients, October 2008 – September 2009, Mali

	Oct-Dec	Jan – March	Apr-June	Jul-Sep	FY Total
Type of Surgery by Site					
GAO Hospital					
Examination under anesthesia	NS	0	0	0	
Prolapse associated with fistula	NS	1	0	0	**1**
Ureteric re-implantation	NS	2	0	0	**2**
Removal of bladder stones or foreign bodies in the viscera	NS	0	1	0	**1**
Urethral lengthening or other operation for concomitant stress incontinence	NS	0	6	0	**6**
3rd or 4th degree perineal tear repairs	NS	0	1	2	**3**
Total	NS	**3**	**8**	**2**	**13**

Strengthening Capacity. This year, Fistula Care staff from the New York and Guinea offices conducted a field visit in Mali to support the country project to initiate clinical fistula services in the region of Gao by conducting a needs assessment at Gao Hospital. The report of this assessment was finalized and concluded that Gao Hospital had the basic equipment, space and sufficient staff to provide fistula repair services for simple to moderate repairs on a routine basis. However, they were in need of some minor equipment and training in fistula repair, counseling and nursing care to provide these services.

To this end, the project collaborated with Médecins sans Frontiers to support a 10 day treatment and training camp at Gao Hospital. Following this camp, FC supported two fistula repair trainings at Gao Hospital in June and September 2009. These camps provided both didactic and practical training to surgeons, nursing staff and the anesthetist. In addition, the project supported training in fistula counseling at the national level, which included staff and NGOs supporting fistula services from Gao, Mopti, Segou and Point G hospital in Bamako.

This training was followed by a cascade training of health providers at the regional level in Gao. A total of 91 health providers have been trained during FY 08/09. See Table MAL 3 for detailed information on training topics and number of providers trained.

Table MAL 3. Number of Persons Trained by Topic, October 2008 – September 2009, Mali

Training Topic	Oct-Dec	Jan-Mar	Apr – Jun	Jul-Sep	FY Total
Training in Fistula Repair (first training)	NS	2	0	0	2
Follow-Up Fistula Repair training	NS	1	3	3	3*
Fistula prevention training for providers at CSREF in Gao	NS	0	50	0	50
Training of Trainers in fistula counseling	NS	0	0	17	17
Fistula counseling training	NS	0	0	19	19
Total	NS	**3**	**53**	**39**	**91**

*Total represents number of individuals trained

The project has also introduced indicators concerning fistula and has reinforced the capacity of Gao Hospital to collect data on these key indicators. The project also collected data on family planning use at Gao. Orientation on fistula and ways to prevent fistula was provided to the graduating class of the Nursing School of Gao. The project will adapt and translate the Fistula Care nursing curriculum to be used with subsequent classes. Orientation in quality improvement was held for all staff in September 2009, which focused on the roles and responsibilities of all staff in ensuring quality and availability of services.

Prevention:

Community Outreach. The project has sub-contracted a local NGO, GREFFA, to support awareness raising at the community level and at the facility level of fistula, and recruitment of fistula cases. GREFFA has organized meetings and debates concerning fistula at the community level and also regionally. The regional events have been publicized on local radio. Table MAL 4 provides information on outreach activities and number of persons reached.

Table MAL 4. Number of Community Outreach Events and Persons Reached, October 2008 - September 2009, Mali

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Community education on fistula prevention	NS	NS	2	240	36	1800	1	450	**39**	**2490**
Fistula orientation for nursing school students	NS	NS	0	0	1	103	**0**	**0**	**1**	**103**
Total			**2**	**240**	**37**	**1903**	**1**	**450**	**40**	**2593**

Family Planning. Data was collected on the number of clients counseled for and receiving family planning during FY 08/09. This data is presented in Table MAL 5. The data recorded for the January-March quarter includes data for the entire district, while the April – September period reports only on Gao Hospital. The main methods provided at Gao are the IUD, injectables and the oral pill. However, most family planning provision does not take place at the hospital level, but rather at the more local CScoms and CSrefs within the region. In the coming year the project will support cascade training in fistula prevention including EmOC and family planning at 4 CSRefs in the region of Gao.

Table MAL 5. Number of FP Clients by Method and Number Counseled about FP, Gao, October 2008 – September 2009, Mali.

Fistula FP Methods	FY Total
Oral Pill	229
IUCD	6
Condom (male)	1554
Condom (female)	0
Injectable	264
Implant	0
Tubal Ligation	0
Vasectomy	0
Foaming Tablets	1
Total FP acceptors	**2054**
Total Number of clients counseled about FP methods	444

Policy/Advocacy. This year the project staff participated in a week long meeting to develop the national strategy for fistula spearheaded by UNFPA and the MOH, and in collaboration with regional hospitals and partners supporting fistula activities nationwide. A strategy was developed and finalized by UNFPA and the MOH and recommendations were made: notably, that a national fistula coordinator should be designated by the MOH to oversee all in country fistula activities, particularly training. Per the strategy, each region is required to develop an annual plan of action for fistula

according to its available resources to do so. As a result of this, Gao developed a plan of action for 2009 with input from the Gao Hospital administrative and clinical staff, FC and other partners working in the region. This plan of action covered fistula repair services, prevention and reintegration activities. One challenge that has been noted is that the designated focal point for fistula in the National Direction for Health has recently changed post, and has not been replaced.

The fistula project supported the Regional Director of Health to organize a stakeholders' meeting to create a regional steering committee and to review the regional plan of action to engage all stakeholders in the plan of action. The committee was formed along with the mission and terms of reference for the committee and a technical sub-committee were also created to facilitate the coordination of technical/clinical activities. The regional plan was revised and stakeholders agreed to support certain activities. Notably, FC and Médecins sans Frontiers (MSF) will support training in fistula repair and will also support the cost of repairing over 75 fistula cases in 2009. A local NGO (GREFFA) will support recruitment of fistula cases and reintegration activities. The Norwegian Church is also supporting the construction of a space for fistula clients to wait for their repair surgery. There were challenges in terms of coordination between partners supporting fistula repair services/training so in-depth discussions of partner collaboration to support fistula repair and training in repair were held to improve this coordination. The fistula care project developed and shared a training strategy for 2009 based on these discussions. In addition, a stakeholders' meeting was held in July 2009 to discuss the state of fistula eradication globally and nationally and to discuss the possibility of creating a national network for the eradication of fistula. In the coming year the project will provide technical assistance to the MOH to develop national norms and protocols for fistula service delivery.

NIGER

Program Background

Service start up: July 2007
Sites: Four public hospitals:

- **Fistula Treatment**:
  - Dosso Regional Hospital
  - Lamordé National Hospital, Niamey
  - Maradi Regional Hospital
- **Fistula Prevention**:
  - Issaka Gazoby Maternity Hospital, Niamey

Le Réseau Pour l'Eradication des Fistules (REF) is Fistula Care's in-country managing partner. A subward was granted to REF in November 2008[48] which provides support to four public hospitals. The Issaka Gazoby Maternity Hospital in Niamey continued to serve as a prevention site in this FY. While four surgeons from this site have been trained in fistula repair, the maternity reference hospital is chronically inundated by women requiring emergency cesarean sections and is not sufficiently staffed or organized to provide non-emergency surgeries.

Of the three facilities offering fistula repair, Lamordé and Maradi have at least three trained surgeons on staff and can undertake complex repairs. Dosso Regional Hospital has historically had just one gynecologist who struggled to schedule fistula repairs in the midst of her overall workload, and REF successfully lobbied the Ministry of Public Health to transfer two additional surgeons Dosso at the end of the fiscal year. These surgeons are being trained in fistula repair and will assist Dosso to provide simple repairs. Complex fistula cases will continue to be referred to Lamordé. Dosso and Maradi each have one theater available for fistula surgery while Lamordé has two theaters**.** Lamordé and Maradi offer routine services, scheduling two to three fistula clients per week or as needed.

Progress to Date

July-September 2009

Fistula Repairs. This quarter, a total of 16 fistula repairs were performed at two sites (Dosso and Lamordé); no repairs were conducted at Maradi because the hospital was undergoing major renovations and did not provide any non-emergency services. Two-thirds of these surgeries were the patient's first repair. While Maradi did not perform any surgery this quarter, 28 women who had received services in the last quarter were discharged this quarter. In total 43 women (40 urinary only, 2 urinary and RVF, and 1 RVF only) were discharged in the quarter. Among the 42 women with a urinary related fistula, nearly two-thirds were discharged with a closed and dry fistula (see Table NGR1). Sixteen women who had surgery also underwent examination under local anesthesia (see Table NGR2).

[48] While the subaward was issued in November, funds were not advanced until January 2009.

Table NGR1. Clinical Indicators by Site, October 2008-September 2009, Niger

	Dosso					Lamordé					Maradi					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	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	0	13	17	n/a	30	n/a	20	39	20	79	n/a	15	42	17	74	0	48	98	37	183
No. requiring FRS	0	11	16	n/a	27	32	20	30	16	98	31	13	42	17	103	63	44	88	33	228
No. receiving FRS	**0**	**3**	**3**	**9**	**15**	**32**	**15**	**30**	**7**	**84**	**3**	**16**	**40**	**0**	**59**	**35**	**34**	**73**	**16**	**158**
% receiving FRS	**0%**	**27%**	**19%**	**0%**	**56%**	**100%**	**75%**	**100%**	**44%**	**86%**	**10%**	**123%**	**95%**	**0%**	**57%**	**56%**	**77%**	**83%**	**48%**	**69%**
Type of FRS performed																				
--- urinary only	0	3	3	9	15	32	15	29	7	83	3	15	36	0	54	35	33	68	16	152
-- urinary & RVF	0	0	0	0	0	0	0	1	0	1	0	0	3	0	3	0	0	4	0	4
---RVF only	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2	0	1	1	0	2
Among women who had urinary repair (excludes RVF only)																				
--first repair	0	2	3	6	11	10	7	12	4	33	3	6	10	0	19	13	15	25	10	63
---second repair	0	1	0	3	4	4	3	4	2	13	0	2	17	0	19	4	6	21	5	36
---- >2	0	0	0	0	0	18	5	14	1	38	0	7	12	0	19	18	12	26	1	57
% women first repair (urinary only)	**0%**	**67%**	**100%**	**67%**	**73%**	**31%**	**47%**	**40%**	**57%**	**39%**	**100%**	**40%**	**26%**	**0%**	**33%**	**37%**	**45%**	**35%**	**63%**	**40%**
No. discharged urinary only	0	1	5	9	15	25	22	29	7	83	1	3	26	24	54	26	26	60	40	152
No. discharged RVF only	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	0	0	1	1	2
No. discharged urinary & RVF	0	0	0	0	0	0	0	1	0	1	0	0	1	2	3	0	0	2	2	4
Total no. discharged	**0**	**1**	**5**	**9**	**15**	**25**[49]	**22**	**30**	**7**	**84**	**1**	**3**	**28**	**27**	**59**	**26**	**26**	**63**	**43**	**158**
Outcome of FRS (urinary only & urinary/RVF)																				
-- No. closed fistula & dry	0	1	5	6	12	n/a	16	20	3	39	1	3	12	18	34	1	20	37	27	85
-- No. closed & stress	0	0	0	1	1	n/a	2	5	2	9	0	0	3	0	3	0	2	8	3	13

[49] Information about the outcome of repairs for these women was not available.

	Dosso					Lamordé					Maradi					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	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
incontinence																				
---No. not closed	0	0	0	2	2	n/a	4	5	2	11	0	0	12	8	20	0	4	17	12	33
% closed fistula & dry (urinary & urinary/RVF)	**0%**	**100%**	**100%**	**67%**	**80%**	**n/a**	**73%**	**67%**	**43%**	**66%[50]**	**100%**	**100%**	**44%**	**69%**	**60%**	**100%[51]**	**77%**	**60%**	**64%**	**64%[52]**
Outcome of FRS (RVF only)																				
--closed and dry	0	0	0	0	3	0	0	0	0	0	0	0	1	0	1	0	0	1	0	1
- incontinent w/ water stool & /or flatus (gas)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-- incontinent w/ firm stool	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1	1
% closed& dry fistula (RVF only)	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**100%**	**0%**	**50%**	**0%**	**0%**	**100%**	**0%**	**50%**
No. with complications after FRS	0	0	0	0	0	n/a	0	0	0	0	0	0	1	0	1	0	0	1	0	1
- Major surgical complications	0	0	0	0	0	n/a	0	0	0	0	0	0	0	0	0	0	0	0	0	0
- Anesthesia-related	0	0	0	0	0	n/a	0	0	0	0	0	0	0	0	0	0	0	0	0	0
- Post-operative complication	0	0	0	0	0	n/a	0	0	0	0	0	0	1	0	1	0	0	1	0	1
% complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	n/a	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**4%**	**0%**	**2%**	**0%**	**0%**	**2%**	**0%**	**1%**
No. not discharged after FRS	0	2	0	0	2	7	0	0	0	7	2	15	27	0	44	**9**	**17**	**27**	**0**	**53**

FRS: fistula repair surgery

[50] Percentage discharged with a closed and dry fistula is based on 59 women for whom data were available. 25 women from Oct-Dec not included in the denominator

[51] Based on one case for whom data was available.

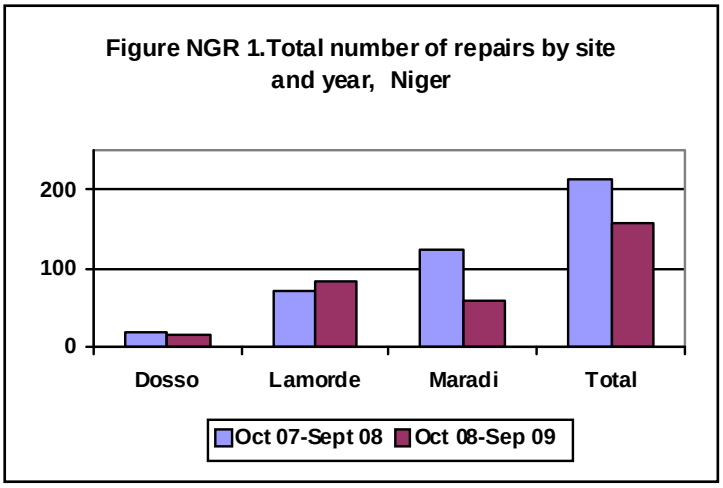
[52] Based on 133 women who were discharged for whom data was available.25 women from Oct. –Dec 2008 period not included in the denominator

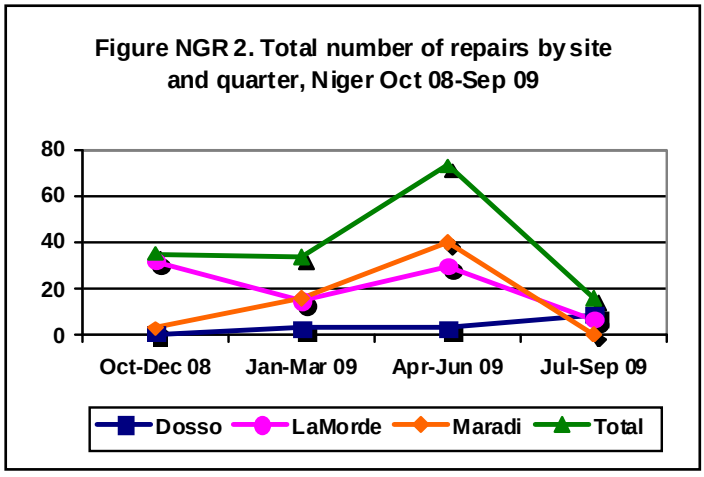
Community outreach activities commenced again this quarter in villages in Dosso and Maradi catchment areas. In Dosso meeting with community leaders were held in 15 villages to enlist their support for conducting prevention education campaigns. In Maradi a total of 15 meetings were held (in 15 different villages) reaching a total of 1,270 persons (including 75 community leaders); see Table NGR3. REF anticipates that these community outreach activities will identify women in need of fistula repair, increasing demand for services in the coming year.

Key Accomplishments, October 2008-September 2009

Fewer activities took place in Niger this year than had been planned due to delays in closing out the AWARE-RH contract and then getting a new subaward to REF in place. The FC global team, with assistance from the finance team in the Guinea office, provided substantial support to REF this year to strengthen their programmatic and financial management capacities.

Fistula Repairs. A total of 158[53] repairs were carried out during FY08/09. During this FY, approximately two-thirds of the women receiving fistula repair surgery (urinary related) at Maradi and just over half at Lamordé had undergone one or more previous surgeries. The total number of repairs carried out this year compared to FY 07/08 were lower by 25%. The biggest drop was seen at Maradi Hospital, where 59 repairs were carried out this year compared to 123 in FY 07/08. Part of this drop was due to the fact that the hospital closed to all non-emergencies during the July-September quarter due to renovations. The number of repairs was comparatively low even in prior quarters, however; REF observes that fewer visiting teams of surgeons held camps at Maradi this year as compared to last. Such camps are accompanied by concerted efforts to identify fistula clients and to raise awareness about the availability of services, whereas routine services garner less publicity. Three outreach camps staffed by the Lamordé team at Maradi are planned in the coming eight months. During the past fiscal year, outreach camps have successfully bolstered services at both Maradi and Dosso, and REF plans to support quarterly trips to each of these sites by the Lamordé team. These visits provide the opportunity not only to increase a hospital's capacity for repair, but also to provide medical monitoring and hands-on training follow up.





Backlogs of patients requiring surgery varied by

[53] The 35 repairs carried out in Oct-Dec 2008 were funded by UNFPA due to a gap in funding from Fistula Care.

site; Lamordé and Maradi successfully eliminated their backlogs as of June 2009 but again had patients awaiting surgery by September (see Figures NGR 1 and 2). Lamordé utilized trained surgeons from Issaka Gazoby to assist with some of the repair efforts as part of their continuing training. Maradi organized two surgical camps in the April-June 2009 quarter, serving a total of 40 women (Dr. Sanda from Lamordé led one of the camps and the second was led by Dr. Kees Waaldjik who traveled over the border from Nigeria).

Among women who had a urinary related fistula (including urinary with RVF), the percent who had closed and dry fistula upon discharged ranged from 43 percent to 100% across the reporting periods. In total for the year, 64 % had a closed and dry fistula (see Figure NGR3).

A total of 134 additional surgeries for women undergoing fistula repair were carried out this FY. These surgical procedures included examinations under local anesthesia, wound re-sutures and urethral lengthening (see Table NGR 2).

Figure NGR 3. Repair status among women with urinary fistula at time of discharge, Niger Oct 08-Sep 09

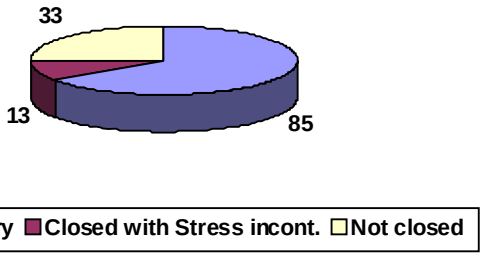


Table NGR2. Number of Additional Surgeries for Fistula Patients, October 2008 – September 2009, Niger

	Oct-Dec	Jan – March	Apr-June	Jul-Sep	FY Total
Type of Surgery by Site					
Lamordé					
Examination under anesthesia	0	0	0	7	7
Urethral lengthening	0	7	3	0	7
Wound resuture	0	15	30	0	45
Maradi					
Urethral lengthening	0	4	0	0	4
Wound resuture	0	16	40	0	56
Dosso					
Examination under anesthesia	0	0	0	9	9
Wound resuture	0	3	3	0	6
Total	0	45	76	16	134

Training. No training of surgeons or other health providers was completed this FY. A training was begun at Lamordé in September, but at the news that two additional surgeons would be transferred to Dosso the training was delayed so that the two new Dosso surgeons could participate. The training was completed in early October and will be reported on in the first quarterly report of FY 09/10.

Prevention. Prevention activities carried out in FY 08/09 were focused on provision of family planning services at each of the supported sites as well as community outreach with key messages about maternal health. In the coming fiscal year, REF plans to continue its community outreach work. It will organize workshops at Dosso and Maradi Regional Hospitals that focus on improving

the quality of emergency obstetric services. The Maradi workshop will focus on training "coaches" who will be able to mentor their colleagues on quality improvement.

Community Outreach. Social mobilization efforts continued, having began last year in the communities around Niamey, Dosso and Maradi that are served by supported sites. The social mobilization program is based on a model from Burkina Faso and is designed to work with communities to identify and maternal and neonatal health best practices and where appropriate, work with community stakeholders to embrace change as needed that will result in improved health outcomes for families. During the July-September 2009 period, meetings were held with community leaders in the Dosso catchment areas and the community work will begin in the next quarter, after the harvest has been completed. In Maradi, the social mobilization process began with meetings in 15 villages to reach out to community leaders and community members (see Table NGR3). In the April-June 2009 period, special outreach efforts using radio were made to communities in the Dosso area specifically with messages about fistula repair and prevention as part of a surgical camp.

Table NGR3. Number of Community Outreach Events and Persons Reached, October 2008 - September 2009, Niger

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Dosso	0	0	0	0	20	802	15	**75**	**35**	**877**
Maradi	0	0	0	0	0	0	30	**1,270**	**30**	**1,270**
Total	0	0	0	0	**20**	**802**	**45**	**1,308**	**65**	**2,110**

Family Planning. In FY 08/09 more than 3,500 women accepted a family planning method and just over 3,000 were counseled about FP. Supported sites did not provide the female condom, vasectomy or foaming tablets. The oral contraceptive and injectable are the most widely distributed methods; see Table NGR 4.

Table NGR4. Number of FP Clients by Method and Number Counseled about FP, by Site. October 2008 – September 2009, Niger.

FP Methods	Dosso	Issaka Gazobi	Lamordé	Maradi	Country Total
Oral Pill	209	1059	103	576	**1,947**
IUCD	18	146	0	62	**226**
Condom (male)	0	449	0	2	**451**
Injectable	58	362	27	366	**813**
Implant	0	0	0	104	**104**
Tubal Ligation	0	0	0	5	**5**
Total FP acceptors	**285**	**2016**	**130**	**1,115**	**3,546**
Total Number of clients counseled about FP methods	376	1393	152	1194	**3,115**

Program Background

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

Sites: Repair sites located in 6 states. The sixth fistula repair facility supported by USAID (in Ebonyi State) began to receive Fistula Care funds in February 2009. The sites in Kano and Katsina States are primarily **training sites:**

1. Ebonyi State: South East Regional VVF Center
2. Kebbi State: Specialist Fistula Center Birnin Kebbi
3. Sokoto State: Maryam Abacha Women and Children's Hospital (MAWCH)
4. Zamfara State: Faridat Yakubu General Hospital
5. Kano State: Laure Fistula Center at Murtala Mohammed Specialist Hospital
6. Katsina State: Babbar Ruga Hospital

Prevention only sites: A total of 10 sites received support from Fistula Care to provide FP services. Five of these sites were dropped during FY 08/09 due to overlap with support from other USAID/Nigeria funded implementing partners. Discussions are underway with USAID/Nigeria about which of the dropped sites should continue to be supported by FC and other sites were identified for support in September 2009.

1. Sheik Jidda Gen. Hospital, Kano (dropped April 2009)
2. Takai Community Health Center, Kano
3. Comprehensive Health Center, Kano
4. Tarauni MCH, Kano
5. Unguku MCH, Kano
6. Muhammadu A. Wase Specialist Hospital, Kano
7. VVF Hospital, Zoo Road, Kano (dropped April 2009)
8. General Hospital Daura, Katsina (dropped September 2009)
9. General Hospital Dusinma, Katsina (dropped September 2009)
10. General Hospital, Katsina (dropped January 200)

Five of the six fistula repair centers provide fistula repair services at least twice a week and have sufficient bed capacity to have anywhere from 14 to 50 patients admitted. Three facilities have one operating theater (Faridat, Laure Fistula Center and Maryam Abacha); Babbar Ruga and Kebbi have two and Ebonyi three. Ebonyi is not yet poised to provide routine services (repairs during FY 08/09 were done during pooled efforts). We expect routine services will begin at Ebonyi in the second quarter of the next FY. Four of the six sites have at least two surgeons to provide routine services, only Ebonyi and Kebbi have one surgeon. Plans are underway to get at least one more surgeon assigned to these facilities. Nursing capacity at Babbar Ruga and Laure Fistula center could be strengthened.

Progress to Date

July-September 2009

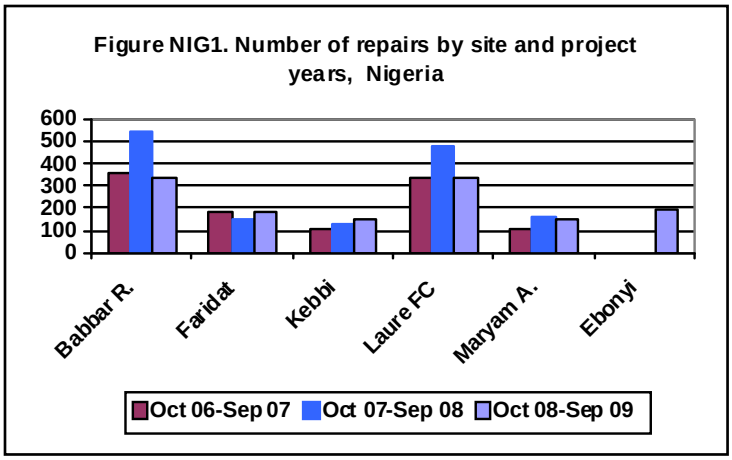
Fistula Repairs. A total of 437 women had fistula repair surgery at the 6 supported sites (see Table NIG 1); an increase of 56% over the last quarter. The performance this quarter was sharply up from

the previous quarter as a result of two pooled efforts (Ebonyi and Sokoto) and routine repairs increasing at sites in Kebbi and Zamfara as a result of having additional surgeons available for surgery. The percent of women who were discharged with a closed and dry fistula differed among the sites ranging from 68% at Babbar Ruga to 100% at Faridat; the lower rates are due to number of women who were having second or third surgeries because of massive tissue loss.

Training. Training activities this quarter were focused on introducing sites to a module on Data for Decision Making; three workshops were held reaching 62 providers in three facilities. Other training included advocacy for community based partners (religious leaders, drama troupes and community based organizations (CBOs); FP counseling and training in provision of implants and IUDs; pre and post operative care; see Table NIG 2.

Key Accomplishments, October 2008 – September 2009

The Nigeria project expanded access to a sixth site in FY 08/09: South East Regional VVF Center in Ebonyi State, the first project site located outside of Northwestern Nigeria. The six supported sitses in Nigeria performed a total of 1,347 repairs in FY 08-09. While the total number of repairs increased or remained about the same over last year's performance at three of the sites (Kebbi, Faridat and Maryam Abacha), the two sites who have the largest capacity to provide services—Babbar Ruga and Laure Fistula Center—experienced large decreases: 38% at Babbar Rugga (536 repairs in FY 07/08; 331 reparis in FY 08/09) and 28% Laure Fistula Center (473, FY 07/08 and 337 in FY 08/09). Faridat also experienced some decreases in services between the seond and third quarter as a result of the appointment of the senior sugeron Dr. Sa'ad to Commisioner of Health for Zamfara state. Nigeria FC has helped the site identify another surgeon. There was an overall decline of 6% in the number of repairs between FY 07/08 and FY 08/09; see Figure NIG1. As shown in Figure NIG 2, there were fluctuations between quarters as a result of long holidays (the Hadij in the Oct-Dec 2008 quarter and fasting in the July-September 2009 quarter).



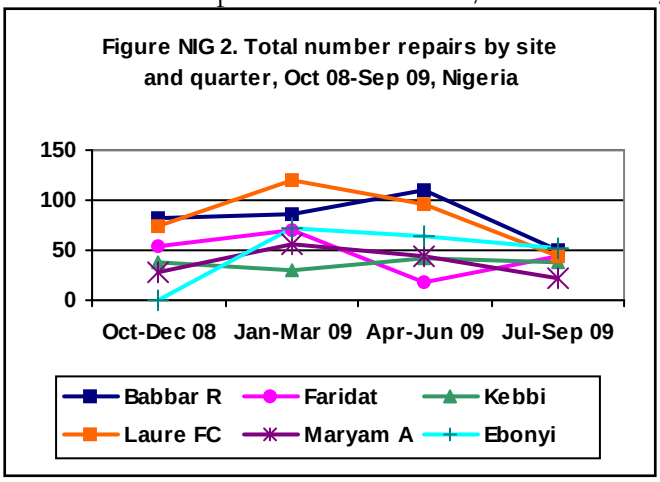


Table NIG1. Clinical Indicators by Site, October 2008 – September 2009, Nigeria

	Babbar Rugga					Faridat Yakuba				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	70	108	93	66	337	55	70	18	44	187
No. requiring FRS	70	108	93	66	337	55	70	18	44	187
No. receiving FRS	**83**	**86**	**111**	**51**	**331**	**55**	**70**	**18**	**44**	**187**
% receiving FRS	**119%**	**80%**	**119%**	**77%**	**98%**	**100%**	**100%**	**100%**	**100%**	**100%**
Type of FRS performed										
---------- urinary only	76	81	104	41	302	55	68	18	43	184
---------- urinary & RVF	1	0	2	6	9	0	1	0	0	1
---------- RVF only	6	5	5	4	20	0	1	0	1	2
Among women who had urinary repair (excludes RVF only)										
---------- first repair	56	61	70	20	207	55	69	14	9	147
---------- second repair	6	17	19	25	67	0	0	1	22	23
---------- >2	15	3	17	2	37	0	0	3	12	15
% women first repair (urinary only)	**73%**	**75%**	**66%**	**43%**	**67%**	**100%**	**100%**	**78%**	**21%**	**79%**
No. discharged urinary only	35	81	58	105	279	51	57	45	38	191
No. discharged RVF only	6	3	2	9	20	0	1	0	1	2
No. discharged urinary & RVF	1	0	1	6	8	0	1	0	0	1
Total no. discharged	**42**	**84**	**61**	**120**	**307**	**51**	**59**	**45**	**39**	**194**
Outcome of FRS (urinary only & urinary/RVF)										
-- No. closed & dry	23	55	36	82	196	51	58	40	34	183
-- No. closed & stress incontinence	13	26	23	29	91	0	0	4	1	5
--- No. fistula was not closed	0	0	0	0	0	0	0	1	3	4
% closed fisuta & dry (urinary only & urinary/RVF)	**64%**	**68%**	**61%**	**74%**	**68%**	**100%**	**100%**	**89%**	**89%**	**95%**
Outcome of FRS (RVF only)										
--closed and dry	6	2	1	9	18	0	1	0	1	2
-- incontinent, water stool &/or flatus	0	1	1	0	2	0	0	0	0	0

	Babbar Rugga					Faridat Yakuba				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
---- incontinent with firm stool	0	0	0	0	0	0	0	0	0	0
% with closed and dry fistula (RVF only)	**100%**	**67%**	**50%**	**100%**	**90%**	**0%**	**100%**	**0%**	**100%**	**100%**
No. with complications after FRS	0	0	0	0	0	0	0	0	0	0
-- Major surgical	0	0	0	0	0	0	0	0	0	0
----Anesthesia-related	0	0	0	0	0	0	0	0	0	0
--- Post-operative	0	0	0	0	0	0	0	0	0	0
% with complications	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table NIG1 (continued)

	Kebbi					Laure Fistula Ctr				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	42	46	43	28	159	161	212	143	128	644
No. requiring FRS	42	46	42	28	158	126	117	126	59	428
No. receiving FRS	**39**	**31**	**42**	**39**	**151**	**75**	**121**	**97**	**44**	**337**
% receiving FRS	**93%**	**67%**	**100%**	**139%**	**96%**	**60%**	**103%**	**77%**	**75%**	**79%**
Type of FRS performed										
---------- urinary only	39	31	38	35	143	66	105	89	41	301
---------- urinary & RVF	0	0	3	3	6	0	10	1	1	12
---------- RVF only	0	0	1	1	2	9	6	7	2	24
Among women who had urinary repair (excludes RVF only)										
---------- first repair	27	26	33	23	109	39	70	45	30	184
---------- second repair	7	3	5	13	28	22	20	23	10	75
---------- >2	5	2	3	3	13	5	15	22	2	44
% women first repair (urinary only)	**69%**	**84%**	**80%**	**61%**	**73%**	**59%**	**61%**	**50%**	**71%**	**59%**
No. discharged urinary only	29	30	40	47	146	47	92	85	53	277
No. discharged RVF only	0	0	0	2	2	8	5	4	6	23

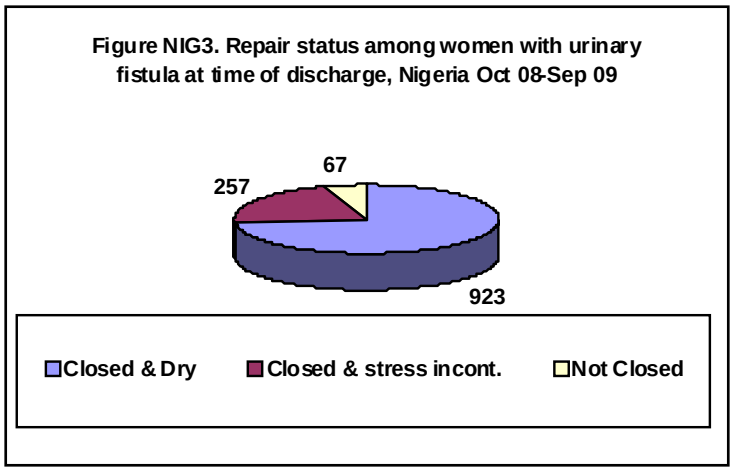
	Kebbi					Laure Fistula Ctr				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. discharged urinary & RVF	0	0	2	4	6	0	3	7	1	11
Total no. discharged	**29**	**30**	**42**	**53**	**154**	**55**	**100**	**96**	**60**	**311**
Outcome of FRS (urinary only & urinary/RVF)										
----No. closed fistula & dry	24	23	33	39	119	47	58	84	44	233
--- No. closed & stress incontinence	3	6	9	12	30	0	25	6	10	41
---No. fistula not closed	2	1	0	0	3	0	12	2	0	14
% closed fistula & dry (urinary only & urinary/RVF)	**83%**	**77%**	**79%**	**76%**	**78%**	**100%**	**61%**	**91%**	**81%**	**81%**
Outcome of FRS (RVF only)										
--closed and dry	0	0	0	2	2	8	5	4	6	23
--incontinent water stool &/or flatus	0	0	0	0	0	0	0	0	0	0
---incontinent with firm stool	0	0	0	0	0	0	0	0	0	0
% closed & dry fistula (RVF)	**0%**	**0%**	**0%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
No. with complications after FRS	0	0	0	0	0	0	0	0	0	0
---Major surgical	0	0	0	0	0	0	0	0	0	0
---Anesthesia-related	0	0	0	0	0	0	0	0	0	0
---Post-operative	0	0	0	0	0	0	0	0	0	0
% with complications	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**

Table NIG1 (continued)

	Ebonyi Fistula Center					Maryam Abacha					Country Total				
Fistula Treatment Indicators	**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	NS	218	94	70	382	50	51	48	54	203	378	705	439	390	1912
No. requiring FRS	NS	192	94	70	356	50	51	48	54	203	343	584	421	321	1669
No. receiving FRS	**NS**	**72**	**65**	**52**	**189**	**28**	**57**	**45**	**22**	**152**	**280**	**437**	**378**	**252**	**1,347**
% receiving FRS	**0%**	**38%**	**69%**	**74%**	**53%**	**56%**	**112%**	**94%**	**41%**	**75%**	**82%**	**75%**	**90%**	**79%**	**81%**
Type of FRS performed															
--urinary only	NS	71	63	51	185	28	56	43	22	149	264	412	355	233	1264
---urinary & RVF	NS	0	1	1	2	0	1	1	0	2	1	12	8	11	32
---RVF only	NS	1	1	0	2	0	0	1	0	1	15	13	15	8	51
Among women who had urinary repair (excludes RVF only)															
---first repair	NS	66	59	50	175	21	39	28	13	101	198	331	249	145	923
---second repair	NS	5	3	1	9	6	14	13	8	41	41	59	64	79	243
--->2	NS	0	2	1	3	1	4	3	1	9	26	24	50	21	121
% women first repair (urinary only)	**0%**	**93%**	**92%**	**96%**	**94%**	**75%**	**68%**	**64%**	**59%**	**67%**	**75%**	**78%**	**69%**	**59%**	**71%**
No. discharged urinary only	NS	71	63	51	185	23	30	52	35	140	185	361	343	329	1218
No. discharged RVF only	NS	1	1	0	2	0	0	1	0	1	14	10	8	18	50
No. discharged urinary & RVF	NS	0	1	1	2	0	0	0	1	1	1	4	11	13	29
Total no. discharged	**NS**	**72**	**65**	**52**	**189**	**23**	**30**	**53**	**36**	**142**	**200**	**375**	**362**	**360**	**1,297**
Outcome of FRS (urinary only & urinary/RVF)															
--No. closed fistula & dry	NS	53	42	26	121	17	15	20	19	71	162	262	255	244	923
-- No. closed & stress incontinence	NS	14	0	19	33	5	15	24	13	57	21	86	66	84	257
--No. fistula not closed	NS	4	22	7	33	1	0	8	4	13	3	17	33	14	67
% closed fistula & dry (urinary only & urinary/RVF)	**0%**	**75%**	**66%**	**50%**	**65%**	**74%**	**50%**	**38%**	**53%**	**50%**	**87%**	**72%**	**72%**	**71%**	**74%**
Outcome of FRS (RVF only)															

	Ebonyi Fistula Center					Maryam Abacha					Country Total				
Fistula Treatment Indicators	**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**
-- closed and dry	NS	0	1	0	1	0	0	0	0	0	14	8	6	18	46
- incontinent, water stool & /or flatus	NS	0	0	0	0	0	0	1	0	1	0	1	2	0	3
--incontinent with firm stool	NS	1	0	0	1	0	0	0	0	0	0	1	0	0	1
% with closed and dry fistula (RVF only)	**0%**	**0%**	**100%**	**0%**	**50%**	**0%**	**0%**	**0%**	**0%**	**0%**	**100%**	**80%**	**75%**	**100%**	**92%**
No. with complications after FRS	NS	5	2	3	10	0	0	0	0	0	0	5	2	3	10
-- Major surgical	NS	5	2	3	10	0	0	0	0	0	0	5	2	3	10
--Anesthesia-related	NS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
--Post-operative	NS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% with complications	**0%**	**7%**	**3%**	**6%**	**5%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**1%**	**1%**	**1%**	**1%**

Overall, 81% of all repairs performed at the sites were first repairs; overall closure rate for urinary related fistula was 74%; see Figure NIG3.



Reporting on complications remains low. Some fistula patients required additional surgeries to improve the outcome of the fistula repair; see Table NIG2 for a summary of the surgeries carried out in this FY.

Table NIG2. Number of Additional Surgeries for Fistula Patients, October 2008--September 2009, Nigeria

	Oct-Dec	Jan – March	Apr-June	Jul-Sep	FY Total
Type of Surgery by Site					
Maryam Abacha					
Ureteric re-implantation	0	0	0	5	5
Wound re suture	0	0	0	5	5
Removal of bladder stones or foreign bodies in viscera	0	1	0	20	21
3rd/4th degree perineal tear repair				2	2
SE Regional VVF					
Urethral lengthening	0	1	0	4	5
Removal of bladder stones or foreign bodies in viscera	0	1	0		1
Faridat					
Removal of bladder stones	0	0	0	8	8
Kebbi					
3rd/4th degree perineal tear repair	0	0	0	1	1
Total	**0**	**3**	**0**	**45**	**48**

The pooled effort strategy continues to be employed by the project to help reduce the backlog of patients requiring surgery. In addition, the pooled effort events are now being used to provide on going training and coaching to the 'new' generation of fistula surgeons. As shown in Table NIG3, a total of six pooled events were conducted, providing surgery to a total of 277 women at three supported sites; this represents 20% of all repairs performed in the FY. Each event had extra surgeons to assist with the surgery (on average four surgeons per event).

Table NIG3. Pooled Effort Events for Fistula Repair, October 2008-September 2009, Nigeria

Location	Date	Number repairs	Number surgeons
Ebonyi	February 2009	52	4
Maryam Abacha	March 2009	41	4
Ebonyi	April 2009	75	4
Maryam Abacha	June 2009	31	5
Kebbi	July	25	2
Ebonyi	August 2009	53	7
Total	6 events	277	4 (average)

Expanding access to fistula treatment services. As noted above, the project expanded to Ebonyi state in February 2009. At the request of USAID/Nigeria, the project is expected to add at least one other state. In June 2009 site assessments of three sites in two states (Bauchi and Kaduna states) were carried out by the Nigeria team and FC Clinical Director, Joseph Ruminjo. While USAID/Nigeria favors expansion to Bauchi state, the two facilities which were assessed would require major inputs in order to provide services. FC/Nigeria is in discussion with USAID/Nigeria about which state and site to choose for expansion. A decision should be finalized in the next quarter.

Strengthening capacity for treatment and prevention. Two senior surgeons (Dr. Sa'ad from Faridat and Dr. Adeoye from Ebonyi) attended advanced training in fistula repair on board the *Africa Mercy* in Benin in the second quarter. One surgeon from Ebonyi began training in fistula repair in the last quarter. Other training conducted to strengthen capacity and improve quality of treatment included pre and postoperative management, infection prevention, fistula counseling and data record keeping; see Table NIG4. In addition, training was conducted on family planning counseling and skills for providing implants and IUDs. In addition to training, two of the sites (Kebbi and Babbar Ruga) were renovated and provided with equipment (e.g., operating tables, autoclaves).

Table NIG4. Number of Persons Trained, by Topic, Nigeria. October 2008 – September 2009 (corrected Feb. 2010)

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY09 TOTAL
1st Surgical Training for Fistula Repair	0	0	0	1	**1**
Continuing Surgical Training for Fistula Repair	0	2	0	0	**2**
Pre- and Post-operative Management for Nurses	6	8	2	9	**25**
Infection Prevention	0	13	0	0	**13**
Data Management	0	32	40	62	**134**
Community and CBO Advocacy	0	51	0	96	**147**
Fistula Counseling	0	0	0	19	**19**
Family Planning Counseling	0	0	0	15	**15**
Family Planning LAPM	0	0	0	16	**16**
USG compliance	0	0	0	59	**59**
TOTAL	**6**	**106**	**42**	**277**	**431**

Family Planning. A specific mandate of the USAID/Nigeria funded program is to strengthen access to FP. During this FY, three of the fistula repair sites (Kebbi, Faridat, and Maryam Abacha) and 10 other facilities received support for FP. In total nearly 12,000 women were counseled about FP and 2,636 CYP was provided.

FC global staff, Ms. Betty Farrell, began work last year to introduce a model for integration of family planning into fistula services. During this FY, she made a follow up visit to follow up on actions and recommendations which emerged from the July 2008 meeting. During FY 08/09 the Federal Ministry of Health met with Primary Health Care and FP coordinators in six states, introduced a streamlined FP commodity logistic process and consulted with states about challenges to FP service delivery. While some progress was made, challenges remain: FP training curricula need updating to include attitudinal exercise to address provider issues with FP and to foster partnerships with me; FP services registers need to better capture FP activities the community level. In the last quarter, a new FP/RH Advisor for the Nigeria program was hired who will work with the states to improve access to FP.

Strategies for creating awareness about fistula treatment ant and prevention. The FC/Nigeria team continued to support several activities started in FY 07/08 to raise awareness about fistula treatment services and key prevention interventions. A new strategy implemented FY 08/09 included work with drama groups. In total this year, the project's outreach partners carried out 307 events reaching more than 177,000 persons (see Table NIG5). A summary of key achievements this year includes:

- *Partnerships with Six Community Based Organizations (CBOs).* This work began in FY 07/08 with training and orientation about FC and USG regulations. During FY 08/09, these groups carried out outreach activities in 132 communities in three states (Kebbi, Zamfara, Sokoto). The outreach workers from these CBOs reached over 100,000 people with messages about the dangers of prolonged labor, importance of attending antenatal care, and delivery in a health facility.

- *Partnering with Drama Groups.* In collaboration with the CBOs, the project staff began working with state drama troupes from Sokoto, Kebbi and Zamfara. These groups have been identified as partners because of their audience reach and potential to disseminate key messages about fistula prevention, treatment and other reproductive health issues. These groups attended orientation/training about fistula. Following this orientation the drama groups agreed to develop drama scripts that will address the issues of fistula prevention, safe motherhood, the effect of stigmatization, and female genital cutting. This will be shared with the CBOs representative for their consideration and input; performances are expected to being in the next FY.

- *Religious Leaders as Advocacy Champions for Fistula and Family Planning.* Religious leaders continued to play an important role as change agents and advocacy champions in their communities. These religious leaders reported reaching out to nearly 65,000 persons about

fistula treatment. In Kebbi, religious leaders sponsored local youth groups to provide handicraft skills training to fistula patients. In this FY, this group, as well as other community groups, attended FC sponsored orientations about family planning and to encourage them to help inform their communities about health timing and spacing of births.

Table NIG5. Number of Community Outreach Events and Persons Reached by State, October 2008 - June 2009, Nigeria

State	Oct-Dec 2008		Jan-Mar 2009		Apr-Jun 2009		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Kebbi	12	2,575	24	2,138	12	2575	**41**	**54155**	**87**	**64362**
Sokoto	41	10,072	29	10,350	41	10145	**35**	**32588**	**117**	**59860**
Zamfara	17	18,099	37	6,469	17	18099	**38**	**18766**	**102**	**46395**
Ebonyi	NS	NS	0	0	0	0	**1**	**6,860**	**1**	**6,860**
Total	**70**	**30,746**	**90**	**19,137**	**70**	**30,819**	**115**	**112369**	**307**	**177,477**

- *Behavior Change Communication (BCC) Materials.* During this FY the project produced over 130,00 pieces of BCC materials in English, Hausa, and Ajami. Products included posters, stickers, hand bills and pamphlets with fistula prevention messages about importance of antenatal care, delivery in a health facility, and family planning. The fistula-related materials were distributed across Kebbi, Sokoto and Zamfara states. The FP materials were distributed in Kano and Katsina states where the project has been supporting FP activities.

- *Use of the Media to Increase Awareness.* The project continues to have good relationships with several media groups at both the state and national level.

- *Sokoto State Media Corporation (Rima Radio) aired over 36 fistula prevention discussion programs.* Rima Radio has coverage extending over Sokoto, Kebbi and Zamfara states. In addition, the fistula prevention discussions were aired on a local television (RTV). A total of 10 call-in programs were aired.

- *Zamfara State Media Houses.* This organization sponsored several radio and TV programs about fistula prevention which were hosted and sponsored by the Ministry of Religious Affairs. This collaboration began in November 2008. Weekly radio shows aired by this group integrates messages about fistula prevention. A total of 33 radio and TV programs with fistula prevention messages were broadcast.

- *"Health Watch".* This program is aired by Radio Nigeria and had national coverage. FC/Nigeria began a partnership with the Health Watch program last year and continued to work with the Radio Nigeria, utilizing a monthly slot to focus on fistula. These monthly episodes have focused on fistula prevention, treatment, family planning, female genital cutting, and reintegration. Some episodes have focused on regional /state issues (e.g., existence of fistula in the southeast) and have included interviews with former patients.

- *Media Round Table.* FC/Nigeria organized a two day event for more than 20 representatives from electronic and print media houses from around the country to orient them to the issue of fistula prevention and treatment and seek their collaboration for disseminating information about fistula. During the meeting , the participants visited the Maryam Abacha fistula ward to get a first hand look at how services are organized. Within the first two weeks following the meeting stories appeared in three national daily newspapers and private television stations, including National Television Authority, the largest network in Africa.

Data for Decision Making Training. As a part of improving the quality of service within the supported sites, the project conducted five workshops with staff from Ebonyi, Kebbi, Faridat, Maryam Abacha and Laure Fistula Centre on the "use of data for decision making". Staff were trained to detect quality-related problems, determine the nature or cause of a problem and compare trends over time using the data generated from there facility as well on general record keeping. At the end of these workshops, sites established committees with key staff from the pre and post operative staff, theater staff, recording officers, and the facility managers who will meet monthly to review fistula monitoring data. Nigeria/Fistula Care staff will meet with project sites each quarter to follow up on these meetings and review how the process is working. In the next quarter we will conduct similar workshops with other fistula treatment sites. In addition, as part of project start up in Ebonyi, staff were trained and orientated in the use of FC monitoring and reporting tools.

Strengthening the Environment for Fistula Prevention and Treatment Programs. During the FY, the FC/Nigeria team worked with partners and collaborators to improve how fistula treatment and prevention programs are implemented. A policy advisor for the project was hired in the last quarter to coordinate these activities. Key activities included:

- *Zamfara State Task Force for Fistula created.* FC/Nigeria staff worked in close collaboration with the Zamfara state government to establish this task force. The task force was inaugurated in the last quarter of the FY by the Governor of Zamfara State. Members of the task force include representatives from state ministries for health, women's affairs, religious affairs, legislators as well as religious leaders and traditional rulers. To help this task force learn how to function effectively, FC/Nigeria conducted, in collaboration with the Institute of Development Administration of Nigeria, a two day workshop. During the workshop the task force members developed a workplan and committed to carrying out the work. The Zamfara State Government has pledged to provide funding to support this group's monthly meetings.

- *Ebonyi State Partner Coordination.* In March 2009, just prior to the first pooled effort event, FC/Nigeria staff organized a meeting with key stakeholders in the state capital, Abakaliki, to formally introduce the project. Participants at the meeting included the Federal Ministry of Health, various Ebonyi state ministries, UNFPA, Rotary International, the Mother and Child Care Initiative, Association of Local Government Chairmen, and Dr. Kees Waaldjik. The purpose off the meeting was to exchange ideas and strategies for effective collaboration. This meeting was the first of its type in Ebonyi state and was appreciated by all participants. At the end of the meeting a strategy paper was produced highlighting how and what each partner will contribute to improving access to fistula treatment and prevention care in the state.

- *Mother's Night Dinner*. In April 2009, the Senate Committee on Health sponsored a Mother's night event to highlight the importance of improving maternal health. FC/Nigeria staff provided assistance, along with other international NGOs in planning this event. The event was funded by the Nigeria Senate and was well attended by over 500 persons, including representatives of the National Assembly, government, businesses and international organizations. Senators and private sector representatives made pledges to provide support towards reducing maternal mortality. Pledges that have been redeemed include placement of billboards with messages about maternal health, provision of birth kits and ambulances. Due to the success of this event discussions are underway to consider holding this event annually.

- *Maternal Mortality Monitoring Law, Ebonyi State*. This initiative is sponsored by the First Lady of Ebonyi State. FC. Nigeria staff worked with the First Lady and her staff to fine tune this bill to include language about obstetric fistula. The law encourages early referral of women in labor, seeks to discourage activities of unlicensed and unskilled birth attendants and stipulates that reporting of all maternal deaths in the state. A maternal mortality monitoring committee has been established to help ensure compliance with the law and to work to improve access to health facilities equipped to provide emergency obstetric care.

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

In the third quarter of FY 08/09, Fistula Care opened a project office in Kigali, Rwanda. The office is now staffed and operative, and has raised the visibility of the fistula program and strengthened the project's image with the USAID mission and the MOH as a dedicated program making a valuable contribution. Kanombe Hospital will be added as a repair site in the FY 09/10. The surgeon at Kanombe has already been trained through Fistula Care and began providing repairs in the last quarter of FY 08/09. Though the subaward to Kanombe officially began October 2009, those repairs have been included in this report.

Progress to Date

July-September 2009 Activities

Fistula Repairs. A total of 29 women received repair surgery this quarter; 15 women at CHUK and 14 at Kanombe. CHUK was able to organize a fistula repair session during the quarter, but Ruhengeri was unable to organize a session due to scheduling difficulties with the surgeons and challenges with funding from collaborating partners. However, a session has been rescheduled for early 2010.

Seventy-three percent of women receiving urinary repairs were undergoing their first repair surgery. Ninety percent of women discharged during the quarter were closed and dry at time of discharge (86% of urinary cases and 100% of RVF cases). There were no complications reported for the quarter. More information on the clinical indicators for surgeries at the sites can be found in Table RWA 1.

Training. One surgeon from CHUK has received continuing training in fistula repair during the quarter. One surgeon from Kanombe also participated in advanced fistula repair training in Nigeria. No other trainings were conducted during this time period.

Table RWA 1. Clinical Indicators by Site, October 2008 – September 2009, Rwanda

	CHUK					Kanombe				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	16	14	19	20	69	NS	NS	NS	30	30
No. requiring FRS	13	14	16	20	63	NS	NS	NS	24	24
No. receiving FRS	**13**	**9**	**14**	**15**	**51**	**NS**	**NS**	**NS**	**14**	**14**
Percent receiving FRS	**100%**	**64%**	**88%**	**75%**	**81%**	**NS**	**NS**	**NS**	**58%**	**58%**
Type of FRS performed										
---------- urinary only	11	8	12	12	43	NS	NS	NS	10	10
---------- urinary & RVF	0	1	1	0	2	NS	NS	NS	0	0
---------- RVF only	2	0	1	3	6	NS	NS	NS	4	4
Among women who had urinary repair (excludes RVF only)										
---------- first repair	9	8	9	10	36	NS	NS	NS	6	6
---------- second repair	2	1	3	2	8	NS	NS	NS	4	4
---------- >2	0	0	1	0	1	NS	NS	NS	0	0
Percent women with first repair (urinary only)	**82%**	**89%**	**69%**	**83%**	**80%**	**NS**	**NS**	**NS**	**60%**	**60%**
No. discharged after FRS (urinary only)	11	8	12	12	43	NS	NS	NS	10	10
No. discharged after FRS (RVF only)	2	0	1	3	6	NS	NS	NS	4	4
No. discharged after FRS (urinary & RVF)	0	1	1	0	2	NS	NS	NS	0	0
Total no. discharged after FRS	**13**	**9**	**14**	**15**	**51**	**NS**	**NS**	**NS**	**14**	**14**
Outcome of FRS (urinary only & urinary/RVF)										
-- No. with closed fistula who are dry	10	8	13	11	42	NS	NS	NS	8	8
-- No. with closed fistula & stress incontinence	1	0	1	0	2	NS	NS	NS	0	0
-- No. whose fistula was not closed	0	1	0	1	2	NS	NS	NS	2	2
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**91%**	**89%**	**100%**	**92%**	**93%**	**NS**	**NS**	**NS**	**80%**	**80%**
Outcome of FRS (RVF only)										
-- closed and dry	2	0	1	3	6	NS	NS	NS	4	4
-- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	NS	NS	NS	0	0
-- incontinent with firm stool	0	0	0	0	0	NS	NS	NS	0	0
Percent with closed and dry fistula (RVF only)	**100%**	**0%**	**100%**	**100%**	**100%**	**NS**	**NS**	**NS**	**100%**	**100%**

	CHUK					Kanombe				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. with complications after FRS	0	0	0	0	0	NS	NS	NS	0	0
-- Major surgical complications	0	0	0	0	0	NS	NS	NS	0	0
--- Anesthesia-related complication	0	0	0	0	0	NS	NS	NS	0	0
-- Post-operative complication related to perceived success of surgery	0	0	0	0	0	NS	NS	NS	0	0
Percent with complications after FRS	**0%**	**0%**	**0%**	**0%**	**0%**	**NS**	**NS**	**NS**	**0%**	**0%**

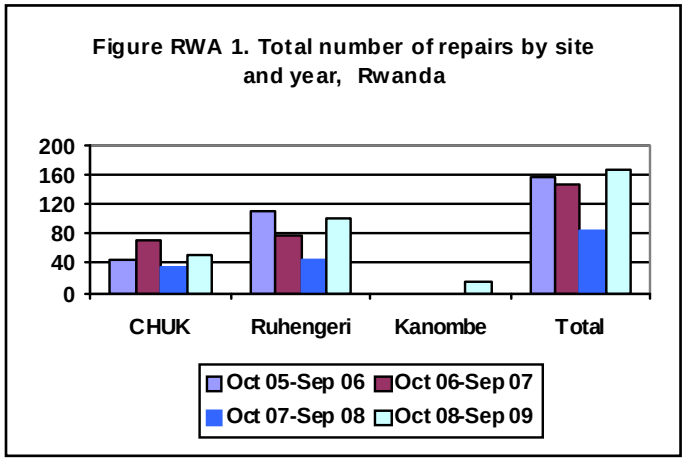
Table RWA 1. Clinical Indicators by Site, October 2008 – September 2009, Rwanda (continued)

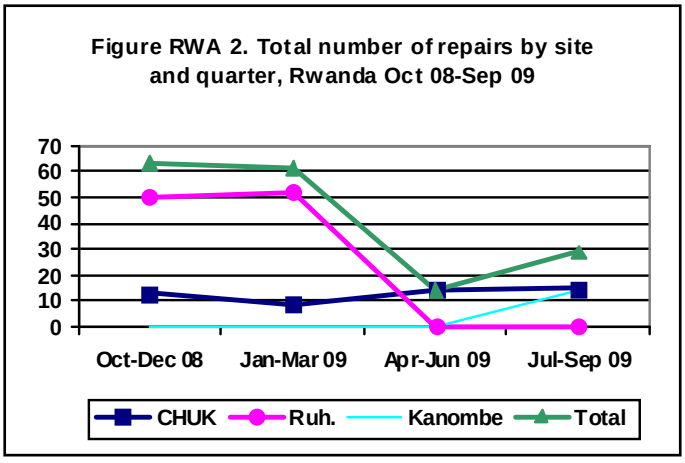
	Ruhengeri					Country Total				
Fistula Treatment Indicators	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**	**Oct-Dec**	**Jan-Mar**	**Apr-June**	**July-Sep**	**FY Total**
No. seeking FRS	144	90	0	0	234	160	104	19	50	333
No. requiring FRS	117	66	0	0	183	130	80	16	44	270
No. receiving FRS	**50**	**52**	**0**	**0**	**102**	**63**	**61**	**14**	**29**	**167**
Percent receiving FRS	**43%**	**79%**	**0%**	**0%**	**56%**	**48%**	**76%**	**88%**	**66%**	**62%**
Type of FRS performed										
---------- urinary only	48	51	0	0	99	59	59	12	22	152
---------- urinary & RVF	1	0	0	0	1	1	1	1	0	3
---------- RVF only	1	1	0	0	2	3	1	1	7	12
Among women who had urinary repair (excludes RVF only)										
---------- first repair	30	35	0	0	65	39	43	9	16	107
---------- second repair	7	10	0	0	17	9	11	3	6	29
---------- >2	12	6	0	0	18	12	6	1	0	19
Percent women with first repair (urinary only)	**61%**	**69%**	**0%**	**0%**	**65%**	**65%**	**72%**	**69%**	**73%**	**69%**
No. discharged after FRS (urinary only)	48	0	51	0	99	59	8	63	22	152
No. discharged after FRS (RVF only)	1	0	1	0	2	3	0	2	7	12
No. discharged after FRS (urinary & RVF)	1	0	0	0	1	1	1	1	0	3
Total no. discharged after FRS	**50**	**0**	**52**	**0**	**102**	**63**	**9**	**66**	**29**	**167**
Outcome of FRS (urinary only & urinary/RVF)										
-- No. with closed fistula who are dry	41	0	33	0	74	51	8	46	19	124

	Ruhengeri					Country Total				
-- No. with closed fistula & stress incontinence	4	0	10	0	14	5	0	11	0	16
-- No. whose fistula was not closed	4	0	9	0	13	4	1	9	3	17
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**84%**	**0%**	**65%**	**0%**	**74%**	**85%**	**89%**	**72%**	**86%**	**80%**
Outcome of FRS (RVF only)										
-- closed and dry	1	0	1	0	2	3	0	2	7	12
-- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0	0
-- incontinent with firm stool	0	0	0	0	0	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	**100%**	**0%**	**100%**	**0%**	**100%**	**100%**	**0%**	**100%**	**100%**	**100%**
No. with complications after FRS	1	0	1	0	2	1	0	1	0	2
-- Major surgical complications	0	0	0	0	0	0	0	0	0	0
-- Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0
-- Post-operative complication related to perceived success of surgery	0	0	1	0	1	0	0	1	0	1
Percent with complications after FRS	**2%**	**0%**	**2%**	**0%**	**2%**	**2%**	**0%**	**2%**	**0%**	**1%**

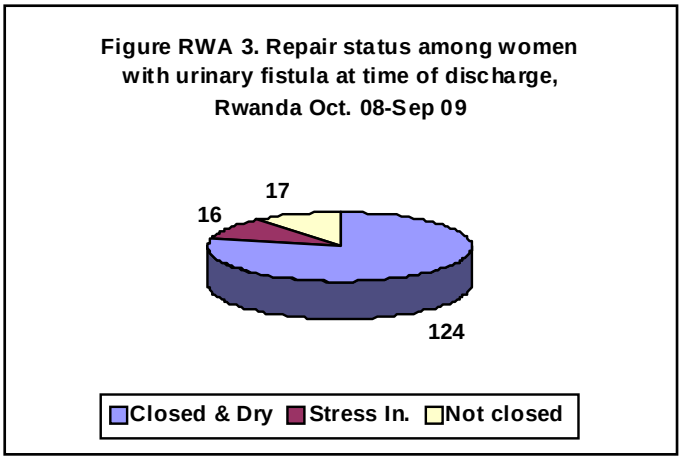
Key Accomplishments October 2008-September 2009

Fistula Repairs. A total of 167 women had fistula repair surgery between October 2008 and September 2009 (see Table RWA 1). This represents a nearly 100% increase in surgeries performed when compared to FY 07/08. Ruhengeri, in particular, more than doubled the number of surgeries performed in FY 07/08, due to increases in the number of women presenting for surgery (Figs RWA 1 and 2). Demand for services exceeds the capacity to perform surgeries, and expansion to an additional site, Kanombe Hospital is planned in the coming year to enable greater numbers of women to receive surgery. The fistula surgeon at Kanombe has already been supported by the project to participate in advanced fistula repair surgery in Nigeria. CHUK currently provides repairs once a week, and Ruhengeri provides repairs through organized sessions twice a year. Scheduling difficulties were a challenge in organizing a second repair session at Ruhengeri this year. The next session will take place in the second quarter of FY10. Additionally, as mentioned earlier, services will officially begin at Kanombe Hospital in FY 09/10.





Among women receiving urinary repairs, 69% were undergoing their first fistula repair surgery. Eighty-one percent of the 167 women discharged following surgery were closed and dry at time of discharge (80% of urinary repairs and 100% of RVF only repairs). Sixteen women had remaining stress incontinence and 17 women (10%) had fistula that was not closed after surgery (Figure RWA 3).



A total of 24 additional surgeries were performed during FY 08/09. The most common procedures were examination under anesthesia, 3rd and 4th degree perineal tear repairs and colostomy and reversal. Table RWA 2 provides additional information below.

Table RWA 2. Number of Additional Surgeries for Fistula Patients, October 2008 – September 2009, Rwanda

	Oct-Dec	Jan – March	Apr-June	Jul-Sep	FY Total
Type of Surgery by Site					
CHUK					
Examination under anesthesia		5	1		6
Colostomy & reversal		1	1	3	5
3rd/4th degree perineal tear repair			1	4	5
Ureteric re-implantation		2	1		3
Ruhengeri					
Removal of bladder stones or foreign bodies in viscera		1	1		2
3rd/4th degree perineal tear repair	1	1			2
Ureteric re-implantation	1				1
Total	**2**	**10**	**5**	**7**	**24**

Strengthening Capacity:

Training. CHUK has trained a total of 5 surgeons in continuing training for fistula repair between October 2008 and September 2009. There is currently one trainee who is able to operate simple to moderate cases. In addition, the fistula surgeon at Kanombe attended one advanced training. No other training occurred in FY 08/09.

Expansion Assessment. Fistula Care global staff Ms. Mieko McKay and Dr. Isaac Achwal traveled to Rwanda to conduct site assessments for program expansion. Five sites were assessed: two existing Fistula Care Project sites (CHUK and Ruhengeri Hospital) and three new sites: Kanombe, Gahini and Kabgayi. Findings from the assessments showed that the Fistula Care project should continue to support fistula repair services at CHUK through routine services and treatment camps and Ruhengeri through treatment camps. The Fistula Care project is planning provision of quality improvement to CHUK and Ruhengeri based on the assessment. As a result of the assessment, Fistula Care has established a subaward to Kanombe Hospital which officially begins October 2009. The assessment also indicated that FC should expand to an additional site to implement the Levels of Facility Based Fistula Care in Rwanda. In preparation for upcoming support from the Fistula Care Project, Kanombe Hospital has used their own funds to support a renovation to create a dedicated room for fistula repair activities.

It is unclear what the future priorities are for the partners we have traditionally worked with to support fistula camps at Ruhengeri (GTZ and UNFPA). In the future, we intend to continue to work in collaboration with these partners as they identify their future objectives but moving forward we plan to organize "stand alone" activities at Ruhengeri that focus on training and capacity building of hospital staff rather than just fistula repair.

Prevention:

Family Planning. A total of 180 women accepted family planning methods during FY 08/09. Information on number of women counseled for family planning was not available. Tubal ligation was the most common method accepted. Cursory investigation indicated that it is a method strongly preferred by women who have many living children, and that many women fear side effects from hormonal methods of contraception which leads them to tubal ligation as a family planning method.

Other common methods accepted included injectables, the oral pill and implants. Table RWA 4 provides additional information on family planning, by site.

Table RWA 4. Number of FP Clients by Method and Number Counseled about FP, by Site. October 2008 – September 2009, Rwanda.

Fistula FP Methods	CHUK Total	Ruhengeri Total	Country Total
Oral Pill	20	11	**31**
IUCD	0	3	**3**
Condom (male)	0	0	**0**
Condom (female)	0	0	**0**
Injectable	0	35	**35**
Implant	7	23	**30**
Tubal Ligation	31	39	**70**
Vasectomy	5	6	**11**
Foaming Tablets	0	0	**0**
Total FP acceptors	**63**	**117**	**180**
Total Number of clients counseled about FP methods: Not reported			

SIERRA LEONE

Program Background

Service start up: January 2007
Service sites: Aberdeen West African Fistula Center

Mercy Ships established this land based facility in 2005 in partnership with National Petroleum, the Addax & Oryx Foundation and with the collaboration of the Aberdeen community. Mercy Ships is in the process of handing over the management of the Fistula Center to the Gloag Foundation. EngenderHealth will be engaging in a discussion with the foundation about granting a subaward to continue the support of fistula repairs and support the operations of newly established maternity wing. The maternity wing will be housed in the pre fistula surgery hostel; renovations are on going and the wing is scheduled to open in early 2010. The maternity wing will be staffed by 10 nurses and have 14 beds for pre natal/delivery and 12 post delivery beds.

Fistula surgery is normally provided four days a week by the resident surgeon, Dr. Alyona Lewis. In addition there is usually one visiting international surgeon each quarter to provide additional support, especially in complex repairs. This stand alone facility is well equipped and staffed. The Fistula Center does not provide FP services, however they have partnered with Marie Stopes International who comes to the center to provide FP services to those patients who request the services.

Progress to Date

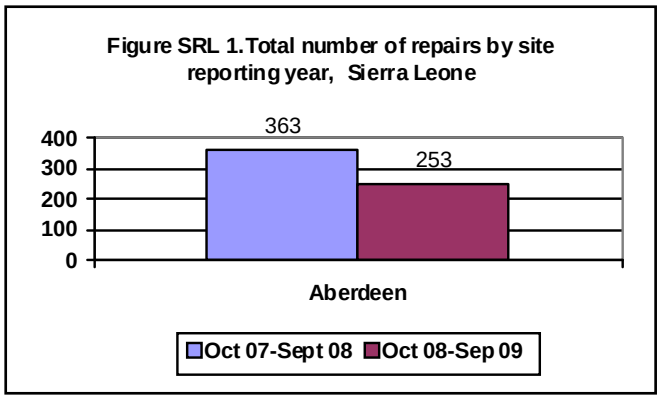
July-September 2009

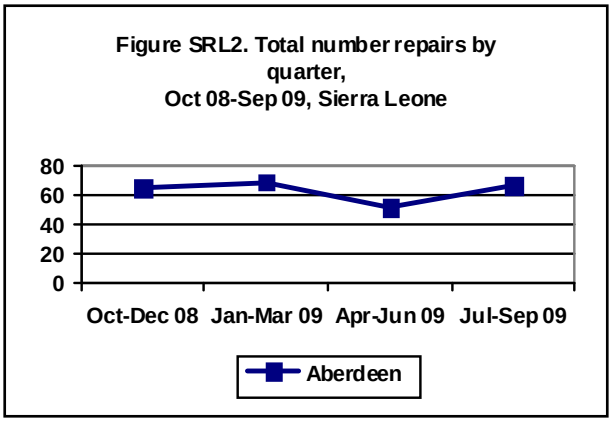
Fistula Repairs. During the last quarter of the FY, a total of 67 fistula repairs were performed, a 28% increase over the previous quarter. Sixty percent of these repairs were among women who were having their first repair surgery. Among women with a urinary related fistula, 79% were discharged with a closed and dry fistula. See Table SRL1. Twenty one (21) additional surgeries were performed on the women who underwent surgery this quarter (see Table SRL2).

Training. There were no on the job training activities for the nursing staff this quarter due to the departure of the international ward nurse. On the job training to further enhance Dr. Lewis's skills was conducted by a visiting surgeon (Dr. Fiona Burslem) during the quarter.

Key Accomplishments, October 2008-September 2009

Fistula Repairs. During this FY, a total of 253 repairs were performed, a 27% decrease from last year's performance; see Figures SRL 1 and 2. The decline in the number of repairs is possibly due in part to the relocation of the one other facility in Sierra Leone which does fistula repair-- West Africa Fistula Foundation moved from Freetown to Bo, a city in the northeast district of the country. This center does not have a full time surgeon, however international surgeons provide fistula surgery once every quarter. One of the NGOs that The Fistula Center has partnered with for the last several years for raising awareness and referrals (MSF/Belgium) has told the Fistula Center that they will not longer refer women to Freetown since it makes more sense for women who live in the Bo area to get their care at a closer facility. The Fistula Center routinely sends screening teams to rural areas of the country in order to identify women who may need surgery; during the FY 08/09 they doubled the number of these trips, however the number of referrals from these trips remained low in comparison with last year (67 referrals in FY 08/09 and 234 in FY 07/08). The Center is also using radio to announce the arrival/schedule of the screening team. Staff from the Fistula Center in Freetown are not sure of what other reasons would be contributing to the decrease.





Among women who had surgery, overall 36% had had at least one previous surgery; the majority of repairs were urinary related (94%); and there were only six RVF only repairs; see Table SRL 1. Overall for the year, 71% of the women who had a urinary related fistula surgery were discharged with a closed and dry fistula; see Figure SRL3. Complication reporting included 12 postoperative complications. A total of 136 additional surgeries were performed during the year to improve the fistula repair surgery; see Table SRL2.

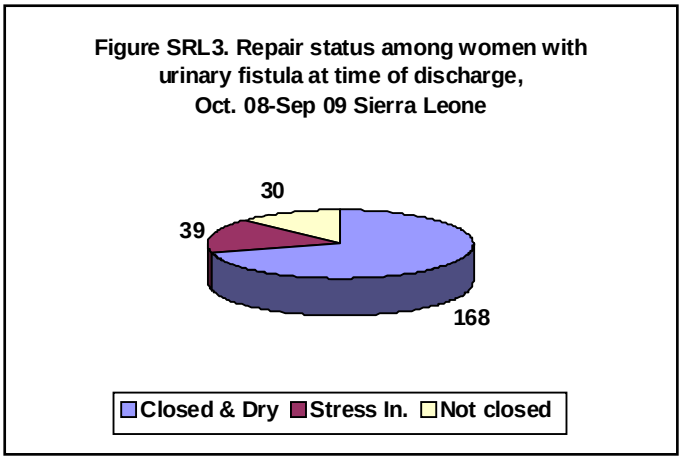


Table SRL1. Clinical Indicators, Aberdeen Center, by Quarter, October 2008-September 2009

Fistula Treatment Indicators	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	82	92	90	90	354
No. requiring FRS	65	69	65	67	266
No. receiving FRS	**65**	**69**	**52**	**67**	**253**
% receiving FRS	**100%**	**100%**	**80%**	**100%**	**95%**
Type of FRS performed					
---------- urinary only	65	66	50	63	244
---------- urinary & RVF	0	0	1	2	3
---------- RVF only	0	3	1	2	6
Among women who had urinary repair (excludes RVF only)					
---------- first repair	45	41	34	39	159
---------- second repair	16	17	14	26	73
---------- >2	4	8	3	0	15
%women with first repair (urinary only)	**69%**	**62%**	**67%**	**60%**	**64%**
No. discharged urinary only	65	63	50	57	235
No. discharged RVF only	0	3	1	2	6
No. discharged urinary & RVF	0	0	1	1	2
Total no. discharged	**65**	**66**	**52**	**60**	**243**
Outcome of FRS (urinary only & urinary/RVF)					
---- No. closed & dry	38	45	39	46	168
---- No. with closed fistula & stress incontinence	12	14	8	5	39
---- No. whose fistula was not closed	15	4	4	7	30
% closed fistula & dry (urinary only & urinary/RVF)	**58%**	**71%**	**76%**	**79%**	**71%**
Outcome of FRS (RVF only)					
---- closed and dry	0	3	0	2	5
---- incontinent, water stool/gas	0	0	1	0	1
---- incontinent with firm stool	0	0	0	0	0
%with closed and dry fistula (RVF only)	**0%**	**100%**	**0%**	**100%**	**83%**
No. with complications after FRS	4	4	1	3	12
---- Major surgical complications	0	0	0	0	0
----Anesthesia-related complication	0	0	0	0	0
----Post-operative complication	4	4	1	3	4
% with complications after FRS	**6%**	**0%**	**2%**	**5%**	**5%**

FRS=fistula repair surgery

Table SRL2. Number of Additional Surgeries for Fistula Patients, October 2008 – September 2009, Sierra Leone

Type of Surgery	Oct-Dec	Jan – March	Apr-June	Jul-Sep	FY Total
Examination under anesthesia	9	24	19	12	**64**
Removal of bladder stones or foreign bodies in viscera	2	0	5	0	**7**
Ureteric re implantations	2	3	3	0	**8**
Colostomy and colostomy reversal	2	0	4	0	**6**
Urethral lengthening	3	2	2	4	**11**
3rd/4th degree perineal tear repairs	5	5	1	1	**12**
Wound re-suture	5	1	1	1	**8**
Other	0	10	7	3	**21**
Total	**28**	**45**	**42**	**21**	**136**

Strengthening Quality of Nursing Care. In all but the last quarter of the year, the senior ward nurse and the surgeons conducted several on the job training sessions for the nursing staff. Topics included emergency preparedness, management of seizures, urinary diversions, etc. (see Table SRL3).

Surgeon Training. Through the FC subaward to Mercy Ships, funds are provided to train surgeons in fistula repair. During the FY three surgeons (2 from the USA and one from Australia) participated in first time fistula repair training. All three have said they intend to return to Africa in the future and want to provide these services.

Table SRL3. Number of Persons Trained by Topic, October 2008 – September 2009, Sierra Leone

Training Topic	Oct-Dec	Jan-Mar	Apr - Jun	Jul-Sep	FY Total
Training in Fistula Repair (first training)	2	1	0	0	3
OJT sessions for nursing staff by topic					
Preparations for Emergency situations	14	0	0	0	14
Management of Seizures	9	0	0	0	9
Anatomy and physiology of obstructed labor and fistula	6	0	0	0	6
Urinary Diversion, advantages and disadvantage	0	10	0	0	10
Sterile Techniques	0	6	0	0	6
Pre and Post op care Orientation of New Nurses	0	3	0	0	3
Post-operative Infections vs. Post-Operative Fever	0	0	14	0	14
VVF Care review	0	0	12	0	12
Policies and Procedures review	0	0	8	0	8
Secondary amenorrhea	0	0	8	0	8
Totals	**31**	**20**	**42**	**0**	**93**

Prevention. The Fistula Center carried out several activities in this FY to raise awareness about fistula treatment and fistula. These activities included:

- *Participation in the November 2008 Tribal Chiefs and Religious Leaders Forum held in Freetown.* At this meeting a former fistula patient spoke about her experience and Dr. Lewis gave an overview of fistula.

- *Pilot VVF Advocacy Training.* As a follow up to at training for fistula advocates which the Center conducted in collaboration with Health Unlimited last year, a two day training sessions for former patients was held in June. Six women, from different geographic areas of the country, were selected to participate in the training. the women were selected based on a few selection criteria (level of education, ability to communicate and willingness to be trained to help other women). The training focused on how to speak about fistula to other women, understanding the causes of fistula, communication messages about importance of antenatal care, delivery in a health facilities and prolonged labor. Health Unlimited and the Fistula Center have agreed to continue with these training events in the next FY.

Family Planning. Beginning in the July-September quarter of FY 08/09, the Fistula Center began collaboration with Marie Stopes International to provide FP counseling and services to fistula patients. Marie Stopes staff come to the Fistula Center on a regular basis to provide these services, however there were no services provided in the July-September 2009 period; Marie Stopes failed to show up. The Fistula Center management staff are following up to get services re-started. In FY 08/09, 47 fistula patients were provided with a method (39 with the Injectable and 8 with a tubal ligation) and 130 counseled about FP.

Other Accomplishments

Physiotherapy. The Fistula Center continues to provide physiotherapy service for patients. The volunteer physical therapist conducted 282 sessions with patients. Patients were provided with walking sticks, some were outfitted with orthotic devices, others with shoes. The patients are taught rehabilitation exercises. In addition the physical therapist conducts session with the nurses to instruct them in how to exercise the patients while they are in the hospital.

Reintegration Activities. The center has created a curriculum for basic literacy and numeracy, as well as instruction in handicrafts (sewing, crochet) to provide patients with an opportunity to interact and learn new skills during the recovery period. In 2007, they began a pilot project with a local cell phone company to establish a micro enterprise project for women who could set up a shop as the local 'telephone lady'. The goal of the project was to assist former fistula

patients to rebuild both social and economic ties in their home communities. The project was discontinued in the last quarter of the year due to poor results: the 12 women who were enrolled in the project were not providing cell services to their community; it was found that most people own a mobile and do not have a need to use a 'pay' mobile phone.

Aberdeen West African Fistula Center in international news. In the second quarter, a graduate student from University of California at Berkeley's Graduate School of Journalism, spent three week in Sierra Leone, videoing and interviewing the patients and staff of the AWAFC and spent time in the filed with the screening teams, met with chiefs and leaders in the communities. The film she produced was aired on PBS FRONTLINE/World. The video tells the story of Yeabu, a woman with obstetric fistula in Sierra Leone. The video follows Yeabu from her home village to Mercy Ships' Aberdeen West Africa Fistula Center, a site supported by Fistula Care, and back to her village after a successful fistula repair surgery. The video highlights the importance of outreach to remote areas of the country to identify and transport women with fistula who otherwise would not have access to fistula repair surgery.
http://www.pbs.org/frontlineworld/rough/2009/06/sierra_leone_ye.html

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.

Subawards for the Uganda ACQUIRE Associate award ended in June 2007. Delays in development of new subawards led to decreased procedures performed at the sites during the first quarter of the fiscal year. New subawards were approved by USAID in the second quarter.

Progress to Date

July-September 2009 Activities

Fistula Repairs. During this quarter, a total of 93 women underwent surgery for fistula repair. This number represents a three-fold increase in repairs from the previous quarter. The main reason for this increase is that Kitovu did not perform any new repairs in the third quarter of the fiscal year, while they did hold a repair session during the fourth quarter and performed 81 repair surgeries during this period. Additionally, Kitovu Fistula Unit staff, along with Kitovu Mobile Outreach workers, mobilized clients and organized collection points in rural areas, providing free transport to clients. Kagando performed 12 repairs during the quarter, a 39% decrease from the previous quarter. This may have been attributable to high transport costs experienced throughout the country. Kagando does not have a strong communication/community mobilization program, and the Fistula Care Project is working to support Kagando to initiate community mobilization. In addition, Kagando has recruited another surgeon and it is hoped that this will positively impact the site's capacity to provide services.

Of women receiving urinary repairs, 34% had undergone previous repairs. Of the 103 women discharged during the quarter, 88% were closed and dry at discharge (87% of urinary repairs and 100% of RVF only repairs). There were no complications reported for the quarter. Table UGA 1 provides detailed information about surgeries and outcomes for both sites.

Training. Two surgeons participated in continuing training for fistula repair during the quarter. One training was held in emergency obstetrical care, during which four nurses received training in topics including partograph use, catheterization and referral. Table UGA 2 provides full information on training, by topic and numbers trained.

Table UGA 1. Clinical Indicators by Site, October 2008 – September 2009, Uganda

	Kagando					Kitovu					Country Total				
Fistula Treatment Indicators	**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	23	31	37	14	105	79	92	0	143	314	102	123	37	157	419
No. requiring FRS	23	23	36	13	95	38	66	0	91	195	61	89	36	104	290
No. receiving FRS	**19**	**23**	**31**	**12**	**85**	**38**	**64**	**0**	**81**	**183**	**57**	**87**	**31**	**93**	**268**
Percent receiving FRS	**83%**	**100%**	**86%**	**92%**	**89%**	**100%**	**97%**	**0%**	**89%**	**94%**	**93%**	**98%**	**86%**	**89%**	**92%**
Type of FRS performed															
---------- urinary only	18	23	30	9	80	34	58	0	71	163	52	81	30	80	243
---------- urinary & RVF	1	0	0	1	2	2	2	0	4	8	3	2	0	5	10
---------- RVF only	0	0	1	2	3	2	4	0	6	12	2	4	1	8	15
Among women who had urinary repair (excludes RVF only)															
---------- first repair	12	20	26	9	67	29	50	0	47	126	41	70	26	56	193
---------- second repair	3	2	2	0	7	2	6	0	18	26	5	8	2	18	33
---------- >2	3	1	2	1	7	5	4	0	10	19	8	5	2	11	26
Percent women with first repair (urinary only)	**63%**	**87%**	**87%**	**90%**	**82%**	**81%**	**83%**	**0%**	**63%**	**74%**	**75%**	**84%**	**87%**	**66%**	**76%**
No. discharged urinary only	17	17	19	19	72	34	34	24	71	163	51	51	43	90	235
No. discharged RVF only	0	0	1	2	3	2	2	2	6	12	2	2	3	8	15
No. discharged urinary & RVF	1	0	0	1	2	2	1	1	4	8	3	1	1	5	10
Total no. discharged	**18**	**17**	**20**	**22**	**77**	**38**	**37**	**27**	**81**	**183**	**56**	**54**	**47**	**103**	**260**
Outcome of FRS (urinary only & urinary/RVF)															
---------- No. closed & dry	17	14	15	19	65	29	31	25	64	149	46	45	40	83	214
--------- No. with closed fistula & stress incontinence	0	2	2	0	4	6	4	0	11	21	6	6	2	11	25
---------- No. whose fistula was not closed	1	1	2	1	5	1	0	0	0	1	2	1	2	1	6
Percent with closed fistula who are dry (urinary only & urinary/RVF)	**94%**	**82%**	**79%**	**95%**	**88%**	**81%**	**89%**	**100%**	**85%**	**87%**	**85%**	**87%**	**91%**	**87%**	**87%**
Outcome of FRS (RVF only)															
---------- closed and dry	0	0	1	2	3	2	2	2	6	12	2	2	3	8	15
-------- incontinent, water stool/gas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

	Kagando					Kitovu					Country Total				
Fistula Treatment Indicators	**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**
---------- incontinent with firm stool	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	**0%**	**0%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**
No. with complications after FRS	0	2	1	0	3	0	0	0	0	0	0	2	1	0	3
-- Major surgical complications	0	0	1	0	1	0	0	0	0	0	0	0	1	0	1
-- Anesthesia-related complication	0	2	0	0	2	0	0	0	0	0	0	2	0	0	2
-- Post-operative complication related to perceived success of surgery	0	0	1	0	1	0	0	0	0	0	0	0	1	0	1
Percent with complications after FRS	**0%**	**12%**	**4%**	**0%**	**4%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**4%**	**2%**	**0%**	**1%**

Key Accomplishments October 2008-September 2009

Fistula Repairs. A total of 268 women had fistula repair surgery between October 2008 and September 2009. This represents a 14% decrease from the FY 07/08 (Fig. UGA1). The number of repairs performed at Kitovu remained steady, while the number of repairs performed at Kagando decreased by 28% compared to FY 07/08. This decrease was attributable to delays in the awarding of subagreement to the site which limited their resources in carrying out repairs. Additionally, the site intends to implement appropriate strategies for community mobilization and is exploring the possibility of providing both routine services (which are currently provided) and organized repair sessions.

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

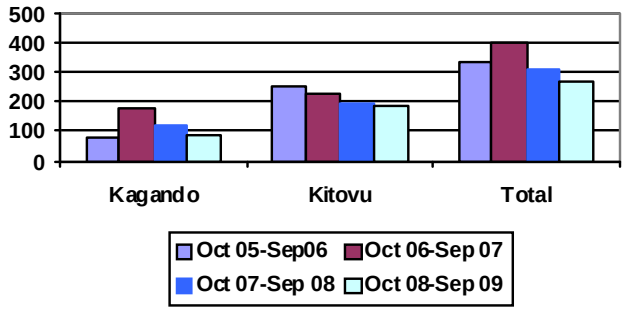
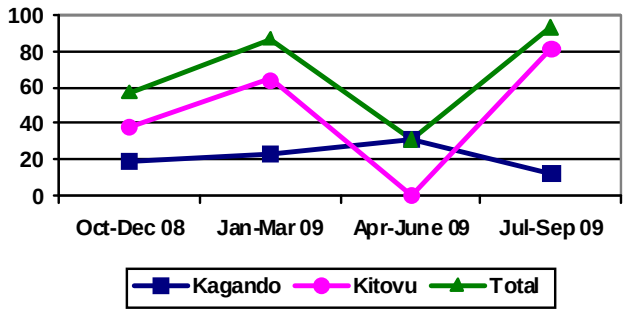


Figure UGA 2. Total number of repairs by site and quarter, Uganda Oct 07-Sep 08



Kitovu did not perform any surgeries during the third quarter (Fig UGA 2), as a repair camp was held at the very end of the second quarter. Many women receiving surgery at that camp during the second quarter were discharged during the third. There is little to no backlog at either of the sites. The women who required surgery but did not receive it were generally deferred to return at a later date or referred elsewhere for immediate medical attention for other existing medical issues like cervical cancer.

Of women receiving urinary repairs, 76% were undergoing their first repair surgery. Eighty-eight percent of the 260 women discharged after surgery were closed and dry at time of discharge (87% of urinary repairs and 100% of RVF-only repairs). Ten percent of women had remaining stress incontinence at discharge, and only one woman had a fistula that was not closed (Fig UGA 3).

Figure UGA 3. Repair status among women with urinary fistula at time of discharge, Uganda Oct 08-Sep 09

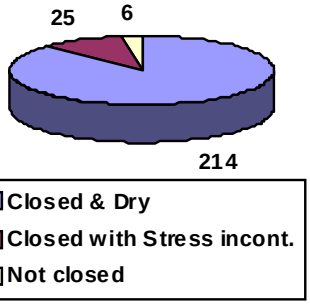


Table UGA 2. Number of Persons Trained by Topic, October 2008 – September 2009, Uganda

Training Topic	Oct-Dec	Jan-Mar	Apr - Jun	Jul-Sep	FY Total
1st fistula repair & care training (surgeons)			1		1
Follow up fistula repair & care training (surgeons)			1	2	2*
Pre and Post Operative Care			4		4
Emergency Obstetrical Care				4	4
Total			**6**	**6**	**11**

* Total reflects number of individuals receiving training, not number of trainings held

A total of 109 additional surgeries were performed at the sites during the past fiscal year. The most common surgeries performed were urethral lengthening and ureteric reimplantation. Table UGA 3 provides additional information on all additional surgeries performed on fistula patients at the supported sites.

Table UGA 3. Number of Additional Surgeries for Fistula Patients, October 2008 – September 2009, Uganda

	Oct-Dec	Jan – March	Apr-June	Jul-Sep	FY Total
Type of Surgery by Site					
Kagando Hospital					
Colostomy	1	1			2
Examination under anesthesia		3	2	1	6
Urethral lengthening		1	1		2
Ureteric reimplantation		5	2		7
Wound resuture		1			1
3rd/4th degree Perineal tears	2	2	2	1	7
Bladder stone removal			1		1
Kitovu Hospital					
Examination under anesthesia	2	4	NA		6
Bladder stone removal		2	NA		2
Colostomy reversal	1	2	NA	1	4
Urethral lengthening	22	8	NA		30
Ureteric reimplantation	3	3	NA	14	20
Prolapse	2		NA		2
3rd/4th degree Perineal tears	5	2	NA		7
Other	1 (cxca biopsy)	1 (pouch)	NA	10 (stress incontinence and sling operations)	12
Total	**39**	**35**	**8**	**27**	**109**

Strengthening Capacity: Training and quality improvement activities were conducted during FY 08/09 in order to strengthen site capacity to provide quality fistula repair and prevention services. While efforts were made to implement planned activities to strengthen the capacity of the sites to provide comprehensive fistula management and treatment services, as well as implement facility-based fistula prevention and reintegration interventions, Uganda faced some specific challenges during the fiscal year. The resignation of a senior medical associate on the team and the delays in implementation of the subawards constrained the project's activities.

Training. Many of the trainings planned for the past fiscal year were not implemented, due to the lack of a senior medical associate to support these activities on a country level. One surgeon did receive first training in fistula repair, and two surgeons participated in continuing training during the fiscal year. Additionally, trainings in pre- and post-operative care and emergency obstetrical care for nurses were conducted. Table UGA 2 has information on trainings, by topic and number of individuals.

Quality Improvement. With technical assistance from Fistula Care project staff, orientations to basic quality improvement tenets were provided to the sites and the procurement process for service delivery equipment for both sites was finalized. Both sites will have the necessary equipment required for effective fistula care surgery by the end of 2009.

Medical waste management and medical supervision visits took place at both sites during the fiscal year. Additionally, both sites continue to review their data and respond to any identified issues on a regular basis. Following additional training at a monitoring and evaluation workshop conducted by EngenderHealth, FC staff are working closely with the sites to improve the quality of their data collection and their use of data for decision-making.

Prevention: Using leveraged funding, the Fistula Care Project was able to develop and disseminate fistula prevention posters: one geared towards service providers and the other towards the community. The development of a facilitators guide was initiated to accompany a DVD developed under ACQUIRE: Learn My Story – Women Confront Fistula in Rural Uganda.

Community Outreach. Leveraging funds from the Kitovu Outreach Program and partnering with local leaders, and using radio and fistula posters, 4,465 people were mobilized to participate in awareness raising activities. These activities utilized FC communications materials, including a DVD.

Family Planning. During FY 08/09, 267 individuals accepted family planning methods from Kagando Hospital. The most common methods accepted were the injectable and the oral pill, followed by tubal ligation. Kitovu Hospital currently only provides family planning counseling on natural methods. A total of 805 individuals received family planning counseling at both of the sites. Table UGA 4 provides more information on family planning methods and counseling at the sites.

Table UGA 4. Number of Clients by Method and Number counseled abut FP, by Site. October 2008 – September 2009, Uganda

Fistula FP Methods	Kagando FY Total	Kitovu FY Total	Country FY Total
Oral Pill	76	0	**76**
IUCD	1	0	**1**
Condom (male)	2	0	**2**
Condom (female)	0	0	**0**
Injectable	130	0	**130**
Implant	12	0	**12**
Tubal Ligation	45	0	**45**
Vasectomy	1	0	**1**
Foaming Tablets	0	0	**0**
Total FP acceptors	**267**	**0**	**267**
Total Number of clients counseled about FP methods	385	420	**805**

Policy. The Uganda Fistula Care team has continued to actively participate in the National Fistula Working Group meetings supported by UNFPA, and plans to support the MOH next year in conducting some of the meetings.

Activities to promote the Levels of Care Framework developed by the Fistula Care Project were conducted in Uganda and an orientation to the framework was conducted for the Fistula Technical Working Group and the Ministry of Health. The framework was well-received, and in the coming year our hope is to work with the National Fistula Working Group to ensure the adoption of these tools and the levels of care framework as national tools for fistula prevention care and treatment. In addition, Fistula Care has initiated a sub-technical working group in collaboration with other key stakeholders supporting fistula in Uganda to better align partner initiatives and support the National Technical working group.

Fistula Care global staff traveled to Uganda to work with the EngenderHealth Uganda team on the development of a strategy and to conduct site assessment visits for expansion of the project. The FC teams met with the USAID/Uganda Mission, MOH and other stakeholders to determine a three year strategy for Fistula Care activities in Uganda

V. Management

The Fistula Care Project was awarded on September 25, 2007, and this report marks the completion of the second year of project implementation. During the second year of the project, global and regional staff focused their efforts on strengthening partnerships and working toward increasing access to both treatment and prevention services.

Staffing. During the first year of the project, in addition to the three key staff mandated by the cooperative agreement, four staff members were hired. In this FY we added 4 additional staff (*) to the global team, utilized other EngenderHealth staff to provide technical support and hired two short term interns.

The Global FC team includes the following:

- Isaac Achwal, Senior Medical Associate
- Karen Beattie , Project Director
- Beverly Ben Salem, Operations Manager*
- Julianne Deitch , Project Assistant*
- Altiné Diop, Project Coordinator
- Jeanne Kabagema, Senior Medical Associate*
- Evelyn Landry, Deputy Project Director
- Karen Levin, Program Associate for Monitoring and Evaluation*
- Mieko McKay, Senior Program Associate
- Carrie Ngongo, Senior Program Associate
- Joseph Ruminjo, Clinical Director

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

- Mark Barone and Vera Frajzyngier – 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.
- Levent Cagatay – training support

Intern Ms. Jimena Villar de Onis spent July and August 2009 updating the virtual resource center of electronic fistula and maternal health resources. Intern Dr. Josephine Muhairwe conducted the record review study in Uganda (her internship has been extended into FY 09/10).

Joseph Ruminjo and Isaac Achwal traveled to Rwanda in June 2009 to orient Jeanne Kabagema to the project. Jeanne, along with Isaac are based in the EngenderHealth/Fistula Care Rwanda office and will provide clinical and technical support to FC programs in the Africa region.

Ms. Beverly Ben Salem will support partners in FC supported countries to foster their understanding and compliance with sub-award reporting requirements, USAID rules and regulations, EngenderHealth's standard operating procedures and equipment purchase.

EngenderHealth/Fistula Care Office opened in Rwanda. In the April-June 2009 quarter, Fistula Care opened a project office in Kigali, Rwanda. The new country staff will coordinate fistula treatment and prevention efforts in Rwanda. Initial hires included Mr. Jean-Nepo Mugenzi and Mr. Leopold Bahutu. Mr. Mugenzi has served as a consultant for project activities in Rwanda for the past three years and was formerly in charge of the reproductive health activities of the Ministry of Health. He will serve as Project Coordinator and will be responsible for the management of activities in Rwanda. Mr. Bahutu is the Project Accountant and comes to us with a strong history of working for NGOs supported by USAID.

Ten subawards authorized. During the past year a total of 6 sub-awards were managed by the New York based team and four by the EngenderHealth country offices in Bangladesh and Uganda, totaling $2,066,108; see Table 11.

Table 11. Sub-awards Issued, October 2008 thru September 2009

Institution	Country	Start Date	End Date	Subaward Number	Total obligated
Awards Made October to December 2008					
REF	Niger	November 25, 2008	November 30, 2009	FCA 200-01	$349,933
IntraHealth	Ethiopia	October 1, 2008	September 30, 2011	FCA-101-02	$423,464
IntraHealth	Mali	October 1, 2008	September 30, 2011	FCA-101-01	$350,877
Awards Made January to March 2009					
LAMB Hospital	Bangladesh	February 15, 2009	February 14, 2010	BGD-068-03	$95,701
Kumudini Hospital	Bangladesh	February 15, 2009	February 14, 2010	BGD-069-03	$63,441
HEAL Africa	DRC	February 1, 2009	January 31, 2011	FCA-600-01	$203,370
Panzi Hospital	DRC	February 1, 2009	January 31, 2011	FCA-601-01	$248,812
Ruhengeri Hospital	Rwanda	March 15, 2009	March 14, 2011	FCA-400-02	$32,195
Kitovu Hospital	Uganda	February 1, 2009	January 31, 2011	UGA-004-05	$175,148
Kagando Hospital	Uganda	January 1, 2009	December 31, 2010	UGA-008-04	$123,167
Awards made April – June 2009					
No awards in this period					
Awards made July – September 2009					
No awards in this period					

International Technical Assistance provided to 10 countries. During the second year of the project, considerable effort was put into working with sites to increase capacity for training and planning for expansion and introduction of prevention activities. Global staff worked with all the country programs to support the development of workplans and strategies and the development and management of sub-awards. Fistula Care global staff, country staff, EngenderHealth staff, and consultants conducted 26 in country technical assistance visits to 10 countries during the October 2008 –September 2009 period. We utilized staff from the Guinea office to provide technical support to programs in Niger and Mali. The focus of the technical assistance included (see Table 12):

- Site Assessments (Bangladesh, Nigeria, Rwanda, Uganda)

- Program support for clinical issues, counseling and FP integration (Mali, Nigeria, Sierra Leone, Uganda)
- Program support and coordination (DRC, Guinea, Ethiopia, Mali, Niger, Rwanda, Uganda)
- Program management, development and support (Ethiopia , Mali, Niger, Nigeria, Rwanda, Uganda)
- Review of program activities for documentation (Ethiopia, Guinea, Nigeria)
- Refresher training of research teams for the global prospective study on fistula (Niger)

Table 12. International Technical Assistance, October 2009-September 2009

Country	Purpose	Who	When
Bangladesh	Site assessment for program expansion	Joseph Ruminjo	December 2008
Democratic Republic of Congo	Program Development	Karen Beattie Bethany Cole, Isaac Achwal	October 2008
Democratic Republic of Congo	Technical Assistance follow up and medical monitoring including waste disposal management	Isaac Achwal Jeanne Kabagema	August 2009
Ethiopia	Review of pre repair centers for Technical Brief	Evelyn Landry	November 2008
Ethiopia	Program coordination	Karen Beattie	June 2009
Guinea	Program and technical support for facilitative supervision workshop	Mieko McKay Michelle Trombley	May 2009
Guinea	Technical support for quality improvement workshop, data for decision making workshop, review of Kissidogou program model	Mieko McKay Michelle Trombley	July 2009
Mali	Program Development	Mieko McKay Sita Millimono	March 2009
Mali	Fistula Counseling Training	Levent Cagatay Mieko McKay	August 2009
Niger	Financial management support for REF	Macka Barry	December
Niger	Program and Financial Management support to REF	Carrie Ngongo Macka Barry	March 2009
Niger	Prospective Research Study follow up	Vera Frajzyngier	December 2008
Nigeria	Follow up to assess progress on FP integration	Betty Farrell	March 2009
Nigeria	To review pooled effort and quarterly meeting strategies	Evelyn Landry Erin Mielke (USAID)	April 2009
Nigeria	Site assessment for program expansion	Joseph Ruminjo	June 2009
Rwanda	Site assessment for program expansion	Isaac Achwal, Mieko McKay	November 2008
Rwanda	Program coordination with partners, program support for clinical issues and support for office opening	Karen Beattie, Isaac Achwal, Beverly Ben Salem	May 2009
Rwanda	Rwanda office management	Beverly Ben Salem	August 2009
Rwanda	Program Management support	Karen Beattie	August 2009
Sierra Leone	Review of clinical issues	Steve Arrowsmith (consultant)	June 2009
Uganda	Program management and site assessment for expansion	Karen Beattie, Mieko McKay, Isaac Achwal	October 2008

Country	Purpose	Who	When
Uganda	Program support for clinical issues	Isaac Achwal	March 2009
Uganda	Program coordination with partners	Isaac Achwal	April 2009
Uganda	Program management support	Karen Beattie	May 2009
Uganda	Technical Assistance in emergency obstetric care training and other program technical assistance t	Isaac Achwal Jeanne Kabagema	August 2009
Uganda	Cesarean record review study	Evelyn Landry Josephine Muhairwe (consultant)	September 2009
Uganda	Program Management support	Karen Beattie	September 2009

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, and research priorities. We held our first annual management review meeting in January 2009 at USAID offices.

Staff development. Carrie Ngongo attended two training sessions on USAID regulations during the year and finance staff from the Nigeria and Uganda offices attended training in EngenderHealth SOPs and USAID Rules and Regulations.

Financial management. Using and adapting templates developed under the ACQUIRE Project, we have submitted monthly pipeline reports to USAID/W that describe the current state of 34 funds. The number of funds is conditioned by whether they were obligated under the ACQUIRE (17) and AWARE (1) projects or under the Fistula Care (34) project, as well as their source. During the period 10/1/08 – 9/30/09, we spent down all ACQUIRE and AWARE funds by December 30, 2008, in accordance with the extensions that were provided under the Leader Award. The monthly monitoring enables us to determine which country programs or sub-awardees (11) 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 (approved in September 2008). The project also developed tools to assist country programs to monitor and evaluate environmental consequences of project activities and we submitted the second annual *Environmental Screening Report* in September 2009 to USAID. 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 which include governments, private and missionary hospitals, 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 partnering with Twubakane, the IntraHealth-managed bilateral in Rwanda for prevention activities, while EngenderHealth focuses its attention on the treatment side. (Twubakane ends in December 2009 and the Mission

has indicated its expectation that Fistula Care will continue to collaborate with the new bilateral when it is awarded). The project continues to collaborate with the International Obstetric Fistula Working Group. 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, especially in support of the development of training curricula for surgeons.

Challenges. Fistula surgery is complex and requires a high level of skill. There is great demand in some countries for rapidly increasing training of surgeons without ensuring that systems are in place to ensure that skills can be used. For example, in countries where fees are charged for most services, women with fistula, the poorest of the poor, are unable to pay. If local governments are not adequately engaged in understanding a more holistic approach to fistula services, training can be wasted. Fistula Care has embarked on a "levels of facilities-based fistula services" proof of concept to begin to address a more holistic perspective on fistula services. Strengthening fistula prevention services will be a key cornerstone of the project. Fistula Care will address four key prevention measures from a full array of interventions available to strengthen safe motherhood programs: family planning, consistent and correct use of the partograph, immediate catheterization for women who experience obstructed labor, and strengthening cesarean delivery services.

Another challenge has been managing operations and maintaining appropriate communications with USAID Missions from New York in countries where EngenderHealth has no office. These include the DRC, Rwanda, Niger, Sierra Leone, and Benin. In FY08/09, we established an office in Rwanda which will ease the situation in that country. For Niger, the project has relied on EngenderHealth staff from Guinea to provide periodic backstopping to REF, as well as extensive programmatic support from New York. The subaward with Mercy Ships to support work in Sierra Leone and aboard the Africa Mercy continues to require significant assistance from EngenderHealth in its day to day compliance with USAID rules and regulations.

2008 Delays in Funding. Fistula Care has been the beneficiary of extraordinary support in terms of the funding allocated in its first two years of activity. However, in 2008, we experienced a year's delay in the obligation of funding for country level activities (although we did get an earlier advance on core funds) which resulted in planning and implementation challenges. We were not able to replace sub-awards ending under ACQUIRE as quickly as we might have liked. This problem has been resolved, but it may have contributed to slowing down program results.

Annex 1. Supported Site Characteristics by Country, September 2009

	# surgeons for fistula repair		Adequate nursing staff	# pre op beds	# post op beds	# OT for fistula	Frequency of surgery	# of non FC sites doing Fistula repair in country
Country	Simple Only	Simple, medium/ complex	Y/N					
Bangladesh								
Kumudini	-	2	Y	8	12	1	1x/week	10 government Medical Colleges
Lamb	-	1	Y	3	5	1	1x/week	
DRC								
Heal Africa	1	1	Y	10	15	1	Daily	None
Panzi	1	1	Y	40	40	3	Daily	
Ethiopia								
Bahir Dar Ctr	-	1	Y	20	25	1	3x/week	1(?)
Mekelle Ctr	-	1	Y	14	14	1	3x/week	
Guinea								
Ignace Deen	5	8	Y	4	4	1	1xmonth	1
Jean Paul II	2	0	N	31	31	2	2xquarter	
Kissidogou	1	1	Y	22	13	1	2x/quarter	
Labé	3 are being trained.	0	Y	16	16	1	2x/quarter	
Mali								
Gao Regional Hospital	3	0	Y	8	8	1	1x/quarter	3
Niger								
Dosso	3	0	N	8 for both pre & post	-	1	Camps only	? # of other Fistula repair centers
Lamordé	-	4	Y	12	12	1	2 days/week	
Maradi	2	1	Y	?	?	1	3 women/week	
Nigeria								
Babbar Ruga.	1	3	N (2 out of 11 trained)	40	40	2	4 days/week	No other fistula sites in these states
Ebonyi Fistula Center	-	1	Y (7 out of 22)	50	50	3	Pooled effort only	
Faridat Yak.	2	1	Y (8 out of 10)	16	14	1	2 days/week	
Kebbi	1	1	Yes (14 out of 17)	25	25	2	3days/week	

	# surgeons for fistula repair		Adequate nursing staff	# pre op beds	# post op beds	# OT for fistula	Frequency of surgery	# of non FC sites doing Fistula repair in country
Laure Fistula Ctr.	-	2	N (1 out of 5 trained)	19	19	1	3days/week	
Maryam Abacha	1	1	Y (10 out of 13)	42 total	-	1	2 days/week	
Rwanda								
CHUK	2	3	N	3	5	2	1x/week	3
Ruhengeri	0	0	N	6	50	2	Camps only	
Sierra Leone								
Aberdeen		2[54]	Y	22	22	2 tables	4days/week	1
Uganda								
Kagando	1	1	Y	24 for both	-	1[55]	weekly	12
Kitovu	0	0	Y	30	28	1	Camps only	

[54] Includes resident surgeon and at least one visiting surgeon every 3 months.
[55] One theater for entire hospital.

Annex 2. 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; 16FP & Repair; 12 FP only	37 total; 10 repair only; 14 FP & Repair; 12 FP only; 1 unknown
2008/2009	68 Total Repair only: 12 Repair & FP: 3 Repair &OC: 2 Repair, OC, FP: 17 OC & FP: 13 FP only: 3 OC only: 18 Unknown: 1	45 Total Repair only: 7 Repair & FP: 2 Repair &OC: 2 Repair, OC, FP: 16 OC & FP: 5 FP only: 12 OC only: 0 Community outreach: 1
2009/2010	70 Total Repair only: 8 Repair & FP: 4 Repair &OC: 3 Repair, OC, FP: 17 OC & FP: 14 FP only: 16 OC only: 7 Community outreach: 1	

UNIT OF MEASURE: Number

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 **obstetric services (OC)** with *immediate interventions to help prevent fistula.*

We will track three key immediate term interventions which will be a focus of strengthening at selected sites:

- Correct use of the partograph to manage labors
- Availability of c section services
- Routine use of catheterization for women who had prolonged/obstructed labor.

c. Sites providing **Family Planning services** as a *medium term fistula prevention intervention*

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

Sites will be classified as a) Fistula Repair only; b) Fistula Repair & OC; c) Fistula Repair &FP; d)Fistula Repair, OC, & FP; e) OC only; f)FP only; g) OC & FP

FY 2006/2007 (baseline actual)

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.

FY 2007/2008 (actual):

	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.

FY 2008/2009 (actual):

	Repair only	Repair & FP	FP only	Unknown	Total
Bangladesh	0	3*	0	0	3*
Benin	1	0	0	0	1
DRC	0	2	0	0	2
Ethiopia*	2	0	3	1	6
Guinea	1	3	3	0	7
Liberia	0	0	0	0	0
Mali	0	1	0	0	1
Niger	0	3	1	0	4
Nigeria	3	3	10	0	16
Rwanda	0	2	0	0	2
Sierra Leone	0	1	0	0	1
Uganda	0	2	0	0	2
Total	7	20	17	1	45

*MCH for only the 1st quarter

RESULT NAME: SO To establish and/or strengthen fistula prevention, repair & reintegration programs in at least 12 institutions in sub-Saharan Africa & south Asia **CORRECTED February 1, 2010**

INDICATOR 2: # of women receiving fistula repair surgery

YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	3,437
2007/2008	3,882	3,746
2008/2009	5,076	**3,741**
2009/2010	**4,245**	

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 06/07	FY 07/08	FY 08/09	FY 09/10	FY 10/11	FY 11/12	Total to date
Bangladesh	119	122	131				372
Benin	NS	NS	110				110
DRC	586	334	482				1402
Ethiopia^	479	596	463				1,538
Ghana	42	NS	NS				42
Guinea	292	229	316				837
Liberia	NS	48	NS				48
Mali	NS	NS	46				46
Niger*	27	213	158				398
Nigeria	1081	1437	1347				3865
Rwanda	147	83	167				397
Sierra Leone**	272	363	253				888
Uganda***	401	310	268				979
Total	**3,437**	**3,746**	**3,741**				**10,924**

NS=No USAID support.

^Data for Ethiopia sites in FY 06/07 & FY 07/08 are corrected.
*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%	75%
2009/2010	**75%**	

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

2006/2007:

Does not include Niger (missing). Ranges were from 55% (Ghana) to 99% (Nigeria).

2007/2008:

Ranges were from 67% (Ethiopia) to 93% (Nigeria). See individual country reports.

2008/2009:

Ranges were from 64% (Niger) to 80% or higher (Ethiopia, Guinea, Uganda, Mali and Rwanda). See individual country reports.

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[56]		
YEAR	**PLANNED**	**ACTUAL**
2006/2007 (Baseline)	N/A	8%
2007/2008	20% or less	4%
2008/2009	20% or less	3%
2009/2010	**20% or less**	

UNIT OF MEASURE: Number

SOURCE: Project reports

INDICATOR DESCRIPTION: Reportable Complications can either be major or minor related to the

[56] 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.

fistula surgery or to anesthesia. Deaths will be reported under complications.

#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

2006/2007 (Baseline):

Does not include data for Ethiopia and Niger (missing). Ranges from 1% (Nigeria) to 50% (Sierra Leone)

2007/2008:

Ranges were from 0% (Niger) to 15% (Bangladesh). Data not reported from Ethiopia. See individual country reports.

2008/2009:

Ranges were from 0% (Mali) to more than 20% (Bangladesh and Benin). See individual country reports.

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 CORRECTED February 1, 2010

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	5,000	**5,531**
2009/2010	**3,034**	

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 1st 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

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 CORRECTED February 1, 2010

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

2007/2008 (actual)	
Topic	**Total number trained**
Surgeons for 1st 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

2008/2009 (actual)	
Topic	**Total number trained**
Surgeons for 1st fistula repair training:	12
Continuing training in Fistula repair	29
Fistula nursing care/pre & post operative	161
Infection Prevention	128
Quality Assurance	64
Fistula Counseling	156
FP Counseling	29
Contraceptive Technology Updates	16
Obstetric Care	147
Fistula Screening and Prevention for Health Workers	1,933
Community Outreach & Advocacy^	2,586
Data Management	145
Other	125
Total	5,531

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	1,500	4,113
2009/2010	**4,670**	

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.

	# of Events	
	FY 07-08	FY 08-09
Bangladesh	232	29
DRC	206	0
Ethiopia	591**	3,659
Guinea	37	13
Liberia	0	0
Niger	136	65
Nigeria	121	307
Rwanda	0	0
Sierra Leone	0	0
Uganda	0	0
Total	1,323	4,113

**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

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 7 : # persons reached about fistula prevention at outreach events

YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	239,675
2007/2008	350,000	442,534
2008/2009	500,000	720,058
2009/2010	**710,500**	

UNIT OF MEASURE: Number

SOURCE: Project reports

INDICATOR DESCRIPTION: Number of persons attending fistula prevention outreach events. Numbers of persons reached will be estimates.

	# Persons Reached	
	FY 07/08 (baseline)*	**FY 08/09**
Bangladesh	15,138	2,521
DRC	17,224	0
Ethiopia	297,292	531,724
Guinea	2,230	3,633
Liberia	0	2,593
Niger	5,982	2,110
Nigeria	104,668	177,477
Rwanda	0	0
Sierra Leone	0	0
Uganda	0	0
Total	442,534	720,058

* 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.

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	**80%**	N/A
2009/2010	**80%**	
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 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 only be collected from sites where FC is working to strengthen the correct use of the partograph.		

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: # of births at FC supported sites		
YEAR	**PLANNED**	**ACTUAL**
2006/2007 (Baseline)	N/A	N/A
2007/2008	N/A	N/A
2008/2009	**N/A**	**30,002**
2009/2010	**N/A**	
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.		

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	**N/A**	**34%**
2009/2010	**N/A**	

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 as of 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.

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	**N/A**	N/A
2009/2010	**N/A**	

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.

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	80%	**20% of sites met 4 times; 83% met at least 1 x**
2009/2010	**80%**	

UNIT OF MEASURE: Number/percent

SOURCE: Project reports

INDICATOR DESCRIPTION: Proportion of supported sites with a functioning process for reporting **AND** 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

2007/2008

A total of 12 sites among the 25 fistula repair sites held meetings to review quarterly clinical monitoring data.

In **Bangladesh**: each of the **3** fistula repair sites met twice during the year to review data.

In **Guinea**: The national technical review committee met in March to review data from all sites; Ignace Deen and Kissidougou staff met at least once to review data. **(2 sites)**

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.

In **Uganda:** FC/Uganda M&E officer met with the staff at **2 fistula centers** twice during the year to review data.

2008/2009

A total of 22 of the 27 fistula repair sites held meetings at least once to review quarterly clinical monitoring data.

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	**3**	**1**
2009/2010	**2**	

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

2007/2008:

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. 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.

2008/2009:

Completed Study:

Qualitative Study of Current Practices in Fistula Treatment

Ongoing:

1) A Multi-Centre Retrospective Review of Data Collection Procedures and Data Quality of Indications for Cesarean Deliveries.

2) Determinants of Post-Operative Outcomes in Fistula Repair Surgery

Planned Studies:

Cost Study

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	**5**	**6**
2009/2010	**7**	

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)

2007/2008

4 FC supported countries **initiated** policy dialogue.

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/polices on fistula were issued by this working group in 2006.

2008/2009

Bangladesh. The Bangladesh Fistula Care team continues progress with the National Task Force on Obstetric Fistula which was established in August 2008. Two meetings of the National Task Force were organized and a National Strategic Vision for the prevention, treatment and rehabilitation of obstetric fistula cases is under development at this time.

Guinea. The Guinea/FC team co sponsored the second annual National Fistula Day in Labé in May 2009 to coincide with the inauguration of the new sites. The event included a site launch ceremony presided by the Mayor of Labé with speeches by the representatives of USAID, the Governor of Labé and the representative of the Minister of Women, Children and Family Affairs.

Mali. Fistula Care, along with providers from regional hospitals, participated in a week long national strategy meeting organized by the MOH and UNFPA. Following this meeting, regional groups met to develop regional strategies. Fistula Care provided support to the Gao region to develop their plan to support training and treatment in fistula repair.

Nigeria. In FY 08/09 the FC/Nigeria team provided technical assistance in three important initiatives.

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
First, the establishment of the Zamfara VVF Task Force. This task force includes representatives from several state ministries (e.g., health, women's affairs), women's groups, religious and traditional leaders. The Zamfara State Government has pledged funds to support the meetings of the task force. Second, technical assistance to the Senate Committee on Health in holding a Mother's Day event to raise awareness about maternal health with the National Assembly and other key stakeholders in the government and business community. Third, staff worked with the First Lady of Ebonyi state to include language about obstetric fistula in a maternal mortality monitoring law which was enacted by the state. **Rwanda.** Fistula care has continued to provide technical assistance to the national fistula technical working group under the National Safe Motherhood Working Group. The project is also in the planning phase of organizing a national stakeholders meeting to take place in December 2009 concerning the integration of fistula and family planning services that will be co-hosted with the MoH and the Rwandan Medical Association. **Uganda.** The Uganda Fistula Care team continued to actively participate in the National Fistula Working Group meetings supported by UNFPA, and plans to support the MOH next year in conducting some of the meetings. FC provided an orientation to the Levels of Care Framework the Fistula Technical Working Group and the Ministry of Health. The goal for FY 09/10 is to work with the National Fistula Working Group to ensure the adoption of these tools and the levels of care framework as national tools for fistula prevention care and treatment.

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

INDICATOR 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	25
2008/2009	**68 sites**	**36 sites using 9 tools**
2009/2010	**70 sites**	

UNIT OF MEASURE: Number

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.

Country/Site	Quarterly Reporting Tools		Monitoring for Service Delivery Check list		Medical Waste Management[57]		Training Strategy		Training Knowledge Assessment Tool		Monitoring & Supervision for Training Site		Fistula Site Assessment Tool		Fistula Standard Equipment List		Fistula Counseling Curriculum		Fistula Nursing Curriculum	
	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09	07-08	08-09
Bangladesh																				
Kumudini	X	X	X	X		X						X					X	X		
LAMB	X	X	X	X		X											X	X		
Adin-Dhaka	X		X											X			X			
Benin																				
Africa Mercy	X	X																		
DRC																				
HEAL	X	X																		
Panzi	X	X																		
Ethiopia																				
Bahir Dar		X																		
Mekelle		X																		
Adet	X	X																		
Dangla	X	X																		
Woret	X	X																		
Guinea																				
Ignace Deen	X	X	X	X				X												
Jean Paul II	X	X	X	X		X		X					X							
Kissi.	X	X		X		X		X												
Labé		X		X				X						X						
Mali																				
Gao		X				X		X		X				X		X				X
Niger																				
Dosso	X	X																		
Issaka Gazobi	X	X																		
Lamordé	X	X																		
Maradi	X	X																		
Nigeria																				

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

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

Babbar R.		X															X			
Ebonyi		X															X			
Faridat Yak.	X	X	X														X			
Kebbi	X	X	X	X		X														
Laure	X	X															X			
Maryam Abacha	X	X	X	X		X											X			
Prevention only sites :																				
Sheik Jidda		X																		
Taki		X																		
Kumbotso		X																		
Ungwauku		X																		
Muhammed Wase		X																		
Taranui		X																		
Rwanda																				
CHUK	X	X		X		X				X		X		X		X				
Ruhengeri	X	X		X		X				X				X		X				
Kanombe														X						
Sierra Leone																				
Aberdeen	X	X																		
Uganda																				
Kagando	X	X		X		X										X				
Kitovu	X	X		X		X		X		X		X				X				
Mbale														X						
Total sites using tools	**25**	**36**	**8**	**12**	**0**	**11**	**0**	**6**	**0**	**4**	**0**	**3**	**1**	**7**	**0**	**5**	**8**	**2**	**0**	**1**

** Only Medical waste monitoring section was used.

2007-2008: 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.