

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



**Annual Report  
October 2010 to September 2011**

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

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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](mailto:fistulacare@engenderhealth.org)  
[www.fistulacare.org](http://www.fistulacare.org)

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## ACRONYMS AND ABBREVIATIONS

AMREF	African Medical and Research Foundation
AMTSL	Active Management of the Third Stage of Labor
ANC	Ante Natal Care
AWC	Aberdeen Women’s Centre
CBO	Community-Based Organization
CHUK	Central University Hospital of Kigali
COPE®	Client-Oriented, Provider Efficient Services
DHS	Demographic Health Survey
DR Congo	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
GH	General Hospital
HC	Health Center
HEAL	Health, Education, Community Action, Leadership Development
IEC	Information, Education, Communication
IP	Infection Prevention
MAP	Men As Partners®
MCH	Maternal & Child Health
MCCI	Maternal and Child Care Initiative
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Nongovernmental Organization
Ob/Gyn	Obstetrics/Gynecology
OC	Obstetric Care
OFWG	Obstetric Fistula Working Group
OJT	On-the-Job Training
PMP	Program Monitoring Plan
QI	Quality Improvement
RCT	Randomized Controlled Clinical Trial
REF	Network for the Eradication of Fistula
RH	Reproductive Health
RLAC	Religious Leader Advocacy Champion
RVF	Recto-vaginal Fistula
TBA	Traditional Birth Attendant
UNFPA	United Nations Population Fund
USG	United States Government
VVF	Vesico-vaginal Fistula
WAHA	Women and Health Alliance International
WHO	World Health Organization

# Executive Summary

## Result 1: Strengthened capacity

- 34 facilities supported for repair and 48 prevention only sites in 10 countries through all sources of USAID funding
- 4,727 repairs performed in all USAID supported sites (4, 225 at FC supported sites)
- 41 surgeons trained in fistula repair to varying levels of competency
- 442 providers trained in fistula care management and counseling
- Collaboration with FIGO to introduce the international fistula surgeon curricula

## Result 2: Enhanced community and facility practices to prevent fistula

- 727 providers trained in prevention interventions (family planning and obstetric care including correct use of the partograph)
- More than one million persons reached through community mobilization efforts with key messages about fistula treatment and prevention

## Result 3: Use of data for decision making

- Multi country prospective observational study on determinants of fistula completed in five countries (Bangladesh, Guinea, Niger, Nigeria, Uganda)
- Multi country retrospective cesarean record review study completed in five countries (Bangladesh, Guinea, Mali, Niger, Uganda)
- Multi country randomized controlled clinical trial on duration of catheterization approved and implementation begun in 8 countries in partnership with WHO and WAHA International: DR Congo, Ethiopia, Guinea, Kenya, Niger, Nigeria, Sierra Leone, Uganda
- *Data for Decision Making in Fistula Treatment Services* training module completed

## Result 4: Strengthening the environment for fistula

- In Bangladesh the national strategy for fistula was finalized and is ready for dissemination.
- Fistula Care indicators are being integrated into the Malian national management information system.
- Fistula Care/Nigeria, UNFPA and other stakeholders reconstituted the National Working Group on Obstetric Fistula (NWGOF)
- FC worked successfully in partnership with UNFPA and USAID/Uganda to ensure inclusion of questions about Fistula in Uganda's upcoming DHS.

### Key Accomplishments with USAID funding (all funding sources):

- 22,507 repairs performed in 14 countries in Sub Sahara Africa and South Asia between January 2005 and September 2011
- Since 2005 expansion from 4 treatment sites in two countries to support of 40 treatment sites in 15 countries\*
- Multi country prospective research study on the determinants of fistula outcomes completed in FY11
- Randomized clinical trial (RCT) on duration of fistula implemented in collaboration with WHO in FY11
- Country programs in Mali, Rwanda, Uganda adopting and adapting FC developed tools and approaches for services

\*Includes USAID/Pakistan support to create new fistula repair center.

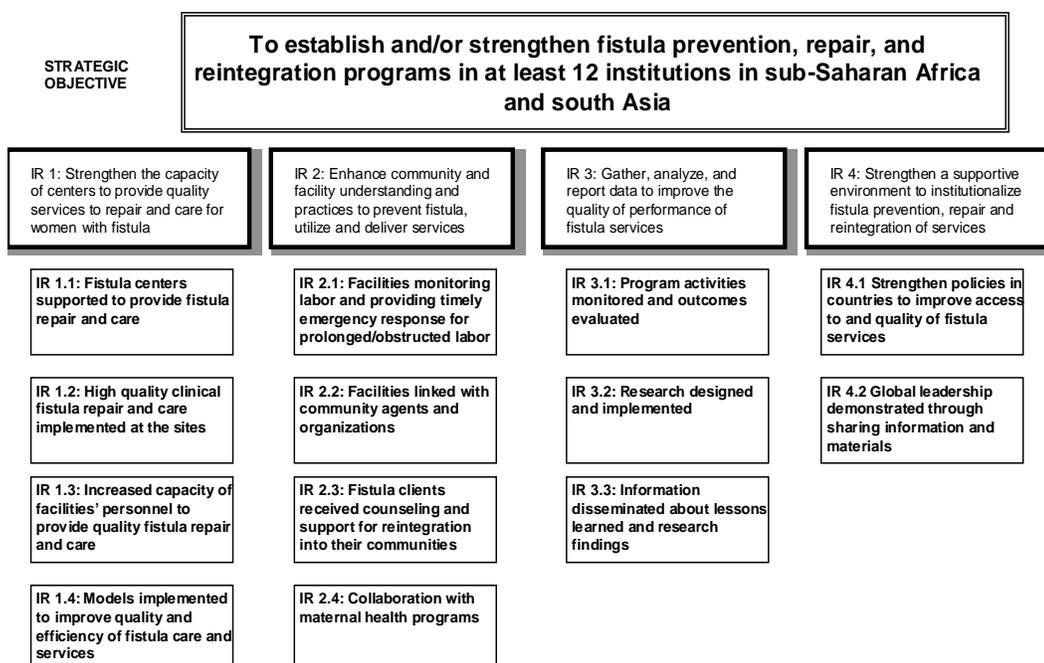
# I. INTRODUCTION

This annual report represents a summary of accomplishments for the fourth year (October 1, 2010-September 30, 2011) of Fistula Care, a five-year Associate Cooperative Agreement (No. GHS-A-00-07-00021-00) supported by USAID. Also included in this report are updates from USAID bilateral projects supporting fistula services. In this report we present trends on selected indicators for the last four years as well as an updated review of surgeon trainee follow up (see Section III, Result 1). The annual report is organized into the following five sections: Annual Performance, Global Accomplishments by Results, Country Reports, and Management.

USAID support to EngenderHealth for fistula services began in 2004 under the ACQUIRE Project, primarily focused on training of surgeons in fistula surgery and strengthening the capacity of sites to provide quality fistula surgery. With the award of Fistula Care (FC), the scope of work has been expanded to include a focus on prevention activities. The goal of FC 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.

In FY10/11 FC supported activities were implemented with a variety of partners in 10 countries: the public sector in Ethiopia, Guinea, Mali, Niger, Nigeria, Rwanda; private and mission hospitals in Bangladesh, the DR Congo, Ethiopia, Sierra Leone, and Uganda; and via national

**Figure 1: Fistula Care Results Framework**



and international NGO partners (IntraHealth International, the Gloag Foundation and Harvard Humanitarian Initiative). In addition USAID/Pakistan supported the on-going renovation of an Ob/Gyn and fistula ward at the Jinnah Postgraduate Medical College in Karachi (expected to be completed in 2013) and USAID/Ethiopia supports fistula treatment and prevention activities through the Hamlin Hospitals (details about the accomplishments in Ethiopia are presented in Section IV of this report under the Ethiopia Country report).

During FY10/11 USAID supported fistula treatment and prevention activities in **82 sites in 11 countries**; see Table 1. These sites include those supported directly by the Fistula Care Project as well as those supported through other USAID funding mechanisms at the country level.

**Table 1. Number of Countries Supported by USAID for Fistula Treatment and Prevention by Status, October 1, 2010 thru September, 30, 2011**

Country	Active Countries FY10/11	Number of Supported Sites in Active Countries			Number Sites Under Development <sup>1</sup>	Number Country Programs Completed
		Treatment Sites <sup>2</sup>	Prevention Sites	Total Sites		
Bangladesh	X	4	0	4	0	
DR Congo *	X	6	0	6	1(T)	
Ethiopia**	X	2	5	7	0	
Guinea	X	3	6	9	0	
Mali	X	1	4	5	0	
Niger	X	4	2	6	0	
Nigeria	X	7	22 <sup>3</sup>	29	2(T)	
Pakistan <sup>^</sup>	X	0	0	0	1(T)	
Rwanda <sup>^^</sup>	X	4	0	4	2(P)	
Sierra Leone	X	1	0	1	0	
Uganda	X	2	9	11	1(T)	
Mercy Ships <sup>^^^</sup>						
Benin		NS	NS	NS	0	1
Ghana		NS	NS	NS	0	1
Liberia		NS	NS	NS	0	1
Togo		NS	NS	NS	0	1
<b>Total</b>	<b>11</b>	<b>34</b>	<b>48</b>	<b>82</b>	<b>5 T, 2 P</b>	<b>4</b>

\*A new bilateral agreement with Management Sciences for Health includes support for fistula repair; services will begin in FY12.

\*\*USAID/Ethiopia directly supports 3 sites through Hamlin Fistula Ethiopia (two for repair and one for prevention activities).

<sup>^</sup>USAID/Pakistan funds have been allocated to support construction of an OBGYN/fistula ward at Jinnah Medical College in Karachi; construction is expected to be completed in 2013.

<sup>^^</sup>The fourth repair center in Rwanda, Kibogora, has not started providing services, though clinical team is in place.

<sup>^^^</sup>Fistula repair & training activities carried out in 4 countries aboard the Mercy Ships hospital ships *Anastasis* (Ghana) and *Africa Mercy* (Liberia, Benin, Togo) with USAID support through EngenderHealth funding mechanisms. Support ended in FY10

NS: not currently supported

<sup>1</sup> T=treatment; P=prevention. Numbers listed Under Development include the estimated benchmarks for FY10/11.

<sup>2</sup> All fistula treatment sites, i.e., sites that provide fistula surgery, include one or more prevention interventions such as FP counseling and/or methods, and/or obstetric care services or community outreach about prevention and treatment.

<sup>3</sup> In the April–June 2011 period the USAID bilateral project TSHIP assumed the technical assistance role for FP services at 4 sites in Sokoto State. There was a hiatus in support to 17 other prevention only sites in Nigeria at the request of USAID. USAID/Nigeria has now reversed this decision; FC will support and report from these facilities in the next FY.

## II. Fistula Care Annual Performance

The Fistula Care Performance Management Plan (PMP) was developed in the first year of the project and includes a total of 15 core indicators organized by the four project results. Table 2 on the following pages shows the Fistula Care accomplishments for each project year compared to the proposed benchmarks and includes proposed benchmarks for FY11/12.

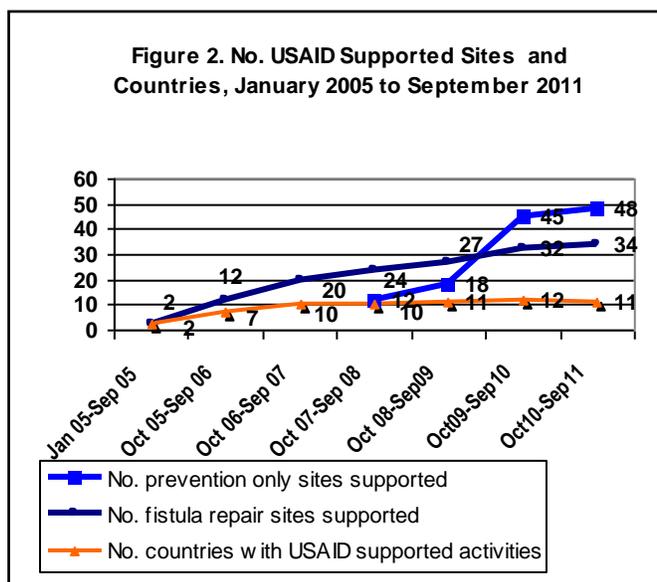
During FY09/10 we modified how we report on the number of repairs performed at USAID supported sites. The indicator is number of women repaired. While this is an accurate description of services provided during a confined reporting period (e.g., one quarter), when the data are aggregated across quarters there may be double counting: some women will require an additional surgery in order for the fistula to be closed and/or to achieve continence. We have therefore modified our language in reporting on repairs to state the number of repairs performed instead of the number of women receiving fistula repair services.

Table 2 is a summary of planned and actual benchmarks for all indicators for each FY. During FY10/11, we exceeded or were within 10% of our planned benchmarks for 9 of the 15 ; we did not meet benchmarks for one indicator and three indicators do not have annual benchmarks<sup>4</sup>. Below is a brief discussion of the project's overall accomplishments against these planned benchmarks, highlighting factors contributing to success and challenges. Further details about these indicators are described in Section III, Global Accomplishments of this report.

### Result 1: Strengthened capacity

Five indicators relate to strengthening capacity, including two at the strategic objective (SO) level.

**Supported Sites (SO).** The planned benchmark for all FC supported sites—repair and prevention-only—was 85<sup>5</sup>; by September 30, 2011 a total of 82 sites were supported through all USAID funding mechanisms (79 in Fistula Care supported programs and three sites through a USAID bilateral project in Ethiopia at Hamlin Fistula Centers); see Figure 2. The planned benchmark for supported treatment sites for FY10/11 was 35 and by September there were a total of 34 supported treatment sites: 32 in the Fistula Care supported programs and 2 in the bilateral project. See Annex 1 for a list of all supported sites by country.



<sup>4</sup> Indicators 9 (number of births); 10 (percent of births which are cesarean); 11 (percent of cesareans performed for obstructed/prolonged labor). No data available for indicator on partograph use; see discussion below under Result 2.

<sup>5</sup> In our projected benchmarks for FY 10/11 we did not include any sites which may be supported by USAID bilateral agreements (i.e., in DR Congo, Ethiopia, Pakistan).

Overall we planned to expand to nine new treatment sites in FC supported programs; 7 new treatment sites were added: 4 in DR Congo, one in Nigeria, and one in Rwanda. Our planned expansion to one additional site in Uganda did not occur due to delays in negotiations with the Ministry of Health; the site has now been chosen and outreach services are planned for October 2011. In DR Congo, at the request of the USAID Mission, we did not expand to a seventh site (DOCS, located in Eastern Congo) since there are already sites in the area supported by USAID. Our planned expansion to an eighth site in Nigeria (Kwara State) has been delayed due to challenges in preparing the site to provide services. While we did complete training of clinical staff at a fourth treatment site in Rwanda (Kibogora), services were not provided in this FY but were planned for October/November 2011.

The planned benchmark for FC supported prevention only sites was 50; by September 30, 2011 USAID was supporting a total of 48 sites (47 Fistula Care supported sites and 1 through USAID/Ethiopia). We achieved our planned expansion to three new prevention only sites in FY10/11: 1 in Nigeria, 1 in Ethiopia and 1 in Niger; we did not expand to two additional sites in Rwanda due to funding cuts. The overall number of supported sites in FY10/11 was lower due to discontinued support of 4 sites in Nigeria. This discontinued support was at the request of the USAID Mission which asked us to transfer management of activities at these sites to the bilateral.

**FY11/12 Benchmarks.** The total number of FC supported sites planned for FY11/12 will be 88. FY11/12 is the fifth year of the project and we are not planning expansion with the exception of Nigeria and Uganda where preparation has already begun for work with these sites.

- FC supported sites providing treatment services will be 35 which includes three new sites (2 in Nigeria and 1 in Uganda). We have not included in our projections any future work by USAID bilateral agreements, i.e., in DR Congo Integrated Health Program, Ethiopia Hamlin Hospitals and Jinnah Medical College in Pakistan.
- The number of supported prevention only sites will be 53, which includes six new sites in Nigeria in new states (Cross Rivers and Kwara).

**Fistula Repairs (SO).** The overall number of repairs performed in all USAID supported sites in FY10/11 was 4,727 representing a 5% decrease from the previous year. This overall decrease is a result of the ending of the USAID/DR Congo bilateral project (Project AXxes) in September 2010. The new USAID bilateral project will support fistula repair services, however those activities did not take place in FY10/11. In FC supported sites there was an overall 9% increase in the number of repairs; 89% of all reported repairs in FY10/11 are from FC supported sites (4,225). Repairs performed through the Hamlin Hospitals with USAID/Ethiopia bilateral support accounted for 11% of all reported repairs this FY (n=502) which is lower than last year by 15%.

The benchmark for FY10/11 for the number of repairs was based on past performance at FC supported sites and the planned expansion of sites. We had planned for a 16% increase in repairs at FC supported sites and achieved an overall 9% increase above the previous year's performance at FC supported sites (3,871 repairs in FY 09/10). The projected increase did not happen because some sites were delayed in starting activities (four new sites in DR Congo, one site in Nigeria) and two sites (Panzi and HEAL) had gaps in funding. Planned expansion in

**Table 2: Fistula Care Achievements and Benchmarks by FY<sup>6</sup>**

	Base-line	FY								
	06/07 <sup>7</sup>	07/08	07/08	08/09	08/09	09/10	09/10	10/11	10/11	11/12
	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned
<b>SO: To establish and/or strengthen fistula prevention, repair &amp; reintegration programs in at least 12 institutions in Sub-Saharan Africa &amp; south Asia</b>										
<b>I. Total # of sites supported<sup>8</sup></b>	23	37	37	68	45	70	77	84	82	88 <sup>9</sup>
Fistula Repair Sites	<b>23</b>	<b>25</b>	<b>24</b>	<b>33</b>	<b>27</b>	<b>32</b>	<b>32</b>	<b>34</b>	<b>34</b>	<b>35</b>
Fistula repair only	n/a	9	10	12	7	8	9	5	2	1
Fistula repair and FP	n/a	16	14	2	2	4	1	3	5	5
Fistula repair & OC	n/a	n/a	n/a	2	2	3	2	2	2	2
Fistula repair , OC, FP	n/a	n/a	n/a	17	16	17	20	24	25	27
Non Repair Sites	n/a	12	13	35	18	38	45	50	48	53
FP only	n/a	12	12	3	12	16	22	22	22	28
OC only	n/a	n/a	n/a	18	0	7	4	4	4	4
OC & FP	n/a	n/a	n/a	13	5	14	18	24	21	21
Community outreach for prevention <sup>10</sup>	n/a	n/a	1	1	1	1	1	0	1	0

<sup>6</sup> See Annex 2 for a full description of each indicator.

<sup>7</sup> 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).

<sup>8</sup> Total number of sites reported under actual includes sites supported through other USAID bilateral arrangements in DR Congo and Ethiopia. Benchmarks only include FC supported sites since we have no active engagement with the bilateral awards.

<sup>9</sup> Benchmark only includes Fistula Care supported sites

<sup>10</sup> Yirgam Center in SNNP in Ethiopia. Supported by USAID/Ethiopia funds.

	Base-line	FY	FY	FY	FY	FY	FY	FY	FY	FY
	06/07 <sup>7</sup>	07/08	07/08	08/09	08/09	09/10	09/10	10/11	10/11	11/12
	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned
2. # fistula repair surgeries at USAID supported sites	3,437 <sup>11</sup>	3,882	4,107 <sup>12</sup>	5,075	4,183 <sup>13</sup>	4,250	4,972 <sup>14</sup>	4,500 <sup>15</sup>	4,727 <sup>16</sup>	4,468 <sup>17</sup>
<b>IR 1. Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula</b>										
3. % of women who received fistula surgery who have a closed fistula & are dry upon discharge	98%	75%	83%	75%	74%	75%	73%	75%	76%	75%
4. % of women who had fistula surgery who experienced complications	9%	≤20%	5%	<20%	3%	<20%	3%	<20%	2%	<20%
5. # of people trained, by type of training	603	1,800	4,858	5,000	5,531	3,050	6,922	7,545	7,848	3,600 <sup>18</sup>

<sup>11</sup> Updated based on revised data from USAID/Ethiopia support to AAFH for Bahir Dar Fistula Hospital (total number of repairs were 470, representing 14% of all repairs supported with USAID funds in FY 06/07).

<sup>12</sup> Updated with revised data from Ethiopia for Bahir Dar and Mekelle Hospitals and DR Congo Project AXxes; total number of repairs supported by these projects were 1,291, representing 31% of all repairs in FY 07/08.

<sup>13</sup> Total number of repairs supported by USAID bilateral agreements in DR Congo and Ethiopia were 905, representing 22% of all repairs in FY 08/09.

<sup>14</sup> Total number of repairs supported by FC supported sites: 3,871; USAID bilateral agreements in DR Congo and Ethiopia reported 1,101 repairs, representing 22% of all repairs in FY 09/10.

<sup>15</sup> Projected 16% increase at FC supported sites. In FY 09/10 total number of repairs at FC supported sites was 3,871 (78% of all repairs reported)

<sup>16</sup> Total number of repairs at FC supported sites: 4,225; USAID/Ethiopia bilateral supported: 502. 89% of all repairs conducted at FC supported sites.

<sup>17</sup> Planned 10% increase at FC supported sites.

<sup>18</sup> 75% of projected benchmark is for Ethiopia pre-repair centers.

	Base-line	FY	FY	FY	FY	FY	FY	FY	FY	FY
	06/07 <sup>7</sup>	07/08	07/08	08/09	08/09	09/10	09/10	10/11	10/11	11/12
	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned
<b>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</b>										
6. # of community outreach events about fistula prevention	513	625	1,323	1,500	4,113	5,000	5,728	3,500	6,528	700
7. # of persons reached in outreach events about fistula prevention	239,675	350,000	442,534	500,000	720,058	750,000	1,026,674	558,000	1,157,230	300,000
80 % of all labors with partographs correctly completed & managed according to protocol	NA	NA	NA	80%	NA	80%	39%	80%	n/a <sup>19</sup>	80%
9. Number of births at FC supported sites <sup>20</sup>	NA	NA	NA	NA	30,002	NA	58,930	NA	78,443	NA
10. Number/Percent of births that were by c section at FC supported sites	NA	NA	NA	NA	34%	NA	40%	NA	33%	NA

<sup>19</sup> n/a: not available. Analysis of data was not completed in time for this report. A full report on this indicator will be included in the October-December 2011 Quarterly Report.

<sup>20</sup> We will not present benchmarks for indicators 9, 10 and 11. We will report on actual achievement by those sites were supporting to improve delivery and cesarean services.

	Base-line	FY	FY	FY	FY	FY	FY	FY	FY	FY
	06/07 <sup>7</sup>	07/08	07/08	08/09	08/09	09/10	09/10	10/11	10/11	11/12
	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned
11. Number/Percent of c-sections that that were a result of obstructed labor or prolonged labor	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<b>IR 3. Gather, analyze and report data to improve the quality and performance of fistula services</b>										
12. % of supported sites reporting and reviewing quarterly fistula monitoring data improving fistula services <sup>21</sup>	NA	45%	48%	80%	20% met 4x; 83% met at least 1x	80%	14% met once/quarter; 97% met at least 1x	80%	23% met once/quarter; 91% met at least 1x	80%
13. # of evaluation & research studies completed	0	1	0	3	1	2	3	13	10	6
<b>IR 4. Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs</b>										
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	6	8	5	7

<sup>21</sup> Fistula Repair centers are counted as well at the three pre-repair centers in Ethiopia.

	Base-line	FY	FY	FY	FY	FY	FY	FY	FY	FY
	06/07 <sup>7</sup>	07/08	07/08	08/09	08/09	09/10	09/10	10/11	10/11	11/12
	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned
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	64 sites reported using 9 tools	85	66 sites reported using 9 tools	85

n/a =not available NA=not applicable TBD=to be determined

Uganda and Nigeria did not occur as planned. All FC supported country programs, with the exception of Nigeria performed more repairs this year compared to last year. See Table 3 below for full details by country and site (Section III, Global Accomplishments, Result 1).

Contributing factors to this year's performance by country include:

- **Bangladesh.** Total number of repairs were up slightly this year compared to FY09/10. The increase was seen at Ad Din Dhaka. The number of repairs at Kumudini was lower because there is no in house surgeon capacity to perform complex repairs and so patients are referred to the Dhaka Medical College. In addition, project staff determined there was a need to focus efforts to raise awareness. At the end of this FY, 23 former patients were identified and trained to serve as community educators to raise awareness about fistula treatment and prevention services. This approach may increase the number of women seeking services at Kumudini.
- **DR Congo.** Both Panzi and HEAL had decreases in the number of repairs performed, when compared to FY09/10 (HEAL: 163 vs. 210 and Panzi: 180 vs. 262). Both sites experienced funding delays related to modifications to their subawards during the FY. Overall there was increase in the DR Congo as a result of FC support to four new sites beginning in the third quarter.
- **Guinea.** The 36% increase is attributed to improvements in the referral systems for all sites and continued efforts to create awareness of the condition nationally.
- **Mali.** The more than 100% increase from 40 repairs in FY09/10 to 91 in FY10/11 is a result of surgery being provided each quarter and increased referral networks; in FY09/10 repairs were only provided in two of the reporting quarters.
- **Niger.** Overall there was a 50% increase which is a result of many women being transferred from the National Hospital of Niamey to Lamordé and Dosso for repairs and the start of services at one new treatment center (Tahoua). The National Hospital ceased conducting repairs for fistula during the fiscal year. While the overall number of repairs were higher at Dosso and Lamordé, the number of repairs at Maradi were unchanged between last year and this year (63% vs 67%, respectively). Following a medical site visit in July 2011 at Maradi, based on concerns and ongoing discussions with site staff, FC decided to limit its support to Maradi for prevention only activities until quality improvement steps are effectively implemented to improve procedures at the facility.
- **Nigeria.** The 6% decrease despite adding one new site (Ningi in Bauchi State) is a result of the following factors: political instability, the fact that elections took place during the year and activities were ceased during that period, a large number of complicated repairs and reduced number of surgeons able to do them. In addition, several trained surgeons have been reassigned or departed from their posts. The training strategy and pooled effort approach have mitigated these challenges to some degree. The Nigeria program is working with the Federal MOH to identify and train additional surgeons.
- **Rwanda.** While there was an overall 7% increase, two sites did not perform as many repairs as last year. Kanombe is undergoing major renovations at the hospital to transform it into a referral hospital. The new hospital will have a dedicated suite for fistula surgery, including pre- and post-operative wards, an operating theater with dedicated sterilization capacity. As a consequence, fistula services were interrupted by the requirement to share operating theater space and the fistula surgeon was unavailable for several periods of time due to travel. At CHUK there were no patients outside of the organized workshop events.

CHUK is proposing to make radio announcements to inform patients about the availability of services outside of workshops. In addition, they are in the process of renovating a room to accommodate fistula clients in pre and post-operative care.

- **Sierra Leone.** There was an overall 27% increase this year. The issue of declining numbers of patients accessing the treatment services over the last two years led to the newly established role of program development manager at AWC who is responsible for managing the outreach screening efforts. The increased attention to this effort and team building has resulted in an increased number of women seeking services.
- **Uganda.** The 36% increase in Uganda is attributed to increases at Kagando due to their intensified community mobilization and outreach efforts.

For FY11/12 we are projecting a 10% increase in the number of repairs (calculated based on FC supported sites only; repairs performed in other USAID support programs are excluded from the projection): from 4,225 to 4,647 repairs in 35 FC supported repair facilities.

**Fistula Surgical Outcomes.** The overall percentage of women with a urinary and urinary/RVF fistula who were discharged with a closed and dry fistula was 76%; these rates ranged from 48% (Maryam Abacha, Nigeria) to more than 80% in several sites including all the supported sites in the DR Congo, Guinea, Mali and Sierra Leone and one or two sites in Niger, Nigeria and Uganda. In sites where the rates are low (e.g., less than 75% ) we routinely follow up with sites to determine the causes for the low close/dry rates. The overall reported complication rate was two percent. These rates vary by country and site, ranging from one percent (Sierra Leone) to 12 percent (Kagando); see individual country reports in Section IV of this report for details by site for both indicators. Projected benchmarks for these two indicators will remain as in previous years.

**Training.** The planned benchmark was to train approximately 7,545 persons; a total of 7,848 persons attended training for fistula treatment and prevention. The majority of persons attending training (71%) were from the Ethiopia program that supports the pre repair units; training in Ethiopia includes new and refresher training for community volunteers as well as health post providers in screening procedures. More detailed discussion about training accomplishments in FY10/11 are presented below under Section III, Global Accomplishments, Result 1. We are projecting to train 3,600 persons in next year which is nearly 50% less than the actual for this year. This is due in part to a change in strategy in Ethiopia to have the training and community outreach events managed by the community health center partners.

## **Result 2: Enhanced community and facility practices to prevent fistula**

Six indicators relate to enhancing community and facility practices to prevent fistula.

**Community Outreach.** As shown in Table 2, the number of planned events and persons reached was nearly double what was projected: a total of 6,528 community events reaching over one million persons was reported in eight countries: Bangladesh, DR Congo, Ethiopia, Guinea, Mali, Nigeria, Rwanda and Uganda. The majority of events (80%) and persons reached



Community Outreach, Niger

(60%) were in Ethiopia with expanded outreach activities into new catchment areas for the pre repair units. Ethiopia, Guinea and Uganda conducted many more events than were originally estimated during planning last year. The projected benchmarks for FY11/12 are significantly reduced because of plans to turn the community outreach efforts in Ethiopia over to the local health centers and planned ending of some activities by June 30, 2012.

**Maternity Related Services.** No benchmarks are 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. We 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. Data collection for this study was completed in FY10/11 and analysis is ongoing. Preliminary findings from the retrospective record review are discussed below under Section III, Result 3. We will hold a consultative meeting with USAID/W in 2012 to discuss the findings and feasibility of routine data collection on these two cesarean indications

**Partograph Use.** For partograph use, we expect that 80% of all labors that are reviewed will be completed correctly. In FY 09/10 we piloted and introduced a monitoring tool to assess the quality of partographs in selected sites. The partograph monitoring tool is now being used at least once per year to assess partograph use and to apply the findings in ongoing support and mentoring. Partograph monitoring increased in FY10/11 compared to last year: partographs were reviewed in more than 30 sites in nine countries (Bangladesh, DR Congo, Ethiopia, Guinea, Mali, Niger, Nigeria, Rwanda, Uganda) this year compared to monitoring at 23 sites in five countries in FY09/10. While monitoring was completed for FY10/11 data analysis from all the sites was not completed in time for this report. A full report on the outcomes of the monitoring will be presented in the October-December 2011 Quarterly Report

**Vaginal and Cesarean Deliveries.** A total of 39 sites reported on these services in FY10/11: nearly 80,000 births were reported in supported facilities; 33% of all births in supported facilities were by cesarean; these institutional rates varied by site, ranging from 10% or less (Maternite Sans Risque Kindu in DR Congo, Jean Paul II in Guinea, four reporting sites in Nigeria, Tahoua in Niger and one health center in Uganda) to more than 50% at five sites (two in Bangladesh, two in Niger and one in Rwanda). See Table 15 below under Section III Global Accomplishments, Result 2 and the country reports for more details.

In FY10/11 there was an increase in training activities to improve obstetric services: a total of 663 persons attended training from seven countries; see Table 9, section III, under Result 2.

### **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 FY10/11 we projected completing 13 studies; we completed a total of 10 studies:

- Determinants of Post-Operative Outcomes in Fistula Repair Surgery
- Nigeria Cost Study

- Literature review on Uterine Prolapse
- Seven Retrospective Record Review Studies of Indications for Cesarean Delivery: one from Bangladesh (Kumudini); two from Guinea ( Kind and Kissidougou); one from Mali (Gao) and three from Niger (Maradi, Dososo and Tahoua).

The cesarean studies (part of a multi-center retrospective study) were completed and findings disseminated with study sites in Bangladesh, Guinea and Mali. We will disseminate findings in Niger in early 2012. One study site in Bangladesh was dropped due to poor data quality. The cost study in Nigeria was completed and has been shared with USAID/Nigeria; findings will be disseminated in FY11/12. The Guinea evaluation study was not completed in this FY as planned; findings will be disseminated in early 2012.

In FY11/12 we expect to prepare the summary report of all study site findings from the cesarean record review. We will continue with the production of manuscripts from the prospective study and identify opportunities for presentation of findings at professional meetings. We will conduct two additional cost studies (Ethiopia and Uganda), conduct an evaluation of our FP integration efforts, complete a community screening study in Nigeria, and possibly conduct an evaluation of the levels of care effort in Uganda.

During FY10/11, 32 (91%) of the 35 fistula care supported treatment centers and four pre repair centers met at least once during the project year to review data. A total of 8 sites (23%) met once per quarter during the year; an increase over last year. Data was not available for several sites. A training module on data for decision making was produced in FY10/11. The manual will be shared with all country programs in order to help strengthen the routine review of data in supported repair sites.

#### **Result 4: Strengthening the environment for fistula**

The two indicators for strengthening the environment for fistula are: number of countries that are adopting, revising 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. Five countries reported on activities to strengthen policies for fistula during this FY; See Result 4, below for more details. A total of 66 USAID supported sites (including two Hamlin Hospital supported repair centers) reported use of at least one product during the year—the fistula reporting forms; the other most frequently used tools were the monitoring and supervision check list and the family planning following fistula surgery job aides; see Table 20 below under section III, Result 4 for full details.

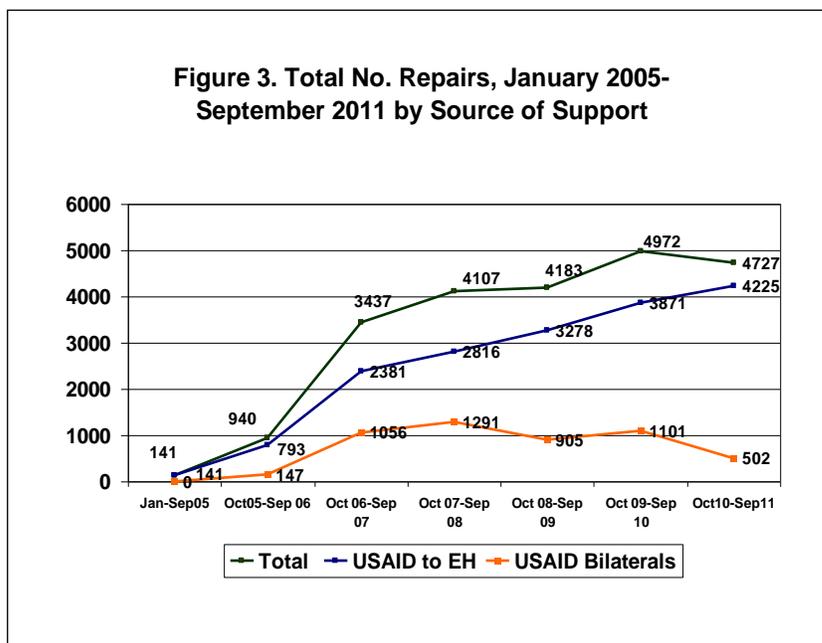
### III. Global Accomplishments

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

**Levels of Care Framework for Fistula Services.** This framework is intended to capitalize on public interest in increasing access to fistula services, using a strategic approach to link 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. The Guinea program has embraced this framework and now supports six level one facilities and three sites which are considered level two/three where fistula surgery is available. A comprehensive evaluation of implementation of this framework in Guinea was conducted in FY10/11; the evaluation report will be completed in early 2012. In Uganda we continued our work to build a network of level one sites linking them to Kagando and Kitovu Hospitals where fistula repair services are provided; there are now a total of 9 health centers which are linked to Kitovu or Kagando. In addition, the Uganda National Fistula Technical Working Group is currently reviewing this approach and considering how to harmonize it with the National Policy Guidelines on Sexual and Reproductive Health and Rights. The approach has also been included in strategy recommendations developed for the Nigerian and DR Congo programs.

#### Fistula Repairs

As mentioned above, since 2005 USAID has supported 22,507 surgical repairs for women with fistula. The total number of fistula repair surgeries supported in FY10/11 at 34 USAID supported sites in 11 countries was 4,727; see Table 3 and Figure 3<sup>22</sup>. There was an overall 5% decrease in the number of repairs from last year from all USAID supported sites; however there was an overall 9% increase in the number of repairs performed at FC supported sites. Eighty-nine percent of repairs reported in FY10/11 are from 32 FC supported sites. The majority of repairs reported from FC supported programs come from Nigeria (36%) where FC is now supporting seven repair centers. All FC supported repair programs with the exception of Nigeria experienced an increase in the number



<sup>22</sup> DRC bilateral funding in FY06, FY07 and FY08 was to International Rescue Committee and through Project AXxes in FY08, FY09 and FY10. Ethiopia bilateral funding to Hamlin Hospital in fiscal years 06 through FY11.

**Table 3. Number of Women Receiving Fistula Repair Surgery at USAID supported Sites, Country, Site and Year**

	Pre FC FY05- FY07 <sup>23</sup>	FY 07 / 08	FY 08 / 09	FY 10 Oct 09 - Sep 10					FY 11 Oct 10 - Sep 11					Grand Total
Country	Total	Total	Total	Oct- Dec	Jan- Mar	Apr- Jun	July- Sep	Total	Oct- Dec	Jan- Mar	Apr- June	July- Sep	Total	FY 05 - 11
<b>Africa Mercy</b>														
Benin	NS	NS	110	21	NS	NS	NS	21	NS	NS	20	0	20	151
Ghana	63	NS	NS	NS	NS	NS	NS	NS	NS	0	0	0	0	63
Liberia	NS	59	NS	NS	NS	NS	NS	NS	NS	0	0	0	0	59
Togo	NS	NS	NS	NS	NS	94	3	97	NS	0	0	0	0	97
<b>Total</b>	<b>63</b>	<b>59</b>	<b>110</b>	<b>21</b>	<b>0</b>	<b>94</b>	<b>3</b>	<b>118</b>	<b>0</b>	<b>0</b>	<b>20</b>	<b>0</b>	<b>20</b>	<b>370</b>
<b>Bangladesh</b>														
Ad-Din Dhaka	NS	NS	NS	7	5	5	17	34	20	13	9	8	50	84
Ad-Din Jessore	NS	NS	NS	0	0	0	2	2	1	0	0	0	1	3
Kumudini	53	57	49	13	11	8	5	37	10	6	5	4	25	221
LAMB	116	52	81	16	22	16	16	70	30	19	15	10	74	393
MCH	63	13	1	NS	NS	NS	NS	NS	0	0	0	0	0	77
<b>Total</b>	<b>232</b>	<b>122</b>	<b>131</b>	<b>36</b>	<b>38</b>	<b>29</b>	<b>40</b>	<b>143</b>	<b>61</b>	<b>38</b>	<b>29</b>	<b>22</b>	<b>150</b>	<b>778</b>
<b>DR Congo</b>														
Grands-Lacs	NS	0	0	0	0	0	0	0	NS	NS	20	18	38	38
HEAL Africa	268	200	214	40	65	40	65	210	54	30	32	47	163	1,055

<sup>23</sup> USAID support for fistula services was provided through the ACQUIRE Project for all countries except Ethiopia and DR Congo between FY04/05 and the start of FC in October 2007. Support during this period for DR Congo and Ethiopia was through bilateral support projects.

	Pre FC FY05- FY07 <sup>23</sup>	FY 07 / 08	FY 08 / 09	FY 10 Oct 09 - Sep 10					FY 11 Oct 10 - Sep 11					Grand Total
Country	Total	Total	Total	Oct- Dec	Jan- Mar	Apr- Jun	July- Sep	Total	Oct- Dec	Jan- Mar	Apr- June	July- Sep	Total	FY 05 - 11
Kindu	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	21	14	35	35
Mutombo	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	32	72	104	104
Panzi	371	134	268	67	57	82	56	262	45	28	39	68	180	1,215
Project AXxes	NS	361	442	71	116	171	156	514	NS	NS	NS	0	0	1,317
St. Joseph	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	21	24	45	45
<b>Total</b>	<b>639</b>	<b>695</b>	<b>924</b>	<b>178</b>	<b>238</b>	<b>293</b>	<b>277</b>	<b>986</b>	<b>99</b>	<b>58</b>	<b>165</b>	<b>243</b>	<b>565</b>	<b>3,809</b>
<b>Ethiopia</b>														
Arba Minch	NS	NS	NS	13	n/a	14	0	27	0	0	0	0	0	27
Bahir Dar Ctr	564	596	297	98	117	87	81	383	97	79	74	57	307	2,147
Mekelle Ctr	NS	n/a	166	38	57	56	26	177	39	40	56	60	195	538
<b>Total</b>	<b>564</b>	<b>596</b>	<b>463</b>	<b>149</b>	<b>174</b>	<b>157</b>	<b>107</b>	<b>587</b>	<b>136</b>	<b>119</b>	<b>130</b>	<b>117</b>	<b>502</b>	<b>2,712</b>
<b>Guinea</b>														
Ignace Deen	193	63	49	3	8	9	NS	20	0	0	0	0	0	325
Jean Paul II	NS	36	88	23	29	50	24	126	37	59	25	23	144	394
Kissi	298	130	148	31	32	39	30	132	51	65	27	50	193	901
Labe	NS	NS	31	16	32	39	27	114	25	34	31	32	122	267
<b>Total</b>	<b>491</b>	<b>229</b>	<b>316</b>	<b>73</b>	<b>101</b>	<b>137</b>	<b>81</b>	<b>392</b>	<b>113</b>	<b>158</b>	<b>83</b>	<b>105</b>	<b>459</b>	<b>1,887</b>
<b>Mali</b>														
Gao Regional Hospital	NS	NS	46	0	23	0	17	40	27	12	26	26	91	177
<b>Total</b>	<b>0</b>	<b>0</b>	<b>46</b>	<b>0</b>	<b>23</b>	<b>0</b>	<b>17</b>	<b>40</b>	<b>27</b>	<b>12</b>	<b>26</b>	<b>26</b>	<b>91</b>	<b>177</b>

	Pre FC FY05- FY07 <sup>23</sup>	FY 07 / 08	FY 08 / 09	FY 10 Oct 09 - Sep 10					FY 11 Oct 10 - Sep 11					Grand Total
Country	Total	Total	Total	Oct- Dec	Jan- Mar	Apr- Jun	July- Sep	Total	Oct- Dec	Jan- Mar	Apr- June	July- Sep	Total	FY 05 - 11
<b>Niger</b>														
Dosso	NS	17	15	0	7	12	3	22	6	10	5	20	41	95
Lamordé	27	70	84	46	25	20	38	129	39	55	61	18	173	483
Maradi	NS	123	59	8	35	15	5	63	12	15	12	28	67	312
Tahoua	NS	NS	NS	NS	NS	NS	6	6	6	9	26	11	52	58
Tera	NS	3	NS	NS	NS	NS	NS	NS	NS	0	0	0	0	3
<b>Total</b>	<b>27</b>	<b>213</b>	<b>158</b>	<b>54</b>	<b>67</b>	<b>47</b>	<b>52</b>	<b>220</b>	<b>63</b>	<b>89</b>	<b>104</b>	<b>77</b>	<b>333</b>	<b>951</b>
<b>Nigeria</b>														
Abakaliki Fistula Centre	NS	NS	189	61	70	98	101	330	48	64	63	93	268	787
Babbar R.	356	536	331	74	89	135	61	359	39	86	118	87	330	1,912
Faridat Yak.	180	150	187	23	29	25	38	115	15	48	15	36	114	746
Kebbi	102	122	151	45	58	54	50	207	57	60	66	33	216	798
Laure Fistula Ctr.	339	473	337	83	n/a	98	84	265	64	134	80	101	379	1,793
Maryam Abacha	104	156	152	64	51	53	32	200	29	39	36	33	137	749
Ningi	NS	0	0	0	0	0	0	0	NS	23	20	20	63	63
Other	0	0	0	NS	136	NS	NS	136	0	0	0	0	0	136
<b>Total</b>	<b>1,081</b>	<b>1,437</b>	<b>1,347</b>	<b>350</b>	<b>433</b>	<b>463</b>	<b>366</b>	<b>1,612</b>	<b>252</b>	<b>454</b>	<b>398</b>	<b>403</b>	<b>1,507</b>	<b>6,984</b>
<b>Rwanda</b>														
CHUK	100	36	51	8	40	14	64	126	13	4	47	45	109	422
Kanombe	NS	NS	14	11	15	8	14	48	4	13	10	11	38	100

	Pre FC FY05- FY07 <sup>23</sup>	FY 07 / 08	FY 08 / 09	FY 10 Oct 09 - Sep 10					FY 11 Oct 10 - Sep 11					Grand Total
Country	Total	Total	Total	Oct- Dec	Jan- Mar	Apr- Jun	July- Sep	Total	Oct- Dec	Jan- Mar	Apr- June	July- Sep	Total	FY 05 - 11
Ruhengeri	192	47	102	0	40	45	0	85	38	61	23	9	131	557
<b>Total</b>	<b>292</b>	<b>83</b>	<b>167</b>	<b>19</b>	<b>95</b>	<b>67</b>	<b>78</b>	<b>259</b>	<b>55</b>	<b>78</b>	<b>80</b>	<b>65</b>	<b>278</b>	<b>1,079</b>
<b>Sierra Leone</b>														
Aberdeen	272	363	253	38	43	50	35	166	59	40	51	61	211	1,265
<b>Total</b>	<b>272</b>	<b>363</b>	<b>253</b>	<b>38</b>	<b>43</b>	<b>50</b>	<b>35</b>	<b>166</b>	<b>59</b>	<b>40</b>	<b>51</b>	<b>61</b>	<b>211</b>	<b>1,265</b>
<b>Uganda</b>														
Kagando	253	118	85	68	58	9	71	206	122	81	76	84	363	1,025
Kitovu	604	192	183	36	110	0	97	243	40	51	68	89	248	1,470
<b>Total</b>	<b>857</b>	<b>310</b>	<b>268</b>	<b>104</b>	<b>168</b>	<b>9</b>	<b>168</b>	<b>449</b>	<b>162</b>	<b>132</b>	<b>144</b>	<b>173</b>	<b>611</b>	<b>2,495</b>
<b>Overall Total</b>	<b>4,518</b>	<b>4,107</b>	<b>4,183</b>	<b>1,022</b>	<b>1,380</b>	<b>1,346</b>	<b>1,224</b>	<b>4,972</b>	<b>1,027</b>	<b>1,178</b>	<b>1,230</b>	<b>1,292</b>	<b>4,727</b>	<b>22,507</b>
<b>USAID support thru EngenderHealth</b>	3315	2816	3278	802	1090	1018	961	3,871	891	1,059	1,100	1,175	4,225	17,505
<b>USAID Bilateral Support</b>	1,203	1,291	905	220	290	328	263	1,101	136	119	130	117	502	5,002

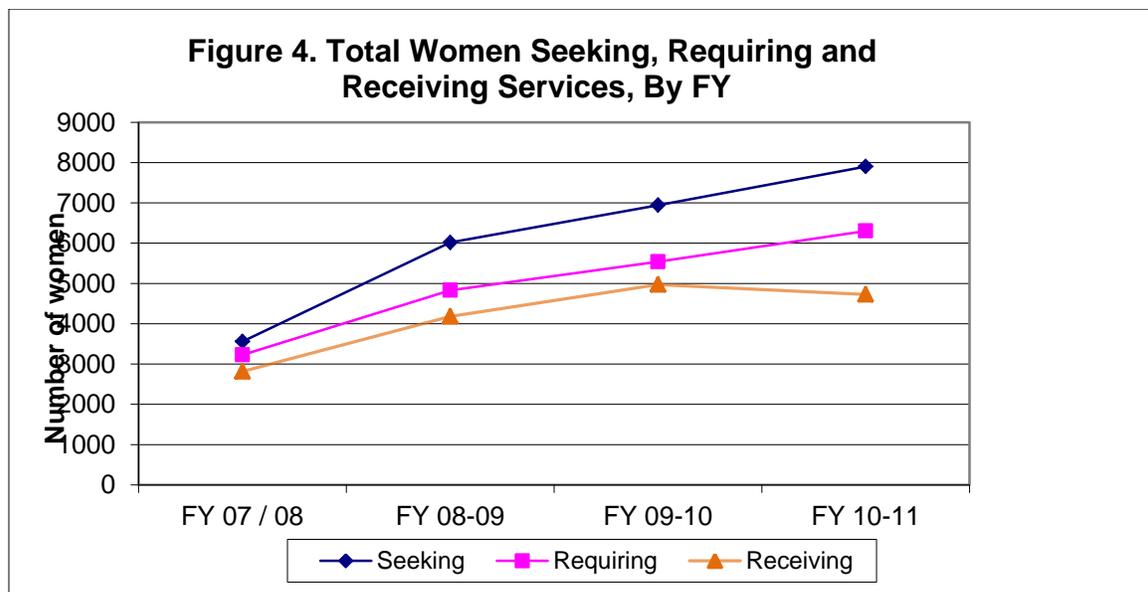
n/a: not available NS=not supported (no services supported by USAID during the reporting period)

of repairs this year compared to last year. Increases ranged from less than 10% in Bangladesh and Rwanda, to 17% to 27% in DR Congo, Guinea and Sierra Leone, more than 36% in Mali, Niger and Uganda. Reasons for these increases are discussed above under Section II of this report.

**Trends across countries and reporting years.** Presented below are trends from October 2007 to September 2010 for the following indicators: number seeking repair services, number requiring surgery, number receiving surgery, percent of all fistula surgeries which were first surgeries, outcome of fistula repair at time of discharge and reported complications. Country specific trends on numbers seeking, requiring and getting surgery are presented in each Country Report, in Section . IV

*Number of women seeking fistula repair services.* The number of women seeking fistula repair services has increased steadily over time since October 2007, with an almost two-fold increase in FY10/11 compared to FY 07/08 (See Figure 4). This increase can be attributed in part to an expansion of the project to additional countries and more supported sites; however, continued efforts to raise awareness about the availability of fistula repair services, and word-of-mouth transmission of information, likely play a large role in this increase.

*Percent of women requiring fistula surgery of those seeking it.* Among those women seeking fistula repair services, the number of women requiring repair services has similarly increased steadily.



**Percent of women who received surgery of those requiring it.** The number of women receiving services has not increased commensurate to the need for repair, indicating a continued backlog of patients needing, but not receiving repair services in some countries. As highlighted briefly above, gaps in funding, reassignment of surgeons, and the complexity of repairs as demand increases may all be contributing factors. In addition, there is the question of capacity – the number of repairs that are feasible in any one year at a given site, based on surgeon availability and skill, bed capacity, nursing care, etc. With this data in hand, in the coming year the project will review this trend by country in collaboration with partners to determine in more detail the root causes and identify potential solutions. The number of women receiving repair services decreased in FY10/11 compared to the previous fiscal year as has been discussed above under section II, Fistula Care Annual Performance.

**Percent of repairs that were first repairs.** In FY10/11 more than 70% of repairs in Guinea, Ethiopia and the DR Congo were first repairs; the proportions were lower in other countries, ranging from 50% in Niger, to 69% in Uganda (Table 4). Niger reported a higher proportion of women undergoing first repair (which may be less difficult cases), and in the DR Congo the rates in previous years may have been artificially low due to missing data from Project AXxes. Trends in the remaining countries either held steady or varied slightly in either direction

**Table 4 Percent Women getting First Fistula Repair surgery by Country and Year**

Country	FY 07 / 08	FY 08 / 09	FY 09 / 10	FY10/11
Africa Mercy <sup>1</sup>	64%	72%	60%	75%
Bangladesh	79%	67%	73%	65%
DR Congo	27%	65%	76%	73%
Ethiopia	n/a	87%	90%	82%
Guinea	69%	59%	68%	75%
Mali	NS	62%	34%	63%
Niger	49%	40%	42%	50%
Nigeria	54%	71%	63%	68%
Rwanda	48%	69%	65%	52%
Sierra Leone	80%	64%	80%	68%
Uganda	66%	76%	73%	69%

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

**Percent of women discharged with closed and dry fistula.** The percent of women who had a closed urinary fistula and were dry was 76% overall for all sites in FY10/11 (73% in FY09/10), ranging from 75% or less in Benin, Ethiopia, Nigeria to 89% in Guinea (see Table 5). The percent of women discharged with closed and dry fistula was higher than 80% in Sierra

Leone, Mali, and the DRC. Niger and the DRC reported a higher proportion of women who had a closed fistula and were dry this FY. Overall, the proportion of women with urinary fistula which are closed and dry at discharge has increased relative to the previous two FYs, but is lower than that reported in FY 07/08.

**Table 5. Percent of Women Closed and Dry, Urinary only and Urinary/ RVF Repairs at Time of Discharge, by FY and Country<sup>1</sup>**

Country	FY 07/08	FY 08/09	FY 09/10	FY 10/11
Africa Mercy	88%	72%	78%	60%
Bangladesh	71%	71%	76%	71%
DR Congo	81%	60%	67%	87%
Ethiopia	NA	81%	76%	69%
Guinea	75%	80%	87%	89%
Mali	NS	88%	75%	86%
Niger	71%	54%	55%	77%
Nigeria	93%	74%	67%	71%
Rwanda	74%	80%	83%	75%
Sierra Leone	73%	71%	84%	84%
Uganda	79%	87%	79%	75%
<b>Overall Total</b>	<b>83%</b>	<b>74%</b>	<b>73%</b>	<b>76%</b>

NA: not available NS: not supported

**Other Surgeries in Support of Fistula Repair.** For women who have a urinary and/or a recto vaginal (RVF) fistula, some require a procedure before and/or after the repair to improve the outcome. In FY08/09 Fistula Care began requesting the reporting of these data following discussions and agreement with USAID that project funds could be used to support these additional surgeries. Summarized below in Table 6 are the additional surgeries performed over the last three years (all countries). In total, 2,451 additional surgeries have been reported to Fistula Care (527 in FY 08/09, 939 in FY 09/10 and 985 in FY 10/11). Prior to January 2010 some of the data from Niger were reported using the wrong definitions for wound re-suture and use of anesthesia; those data have been removed from this analysis.

The consistent trend across the three years has been that the top three types of additional surgery are: examination under anesthesia; urethral lengthening and other operations for concomitant stress urinary incontinence, including sling procedures; and 3<sup>rd</sup>/4<sup>th</sup> degree perineal tear repair.

**Table 6. Total Number of Additional Surgeries By Year<sup>24</sup>**

	FY 08-09		FY 09/10		FY 10/11		TOTAL	
	N	%	N	%	N	%	N	%
Examination under anesthesia	132	25%	265	28%	237	24%	634	26%
Removal of bladder stones or foreign bodies in viscera	52	10%	49	5%	67	7%	168	7%
Colostomy and reversal colostomy	22	4%	19	2%	28	3%	69	3%
Ureteric reimplantation, Ureteroneocystostomy, and related surgery	59	11%	68	7%	88	9%	215	9%
Urethral lengthening and other operations for concomitant stress incontinence, including sling procedures	95	18%	303	32%	257	26%	655	27%
Wound resuture	17	3%	7	1%	10	1%	34	1%
Prolapse IF associated with fistula	34	6%	10	1%	98	10%	142	6%
3rd/4th degree perineal tear repairs	89	17%	109	12%	131	13%	329	13%
Abdominal exploration	2	<1%	0	0%	0	0%	2	0%
Urinary diversion	0	0%	0	0%	2	<1%	2	0%
Other vaginal procedures	0	0%	0	0%	12	1%	12	0%
Other urethral procedures	0	0%	0	0%	16	2%	16	1%
Other bladder procedures	0	0%	0	0%	14	1%	14	1%
Other perineal and vulval procedures	0	0%	0	0%	1	<1%	1	<1%
Other rectal, anal and sigmoidal procedures	0	0%	0	0%	2	<1%	2	<1%
Other general fistula-related surgery*	25	5%	99	11%	9	1%	133	5%
Other <sup>25</sup>	0	0%	10	1%	0	0%	10	<1%
Other unspecified	0	0%	0	0%	13	1%	13	1%
<b>TOTAL</b>	<b>527</b>	<b>100%</b>	<b>939</b>	<b>100%</b>	<b>985</b>	<b>100%</b>	<b>2451</b>	<b>100%</b>

\* Beance uretral/urethral dilation and other fistula-related procedures; 2 lipomas reported by Niger and 1 UVP by Ethiopia excluded from FY 10/11 analyses

<sup>24</sup> All information on additional surgeries provided for Niger prior to December 2009 were provided using incorrect data definitions. All wound re-sutures and use of anesthesia were reported (including those part of routine fistula repair), instead of only additional procedures. Beginning in January 2010, reported data used the correct definitions

<sup>25</sup> FY09/10, all from Nigeria= urethral reconstruction, repair of cystocele, perineorhaphy, vaginoplasty

As collection of these data on additional surgeries has become routine, countries are providing more detail under “other, specify”, leading to the addition of categories in this year’s analysis. Guidelines for collecting these data will be updated using experience to date and applied in future reporting periods. Details for each country by year are provided in Annex 3.

**Treatment for ‘fresh fistula’.** In October 2010, we began asking supported repair sites to report their treatment of women with ‘fresh fistula’ using in-dwelling catheterization. See Table 7 for the data reported to us for the last 12 months. These data are from six countries, representing 14 treatment centers and one pre repair center (Ethiopia). We will continue to formalize data collection around this treatment modality as we work with partners to develop clinical guidelines, asking sites to report on the outcome for these women, as well as to distinguish, when a site does not report, whether it reflects lack of availability of the service or no demand. As shown a total of 165 women were treated using indwelling catheterization, the majority of whom were reported from FC supported sites in Nigeria.

**Table 7. Number of women treated for “fresh fistula” by catheterization by Country and Site, October 2010 to September 2011**

Country/Site	October 2010-September 2011
<b>DR Congo</b>	
HEAL Africa	1
Panzi	1
St. Joseph’s	2
<b>Ethiopia</b>	
Sekota	2
<b>Niger</b>	
Maradi	1
<b>Nigeria</b>	
Babbar R.	51
Bauchi	5
Ebonyi National Fistula Centre	3
Faridat Yak.	3
Kebbi	26
Laure Fistula Centre	31
Maryam Abacha	21
<b>Rwanda</b>	
Kanombe	7
<b>Uganda</b>	
Kagando	6
Kitovu	5
<b>Total</b>	<b>165</b>

## Training Activities

Seventeen surgeons from six countries attended first time training in fistula repair and 41 surgeons from 8 countries received additional training; see Table 8. As shown in Table 9 nearly 8,000 persons attended training in a range of topics about fistula treatment and prevention. Training in pre- and postoperative care management was conducted with 201 providers from eight countries. Other training in support of fistula treatment included infection prevention (797 providers trained), quality assurance/improvement (182 providers) and fistula counseling (183 providers).

**Table 8. Training in Surgical Repair by Country, October 2010 thru September 2011**

Country	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	FY Total
<b>Number Surgeons Trained for First Time in Fistula Repair</b>					
Bangladesh	1	0	0	1	2
DR Congo	1	0	0	0	1
Mali	1	1	0	0	2
Nigeria	0	1	1	3	5
Rwanda	0	3	1	1	5
Uganda	0	1	0	1	2
<b>Total</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>6</b>	<b>17</b>
<b>Number Surgeons Continuing Training in Fistula Repair*</b>					
Bangladesh	1	0	0	0	1
Benin	0	0	2	0	2
DR Congo	7	1	1	3	9 <sup>26</sup>
Guinea	0	6	3	0	9
Mali	2	3	4	3	4 <sup>27</sup>
Niger	0	2	2	0	4
Rwanda	4	4	4	4	8 <sup>28</sup>
Uganda	2	1	2	0	4 <sup>29</sup>
<b>Total</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>10</b>	<b>41</b>

\*When trainees receive more than one continuing training, they are only counted once, in order to have accurate numbers of individuals trained.

<sup>26</sup> In DRC, several trainees attended multiple continuing training sessions. A total of 8 individuals received continuing training.

<sup>27</sup> In Mali, 2 trainees received both continuing and first trainings during the FY. A total of 4 individuals were trained during the year. The simple addition of the first and continuing training totals will not equal the total number of individuals trained, since trainees attended both first and continuing sessions.

<sup>28</sup> A total of 8 trainees received continuing training in Rwanda. 4 of these trainees also received their first training during this FY. A total of 9 individuals received training in Rwanda during the FY. The simple addition of the first and continuing training totals will not equal the total number of individuals trained, since trainees attended both first and continuing sessions.

<sup>29</sup> In Uganda, a total of 4 individuals received continuing training (trainees attended multiple trainings). 5 individuals were trained in the country as a whole (one trainee received both first and continuing training during the FY).

**Table 9. Number of persons trained by topic, Country October 2010 thru September 2011**

	Bangladesh	Benin	DR Congo <sup>30</sup>	Ethiopia <sup>31</sup>	Guinea	Mali	Niger	Nigeria	Rwanda	Sierra Leone	Uganda	Total
First fistula repair & care training for surgeons	2	0	1	0	0	2	0	5	5	0	2	17
Follow up fistula repair & care training for surgeons	1	2	9	0	9	4 <sup>32</sup>	4	0	8 <sup>33</sup>	0	4 <sup>34</sup>	41
Fistula nursing care /pre post op care	8	0	34	0	0	54	23	10	40	29	3	201
Infection Prevention	54	0	105	0	0	0	0	19	0	0	619	797
Quality Assurance	24	0	0	0	0	17	0	0	26	0	115	182
Fistula Counseling	56	0	60	0	0	15	0	0	32	0	20	183
FP methods/LAPM methods	16	0	0	0	0	0	0	48	0	0	0	64
Obstetric care (general)	129	0	0	0	0	0	0	0	19	29	0	177
---- partograph	115	0	17	0	0	118	60	0	0	28	60	398
---- C-section	0	0	0	0	0	0	0	0	0	0	23	23
----partograph, C-section and catheterization	0	0	38	0	0	6	0	0	21	0	0	65
Fistula Screening and /Prevention for Health workers	0	0	0	3,291	0	0	0	0	0	0	0	3,291
Community Outreach & Advocacy	0	0	0	2,301	0	0	84	0	0	0	0	2385
Other	32 <sup>35</sup>	0	0	0	0	0	0	15	0	15	41	103
<b>Total</b>	<b>437</b>	<b>2</b>	<b>264</b>	<b>5,592</b>	<b>9</b>	<b>214</b>	<b>171</b>	<b>97</b>	<b>147</b>	<b>29<sup>36</sup></b>	<b>886</b>	<b>7,848<sup>37</sup></b>

<sup>30</sup> Third quarter training data for DRC is incomplete. Partial data is presented here, and will updated in the annual report to include the full complement of training.

<sup>31</sup> Data from Hamlin Fistula not yet available for reporting, will be included in the annual report.

<sup>32</sup> Two providers in Mali received both first and continuing trainings in fistula repair. They are counted only once, as first trainees, in the total column to avoid double reporting.

<sup>33</sup> 4 of the 8 continuing trainees also received first training during the fiscal year. They are only counted once in the FY total to avoid double counting.

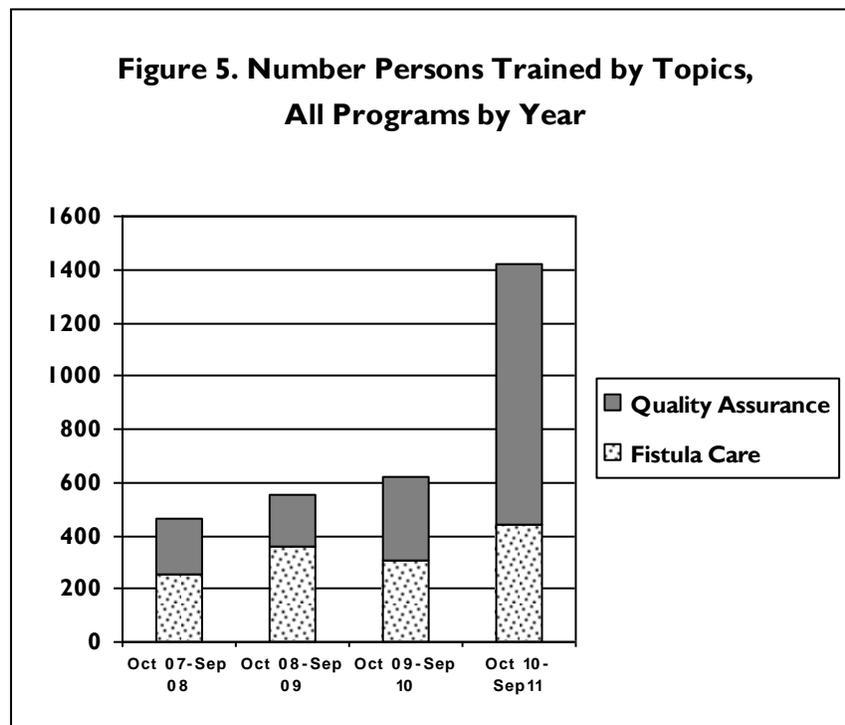
<sup>34</sup> A total of five surgeons have received training during the FY in Uganda: one of those trainees received both first and continuing training.

<sup>35</sup> Rehabilitation training, blood donation

<sup>36</sup> In Sierra Leone, the trainings all take place on-the-job and trainees all come from the same pool of nurses/midwives/student midwives at the center. Therefore, the same trainees are attending multiple trainings.

<sup>37</sup> FY total equals sum of all country totals. It is different from sum of each training topic total, because of the attempt to avoid double counting of trainees who attend multiple trainings.

Since FY07/08 the total number of providers attending training in fistula care (surgical skills, pre and postoperative care, fistula counseling) and quality assurance (infection prevention and quality improvement) has increased each year; see Figure 5.



**Fistula Surgeon Training Follow-up Review.** Fistula Care has been supporting the training of surgeons to perform fistula repairs since the inception of the project. In April of 2010, we conducted a systematic review to track the current status of all surgeons who had attended training in fistula surgery with support from USAID since 2005<sup>38</sup> and presented those findings in the FY09/10 annual report<sup>39</sup>. The focus of the follow up was to assess the following:

- trainee’s current workplace;
- the highest level of training attained (simple, medium/intermediate or complex repairs);
- whether or not the trainee is currently providing fistula repairs;
- if not currently providing repairs, why not;
- estimated number of repairs performed since training; and
- details on any training follow up that had been conducted to assess the trainee’s skills post-training.

<sup>38</sup> We did not contact Project AXxes in the DR Congo, nor Hamlin Hospital in Ethiopia about any USAID funded training in fistula repair. Some of this training was supported under the ACQUIRE Project prior to October 2007 (e.g., in Bangladesh, Rwanda, Uganda) or through the AWARE Project (e.g. Niger and through Mercy Ships in Ghana)

<sup>39</sup> Fistula Care Annual Report, October 2009-September 2010. EngenderHealth. 2010. Table 11, page 29.

In our FY09/10 review we identified a total of 143 surgeons who had attended at least one training between 2005 and April 2010. Of that total, 82 (57%) trainees attended only one training and 60 (42%) trainees had attended more than one training (1 case missing). We were able to gather information about the current status (providing fistula surgery or not) for 88% of the trainees listed in our database (n=127). Among those 127 surgeon trainees, about half (64) reported they were currently providing repair services; and 87% of these active surgeons (n=56) were posted at Fistula Care supported sites.

***FY10/11 surgeon training follow up review.*** As shown below in Table 10, we now have listed in our database a total of 189 surgeons who have attended at least one training through the FC project. The additional 46 surgeons listed in our database include 26 surgeons from DR Congo who were not included in the FY09/10 review 17 new surgeons who attended training this year and 3 surgeons who were trained earlier but not reported during our first follow up effort.

In total for FY10/11 we have data on the status of whether surgeons are currently providing services for 174 surgeons. Less than half (n=74) of these trained surgeons are currently providing surgery. About 80% (n=58) of the active surgeons are providing surgery at a FC supported site. The number of surgeons who have been trained by the project and posted to a FC supported site fell in Guinea, Mali, Niger, and Rwanda. As briefly mentioned earlier, fistula services experience the same challenges as other areas of health care when trained personnel are reassigned for reasons of career advancement, further studies or need. Because fistula services are specialized, and because the resources required to support fistula surgery are not insignificant, it is not always possible for a trained fistula surgeon to continue to provide these services in his or her new place of employ. A second challenge, also faced by health services in general is the selection of trainees. Fistula surgery is not glamorous, nor is it likely to be income producing. So while training of surgeons and surgical teams is an essential component of fistula services, it is not sufficient. The units of analysis should more properly be the fistula service site and the national framework for fistula services, which is the basis of the levels of care framework.

**Table 10. Follow up Review of Fistula Repair Trainees by Country, as of September 30, 2011**

	Bangladesh	DRC <sup>40</sup>	Guinea	Mali	MS	Niger	Nigeria	Rwanda	Sierra Leone	Uganda	Total
No. of Trainees	12	26	16	5	5	30	34	24	10	27	189
No. trained prior to 10/2007	4	10	0	0	2	18	2	7	3	11	57
No. Attending 1 training	9	6	0	0	5	16	22	5	9	15	87
Of those attending 1 training, # from non-FC supported sites	0	3	0	0	5	7	6	2	9	11	43
No. attending >1 training	3	20	16	5	0	14	12	19	1	12	102
Highest Level of Training											
Simple	7	6	12	1	2	17	21	21	NA	4	91
Medium	3	6	2	2	3	11	6	2	NA	7	42
Complex	1	12	0	0	0	2	4	0	1	4	24
Data unavailable	1	2	2	0	0	0	3	1	9	12	30
<b>No. Currently Providing repairs</b>	<b>8</b>	<b>13</b>	<b>10</b>	<b>1</b>	<b>0</b>	<b>8</b>	<b>15</b>	<b>7</b>	<b>1</b>	<b>10</b>	<b>73</b>
No. Not providing repairs	4	11	6	4	5	22	16	16	NA	17	101
<b>No. trained providing repairs at FC supported sites</b>	<b>8</b>	<b>7</b>	<b>10</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>15</b>	<b>7</b>	<b>NA</b>	<b>3</b>	<b>58</b>
No. repairs performed by trainees since training	172	NA	767	1	45	NA	NA	228	NA	NA	1213
Follow up Visit											
No. reporting Follow-up visit	0	3	11	1	0	9	3	2	1	2	32
No. reporting no follow-up visit	10	1	5	4	5	1	27	20	0	0	73
Data unavailable	2	22	0	0	0	20	4	2	9	25	84

<sup>40</sup> DRC training data is still being verified. Numbers presented here are not final.

## Fundamentals of Quality Care for Fistula Programs

Fistula Care has targeted quality improvement (QI) as a global strategy for improving the accessibility and availability of fistula care services. The key service elements of this strategy are the Fundamentals of Care:

- Informed and voluntary decision making for women with fistula
- Safety of clinical techniques and procedures
- Mechanisms for ongoing QI

By 2012, Fistula Care aims to achieve widespread use of core QI tools and approaches, and where possible, institutionalization of QI competencies at the national, district, and site levels. Summarized below are updates in each of these areas.

### Mechanisms for On Ongoing QI and Safety of Clinical Techniques and Procedures

**Follow-up of 2010 Medical Monitoring Workshop.** FC conducted a five-day workshop titled *Strengthening the Quality of Fistula Prevention and Repair Services: Institutionalizing Medical Monitoring* in February 2010, in Kampala for project managers from seven FC supported countries: Bangladesh, Ethiopia, Guinea, Mali, Nigeria, Rwanda, and Uganda. The goals of the workshop were to: 1) Facilitate standardized approaches to improving the quality of fistula services through medical monitoring; and 2) Begin to develop plans for institutionalizing these approaches within national programs. Each participating country team developed an action plan over the course of the workshop. Most country programs have introduced the QI tools and approaches at the national level and many tools have been adapted at the national, regional and district levels in some countries. The following are some highlights of the progress made to facilitate use and institutionalization of QI tools and approaches at the country level (an update about counseling is described below). In addition FC is working with supported treatment centers to strengthen medical waste programs. Each year FC staff along with partner staff assess medical waste procedures.<sup>41</sup> Table 11 summarizes which tools are used or have been adapted for use in each country.



Nursing Orientation, Ruhengeri, Rwanda

- **Bangladesh.** The FC team has identified potential partners in the government and among medical colleges to work on the institutionalization of quality improvement tools and approaches. A sub-committee of the Task Force on Obstetric Fistula has been formed and a National Strategy, which includes quality improvement guidance, has been finalized. The strategy has not yet been disseminated. Recommendations of the Task Force will be integrated into the Fistula Care workplan this year.

<sup>41</sup> These reviews are required under the cooperative agreement. We submit a report annually to USAID/W.

**Table 11. Summary of Fistula Care/EngenderHealth Quality Improvement Tools in use by Country, September 2011**

<b>Tool/Approach</b>	<b>Bangladesh</b>	<b>Guinea</b>	<b>Mali</b>	<b>Nigeria</b>	<b>Rwanda</b>	<b>Uganda</b>
Fistula Site Assessment Tool		X	X		X	X
COPE©		X	X			
Training Knowledge Assessment Tool		X	X	X	X	X
Monitoring/Supervision for Service Delivery Check List	X	X	X	X	X	X
Fistula Counseling	X		X		X	
Fistula Counseling Follow up Check-List			X			
Levels of Care		X	X			X
Training Strategy					X	X
Facilitative Supervision		X	X		X	X
Quarterly Reporting Tools	X	X	X	X	X	X
Informed Consent for Fistula Services booklet	X			X	X	X
Family Planning following Fistula Care (booklet and/or posters)		X	X	X	X	X
Other	National FP tools and handbooks			Waste Management Committees		

- **Guinea.** Several tools have been adapted at the regional and district level and regional and district supervisors have been involved in medical monitoring visits with FC staff. COPE and Facilitative Supervision have been widely introduced and many supervisors are now accustomed to these approaches.
- **Mali.** The team organized a national meeting to develop/adapt norms and procedures for fistula service delivery where many Fistula Care tools were adapted and adopted. In addition, they have introduced COPE and trained providers in facilitative supervision and supported training follow-up.
- **Nigeria.** The team has successfully advocated for the newly formed National Obstetric Fistula Working Group to include medical monitoring of sites providing fistula services as part of the draft *National Strategic Framework to Eliminate Fistula* which is being finalized. Facilities supported by the project have adopted strategies for appropriate disposal of medical waste and quarterly monitoring to improve the process. The project has facilitated consensus among stakeholders and supported an inventory exercise of existing QI documents which has led to Standards of Practice for fistula services.
- **Rwanda.** COPE has been introduced in one site and the FC has successfully integrated many Fistula Care tools into service delivery through orienting staff in using the tools and providing feedback on a routine basis.
- **Uganda.** The FC team is in the process of supporting the MOH to develop the National Fistula Strategy, with support from UNFPA, and Fistula Care. FC staff were

actively involved in the writing of the strategy. Fistula Care Project *Levels of Care Framework* strategy for service delivery was introduced and it has been well received by the Fistula Technical Working Group (FTWG). Recommendations were made to adopt the framework for inclusion in the National Guidelines for Sexual and Reproductive Health as well as the National Fistula Strategy. FC/Uganda continues to work with the MOH and the FTWG to adapt several of Fistula Care's tools and support development of other tools and materials for service delivery to be used by the MOH.

Generally most country programs have been successful in introducing many quality improvement tools and approaches, however, there have been some challenges which include:

- Adapting the project tools to harmonize them with national strategies
- Engaging all partners including government/MOH in the adaptation/development process to facilitate ownership/buy-in
- Advocating for national technical structures to adhere to the tools and approaches adopted
- Other QI tools and approaches are already in use, which need to be reviewed for inclusion of issues for fistula management
- Staff turnover that hinders planned supervision activities and stakeholder meetings
- The inclusion of medical waste management/QI issues in high level (MOH) discussions
- The delays in the dissemination of national strategy or national framework and government approvals result in delays in some programmatic activities such as training of government supervisors and collaboration with the partners to introduce medical monitoring in government sites.

Project managers have found the formation of national and regional level working groups or steering committees has been useful in addressing many of these issues. Supporting regular meetings with these groups has created a space for improved collaboration, coordination, partner buy in and MOH ownership at various levels.

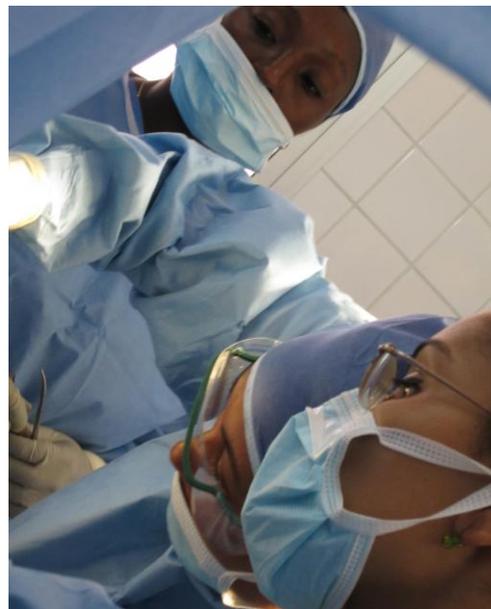
During FY11/12 Fistula Care will support the following efforts to continue to strengthen QI activities in the following countries:

- **Bangladesh.** After dissemination of the strategy, the team will move forward with collaboration with the Task Force and other partners to incorporate QI/Medical Monitoring tools into the government and partners' programs; through training of supervisors and providing technical assistance to adapt tools and systems.
- **Guinea.** Because of significant staff turnover at the supported sites, Fistula Care staff plan to organize joint supervision visits with newly appointed staff and to organize a national workshop to adapt tools and approaches.
- **Mali.** The FC team in Mali will collaborate with the MOH to disseminate the tools that have been adapted at each level of the health system; continue to train and provide job aids for providers in sites providing fistula services and introduce fistula indicators into the national health information system.
- **Nigeria.** Once the national framework is finalized the adoption of harmonized documents will take place. The project will also support the production and

dissemination of the Standards of Practice, once the MOH approves this document. The project will continue to support regular meetings of the Working Group to adopt materials and disseminate these materials in certain zones.

- **Rwanda.** The FC team will continue to work with the MOH and partners to put in place a national strategy for fistula and to adapt/develop job aids for fistula prevention activities.
- **Uganda.** In collaboration with the MOH, the FC team will finalize tools that have been adapted, produce and disseminate them. The FC team will also work with the FTWG to adapt two additional Fistula Care tools: death reporting and quarterly reporting. In addition, the MOH has requested assistance from FC to review the FIGO surgical training curriculum, and fistula data collection tools at the facility level.

***International Training Curricula for Fistula.*** During FY 08/09 and FY09/10 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 the first standardized international fistula surgical training curriculum. The curriculum was finalized this FY with input and support from representatives from FIGO, PAUSA, Hamlin Hospital, ISOFS, and other key players. Fistula Care is supporting FIGO, through a subaward, to introduce *The Global Competency-Based Fistula Surgery Training Manual*<sup>42</sup>, aimed at healthcare providers from low- and middle-income countries involved in the prevention and management of fistula, in up to five countries. In August 2010, FIGO conducted a Training of Trainers (TOT) meeting in Dar es Salaam, Tanzania for 16 participants.



Fistula surgery, Aberdeen Women's Center

Lord Naren Patel (Chair of FIGO's Committee on Fistula) and Dr Suzy Elneil (author/editor of the training manual) lead the TOT.

***Curriculum on Prevention and Management of Obstetric Fistula for Nurses and Midwives.*** In FY07/08 USAID East Africa provided funds to the East, Central and Southern Africa Congress of Nurses (ECSACON) for the development of this curriculum. USAID East African asked Fistula Care to provide technical assistance the

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<sup>42</sup> Available online: [http://www.figo.org/files/figo-corp/FIGO\\_Global\\_Competency-Based\\_Fistula\\_Surgery\\_Training\\_Manual.pdf](http://www.figo.org/files/figo-corp/FIGO_Global_Competency-Based_Fistula_Surgery_Training_Manual.pdf) Hard copies and CDs can be obtained by contacting Alexandra Gilpin at the FIGO Secretariat < [Alexandra@figo.org](mailto:Alexandra@figo.org) >. A French translation of the original English version will be available during Q3 2011. The training manual was produced in collaboration with global experts with funding from UNFPA.

following year. Multiple changes in staff at East, Central and South African Health Community (ESCA) have resulted in long delays and the final draft was sent to ESCA for review and approval in September 2011 on an agreed timetable. The review by the regional Health Ministers will take place in July 2012. 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. ECSACON will hold a Scientific Conference in September/October 2012 where the curriculum will be disseminated to nurses and midwives, regionally and internationally. Fistula Care intends to adapt the material for global use in FY11/12.

### **Informed and Voluntary Decision Making for Women with Fistula**

***Fistula Counseling.*** Fistula counseling is a major component of improving the quality of fistula treatment services in Fistula Care supported programs. The project is working to identify the training and support material needed to ensure Fistula Care supported sites are providing quality fistula counseling services including informed consent and to understand how sites monitor



Patient counseling before discharge, Rwanda

the counseling services provided. As part of our annual review process this year we asked FC staff and partners to respond to a short questionnaire about the status of fistula counseling services at supported sites, to identify training needs in fistula counseling and to provide an update about tools and materials. Summarized below are responses from FC programs in Bangladesh, DR Congo, Guinea, Mali, Nigeria, Rwanda, and Uganda.

- All respondents reported that all sites are providing fistula counseling either through local site staff/counselors or through consultant counselors from other facilities (as in Uganda)
- Those providing fistula counseling services have been trained by Fistula Care staff (from country offices and the global team)
- Table 12 shows the range of materials that programs are using in support of training and service provision for fistula counseling.
- All country programs reported that they are monitoring/tracking fistula counseling service delivery except DR Congo. Uganda is the only country program that has developed a tool to facilitate the tracking. The other sites rely on routine monitoring visits and reporting to track and collect data on this issue.
- Informed consent is part of the counseling at all sites according to respondents and is documented in patient files in most sites.
- Staff at most sites have been oriented to informed consent/choice as part of the counseling training for fistula and FP. The FC Informed Consent tools have been shared with partner sites in Bangladesh and Nigeria. In Uganda, the FC informed

**Table 12 Types of tools used for counseling training and service provision by Country, September 2011<sup>43</sup>**

Tools to support Counseling	Bangladesh	DR Congo	Guinea	Mali	Nigeria	Rwanda	Uganda
<b>TRAINING MATERIALS</b>							
EH –Guinea developed training materials for counseling**			X—also used for informed consent training				
Learn from my story DVD*							X
Traumatic Fistula module *		X- pre tested					
Obstetric Fistula Care Counseling Curriculum *	X- also used for informed consent training			X-French draft version	X	X-French draft version	X
Obstetric Fistula Counseling Curriculum Participant Handbook*	X translated			X	X	X	X
Family planning Counseling- Participant Handbook *	X—translated						
Tragic Experience (Fistula patients story Book)**	X						
ACQUIRE Project-- FP Counseling Kit Box *	X						
Power Point presentation/hand out on FP and Fistula counseling **	X- translated						
Diagnosis of Obstetric Fistula –Job aid poster *	X –adapted and translated						
Quick Reference Guide for Family Planning*			X – French version	X- French version			
Counseling for the Fistula Client Post-repair Family Planning for Women and Couples following fistula repair job aid*			X-French version			X	
Job aid on prevention of Obstetric Fistula at the Facility**				X			

<sup>43</sup> \*Global products ; \*\*Produced by country programs

Tools to support Counseling	Bangladesh	DR Congo	Guinea	Mali	Nigeria	Rwanda	Uganda
<b>SERVICE DELIVERY &amp; MONITORING TOOLS</b>							
A poster of female reproductive system*					X		X
Anatomic pelvic models					X		X
Counseling for the Fistula Client Post-repair Family Planning for Women and Couples following fistula repair job aid							X
Learn from my story DVD*							X
Counseling register**							X
Counseling checklist*	X—part of the monitoring visit checklist		X	X- Adapted from the French Draft of the Counseling Curriculum			X- Adapted from the counseling curriculum
Fistula Diagnosis poster *	X –adapted and translated			X- Adapted from French version			X
A Video on pelvic floor exercise after fistula operation*	X						
Flip chart on post-operative care for the fistula patient**	X						
Leaflets, handbills*	X- for birth planning				X- for family planning		
Flip chart on Ante natal care and Peri-natal care**	X						
Informed Consent in Fistula Care*	X			X			

- consent form was reviewed by implementing partners and they have agreed to translate the form and to include it in patient files. The Guinea program has requested technical assistance and orientation to these materials.
- Only Bangladesh reported using tools to support informed consent citing the Informed Consent booklet. All sites reported using the Obstetric Fistula Counseling curriculum as a resource to train providers in informed consent except for DR Congo. All sites noted that an informed consent process, including a form, was in place at supported sites.

During FY11/12 Fistula Care staff will:

- Follow up with the remaining programs about the status of counseling/informed consent services being offered at supported sites;
- Brainstorm with program staff on also how to incorporate more tools in program activities (e.g., in Mali, Nigeria, Rwanda);
- Provide orientations on the most recent tools that have been for country office staff;
- Obtain country-developed tools and make them available on the FC website.

***Counseling Curriculum for Fistula Clients.*** Fistula Care has developed a curriculum for counseling fistula patients: *Counseling the obstetric fistula client: A training curriculum* and a companion module, *Counseling the traumatic fistula client: A supplement to the obstetric fistula counseling curriculum*. The obstetric fistula counseling 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. A draft of this document has been available for some time and has been used in programs. The traumatic fistula counseling module (designed to counsel women who have experienced traumatic gynecologic fistula due to sexual violence) was finalized this year. Both counseling curricula are in production in English and French and are expected to be available for distribution in the first half of 2012. These materials will also be posted to the FC web site.

***Fistula Counseling Follow up Evaluation.*** FC has developed a package of standardized tools and activities to follow up trainees who have attended training in fistula counseling. These tools were piloted in Mali in FY 09/10 and the outcome reported in the FY09/10 annual report.<sup>44</sup> In FY 10/11 we conducted follow up with Rwandan trainees who had participated in training in FY 09/10 using the same tools. Summarized below are the key findings and lessons learned from the follow up visits.

Fistula Care trained 5 trainers in fistula counseling in FY09/10. During FY09/10 and FY10/11 a total of 47 health providers participated in three seven-day training events. Trainees included providers (mostly nurses, one social worker and one doctor) from hospitals and health centers in Kicukiro and Musanze districts; most of the trainees had never encountered a fistula patient.

<sup>44</sup> Fistula Care Annual Report October 2009-September 2010. Result 1, page 32.

The trainers used the French version of the fistula counseling curriculum; training included five days of theory and a two day practicum with patients who had arrived for fistula surgery during a repair workshop. Trainers who had previously participated in training in pre and postoperative care for fistula were much more comfortable providing explanations and examples about fistula..

Fistula Care staff conducted follow up visits to assess 27 trainees' knowledge and skills in May and August 2011. FC staff followed up with the first group of trainees (n=15) two months following the original training and learned that about half (n=7) were actively engaged in fistula counseling; two had changed post; three were not engaged in counseling despite presence of fistula patients at their facilities and five were not counseling because they had not encountered any patients in their facilities. Among those providing counseling it is not done systematically for all fistula patients, as documented in patient records.

Overall, the follow up evaluation found that 50 % of trained staff working in a hospital where fistula repair is done are routinely counseling patients, while those trainees who work in health centers are using their knowledge about fistula to sensitize the colleagues about fistula prevention. Management staff at one health center has prioritized fistula prevention and identification of women with fistula as part of their community outreach efforts this year.

During the follow up visits with trainees, FC staff noted that trainees had retained good knowledge of the (REDI<sup>45</sup>) approach, messages about sexual abstinence and family planning; however key messages about HIV were had not been retained.

Areas which require further attention by the MOH to strengthen counseling include:

- Improve referral systems between the surgical site and the nearest health center where the woman comes from
- Women who have fistula which are deemed incurable need special attention
- Integration of FP needs to be strengthened at both hospitals and health centers.
- Use patient stories to create prevention messages and include men in the communications messages.

**Job Aids for Providers.** During FY10/11 Fistula Care translated into French and posted on the website project-produced job aids to assist with treatment and care:

- [Informed Consent in Fistula Care](#) (PDF, 615 KB) is a booklet for service administrators, staff, and supervisors. It provides guidance on the informed consent process for fistula care and surgeries.
- [The Diagnosis Poster](#) (PDF, 831KB) and [Diagnosis Handout](#) (PDF, 232 KB) assist health care providers to diagnosis women who are experiencing urine leakage.

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<sup>45</sup> Rapport- Exploration- Decision – Implementation

## Other Activities

### **Meeting the Needs of Women with Fistula that is Deemed Incurable**

In September 2011 Fistula Care and the Harvard Humanitarian Initiative brought together twenty experts from Africa, Asia, Europe and the United States to consider a range of concerns related to women whose fistula is deemed incurable. These experts included several medical and surgical specialties including urology, uro-gynecology, obstetrics/gynecology, gynecological oncology, and neuro-urology, midwives, a sociologist, and a medical anthropologist.

The rationale for the meeting was the recognition that no evidence-based or standardized guidelines exist for the care and management of these women. In essence, the purpose of the meeting was to consider the spectrum of care requirements for women with fistula deemed incurable from four overlapping perspectives: client, clinician, ethical and programmatic considerations.

Discussions were focused on identifying areas of consensus on which to base a shared understanding of minimum global standards for fistula treatment and care. Participants reviewed surgical and non-surgical options for treatment, as well as the difficulties for women in this situation (usually without formal education and often illiterate) to make an informed decision in context where health systems are fragile and poorly resourced and where counseling services are minimal, if they exist at all.

The meeting participants developed a set of suggested recommendations that could serve as a framework for Ministries of Health, professional associations and other key institutions as they take on the task of delineating minimum standards of care for this group of patients. The recommendations are based on several agreed upon areas of consensus:

***Creating a Paradigm of Possibility.*** There is a desire to move from position of despair to a position of possibility. The group proposed a change of terminology, from ‘incurable’ to “persistent fistula-related disorder” (PFRD), since this term conveys a sense of hope that though effective treatment for such women may not be available now, advances in surgical technique may make it possible in the future. Women who are deemed incurable include women with extensive physical damage that requires more than fistula repair, those for whom fistula repair may not be possible, and those with persistent incontinence. Some women are deemed incurable because a surgeon with appropriate skills may not be available locally to address their condition. This new terminology allows for consideration of a range of options, in addition to the potential for future advancements in surgery, and will be shared with the larger community of fistula stakeholders for their review and feedback.

***Engaging Important Stakeholders.*** Participants agreed that fistula remains largely invisible to national and international policymakers as a significant cause of reproductive health morbidity, much less as an issue of equity. To create ‘mechanisms’ and a platform to engage important stakeholders on the issue, the group proposed conceptualizing fistula

as a chronic (and non-communicable) disease and to work with WHO on the International Classification of Disease (ICD) to categorize obstetric fistula as a “notifiable” disease so that a tracking system for fistula patients could be established.

***A Call for Social Science Research.*** The group called for social science research to complement clinical research in order to understand better the experiences of women with PFRD, particularly the psychological aspects of living with this condition.

***Collecting Critical Data.*** There was general acknowledgement of the need for more data to provide an evidence base for programming and practice.

***Empowering Women.*** The group recognized the need to do more to consider the clients’ needs through their eyes and the complications of how best to do so, especially, as frequently occurs, when there are cultural and language differences between the provider and client.

A full report on the meeting will be distributed in the next quarter. In October, Dr Joseph Ruminjo will present the meeting findings and draft recommendations at the SIU meeting in Berlin and International Obstetric Fistula Working Group (IOFWG) meeting in Maputo.

***Integrating Uterine Prolapse and Obstetric Fistula Services.*** As part of the annual management review this year we produced a literature review and developed a concept paper on the potential for integrated programming of uterine prolapse (UP) and fistula services. In Nigeria we will be conducting community screening events to identify the backlog of women in need of fistula repair surgery and will document the number of UP cases identified during these events in order to provide a rough estimate of local prevalence of the condition. Discussions are underway about conducting a visit to Nepal to assess current approaches to UP programming; this trip is tentatively scheduled for early 2012.

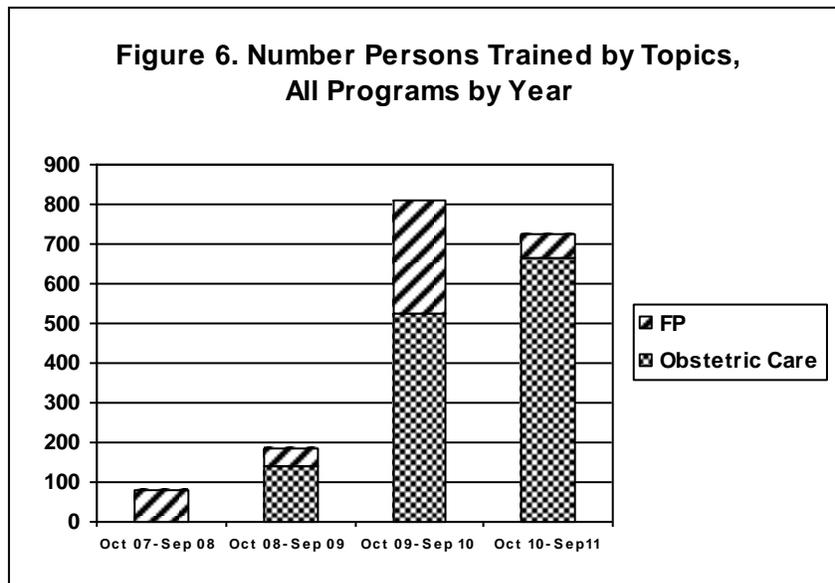
**RESULT 2: Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women’s reintegration**

**Fistula Prevention.** Strengthening fistula prevention services is essential to addressing the occurrence of fistula. Fistula Care focuses 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. During FY10/11 seven countries conducted training in

**Table 13 Number of Health Providers Attending Training in FP and OC All Countries By Year**

	Oct 2007- Sep 2008	Oct 2008- Sep 2009	Oct 2009- Sep 2010	Oct 2010- Sep 2011
Family Planning	82	45	286	64
Obstetric Care	0	197	525	663
Total	82	242	811	727

prevention related activities which included FP counseling, FP methods provision, OC management, and community outreach (see Table 9 under Result 1). The number of persons attending training in obstetric care (emergency obstetric care, partograph, cesareans, AMSTL) has increased each year; see Table 13 and Figure 6. Training numbers for family planning (counseling, contraceptive updates, or skills for FP method provision) were much lower in FY10/11 that previous years. In Nigeria, one of the reasons was a decision by the USAID Mission to request the project to transition support of prevention only sites to the local bilateral. In August of this year, the Mission requested that we continue to support these sites, but that would account for some diminution of activities. In Uganda, as in some other countries, the project had earlier focused attention on family planning and this year the focus was on addressing emergency obstetric care. FY10/11



Summarized below are key activities undertaken in FY10/11 to strengthen these services at supported sites.

### **Family Planning**

**Integration of Family Planning.** Fistula Care's strategy to effectively integrate family planning into fistula services continued over the year with expansion of orientation and programming. With the objectives of enabling women and couples to delay first births to help prevent fistula and enabling women and couples to achieve a successful pregnancy post-repair by allowing the woman time to heal, three messages have been used for promoting this component of care. These messages are if the woman has signs of fertility post-repair:

- FP benefits the woman's body and her baby's health; it delays pregnancy until the woman is completely healed and prepared to have a hospital birth (c-section) to prevent repeat fistula.
- FP can help the woman/couple achieve a desired pregnancy using Standard Days Method (SDM) or delay/prevent an unintended pregnancy using any preferred method of FP, including SDM.
- For future healthy pregnancy outcomes, FP can help prevent HIV and STI (by promoting safer sex practices including use of condoms when the woman/couple resumes sexual activity after healing).

***Model for Family Planning Integration with Fistula Care Services Piloted.*** The EngenderHealth family planning integration model was introduced to the FC program staff in Nigeria (July 2008), Rwanda (December 2009), Uganda (January 2010), and Guinea (February 2011). The Rwanda program has been stalled in moving forward on FP-integrated FC services for a variety of internal political reasons.

**Uganda's** ongoing integration efforts have resulted in FP counseling of all clients on the fistula repair ward, with external or internal referral to the FP clinic (Kagando) and FP counseling of all fistula client on the fistula repair ward (Kitovu) with external referral.

**Guinea** has received and embraced FP-integration with fistula treatment services and implementation of activities is now ongoing.

**Nigeria** has continued to implement FP-integrated fistula services in five supported states. In Ebonyi state, nurses were trained to incorporate FP into fistula counseling. By setting up an FP center in the treatment facility, all FP statistics reflect fistula repair clients who have been counseled and/or who have received a method before discharge or during follow-up visit. Consequently, the fistula treatment site in Ebonyi has moved from providing no FP services to now offering FP counseling to all women in treatment and providing methods. The most recent states to receive FP-integrated fistula counseling training include Bauchi, Cross River, and Kwara.

The **Mali** program initiated FP-integration at Gao following the participation of Demba Traore and Cheick Toure, IntraHealth partner colleagues, in the Clinical Monitoring workshop in Uganda, January 2010. Betty Farrell will make a visit in the new fiscal year

to introduce concepts, principles, and the EngenderHealth Integration Approach, along with country experiences integrating family planning with fistula treatment services. The MOH's goal is to expand FP-integration to the other four fistula treatment sites in Mali (sites supported by other donors) and FC will provide some limited technical assistance to these sites for the integration.

While **Bangladesh** FC program staff have not received formal orientation from the Global FC team on the integration model, this country program has adapted and translated the FP methods quick reference chart and chart on client-centered RH counseling following fistula repair into Bangla. Their plan is to orient staff at FC supported sites during future orientation sessions on obstetric fistula counseling including family planning along with the use of these charts. All FC sites have the government approved FP manual for ready reference. Independently, the Bangladesh project has:

- Provided orientation to FC site staff on counseling on obstetric fistula and family planning;
- Provided information on pregnancy and the use of family planning methods following fistula repair;
- Incorporated informed choice/informed consent into the orientation sessions on counseling for obstetric fistula and family planning; and
- Provided Informed Consent forms for use by the FC sites for fistula repair services.

At present, FC sites in Bangladesh are providing family planning services as part of their approach to prevention of obstetric fistula.

The FP integration model is being further developed to incorporate gender sensitivity 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.

During FY11/12 we will design and conduct an evaluation of the integration model in selected country programs. Teams of staff and partners from four countries will participate in the upcoming International Conference on Family Planning to be held in Dakar, Senegal at the end of November 2011 and the project has arranged for a meeting to enable participants to exchange experiences in the use of the approach and suggestions for improvement.

**Family Planning Counseling and Provision of Methods.** In FY10/11 FC supported 71 sites in 10 countries which provided FP counseling and/or provision of methods; see Table 14. The majority of facilities reporting on FP services are located in Nigeria (n=27), however 21 of these sites were dropped after the January-March 2011 reporting period at the request of USAID/Nigeria and no reporting on services occurred in the last two quarters.<sup>46</sup> All of the Fistula Care supported sites which provide fistula repair :

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<sup>46</sup> USAID/Nigeria has now reversed that decision and support will resume to the majority of these facilities in FY11/12.

**Table 14 Number of Persons Counseled for Family Planning and Accepting a Method, by Country and Year, Fistula Care Supported sites**

	FY 07-08	FY 08-09	FY 09-10	FY 10-11	Total
<b>Bangladesh</b>					
Number of Supported Sites Reporting	3	3	4	4	4
Number Counseled for FP	5635	3234	16970	27,757	53,596
Number of FP acceptors	3722	2959	16970	18,893	42,544
<b>DR Congo<sup>47</sup></b>					
Number of Supported Sites Reporting	NA	1	2	4	4
Number Counseled for FP	NA	1	2954	9,667	12,622
Number of FP acceptors	NA	59	1633	1,594	3,286
<b>Ethiopia<sup>48</sup></b>					
Number of Supported Sites Reporting	NA	3	3	4	4
Number Counseled for FP	NA	101	156	172	429
Number of FP acceptors	NA	NA	NA	NA	NA
<b>Guinea</b>					
Number of Supported Sites Reporting	2	7 <sup>49</sup>	9	9	9
Number Counseled for FP	147	1175	3458	4,357	9,137
Number of FP acceptors	214	912	1967	2,449	5,542
<b>Liberia/Mercy Ships</b>					
Number of Supported Sites Reporting	NS	1	NS	NS	1
Number Counseled for FP	NS	7	NS	NS	7
Number of FP acceptors	NS	103	NS	NS	103
<b>Mali</b>					
Number of Supported Sites Reporting	0	1	1	1	1
Number Counseled for FP	0	444	220	197	861
Number of FP acceptors	0	2054	220	134	2,408
<b>Niger</b>					
Number of Supported Sites Reporting	4	4	4	6	6
Number Counseled for FP	2998	3115	3083	5,774	14,970

<sup>47</sup> In FY 09/10 in DR Congo one site did not report on numbers counseled.

<sup>48</sup> Pre Repair centers in Ethiopia do not provide FP. They counsel and refer fistula patients for FP to the nearby health center. In FY 07/08 no data reported; FY 08/09 data were reported for three quarters. Hamlin Fistula Hospitals do not report on FP services.

<sup>49</sup> In FY 08/09 one site in Guinea did not report on counseling.

	<b>FY 07-08</b>	<b>FY 08-09</b>	<b>FY 09-10</b>	<b>FY 10-11</b>	<b>Total</b>
Number of FP acceptors	1952	3546	3080	4,986	13,564
<b>Nigeria<sup>50</sup></b>					
Number of Supported Sites Reporting	5	9	28	28	28
Number counseled for FP	8165	11959	13269	10,646	44,039
Number FP acceptors	NA	NA	10249	7,752	18,001
<b>Rwanda</b>					
Number of Supported Sites Reporting	2	2	3	3	3
Number counseled for FP <sup>51</sup>	NA	2	NA	1,173	2,358
Number FP acceptor	131	180	1183	1,173	2,667
<b>Sierra Leone<sup>52</sup></b>					
Number of Supported Sites Reporting	1	1	1	1	1
Number Counseled for FP	25	130	51	406	612
Number of FP acceptors	6	47	27	404	484
<b>Uganda</b>					
Number of Supported Sites Reporting	2	2	9	11	11
Number Counseled for FP	379	805	1017	7,817	10,018
Number of FP acceptors	89	267	4,209	7,791	11,636
<b>Total All Countries</b>					
Number sites reporting FP services	19	34	64	71	72
Number Counseled for FP	17,349	20,973	42,361	67,970	148,653
Number of FP acceptors	6,114	10,128	38,818	45,180	100,240

NA: not available

<sup>50</sup> Nigeria did not report on number of acceptors of methods in FY 07/08 and FY 08/09.

<sup>51</sup> In Rwanda the site record keeping systems are not set up to report on number counseled.

<sup>52</sup> Between September 2008 and January 2010 Marie Stopes provided these services at the center. The center now has trained staff and supplies to provide FP services.

services also provide FP counseling; only two repair sites do not provide FP methods (Kitovu in Uganda, and Laure Fistula Center in Nigeria). As shown below, in FY10/11 FC supported facilities reported nearly 70,000 persons counseled for FP and 45,000 accepting a FP method. Details about methods dispensed by site are included in the Country Reports in Section IV of this report.

**Job Aids for Providers.** During FY10/11 we finalized French translations of job aids for providers about family planning; these items are posted on the French Fistula Care website.

- [Client-Centered Reproductive Health Counseling Following Fistula Repair](#) (PDF, 169 KB) is a poster that gives service providers guidance on counseling women and couples following fistula surgery.
- [Quick Reference Chart for Contraceptive Methods](#) (PDF, 167 KB) is a poster that lists information about family planning methods for the service provider's reference

### **Partograph**

The partograph is a labor monitoring tool that, if used consistently and correctly, alerts health care providers of the need to intervene (or refer) in an emergency and facilitates clear communication between staff. It is also used in training and serves as a checklist of all the elements for labor monitoring. The Fistula Care Project, with its aim of reducing fistula, supports fistula repair but also key interventions to prevent obstructed labor, the primary cause of obstetric fistula. Strengthening partograph use in facilities at different levels of the health systems is one of these key prevention interventions

In F09/10 the Fistula Care team developed a tool to monitor use of the partograph in supported sites. After agreement on the content for the tool and the objectives of data collection, a methodology for simple sampling was suggested and field tested in Uganda. Based on this pretesting, the tool was adapted in February 2011 and shared with all FC country programs along with instructions to carry out partograph monitoring with country partners on an annual basis at supported sites. The results of each site review are to be communicated to the sites and program action plans developed where needed to improve the use of the partograph.

Data were collected from more than 30 sites in nine countries this FY. We were unable to complete the analysis of the reviews in time for this report due to a few data management issues. A full report will be presented in the October-December 2011 Quarterly Report.

### **Consultative Meeting: Revitalizing the Partograph - Does the Evidence Support a Global Call to Action?**

Preparations for this meeting continued in the final quarter. The meeting will be co-hosted by the Maternal Health Task Force and will take place on November 15-16, 2011 in New York City. Participants will include a broad spectrum of practitioners, partners and policy makers from the maternal and newborn health community. The objectives of the meeting are to review the current evidence base for partograph effectiveness, develop feasible strategies to overcome barriers to partograph use, consider alternative intra-partum monitoring strategies and determine implementation research needs. One anticipated outcome from the meeting will be a draft 'call to action' or consensus document. Fistula Care will finalize a manuscript based on the partograph literature review paper and incorporating outcomes from this meeting in the second quarter of FY11/12, following USAID review.

### **Promoting the Use of the Catheter to Prevent or Treat Fistula Associated with Prolonged or Obstructed Labor**

Immediate catheterization can be used both as 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 has begun to include this intervention as a part of a package of EmOC training in Rwanda and Uganda. The project promoted its inclusion in recommendations for strategies at the national level in both Nigeria and the DR Congo. We are continuing the dialogue with WAHA International on the development of guidelines and are awaiting a response from WAHA as to a suitable time for a joint meeting.

### **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 works with sites who have expressed interest in addressing poor cesarean performance as a means of reducing the number of fistula cases. In FY10/11 a total of 663 persons in seven countries attended training related to obstetric services which included issues around cesarean section; see Table 9.

**Deliveries and Cesarean Sections.** During FY10/11, 39 FC supported sites which provide delivery services reported on the number of deliveries, including cesareans. Overall, these centers reported nearly 80,000 deliveries. As shown in Table 15 the proportion of deliveries which were by cesarean ranged from 3-9% at hospitals in Nigeria to more than 40% at sites in Bangladesh (n=2), DR Congo (n=1), Niger (n=2), and Rwanda (n=1). Many of the institutional rates are high because the facility is a tertiary hospital that may often be the only facility in a region /district that can provide cesarean services.

**Table 15. Number of Deliveries and Percent Cesarean, Selected Fistula Care Supported Sites, by Country and FY<sup>53</sup>**

Country, site	FY 09-10		FY 10-11	
	Number Deliveries	Cesareans as % of all Deliveries	Number Deliveries	Cesareans as % of all Deliveries
<b>Bangladesh</b>				
Ad-Din Dhaka	8,580	67%	9,381	53%
Ad-Din Jessore	3,189	61%	3,370	52%
Kumudini	1,779	44%	2,240	37%
LAMB	3,457	24%	3,614	19%
<b>DR Congo</b>				
Imagerie Des Grands-Lacs	NS	NS	94	13%
HEAL Africa Hospital	1,042	13%	1,262	13%
Maternite Sans Risque Kindu	NS	NS	458	8%
Mutumbo	NS	NS	151	23%
Panzi Hospital	1,822	24%	2,769	23%
St. Joseph	NS	NS	844	42%
<b>Ethiopia<sup>54</sup></b>				
Adet Health Center	244	0	325	0
Dangla EmOC Center	303	0	569	15%
Sekota Hospital	NS	NS	392	0
Woreta Health Center	332	0	421	0
<b>Guinea</b>				
Boke	1,448	25%	1,418	19%
Faranah	600	26%	832	19%
Ignace Deen	3,570	35%	3,598	29%
Jean Paul II	494	13%	769	10%
Kindia	1,175	28%	1,834	23%
Kissidougou	800	51%	1,325	31%
Labe	885	32%	1,143	30%
Mamou	1,268	33%	1,672	24%
NZerekore	996	42%	1,367	41%
<b>Mali</b>				
Gao	1,177	22%	1,277	18%
<b>Niger</b>				
Dosso	1,967	16%	2,064	22%
Issaka Gazobi	4,397	66%	5,290	57%
Maradi	2,134	45%	1,756	60%
Tahoua	NS	NS	4,106	5%
Tera District Hospital	NS	NS	836	11%
<b>Nigeria</b>				
Argungu GH (Kebbi)	331	6%	NA	NA
Faridat Yakubu GHI (Zamfara)	745	22%	1,219	9%
Jega GH (Sokoto)	286	8%	NA	NA

<sup>53</sup> FY 09/10 updated to include data from Ethiopia.

<sup>54</sup>Data on deliveries performed at centers where the pre repair units are located Dangla Health Center opened an emergency obstetric unit which in September 2010. Two cesareans were performed in September 2010.

Country, site	FY 09-10		FY 10-11	
	Number Deliveries	Cesareans as % of all Deliveries	Number Deliveries	Cesareans as % of all Deliveries
General Hospital Dogon Daji (Sokoto)	36	11%	NA	NA
Kamba General Hospital (Kebbi)	212	7%	191	7%
Maiyama General Hospital (Kebbi)	277	6%	116	3%
Maryam Abacha Women's and Children's Hospital (Sokoto)	462	9%	979	4%
<b>Rwanda</b>				
CHUK	1,974	49%	2,078	52%
Kanombe	3,158	32%	3,383	35%
Ruhengeri	4,713	24%	5,468	24%
<b>Sierra Leone</b>				
Aberdeen	217	16%	1,078	18%
<b>Uganda</b>				
Bwera Hospital - Kasese	NS	NS	810	13%
Kagando / Bwera	3,455	36%	3,348	28%
Kitovu / Masaka	2,284	38%	1,986	38%
Kiwangala HC IV - Masaka	NS	NS	57	0%
Kiyumba HC IV - Masaka	NS	NS	59	0%
Masaka Regional Referral Hospital	NS	NS	3,473	20%
Rwesande HC IV - Kasese	NS	NS	159	8%
<b>Total all sites</b>	<b>58,930</b>	<b>40%</b>	<b>79,581</b>	<b>33%</b>

NS=not supported . NA=not available

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

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### **Completed, Ongoing and Planned Research**

#### **Completed Research.**

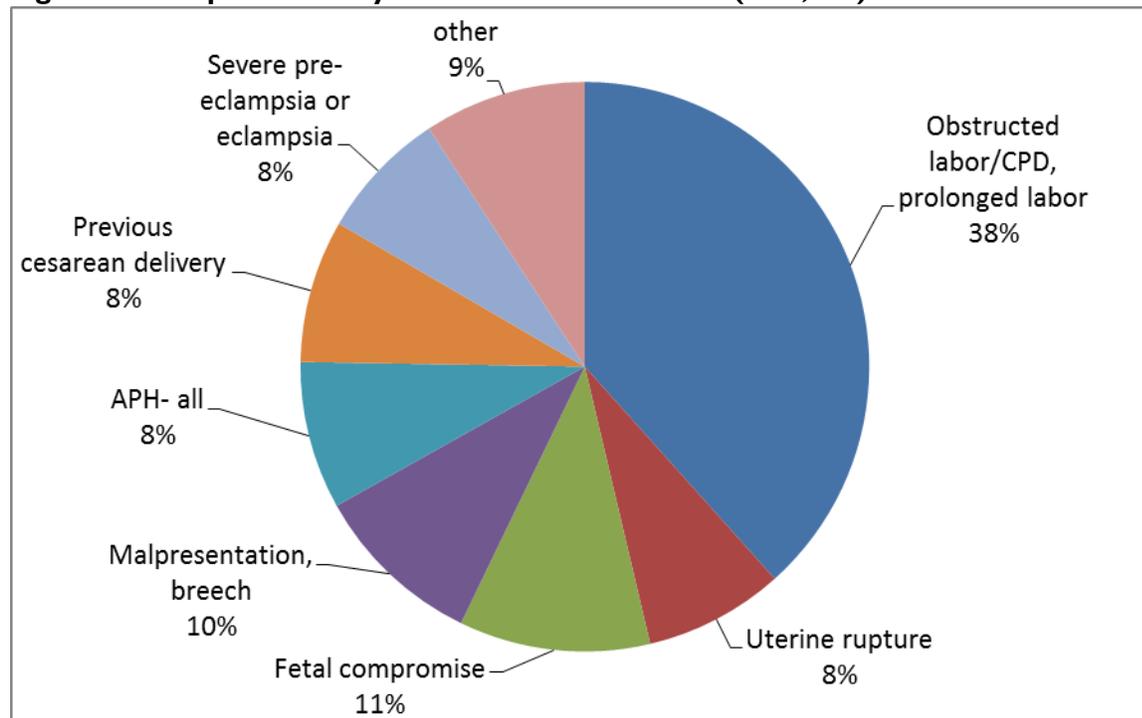
*Determinants of Post-Operative Outcomes in Fistula Repair Surgery.* As reported in the last quarterly report, we held a two day meeting with the study site investigators in May 2011. The objectives of the meeting were to share the preliminary study results with the site investigators and provide a forum for discussion of the interpretation of these results, as well as the programmatic, clinical, and research implications of the study findings. We continue to move forward with our plans for dissemination of the study results. The draft of the first manuscript related to the study, “Factors influencing fistula repair outcomes in developing country settings: a systematic review of the literature,” was reviewed by USAID and submitted for publication in the journal *Obstetrics and Gynecology*. Unfortunately, the journal declined to publish the paper; we are currently reworking the paper for submission to another journal. At the same time, we are working on the analyses for, and drafting of, several manuscripts based on the study data. These include analyses of fistula and patient characteristics that predict repair outcomes (both fistula closure and residual stress incontinence); influence of surgical route on repair outcomes (this manuscript was sent to USAID and the local co-investigators for review); development and testing of prognostic scoring systems for vaginal fistula surgery outcomes; procedures and practices for fistula surgery; and cross country comparisons of socio-structural factors associated with fistula. We anticipate that the drafting of these manuscripts will be done during the next two quarters. In FY11/12 we will conduct country level dissemination meetings in each of the participating countries (Bangladesh, Guinea, Niger, Nigeria, and Uganda).

*A Multi-Centre Retrospective Review of Data Collection Procedures and Data Quality of Indications for Cesarean Deliveries.* In FY10/11 we completed the cesarean study across five countries. Specifically we:

- Completed data collection from three hospitals in Niger in October 2010; data cleaning and analysis, and production of preliminary results was completed and dissemination is scheduled to take place in January 2012;
- Disseminated preliminary findings at the two hospitals in Guinea, held discussions about the results with hospital staff and elaborated action plans in January of 2011; final reports have been drafted and are currently in the process of being edited; action plans have been used to inform overall work planning for FY11/12;
- In Mali we validated a sample of records upon the hospital’s request, in July 2011. The final report is also currently being edited;
- At the request of LAMB Hospital we conducted a validation exercise in August 2011. Based on the findings from this exercise, where 20% of the records were reviewed, the data has been excluded from the aggregate analyses. Poor data quality was attributed to mismanagement of the data collection process by the consultant hired to undertake the record review.

We have completed the merging of the nine data sets and are preparing the aggregate analysis. In total, 145 “unique” indications were recorded in the patient records reviewed; we have now collapsed this list according to an internally agreed upon logic. Preliminary aggregate analyses using this logic reflect a sobering indication picture that justifies continued prioritization of prevention efforts: over a third of the recorded primary indications were for obstructed labor and uterine rupture accounted for 8% of all recorded primary indications; see Figure 7.

**Figure 7. Collapsed Primary Indications for Cesarean (n= 2,935)**



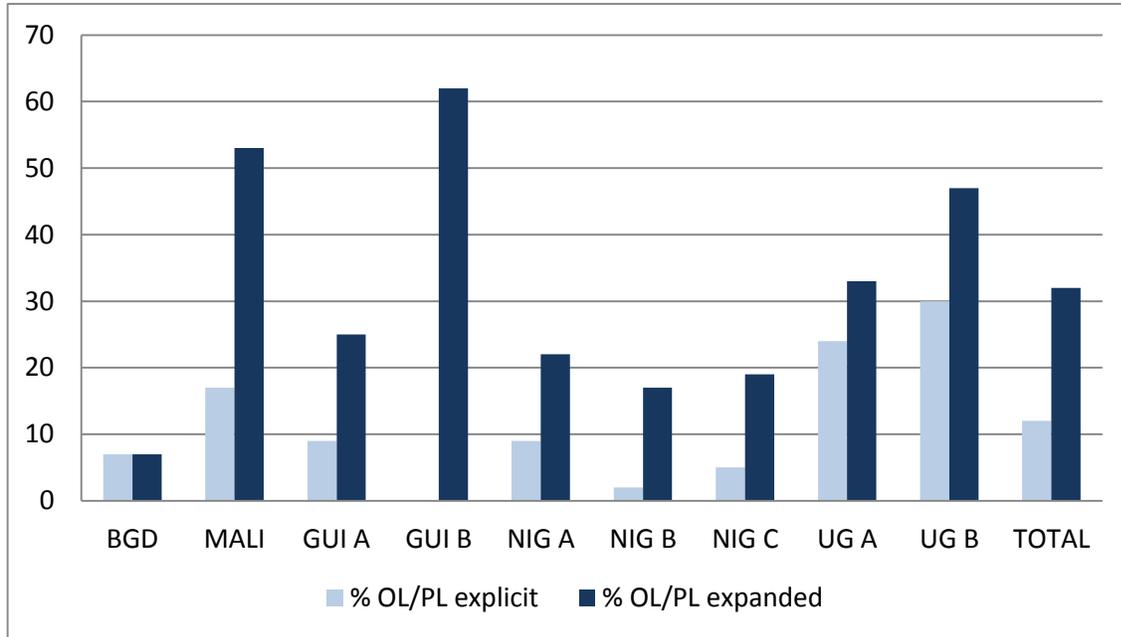
One of the study objectives was to assess the feasibility of regular collection of obstructed and prolonged labor indications data. A secondary objective was to test the feasibility of using the FIGO-IMMPACT-proposed absolute maternal/non-absolute classification system for annual review of trends. Findings from these analyses will require further discussion with other key stakeholders working on this subject. We will hold a meeting to discuss the findings with a small group of stakeholders in early 2012. We will present the preliminary aggregate findings at the American Public Health Association’s meeting in Washington DC in November 2011. We are drafting a paper for submission to a peer-reviewed journal in 2012 and will propose presenting the findings at the 2012 FIGO meeting.

Our preliminary conclusions are that collection and review of these data across facilities in a given country will require the promotion of standard but inclusive definitions of obstructed and prolonged labor; and data collection tools that can help sites extract and aggregate data using standardized definitions while not sacrificing space and systems to adequately capture individual level clinical information.

Figure 8 highlights the importance of using a standardized terminology. We show obstructed and prolonged labor indications (recorded as primary indication) as they were explicitly recorded in

patient records against the recoded/expanded groupings we did using where other indications were recorded in patient records (see Table 16).

**Figure 8. Explicit v. Recoded/Expanded Obstructed and Prolonged Labor as Primary Indication (n= 2,935)**



An excerpt of the logic that was used to collapse the one hundred and forty five indications is presented in Table 16. This excerpt shows the obstructed and prolonged labor categories and the additional recorded indications, as well as how we collapsed them into obstructed or prolonged labor categories.

**Table 16. Indication recoding logic**

FIGO/IMPACT	Record Review Data collection tool	Country additions under “other, specify”
Obstructed labor, including severe deformed pelvis and failed trial of labor	<ul style="list-style-type: none"> <li>• Obstructed labor</li> <li>• Deformed pelvis</li> <li>• Failed trial of labor</li> </ul>	<ul style="list-style-type: none"> <li>• Big Baby</li> <li>• Failed trial of previous scar</li> <li>• Retracted/contracted pelvis</li> <li>• Immature pelvis</li> <li>• Dystocia, obstructed labor due to poor descent</li> <li>• Asymmetric pelvis</li> </ul>
Failure to progress in labor, including prolonged labor	<ul style="list-style-type: none"> <li>• Failure to progress</li> <li>• Prolonged labor</li> </ul>	<ul style="list-style-type: none"> <li>• Cervical Dystocia</li> <li>• Delayed second stage</li> <li>• uterine inertia</li> <li>• Failed dilatation</li> <li>• Obstructed Labor, ( Dynamic)</li> </ul>

## Ongoing Research.

**Randomized Clinical Trial for Short Term Catheterization.** Fistula Care and WHO International are collaborating on the development and implementation of this study. The primary study objective is to examine whether short-term (seven day) urethral catheterization is not inferior to longer-term (14 day) urethral catheterization in terms of incidence of fistula repair breakdown. During this FY we held a consultative meeting with potential study site investigators; the results of this meeting helped WHO and FC finalize the study protocol. The study protocol was approved by USAID/W in January and by WHO ethical review committees in May and June 2011.

The study will be conducted at eight centers in sub-Saharan Africa among 507 women with simple fistula presenting for fistula repair surgery over the course of 16-18 months. Women and Health Alliance (WAHA) International is partnering with us on the study by supporting fistula repair services at two of the selected study sites (Ethiopia and Niger). The study centers and co investigators include:

Country	Facility Name	Co-investigator
DR Congo	Hôpital Saint Joseph	Dr. Dolorès Nembunzu
Ethiopia	Gondar University Hospital	Dr. Mulu Muleta
Guinea	L'Hôpital Préfectoral de Kissidougou	Dr. Thierno Hamidou Barry
Kenya	Kenyatta National Hospital	Dr. Weston K. Wakasiaka
Niger	Maternité central de Zinder	Dr. Lucien Djangnikpo
Nigeria	National Obstetric Fistula Centre Abakaliki	Dr. Ileogben Sunday-Adeoye
Sierra Leone	Aberdeen Women's Centre	Dr. Alyona Lewis
Uganda	Kagando Hospital	Dr. Robert Olupot

During the last quarter of the FY the FC team and WHO staff focused on securing ethical approvals in each of the 8 countries, developing the data collection tools and hiring local research assistants. As of September 2011 we obtained ethical approval to begin the study in Guinea, Niger and Kenya. We expect the remainder of the approvals will be granted by December 1. During the first quarter of FY11/12 we will hold 4 day training for the site investigators and research assistants. Enrollment of study participants is expected to begin in December.

## Other Monitoring, Evaluation and Research Activities

**Guinea Levels of Fistula Care Evaluation.** In an effort to determine the feasibility and effectiveness of institutionalizing rationalized fistula prevention, treatment, and reintegration services across a network of facilities and within beneficiary communities in Guinea, a multi-faceted evaluation was undertaken this year. The study methodology included facility assessments, a community survey and key informant interviews. These data, along with data which is routinely collected by FC/Guinea will be used in the analysis. A desk review of Guinea's routine project data was completed in July 2011.

Collection, entry and cleaning for the community survey and the structured interviews with post-fistula repair clients were completed in September 2011. Table 17 provides details of the number of questionnaires completed and response rates. In addition, 70 women (convenience sample) who have had fistula surgery were asked interviewed about client satisfaction, quality of family planning messages and reintegration experiences.

**Table 17 Community Survey Questionnaires Completed**

Target group	n	Response rate
Women of reproductive age	2380	85%
Co-resident husbands	1501	81%
Village safe motherhood committee representatives	30	100%
Community leaders	59	N/A

Data processing and analysis is underway and preliminary analysis of all findings is tentatively planned for early 2012. The evaluation framework for the community engagement portion of the evaluation will be presented at the American Public Health Association's annual meeting in Washington DC in November 2011.

**Data for Decision Making Module Adapted for Fistula Care Programs.** As part of FC's 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, the Leader Cooperative Agreement under which Fistula Care was awarded. The Fistula Care module was piloted in FY08/09 as part of larger quality improvement exercises in two countries. The material from the EngenderHealth curriculum has been adapted and designed with a specific focus on the Fistula Care clinical indicators for orientating three groups of health professionals: supervisors, facility level providers and national/regional stakeholders. The English module was finalized and produced in the last quarter of the FY. We will be sending the module to programs in the first quarter of FY11/12 and will be organizing orientation sessions for FC country staff in how to introduce and use the material. The French version of the module will be ready by January 2012.

**Supported Sites Routine Review of Data.** During FY10/11 33 (91%) of the 35 FC supported treatment centers and four pre repair centers met at least once during the project year to review data (see Table 18). A total of 8 sites (23%) met at least once per quarter during the year; an increase over last year. Data was not available for several sites.

**Table 18. Number of Meetings held to review data by Country and Site, October 2010 – September 2011<sup>55</sup>**

Country	Oct-Dec	Jan-March	Apr-Jun	Jul-Sept	FY Total
<b>Bangladesh</b>					
Kumudini	1	0	0	0	1
LAMB	1	0	0	0	1
Ad-Din Dhaka Hospital	2	2	2	1	7
Ad Din Jessore	0	0	0	0	0
<b>DR Congo</b>					
HEAL Africa	n/a	n/a	n/a	n/a	n/a
IGL	NS	NS	1	1	2
MSRK	NS	NS	n/a	1	1

<sup>55</sup> n/a indicates data is unavailable. NS indicates site not supported during this quarter.

Country	Oct-Dec	Jan-March	Apr-Jun	Jul-Sept	FY Total
Mutomobo Hospital	NS	NS	n/a	2	2
Panzi	n/a	n/a	n/a	n/a	n/a
St. Joseph's Hospital	NS	NS	n/a	1	1
<b>Ethiopia</b>					
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
Sekota (pre-repair site)	1	1	1	1	4
<b>Guinea</b>					
Jean Paul II	0	1	1	1	3
Kissidougou	0	1	1	1	3
Labé	0	1	1	1	3
<b>Mali</b>					
Gao	1	1	1	1	4
<b>Niger</b>					
Dosso	0	1	1	1	3
Lamordé	0	1	1	0	2
Maradi	0	0	1	1	2
Tahoua	0	1	1	1	3
<b>Nigeria<sup>56</sup></b>					
Babbar Ruga	0	1	0	0	1
Ebonyi Center	0	1	0	0	1
Faridat	0	1	0	0	1
Kebbi	0	1	0	0	1
Laure Fistula Center	0	1	0	0	1
Ningi	NS	1	0	0	1
Maryam Abacha	0	1	0	0	1
<b>Rwanda</b>					
CHUK	1	1	0	1	3
Kanombe	1	1	1	1	4
Ruhengeri	1	1	0	1	3
<b>Sierra Leone</b>					
Aberdeen	3	2	3	2	10
<b>Uganda</b>					
Kagando	1	1	1	0	3
Kitovu	1	1	1	1	4
<b>Total Number of Meetings</b>	<b>17</b>	<b>27</b>	<b>21</b>	<b>23</b>	<b>88</b>
<b>Total Number of Sites Reporting</b>	<b>14</b>	<b>24</b>	<b>18</b>	<b>21</b>	<b>33</b>

<sup>56</sup> In Nigeria there were no site specific meetings however fistula surgeons and nursing staff from each site reviewed data during a two-day fistula network meeting with the FC team.

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

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

### **Policy and Advocacy**

During FY10/11, 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 the following which took place during the April-September 2011 period. (Activities in the first half of the year were reported in the semi-annual report.)

**Briefing for United States Congress on Obstetric Fistula.** In May 2011 Ms. Carrie Ngongo participated in a panel discussion "End Fistula Forever". This event was sponsored by the Campaign to End Fistula partners.

**Bangladesh.** A workshop to finalize the National Strategy on Obstetric Fistula was held on 16 June 2011 with approximately 80 participants/stakeholders from government, NGOs, USAID, the Obstetric and Gynecological Society of Bangladesh, FC partner hospitals and private sector organizations. The National Strategy is now finalized and ready for dissemination.

**Mali.** A one-day revision session was held at the National Health Administration to continue the finalization of the national standards on obstetric fistula in preparation of their dissemination. The participants used small group work sessions to revise the document. Next steps in the finalization process include document formatting, signing of the preface by the Minister of Health, printing of the document, and organization of the dissemination workshop.

The Fistula Care team participated in a preparatory workshop from September 27-30, 2011 to review the SLIS (national health information system) indicators. The workshop brought together 26 participants in the technical field from the Ministry of Health, national and international NGOs, and other technical and financial partners. The FC team is working to ensure that fistula indicators are integrated into the SLIS, as outlined in the system objectives. Next steps involve the organization of a validation workshop for the selected SLIS indicators.

In **Nigeria**, FC has carried out a series of advocacy efforts to revive existing fistula working groups and establish new ones where they do not exist. At the national level, the project collaborated with Federal MOH (FMOH), UNFPA and other partners to reconstitute a National Working Group on Obstetric Fistula (NWGOF) with clear terms of reference and scope of work. The Project will work closely with the Working Group not only to review the *National Strategic Framework and Plan for the Eradication of VVF in Nigeria 2005 – 2010* but also to introduce the concept of early catheterization as way of both preventing and treating simple fistula in Nigeria. The consultant hired to review and draft a new strategic framework is expected to present a draft to the working group in the first quarter of FY11/12. In the previous quarter, FC worked closely with the NWGOF and UNFPA on developing a compendium of indicators that will be essential in monitoring and

evaluating progress. The compendium will be contained in the Strategic Framework currently under development.

FC Nigeria has also focused on a concentrated media outreach effort to raise the visibility of fistula and fistula prevention and repair services. This effort includes a partnership with Radio Nigeria, utilizing a monthly radio spot on the Health Watch program, reaching over 14 million listeners. A radio drama was prepared and aired in the fourth quarter of FY10/11 entitled “Silent Cries”. This drama was made up of 26 episodes and ran on a popular FM radio station, with the goal of creating awareness on the prevention and availability of treatment of obstetric fistula; promoting health seeking habits of women of reproductive health; male involvement in maternal issues and the benefits of family planning and girl child education. In the fourth quarter, 11 radio programs and 11 newspaper publications were recorded on program activities, bringing the annual total to 45 publications. And finally, FC has carried out multiple media round tables with the objective of informing journalists about obstetric fistula, its causes, magnitude, implications of fistula and ways to prevent it. In addition, the Project emphasized the role of journalists in raising awareness, enlightening clients on availability of free fistula repair service at supported sites. As a result more than 15 articles about fistula have appeared in various Nigerian news outlets in the last year.

**Sierra Leone.** AWC attended a strategy meeting with the MOH, UNFPA and other interested parties in August 2011 to discuss the strategy for VVF for the years 2013-14.

In **Uganda**, FC has worked successfully in partnership with UNFPA and USAID/Uganda to ensure inclusion of questions about fistula in Uganda’s upcoming DHS. Uganda has developed a National Fistula Strategy, with FC’s Dr. Isaac Achwal serving as a resource person to UNFPA in drafting the strategy. FC’s Level of Care Framework strategy for service delivery has been adopted as the national approach to fistula service delivery, as part of the National Fistula Strategy. FC has worked with the MOH and the Fistula Technical Working Group (FTWG) to adapt several of Fistula Care’s tools and support development of other tools and material for service delivery to be used by MOH. The FC tools that have been adapted thus far are:

- *Fistula Services Facilitative Supervision and Medical Monitoring for Service Deliver;*
- *Fistula Site Assessment Tool(now referred to as Site Assessment Tool for Treatment and Prevention of Genital Fistula Services in Uganda);*
- *Fistula Treatment Training Strategy( now referred to as National Training Guidelines and Standards for Treatment of Female Genital Fistula).*

The following two tools will be adapted in the future for use by the MOH:

- *Protocol For Investigating And Reporting Mortality Related To Fistula Surgery*
- *Fistula Care Quarterly Data Collection Tools.*

Finally, the MOH and FTWG have requested assistance from Fistula Care to develop the following standardized tools for use in Uganda next fiscal year: *Fistula Client Register; Fistula Client Card; Fistula Surgeon’s Log Book; and Fistula Training Curricula (to be adopted from FIGO curriculum).*

## Collaborations

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.

The project continues to collaborate with UNFPA Campaign to end Obstetric Fistula and the International Obstetric Fistula Working Group (IOFWG). This collaboration covers the full range of fistula activities and issues – prevention, treatment, classification, research, indicators, etc. EngenderHealth staff participated in the 2010 meeting of the IOFWG in Dakar. Joseph Ruminjo is serving as co-chair of the prevention committee and Evelyn Landry as co-chair of the data, indicators and research committee. 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. Other important and strategic alliances described earlier in this report are with FIGO, WAHA and WHO.

## Raising the Visibility of Fistula with External Audiences

During FY10/11 the issues of fistula and prevention were highlighted in several different ways: presentations at professional conferences, dissemination of lessons learned through the technical brief series, the project newsletter and web site, and the media. A summary of each of these categories is listed below.

### Presentations at Professional Conferences.

During FY10/11 Fistula Care staff and partners made a total of 11 presentations at the following eight conferences:

- USAID Global Health Mini-University, Washington, D.C.
- First Global Symposium on Health Systems Research in Montreux, Switzerland
- International Society of Obstetric Fistula Surgeons Third Annual Meeting, Dakar Senegal
- International Obstetric Fistula Working Group, annual meeting, Dakar, Senegal
- National Council of Women of the United States' 55th Commission on the Status of Women, New York
- International Midwives Conference, Bamako Mali
- Global Health Council Meeting, Washington DC
- Woodrow Wilson Center, September, Washington DC

A list of the presentations/papers at these conferences is in Annex 4

**Fistula Care Technical Briefs.** During this FY we published [Making Mobile Phones Work for Women with Fistula: The M-PESA Experience in Kenya and Tanzania](#) (PDF, 2.2MB; [French](#), PDF, 666 KB) written by consultant Maggie Bangser, about the work of the Freedom from Fistula Foundation in Kenya and Comprehensive Community Based Rehabilitation in Tanzania. Both programs use an innovative combination of mobile banking and community education to provide free fistula treatment to women who need it. Briefs which were drafted in this FY and which will be produced in FY11/12 include:

- Community Screening for Fistula in Ebonyi State (Nigeria)
- Integrating Fistula Treatment and Prevention (Sierra Leone)
- Bringing Maternal Health Services Closer to Rural Communities (Bangladesh)
- A Low-Cost Ambulance Network in Dhaka (Bangladesh)
- Women’s Experiences Living with Fistula in Bangladesh and DR Congo (to be written by Dr. Lauren Blum summarizing findings from qualitative research she conducted)

In addition we expect to produce two briefs about FC supported work in Uganda: one about the partograph and one about the experience working with the national technical working group on fistula.

**Community of Practice (CoP) for DR Congo.** Since it began in March 2011, Fistula Care has posted several items to the [Community of Practice](#), including an inaugural welcome, information on what is a community of practice, how to be involved in a community of practice, who is involved in DR Congo’s community of practice. The site includes links to Fistula Care newsletters as well as several posts about a range of issues of interest to the members:

- An examination of the social and cultural consequences and care seeking behavior in DR Congo authored by Lauren Blum;
- The Challenges of Estimating Prevalence in the DRC, authored by Vera Frajzyngier
- A link to WHO’s list to save the lives of mothers and infants;
- Dr. Kimona’s impression of the ISOFS 2010 meeting in Dakar;
- Review of a report from the Mobility and Health Project, authored by Celia Pett;
- Dr. Romanzi’s impressions from Niger;
- Professor Hamid Rushwan and Dr. Joseph Ruminjo’s Reality Check post on pursuing a standard of care for training new fistula surgeons; and
- Moustapha Diallo’s Reality Check post on Community Engagement Approach in Guinea.

The CoP has also included posts about training opportunities. The CoP has about 40 active members. Fistula Care will continue to organize meetings of the CoP and manage the posts to the site.

**Fistula Care Newsletters and Web Site.** Newsletters are issued quarterly and back issues are available at <http://www.fistulacare.org/pages/resources/newsletters.php>. We produced four issues during the FY. Each issue highlights Fistula Care products and publications, newly available web content, and updates from country programs. In addition, newsletters list forthcoming meetings, highlight champions for fistula programming, and let subscribers know how many repairs have been made possible at USAID-supported sites to date. A total of 354 people are subscribed to receive Fistula Care updates, more than double from last year.

During the last quarter (July-September) there were a total of 3,968 visits to the bilingual Fistula Care website from 1,097 cities. Nearly 10% of visitors logged in from computers with French set as the “preferred language.” The top ten countries with the most visitors were: The United States, the United Kingdom, India, Kenya, France, Nigeria, Canada, Australia, Ethiopia and Uganda.

For FY 10-11, 15,837 visits came from 2,803 cities. This shows a significant increase over FY 09-10, where 10,692 visits came from 2,475 cities. Since its debut in 2007, the site has received 31,560 visits.

**Figure 9: Geographic Distribution of Fistula Care website visitors July- September 2011 (Google Analytics).**



**Media.** During the July to September 2011 period the *Global Post* featured an article titled [Preventing Obstetric Fistula in Rwanda](#). The article describes Fistula Care’s work in Rwanda to treat and prevent fistula, and quotes a patient who describes the life-changing aspects of repair surgery.

During the FY we tracked a total of 23 articles about work related to the Fistula Care Project. Most of these articles were produced in Nigeria (n=17). See Annex 5 for a list of all articles traced this year.

### **Use of Fistula Care Technical Products at Supported Sites**

During FY 10/11 a total of 66 USAID supported treatment and prevention sites (84% of all supported sites) used at least one of the project developed tools (quarterly report); other most frequently used tools were the FP Counseling following Fistula and the monitoring and supervision checklist (see Table 19).

**Table 19. Use of Fistula Care Technical Tools by Country and Site, October 2010- September 2011**

Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Site Assessment Tool	Data for Decision Making Modules (ver.1)	Digital Stories Facilitator's Guide	Fistula Diagnosis Poster and/or Handout	Informed consent for Fistula Services Booklet	Family Planning following Fistula Care
<b>Bangladesh</b>										
Kumudini	X	X							X	
LAMB	X	X							X	
Ad-Din Dhaka	X	X							X	
Ad-Din Jessore	X	X							X	
<b>DR Congo</b>										
HEAL Africa	X	X	X	X				X	X	X
IGL	X								X	
MSRK	X									
Mutombo	X							X		
St. Joseph's	X							X		
Panzi	X	X	X					X	X	X
<b>Ethiopia</b>										
Bahir Dar Ctr	X									
Mekelle Ctr	X									
Adet HCtr	X							X		X
Dangla HC	X							X		X
Woret HC	X							X		X
Sekota	X							X		X
<b>Guinea</b>										
Ignace Deen	X									
Jean Paul II	X	X	X		X			X		X
Kissidougou	X	X	X		X			X		X
Labé	X	X	X		X			X		X
Mamou	X	X								
Kindia	X	X								
Boke	X	X								
Faranah	X									
N'Zerekore	X									
<b>Mali</b>										
Gao	X	X	X	X	X			X	X	X

Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Site Assessment Tool	Data for Decision Making Modules (ver.1)	Digital Stories Facilitator's Guide	Fistula Diagnosis Poster and/or Handout	Informed consent for Fistula Services Booklet	Family Planning following Fistula Care
<b>Niger</b>										
Dosso	X		X	X	X	X		X	X	X
Tahoua	X		X	X	X	X		X	X	X
Tera	X			X	X			X	X	X
Lamordé	X		X			X		X		X
Maradi	X		X	X	X	X		X	X	X
<b>Nigeria</b>										
Babbar R.	X	X	X	X		X			X	X
Ebonyi Center	X	X	X	X		X			X	X
Faridat Yak.	X	X	X	X		X			X	X
Kebbi	X	X	X	X		X			X	X
Laure Fist. C	X	X	X	X		X			X	X
Maryam Abacha	X	X	X	X		X			X	X
Ningi GH	X	X	X	X		X			X	
<i>Prevention only sites :</i>										
Bakura GH Zamfara	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		X							
GH Arugungu	X		X							
GH Dakingari	X									
GH Maiyama	X		X							

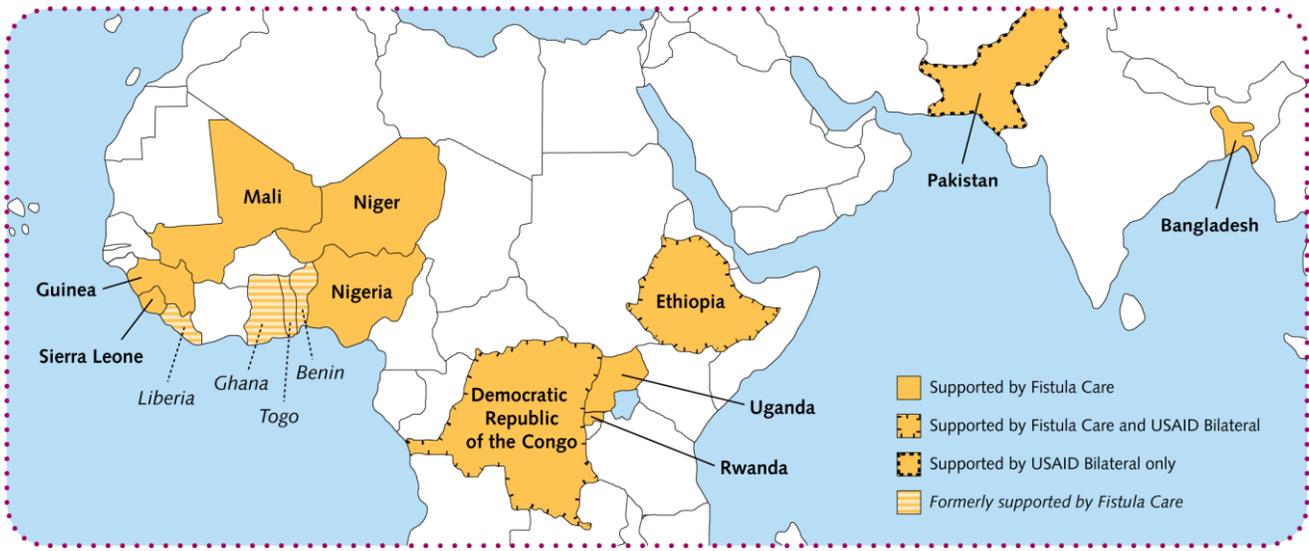
Country/Site	Quarterly Reporting Tools	Monitoring/Supervision for Service Delivery Check list	Training Knowledge Assessment Tool	Monitoring/Supervision for Training Site	Fistula Site Assessment Tool	Data for Decision Making Modules (ver.1)	Digital Stories Facilitator's Guide	Fistula Diagnosis Poster and/or Handout	Informed consent for Fistula Services Booklet	Family Planning following Fistula Care
GH Kamba	X									
Bungudu GH, Zamfara	X									
MCCI FP Clinic	X									
Ezangbo Maternity Hospital	X									
Mgbo PHC	X									
Owutu Edda GH	X									
Cottage Hospital	X									
GH,, D/D	X									
Ebonyi State UTH	X									X
Iss GH	X									
Jabo PHC	X									
GH, Jega	X									
GH, Rabah	X									
<b>Rwanda</b>										
CHUK	X	X	X				X		X	
Ruhengeri	X	X	X				X		X	X
Kanombe	X	X		X					X	
<b>Sierra Leone</b>										
Aberdeen	X	X		X	X		X	X	X	X
<b>Uganda</b>										
Kagando	X	X		X		X	X	X	X	X
Kitovu	X	X	X	X		X	X	X	X	X
Hoima*					X					
<b>Total sites using tools</b>	<b>66</b>	<b>26</b>	<b>23</b>	<b>17</b>	<b>10</b>	<b>13</b>	<b>5</b>	<b>20</b>	<b>25</b>	<b>26</b>

\*Sites involved in site assessment, but not currently supported by Fistula Care

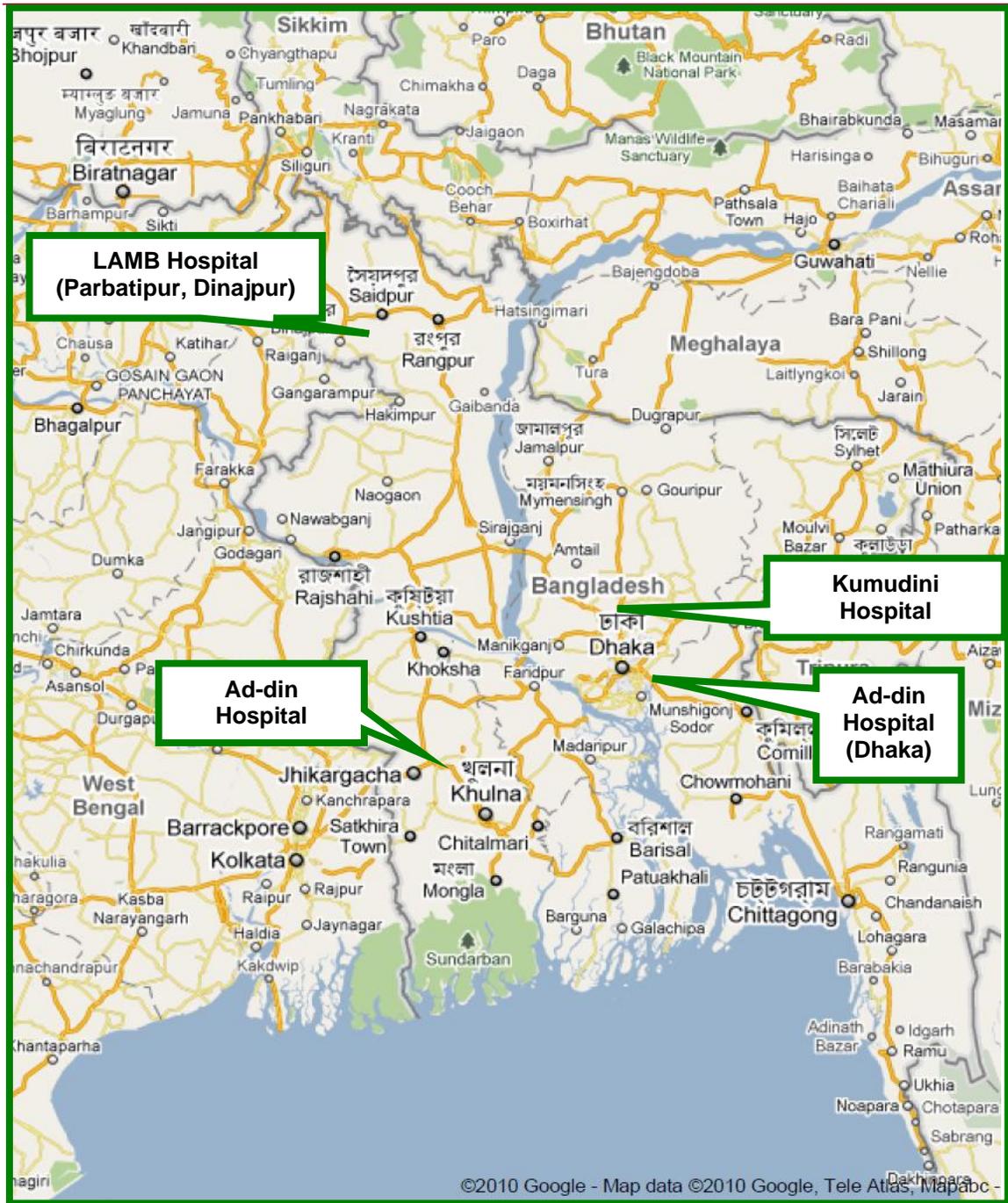
## IV. Country Reports

Summarized below are key achievements during the FY for each country program.

Each country map in the following country reports identifies the location of each supported facility: solid green lines denote repair sites and dashed red lines denote prevention only sites.



## BANGLADESH



<b>PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT BANGLADESH</b>	
<b>Reporting Period</b>	FY 10-11: October 2010-September 2011
<b>Characteristic</b>	<b>Description</b>
<b>Start Date</b>	July 2005
<b>Supported Sites</b>	Four private hospitals: <ul style="list-style-type: none"> <li>• Kumudini Hospital (Mirzapur, Tangail)</li> <li>• LAMB Hospital (Parbatipur, Dinajpur)</li> <li>• Ad-din Hospital (Dhaka)</li> <li>• Ad-din Hospital (Jessore).</li> </ul>
<b>Background</b>	Kumudini and Ad-din Dhaka Hospitals provide routine repair services, while LAMB and Ad-din Jessore provide periodic outreach repair services. The EngenderHealth Bangladesh office raises small amounts of private funds locally from corporations and individuals to support the treatment expenses for fistula patients. Fistula Care collaborates with the rehabilitation center of the national fistula center. In addition, Dr. Sayeba Akhter, formerly of the National Fistula Center, serves as an ad hoc consultant to the program for training and complex repairs.
<b>Treatment strategies (Result 1)</b>	LAMB and Kumudini periodically bring outside consultants to provide repair services for the most complex cases as well as to mentor junior surgeons and provide training for providers during concentrated outreach services. <ul style="list-style-type: none"> <li>• A total of 150 repairs were supported during FY11 (a 5% increase compared to 143 repairs in FY10).</li> <li>• The number of repairs performed increased in FY11 at Ad-din Dhaka and LAMB, while repairs decreased slightly at Kumudini.</li> <li>• The closed and dry rate was slightly lower in FY11, at 71% (compared to 76% in FY10). Rates at Ad-din Dhaka were lowest at 63%. Surgeons report seeing many complicated cases which require multiple repairs before closure can be achieved.</li> <li>• Backlogs at LAMB and Ad-Din Dhaka are also due to the complexity of cases that are presenting, requiring special sessions with expert surgeons that can be difficult to schedule.</li> <li>• A total of three surgeons – two from Kumudini and one from Ad-Din Dhaka -- received fistula repair training during FY11 (2 receiving their first training, 1 receiving continuing training). Eight nurses were trained in pre- and post-operative care for fistula repair.</li> </ul>
<b>Prevention strategies (Result 2)</b>	The four supported sites provide a range of maternity services, including antenatal care, deliveries, including cesarean sections, and FP services. Sites also carry out community outreach activities with fistula prevention messages. <ul style="list-style-type: none"> <li>• Training in Emergency Obstetric Care was provided for 115 health workers, which included AMSTL, partograph use and management of pre-eclampsia and eclampsia.</li> <li>• Kumudini does not have community field workers, which in</li> </ul>

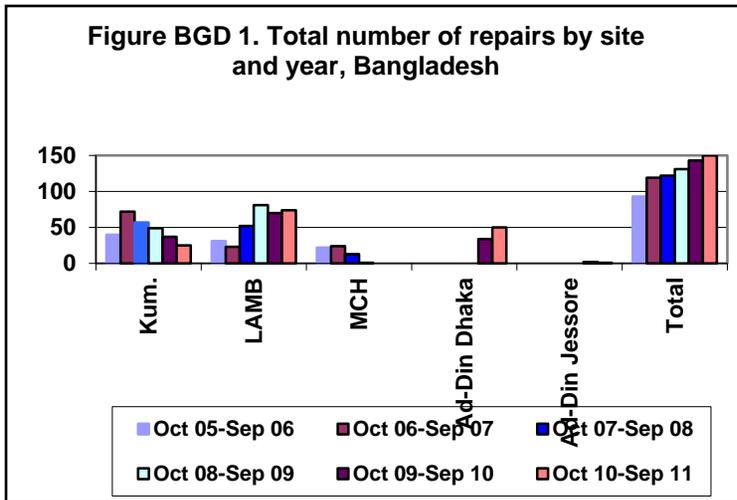
**PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT BANGLADESH**

	<p>turn impacts their outreach capacity and the number of patients presenting for repair. In July 2011, 23 cured fistula patients were trained to work as “community fistula volunteers” as part of an effort to improve outreach into the community.</p> <ul style="list-style-type: none"><li>• 165 community outreach events took place during FY11, reaching an estimated 6011 individuals (compared to 135 events in FY10, reaching 6,697). Outreach efforts health professionals, young married couples, traditional birth attendants, government and community leaders and religious groups.</li></ul>
<b>Evaluation &amp; Research (Result 3)</b>	Bangladesh participated in two global research studies—prospective observational study on outcomes of repairs and the retrospective cesarean record review. Both studies were completed in FY10 and analysis and reports are being prepared.
<b>Policy Work (Result 4)</b>	Fistula Care serves as the secretariat for the National Fistula Task Force which is developing a vision for addressing obstetric fistula nationwide. The National Strategy on Obstetric Fistula has been finalized and is ready for dissemination.

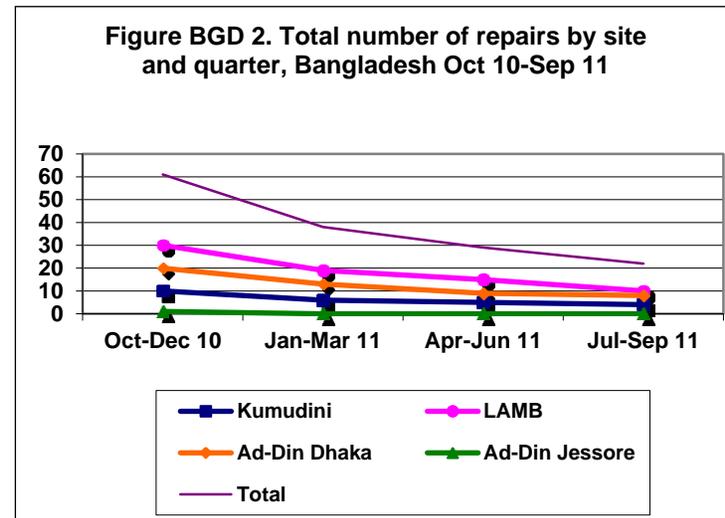
## KEY INDICATORS SNAPSHOT BANGLADESH

Reporting Period	FY 10-11: October 2010 – September 2011					
Characteristic	Description					
Indicators		Oct-Dec	Jan Mar	Apr Jun	Jul Sep	Total
<b>Result 1:</b> Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	61	38	29	22	150
	% women who had surgery who have closed fistula at discharge	73%	86%	64%	61%	71%
	% women who had surgery who experienced complications	15%	0%	0%	0%	5%
	# Surgeons Trained	2	0	0	1	3
	# other trained	225	102	81	26	408
<b>Result 2:</b> Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.	# community outreach events	56	16	72	21	165
	# persons reached in community outreach	2595	332	2138	946	6011
	% labors monitored with partograph					n/a
	# births	5242	4015	4174	5174	18,605
	% of births c section	57%	54%	51%	45%	52%
<b>Result 3:</b> Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	75%	25%	25%	25%	
<b>Result 4:</b> Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	4	4	4	4	4
<b>Data Trends and Explanations</b>	<ul style="list-style-type: none"> <li>The decrease in repairs in Q3 is attributed to the rainy season, which makes it very difficult for women to travel to the hospitals. Additionally, political unrest resulted in strikes where vehicle movement was restricted throughout the country. Decreases in Q4 are attributed to Ramadan and Eid, which are governmental holiday periods.</li> <li>The low closed and dry rate for the third quarter was due to a scheduled repair session with an expatriate surgeon at LAMB that handled many longstanding and complicated cases which had previously been postponed in order to have access to an expert surgeon. In Q4, surgeons reported seeing many complicated cases that will require multiple repairs.</li> <li>LAMB continues to have a large backlog of complicated cases that require the attention of a highly skilled surgeon and they are not currently providing routine repairs (only concentrated efforts). The next concentrated effort is scheduled with an expert surgeon for November 2011.</li> <li>As a result of technical assistance from Ellen Brazier, the community outreach strategy in Bangladesh is being changed to be more effective and accessible to its target audience. Changes include use of simple MCH messages as well as training cured fistula patients to act as community volunteers, which took place in the 4<sup>th</sup> quarter.</li> </ul>					

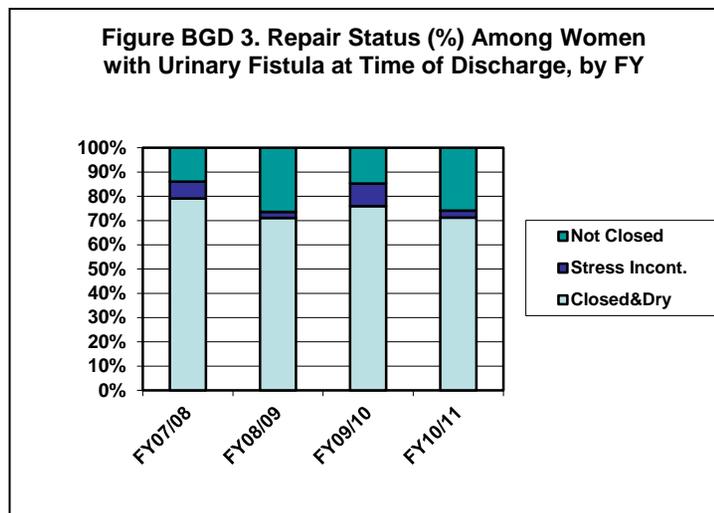
**Figure BGD 1. Total number of repairs by site and year, Bangladesh**



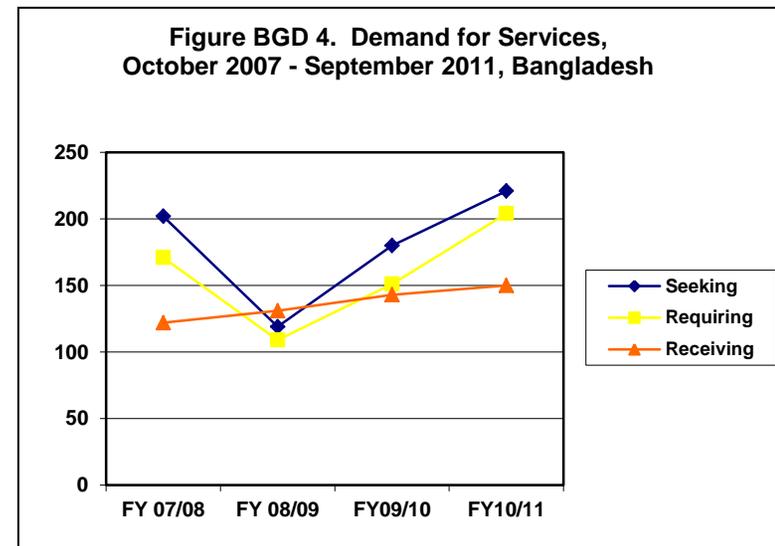
**Figure BGD 2. Total number of repairs by site and quarter, Bangladesh Oct 10-Sep 11**



**Figure BGD 3. Repair Status (%) Among Women with Urinary Fistula at Time of Discharge, by FY**



**Figure BGD 4. Demand for Services, October 2007 - September 2011, Bangladesh**



**Table BGD1. Clinical Indicators by Site, October 2010 - September 2011, Bangladesh**

Fistula Treatment Indicators	Ad-Din Dhaka					Ad-Din Jessore					Kumudini				
	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	24	19	15	15	73	3	0	0	0	3	10	6	5	4	25
No. requiring FRS	22	17	12	11	62	2	0	0	0	2	10	6	5	4	25
<b>No. receiving FRS</b>	<b>20</b>	<b>13</b>	<b>9</b>	<b>8</b>	<b>50</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>10</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>25</b>
<b>Percent receiving FRS</b>	<b>91%</b>	<b>76%</b>	<b>75%</b>	<b>73%</b>	<b>81%</b>	<b>50%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>50%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Type of FRS performed</b>															
--- urinary only	17	13	9	8	47	1	0	0	0	1	10	5	5	4	24
--- urinary & RVF	2	0	0	0	2	0	0	0	0	0	0	0	0	0	0
----RVF only	1	0	0	0	1	0	0	0	0	0	0	1	0	0	1
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>															
---- first repair	8	6	4	4	22	1	0	0	0	1	7	1	1	4	13
----second repair	6	5	3	3	17	0	0	0	0	0	3	2	2	0	7
---- >2	5	2	2	1	10	0	0	0	0	0	0	2	2	0	4
<b>% women with first repair (urinary only)</b>	<b>42%</b>	<b>46%</b>	<b>44%</b>	<b>50%</b>	<b>45%</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>70%</b>	<b>20%</b>	<b>20%</b>	<b>100%</b>	<b>54%</b>
No. discharged after FRS (urinary only)	11	12	12	11	46	1	0	0	0	1	10	0	10	4	24
No. discharged after FRS (urinary & RVF)	2	0	0	0	2	0	0	0	0	0	0	0	0	0	0
No. discharged after FRS (RVF only)	1	0	0	0	1	0	0	0	0	0	0	0	1	0	1
<b>Total no. discharged after FRS</b>	<b>14</b>	<b>12</b>	<b>12</b>	<b>11</b>	<b>49</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>10</b>	<b>0</b>	<b>11</b>	<b>4</b>	<b>25</b>
No. not discharged after FRS	6	7	4	1	18	0	0	0	0	0	0	6	0	0	6
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>															
-- No. with closed fistula who are dry	7	9	8	6	30	0	0	0	0	0	7	0	7	3	17
-- No. with closed fistula &	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0

Fistula Treatment Indicators	Ad-Din Dhaka					Ad-Din Jessore					Kumudini				
	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
stress incontinence															
-- No. whose fistula was not closed	6	2	4	5	17	1	0	0	0	1	3	0	3	1	7
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>54%</b>	<b>75%</b>	<b>67%</b>	<b>55%</b>	<b>63%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>70%</b>	<b>0%</b>	<b>70%</b>	<b>75%</b>	<b>71%</b>
<b>Outcome of FRS (RVF only)</b>															
---closed and dry	1	0	0	0	1	0	0	0	0	0	0	0	1	0	1
--- incontinent with water stool and /or flatus (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	0	0	0
<b>Percent with closed and dry fistula (RVF only)</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>
<b>Percent with closed and dry fistula (urinary, urinary/RVF, RVF)</b>	<b>57%</b>	<b>75%</b>	<b>67%</b>	<b>55%</b>	<b>63%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>70%</b>	<b>0%</b>	<b>73%</b>	<b>75%</b>	<b>72%</b>
No. with complications after FRS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
-- Major surgical complications	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Percent with complications after FRS</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

Table BGD1. Clinical Indicators by Site, October 2010 - September 2011, Bangladesh (Continued)

Fistula Treatment Indicators	LAMB					Country Total				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	33	31	21	35	120	70	56	41	54	221
No. requiring FRS	31	31	20	33	115	65	54	37	48	204
<b>No. receiving FRS</b>	<b>30</b>	<b>19</b>	<b>15</b>	<b>10</b>	<b>74</b>	<b>61</b>	<b>38</b>	<b>29</b>	<b>22</b>	<b>150</b>
<b>Percent receiving FRS</b>	<b>97%</b>	<b>61%</b>	<b>75%</b>	<b>30%</b>	<b>64%</b>	<b>94%</b>	<b>70%</b>	<b>78%</b>	<b>46%</b>	<b>74%</b>
<b>Type of FRS performed</b>										
----- urinary only	29	16	14	10	69	57	34	28	22	141
----- urinary & RVF	0	0	0	0	0	2	0	0	0	2
----- RVF only	1	3	1	0	5	2	4	1	0	7
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>										
----- first repair	26	14	12	5	57	42	21	17	13	93
----- second repair	2	2	2	3	9	11	9	7	6	33
----- >2	1	0	0	2	3	6	4	4	3	17
<b>Percent women with first repair (urinary only)</b>	<b>90%</b>	<b>88%</b>	<b>86%</b>	<b>50%</b>	<b>83%</b>	<b>71%</b>	<b>62%</b>	<b>61%</b>	<b>59%</b>	<b>65%</b>
No. discharged after FRS (urinary only)	28	16	14	8	66	50	28	36	23	137
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	2	0	0	0	2
No. discharged after FRS (RVF only)	1	3	1	0	5	2	3	2	0	7
<b>Total no. discharged after FRS</b>	<b>29</b>	<b>19</b>	<b>15</b>	<b>8</b>	<b>71</b>	<b>54</b>	<b>31</b>	<b>38</b>	<b>23</b>	<b>146</b>
No. not discharged after FRS	1	0	0	2	3	7	13	4	3	27
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>										
--- No. with closed fistula who are dry	24	15	8	5	52	38	24	23	14	99
--- No. with closed fistula & stress incontinence	1	0	1	1	3	1	1	1	1	4
--- No. whose fistula was not closed	3	1	5	2	11	13	3	12	8	36
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>86%</b>	<b>94%</b>	<b>57%</b>	<b>63%</b>	<b>79%</b>	<b>73%</b>	<b>86%</b>	<b>64%</b>	<b>61%</b>	<b>71%</b>
<b>Outcome of FRS (RVF only)</b>										

Fistula Treatment Indicators	LAMB					Country Total				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
--- closed and dry	1	3	1	0	5	2	3	2	0	7
--- 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
<b>Percent with closed and dry fistula (RVF only)</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>
<b>Percent with closed and dry fistula (urinary, urinary/RVF, RVF)</b>	<b>86%</b>	<b>95%</b>	<b>60%</b>	<b>63%</b>	<b>80%</b>	<b>74%</b>	<b>87%</b>	<b>66%</b>	<b>61%</b>	<b>73%</b>
No. with complications after FRS	8	0	0	0	8	8	0	0	0	8
----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	8	0	0	0	8	8	0	0	0	8
<b>Percent with complications after FRS</b>	<b>28%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>11%</b>	<b>15%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>5%</b>

**Table BGD 2. Number of Persons Trained by Topic,  
October 2010 – September 2011, Bangladesh**

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	FY Total
First surgical training in fistula repair	1	0	0	1	2
Continuing training in fistula repair	1	0	0	0	1
Primary and Basic EmOC (basic counseling, partograph, AMSTL, pre-eclampsia, eclampsia mgmt)	46	39	20	10	115
Rehabilitation training	18	0	0	0	18
Fistula and Family planning counseling	18	16	10	12	56
Safe Delivery Protocol development	129	0	0	0	129
Family planning methods	14	0	2	0	16
Training in pre- and post-operative fistula care for nurses	0	4	0	4	8
Infection prevention	0	29	25	0	54
ToT on blood donation	0	14	0	0	14
Facilitative Supervision and Medical Monitoring	0	0	24	0	24
<b>Total</b>	<b>227</b>	<b>102</b>	<b>81</b>	<b>26</b>	<b>437</b>

**Table BGD 3 Number of Community Outreach Events and Persons Reached,  
October 2010 - September 2011, Bangladesh**

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul – Sept		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Community stakeholder orientation on obstetric fistula and family planning	1	40	6	111	54	1668	1	37	62	1856
Community orientation of TBAs	2	81	1	40	0	0	0	0	3	121
Awareness raising with health providers	1	150	0	0	2	63	3	86	6	299
Awareness raising with pregnant mothers	40	800	8	160	4	92	0	0	52	1052
Awareness raising with religious leaders	0	0	0	0	5	171	0	0	5	171
Orientation for government and NGO officials	10	1375	0	0	0	0	7	364	17	1739
Orientation for married couples	2	149	1	21	4	84	5	311	12	565
Advocacy on blood donation	0	0	0	0	3	60	3	86	6	146
Orientation of cured fistula patients and relatives to work as community volunteers	0	0	0	0	0	0	2	62	2	62
<b>Total</b>	<b>56</b>	<b>2595</b>	<b>16</b>	<b>332</b>	<b>72</b>	<b>2138</b>	<b>21</b>	<b>946</b>	<b>165</b>	<b>6011</b>

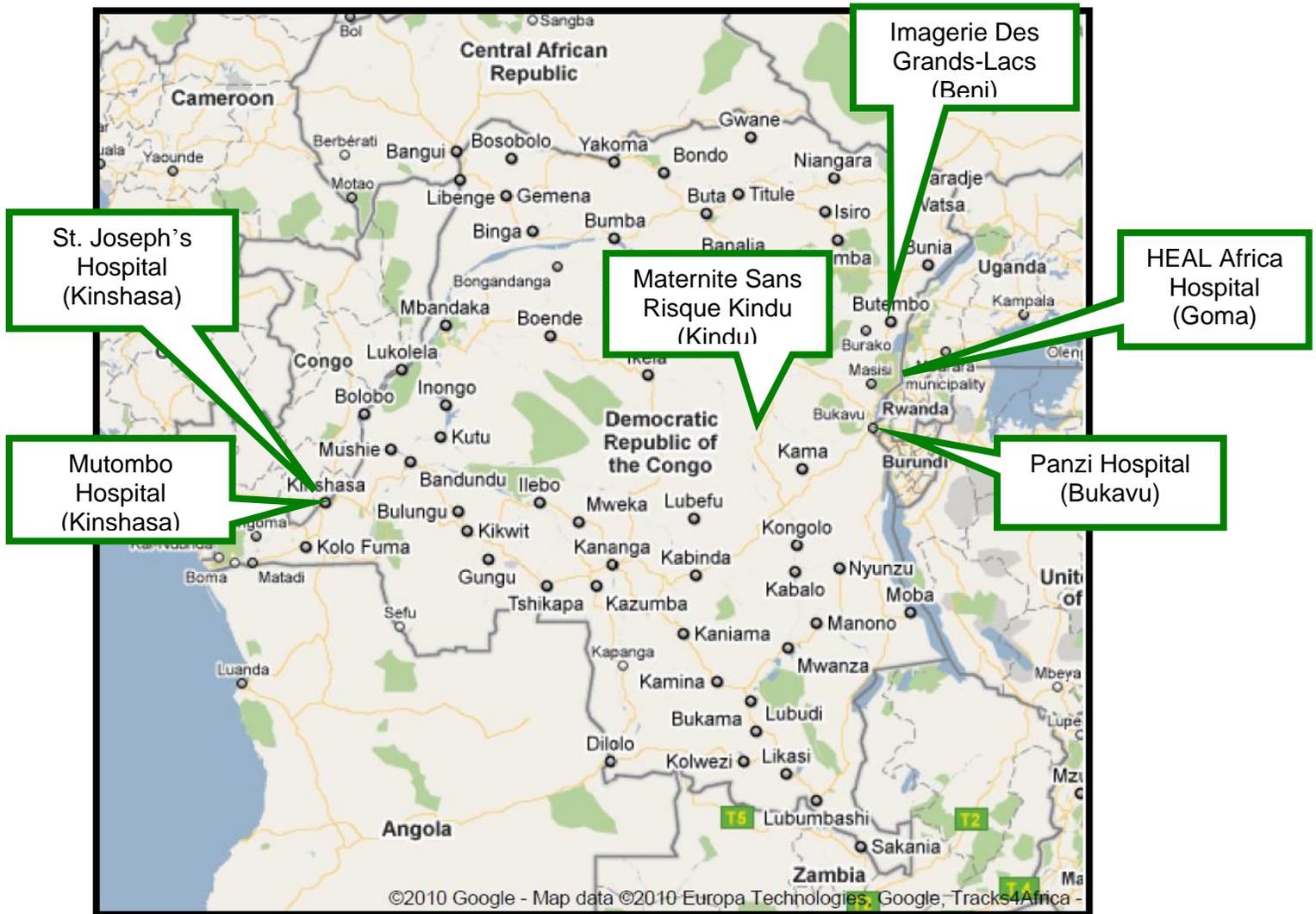
**Table BGD 4. Number of FP Clients by Method and Number Counseled about FP, by site. October 2010 – September 2011, Bangladesh.**

	Ad-Din Dhaka	Ad-Din Jessore	Kumudini	LAMB	Country Total
<b>Fistula FP Methods</b>	<b>FY Total</b>				
Oral Pill	2836	1593	220	967	<b>5616</b>
IUCD	69	66	0	0	<b>135</b>
Condom (male)	1960	360	125	36	<b>2481</b>
Condom (female)	0	0	0	0	<b>0</b>
Injectable	6096	2000	166	1227	<b>9489</b>
Implant	14	0	0	417	<b>431</b>
Tubal Ligation	272	111	91	257	<b>731</b>
Vasectomy	0	0	7	3	<b>10</b>
Foaming Tablets	0	0	0	0	<b>0</b>
<b>Total FP acceptors</b>	<b>11247</b>	<b>4130</b>	<b>609</b>	<b>2907</b>	<b>18893</b>
Total Number of clients counseled about FP methods	12305	4520	631	10301	<b>27757</b>

**Table BGD 5. Obstetric Services, by site. October 2010 – September 2011, Bangladesh.**

	Ad-Din Dhaka	Ad-Din Jessore	Kumudini	LAMB	Country Total
<b>Obstetric Services</b>	<b>FY Total</b>				
Number of vaginal deliveries	3346	1508	1312	2838	<b>9004</b>
Number of C sections	6035	1862	928	776	<b>9601</b>
<b>Total deliveries</b>	<b>9381</b>	<b>3370</b>	<b>2240</b>	<b>3614</b>	<b>18605</b>
% deliveries by C section	64%	55%	41%	21%	<b>52%</b>

## DEMOCRATIC REPUBLIC OF CONGO (DRC)



**PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT**  
**DEMOCRATIC REPUBLIC OF CONGO**

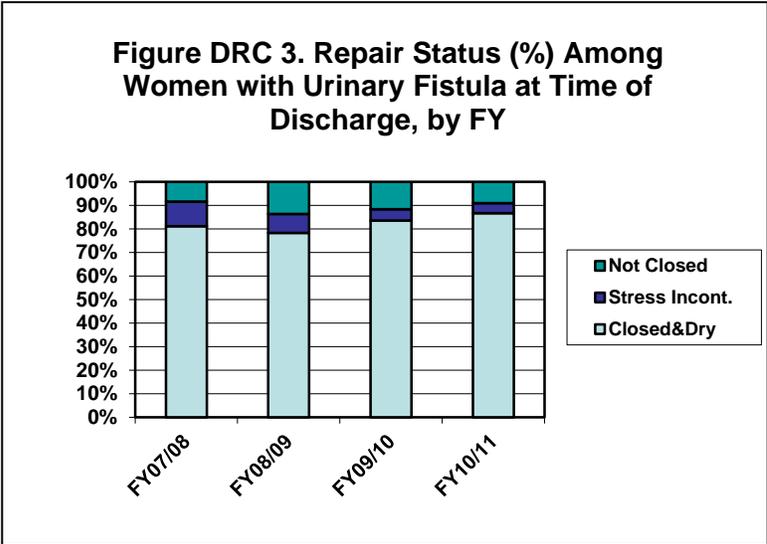
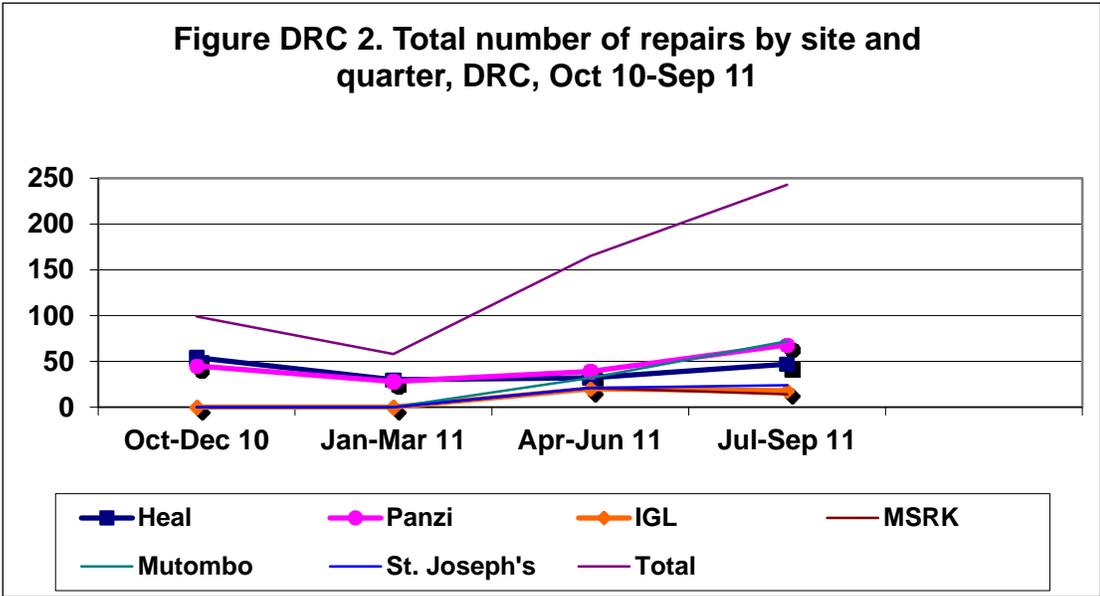
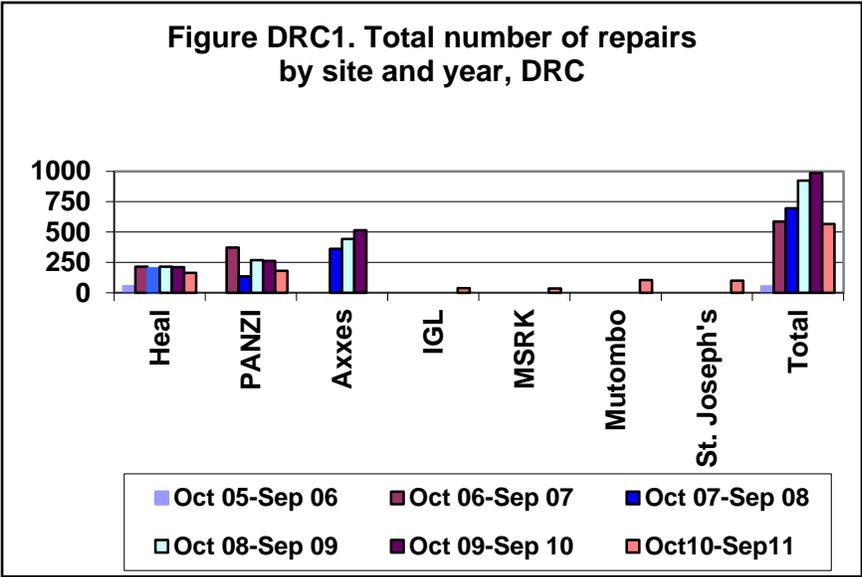
<b>Reporting Period</b>	FY 10-11: October 2010 – September 2011
<b>Characteristic</b>	<b>Description</b>
<b>Start Date</b>	July 2005
<b>Supported Sites</b>	<p>Six private hospitals: four in eastern DR Congo and two in Kinshasa:</p> <ul style="list-style-type: none"> <li>• HEAL Africa Hospital</li> <li>• Imagerie des Grands Lacs (IGL)</li> <li>• Maternité Sans Risque Kindu (MSRK)</li> <li>• Mutombo Hôpital</li> <li>• Panzi Hospital</li> <li>• St. Joseph’s Hospital</li> </ul>
<b>Background</b>	<p>Between July 2005 and September 2008, USAID-funded fistula activities were managed through a bilateral agreement with the International Rescue Committee (IRC). Support through Fistula Care began in February 2009. Between FY08 and FY10 USAID/DR Congo funded Project AXxes to provide outreach fistula services. The number of repairs supported by the two USAID bilateral agreements is included in Table 4 in the Global Accomplishment section of this report.</p> <p>As discussed with the USAID mission, and based on earlier assessments, Fistula Care expanded support to four additional sites in the third quarter of this fiscal year, with a total of six sites now receiving support.</p>
<b>Treatment strategies (Result 1)</b>	<p>Panzi, HEAL Africa, St. Joseph’s, Mutombo and MSRK provide routine fistula repair services, in addition to obstetric services. IGL provides repair in camps and obstetric services. Panzi, HEAL Africa and Mutombo provide routine family planning services. During FY10/11:</p> <ul style="list-style-type: none"> <li>• 565 fistula repairs were performed at six supported sites. This represents an overall decrease of 43% compared to FY09/10 (986 repairs). However, the majority of repairs in FY09/10 were carried out by Project AXxes, through bilateral support from USAID. When FY10/11 repairs are compared only to those outside of the bilateral in FY09/10, repairs actually increased 20% (565 repairs vs. 472 repairs).</li> <li>• Both Panzi and HEAL had decreases in the number of repairs performed, when compared to FY09/10 (HEAL: 163 vs. 210 and Panzi: 180 vs. 262). Both sites experienced funding delays related to modifications to their subawards during the FY and there has also been an identified overlap with PROSANI (PROjet de SANté Intégré), which the project is working to streamline.</li> <li>• Overall, closed and dry rates were higher this year at 87% for the year, compared with 67% in FY09/10 (Rates for FY09/10 were artificially low due to missing outcome data from Project AXxes).</li> <li>• Ten surgeons received training in fistula repair, one of whom received first training. 34 nurses were trained in pre- and post-operative procedures for fistula repair.</li> </ul>
<b>Prevention strategies (Result 2)</b>	<p>Panzi, HEAL Africa and Mutombo provide routine family planning services. Panzi, HEAL Africa, Mutombo, St. Joseph’s, IGL and MSRK provide obstetric services. During FY10/11:</p>

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	<ul style="list-style-type: none"> <li>• Nine community outreach efforts reached 2,270 individuals to share information about fistula prevention and repair.</li> <li>• Fifty-five health care workers were trained in emergency obstetric care, including C-sections, partograph use and catheterization.</li> <li>• Sixty health care workers were trained in providing fistula and family planning counseling.</li> </ul>
<p><b>Policy Work (Result 4)</b></p>	<p>The project launched a Community of Practice (CoP) for healthcare providers and project implementers working on fistula in the DR Congo in March 2011. The goal of the CoP's message board is to provide a space for the fistula community (surgeons, donors, NGOs, etc.,) to share information, experiences and lessons learned, (<a href="http://www.fistulacare.org/drc-ofcp/">http://www.fistulacare.org/drc-ofcp/</a>). A third national CoP meeting is planned for the second quarter of FY11/12.</p>

KEY INDICATORS SNAP SHOT DEMOCRATIC REPUBLIC OF CONGO						
Reporting Period	FY 10-11: October 2010 – September 2011					
Characteristic	Description					
Indicators		Oct-Dec	Jan Mar	Apr Jun	Jul Sep	Total
<b>Result 1:</b> Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	99	58	165	243	565
	% women who had surgery who have closed fistula at discharge	81%	84%	87%	90%	87%
	% women who had surgery who experienced complications	3%	0%	4%	3%	3%
	# Surgeons Trained	8	1	1	3	10 <sup>57</sup>
	# other health trained	16	31	62	145	254
<b>Result 2:</b> Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.	# community outreach events	0	2	4	3	9
	# persons reached in community outreach	0	53	1200	1017	2270
	% labors monitored with partograph					n/a
	# births	877	1062	1069	2570	5578
	% of births c section	19%	21%	18%	25%	22%
<b>Result 3:</b> Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	n/a	n/a	17%	67%	
<b>Result 4:</b> Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	2	2	5	6	6
<b>Data Trends and Explanations</b>	<p>During this reporting period:</p> <ul style="list-style-type: none"> <li>In addition to the reported trainings, Panzi carried out supervision visits to four sites (Lemera, Luvungi, Kitutu and Chambucha) as follow up to partograph trainings previously conducted.</li> <li>HEAL Africa and Panzi saw a decrease in operated cases due to delays in fund availability. Panzi has a high backlog, due to increased outreach efforts and time spent in the field. Repairs have been scheduled for the first quarter of FY11/12 to eliminate the backlog.</li> <li>There were stockouts of family planning supplies at HEAL Africa during the third and fourth quarters.</li> <li>MSRK reports that long post-operative stays have limited the number of surgeries they are able to perform. They plan utilize a gynecology ward when needed to increase bed capacity.</li> </ul>					

<sup>57</sup> One surgeon received training in all four quarters, and is therefore counted only once in the country total of number of surgeons trained.



**Table DRC I. Clinical Indicators by Site, October 2010 – September 2011, DR Congo**

	IGL					HEAL Africa					MSRK				
<b>Fistula Treatment Indicators</b>	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
# seeking FRS	NS	NS	25	23	48	62	110	43	62	277	NS	NS	32	18	50
# requiring FRS	NS	NS	21	20	41	56	30	32	51	169	NS	NS	26	18	44
# receiving FRS	NS	NS	20	18	38	54	30	32	47	163	NS	NS	21	14	35
% receiving FRS	n/a%	n/a%	95%	90%	93%	96%	100%	100%	92%	96%	n/a%	n/a%	81%	78%	80%
<b>Type of FRS performed</b>															
--- urinary only	NS	NS	19	17	36	50	28	32	44	154	NS	NS	20	14	34
--- urinary & RVF	NS	NS	0	0	0	0	0	0	1	1	NS	NS	1	0	1
----RVF only	NS	NS	1	1	2	4	2	0	2	8	NS	NS	0	0	0
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>															
---first repair	NS	NS	13	17	30	20	21	15	31	87	NS	NS	21	14	35
---second repair	NS	NS	4	0	4	18	2	10	9	39	NS	NS	0	0	0
-->2	NS	NS	2	0	2	12	5	7	5	29	NS	NS	0	0	0
<b>Percent women with first repair (urinary only)</b>	n/a%	n/a%	68%	100%	83%	40%	75%	47%	69%	56%	n/a%	n/a%	100%	100%	100%
# discharged after FRS (urinary only)	NS	NS	19	17	36	47	28	28	40	143	NS	NS	20	14	34
# discharged after FRS (urinary & RVF)	NS	NS	0	0	0	0	0	0	1	1	NS	NS	1	0	1
# discharged after FRS (RVF only)	NS	NS	1	1	2	3	2	0	2	7	NS	NS	0	0	0
<b>Total # discharged after FRS</b>	<b>NS</b>	<b>NS</b>	<b>20</b>	<b>18</b>	<b>38</b>	<b>50</b>	<b>30</b>	<b>28</b>	<b>43</b>	<b>151</b>	<b>NS</b>	<b>NS</b>	<b>21</b>	<b>14</b>	<b>35</b>
# not discharged after FRS	NS	NS	0	0	0	4	0	4	8	16	NS	NS	0	0	0
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>															
--No. with closed fistula who are dry	NS	NS	18	15	33	37	23	28	41	129	NS	NS	17	12	29
---No. with closed fistula & stress incontinence	NS	NS	0	2	2	3	2	0	0	5	NS	NS	0	0	0
---No. whose fistula was not closed	NS	NS	1	0	1	7	3	0	0	10	NS	NS	4	2	6
<b>% with closed fistula who are dry (urinary)</b>	n/a%	n/a%	95%	88%	92%	79%	82%	100%	100%	90%	n/a%	n/a%	81%	86%	83%

	IGL					HEAL Africa					MSRK				
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
only & urinary/RVF)															
<b>Outcome of FRS (RVF only)</b>															
---closed and dry	NS	NS	1	1	2	3	2	0	2	7	NS	NS	0	0	0
---incontinent with water stool and /or flatus (gas)	NS	NS	0	0	0	0	0	0	0	0	NS	NS	0	0	0
---incontinent with firm stool	NS	NS	0	0	0	0	0	0	0	0	NS	NS	0	0	0
% with closed and dry fistula (RVF only)	n/a%	n/a%	100%	100%	100%	100%	100%	0%	100%	100%	n/a%	n/a%	0%	0%	0%
% with closed and dry fistula (urinary, urinary/RVF, RVF)	n/a%	n/a%	95%	89%	92%	80%	83%	100%	100%	90%	n/a%	n/a%	81%	86%	83%
# with complications after FRS	NS	NS	0	1	1	3	0	2	3	8	NS	NS	4	0	4
---Major surgical complications	NS	NS	0	1	1	0	0	0	0	0	NS	NS	0	0	0
---Anesthesia-related complication	NS	NS	0	0	0	0	0	0	0	0	NS	NS	4	0	4
----Post-operative complication related to perceived success of surgery	NS	NS	0	0	0	3	0	2	3	8	NS	NS	0	0	0
% with complications after FRS	n/a%	n/a%	0%	6%	3%	6%	0%	7%	7%	5%	n/a%	n/a%	19%	0%	11%

**Table DRC I. Clinical Indicators by Site, October 2010 – September 2011, DR Congo  
(Continued)**

Fistula Treatment Indicators	Mutombo					Panzi				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	NS	NS	35	85	120	52	34	49	130	265
No. requiring FRS	NS	NS	32	73	105	49	28	43	127	247
<b>No. receiving FRS</b>	<b>NS</b>	<b>NS</b>	<b>32</b>	<b>72</b>	<b>104</b>	<b>45</b>	<b>28</b>	<b>39</b>	<b>68</b>	<b>180</b>
<b>Percent receiving FRS</b>	<b>n/a%</b>	<b>n/a%</b>	<b>100%</b>	<b>99%</b>	<b>99%</b>	<b>92%</b>	<b>100%</b>	<b>91%</b>	<b>54%</b>	<b>73%</b>
<b>Type of FRS performed</b>										
---urinary only	NS	NS	30	65	95	43	23	34	43	143
---urinary & RVF	NS	NS	2	2	4	0	1	1	2	4
---RVF only	NS	NS	0	5	5	2	4	4	23	33
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>										
--- first repair	NS	NS	30	63	93	32	12	27	33	104
--- second repair	NS	NS	2	2	4	5	6	4	8	23
---->2	NS	NS	0	2	2	6	6	4	4	20
<b>% women with first repair (urinary only)</b>	<b>n/a%</b>	<b>n/a%</b>	<b>94%</b>	<b>94%</b>	<b>94%</b>	<b>74%</b>	<b>50%</b>	<b>77%</b>	<b>73%</b>	<b>71%</b>
No. discharged after FRS (urinary only)	NS	NS	30	65	95	41	23	34	43	141
No. discharged after FRS (urinary & RVF)	NS	NS	2	2	4	0	0	1	1	2
No. discharged after FRS (RVF only)	NS	NS	0	5	5	2	4	4	23	33
<b>Total no. discharged after FRS</b>	<b>NS</b>	<b>NS</b>	<b>32</b>	<b>72</b>	<b>104</b>	<b>43</b>	<b>27</b>	<b>39</b>	<b>67</b>	<b>176</b>
# not discharged after FRS	NS	NS	0	0	0	2	1	0	1	4
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>										
--- No. with closed fistula who are dry	NS	NS	27	60	87	34	20	28	38	120
--- No. with closed fistula & stress incontinence	NS	NS	1	2	3	2	1	2	2	7
--- No. whose fistula was not closed	NS	NS	4	5	9	5	2	5	4	16
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>n/a%</b>	<b>n/a%</b>	<b>84%</b>	<b>90%</b>	<b>88%</b>	<b>83%</b>	<b>87%</b>	<b>80%</b>	<b>86%</b>	<b>84%</b>
<b>Outcome of FRS (RVF only)</b>										
---closed and dry	NS	NS	0	4	4	2	4	4	23	33
---incontinent with water stool and /or flatus (gas)	NS	NS	0	1	1	0	0	0	0	0
---incontinent with firm stool	NS	NS	0	0	0	0	0	0	0	0

	Mutombo					Panzi				
Fistula Treatment Indicators	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
% with closed and dry fistula (RVF only)	n/a%	n/a%	0%	80%	80%	100%	100%	100%	100%	100%
% with closed and dry fistula (urinary, urinary/RVF, RVF)	n/a%	n/a%	84%	89%	88%	84%	89%	82%	91%	87%
No. with complications after FRS	NS	NS	0	2	2	0	0	0	0	0
---Major surgical complications	NS	NS	0	2	2	0	0	0	0	0
----Anesthesia-related complication	NS	NS	0	0	0	0	0	0	0	0
--- Post-operative complication related to perceived success of surgery	NS	NS	0	0	0	0	0	0	0	0
<b>% with complications after FRS</b>	<b>n/a%</b>	<b>n/a%</b>	<b>0%</b>	<b>3%</b>	<b>2%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

**Table DRC I. Clinical Indicators by Site, October 2010 – September 2011, DR Congo  
(Continued2)**

Fistula Treatment Indicators	St. Joseph's					Country Total				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	NS	NS	30	34	64	114	144	214	352	824
No. requiring FRS	NS	NS	30	34	64	105	58	184	323	670
<b>No. receiving FRS</b>	<b>NS</b>	<b>NS</b>	<b>21</b>	<b>24</b>	<b>45</b>	<b>99</b>	<b>58</b>	<b>165</b>	<b>243</b>	<b>565</b>
<b>Percent receiving FRS</b>	<b>n/a%</b>	<b>n/a%</b>	<b>70%</b>	<b>71%</b>	<b>70%</b>	<b>94%</b>	<b>100%</b>	<b>90%</b>	<b>75%</b>	<b>84%</b>
<b>Type of FRS performed</b>										
--- urinary only	NS	NS	20	22	42	93	51	155	205	504
----urinary & RVF	NS	NS	1	0	1	0	1	5	5	11
---- RVF only	NS	NS	0	2	2	6	6	5	33	50
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>										
----first repair	NS	NS	12	15	27	52	33	118	173	376
----second repair	NS	NS	3	3	6	23	8	23	22	76
---- >2	NS	NS	6	4	10	18	11	19	15	63
<b>% women with first repair (urinary only)</b>	<b>n/a%</b>	<b>n/a%</b>	<b>57%</b>	<b>68%</b>	<b>63%</b>	<b>56%</b>	<b>63%</b>	<b>74%</b>	<b>82%</b>	<b>73%</b>
No. discharged after FRS (urinary only)	NS	NS	20	18	38	88	51	151	197	487
No. discharged after FRS (urinary & RVF)	NS	NS	1	0	1	0	0	5	4	9
No. discharged after FRS (RVF only)	NS	NS	0	2	2	5	6	5	33	49
<b>Total no. discharged after FRS</b>	<b>NS</b>	<b>NS</b>	<b>21</b>	<b>20</b>	<b>41</b>	<b>93</b>	<b>57</b>	<b>161</b>	<b>234</b>	<b>545</b>
# not discharged after FRS	NS	NS	0	4	4	6	1	4	13	24
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>										
--- No. with closed fistula who are dry	NS	NS	17	15	32	71	43	135	181	430
----No. with closed fistula & stress incontinence	NS	NS	3	1	4	5	3	6	7	21
--- No. whose fistula was not closed	NS	NS	1	2	3	12	5	15	13	45
<b>% with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>n/a%</b>	<b>n/a%</b>	<b>81%</b>	<b>83%</b>	<b>82%</b>	<b>81%</b>	<b>84%</b>	<b>87%</b>	<b>90%</b>	<b>87%</b>
<b>Outcome of FRS (RVF only)</b>										
--- closed and dry	NS	NS	0	2	2	5	6	5	32	48
--- incontinent with water stool and /or flatus (gas)	NS	NS	0	0	0	0	0	0	1	1
----incontinent with firm stool	NS	NS	0	0	0	0	0	0	0	0

Fistula Treatment Indicators	St. Joseph's					Country Total				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
% with closed and dry fistula (RVF only)	n/a%	n/a%	0%	100%	100%	100%	100%	100%	97%	98%
% with closed and dry fistula (urinary, urinary/RVF, RVF)	n/a%	n/a%	81%	85%	83%	82%	86%	87%	91%	88%
No. with complications after FRS	NS	NS	0	2	2	3	0	6	8	17
----Major surgical complications	NS	NS	0	1	1	0	0	0	4	4
----Anesthesia-related complication	NS	NS	0	1	1	0	0	4	1	5
---- Post-operative complication related to perceived success of surgery	NS	NS	0	0	0	3	0	2	3	8
<b>% with complications after FRS</b>	<b>n/a%</b>	<b>n/a%</b>	<b>0%</b>	<b>10%</b>	<b>5%</b>	<b>3%</b>	<b>0%</b>	<b>4%</b>	<b>3%</b>	<b>3%</b>

**Table DRC 2. Number of Persons Trained by Topic,  
October 2010 – September 2011, DR Congo**

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
<b>HEAL</b>					
Continuing Training in fistula repair	1	1	1	1	1*
Traumatic fistula counseling	16	0	0	0	16
C-section, partograph use and catheterization	0	0	18	20	38
Fistula counseling	0	0	44	0	44
Infection prevention	0	0	0	20	20
Pre- and post-operative care	0	0	0	20	20
<b>Panzi</b>					
First training in fistula repair	1	0	0	0	1
Continuing training in fistula repair	6	0	0	0	6
Partograph training and supervision	0	17	0	0	17
Fistula pre- and post-operative care	0	14	0	0	14
<b>HBMM</b>					
Infection Prevention	0	0	0	20	20
Continuing Training in fistula repair	0	0	0	1	1
<b>IGL</b>					
Infection Prevention	0	0	0	24	24
<b>MSRK</b>					
Infection prevention	0	0	0	20	20
<b>St. Joseph's</b>					
Continuing Training in fistula repair	0	0	0	1	1
Infection prevention	0	0	0	21	21
<b>Total</b>	<b>24</b>	<b>32</b>	<b>63</b>	<b>148</b>	<b>264</b>

\*The same surgeon received continuing training in all four quarters, so is only counted once for the FY total.

**Table DRC 3. Number of Community Outreach Events and Persons Reached,  
October 2010 - September 2011, DR Congo**

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul - Sept		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Outreach with local religious communities	0	0	0	0	4	1200	1	800	5	2000
Awareness raising with local political officials	0	0	0	0	0	0	1	185	1	185
Awareness raising with health providers	0	0	1	15	0	0	1	32	2	47
Community Sensitization	0	0	1	38	0	0	0	0	1	38
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>53</b>	<b>4</b>	<b>1200</b>	<b>3</b>	<b>1017</b>	<b>9</b>	<b>2270</b>

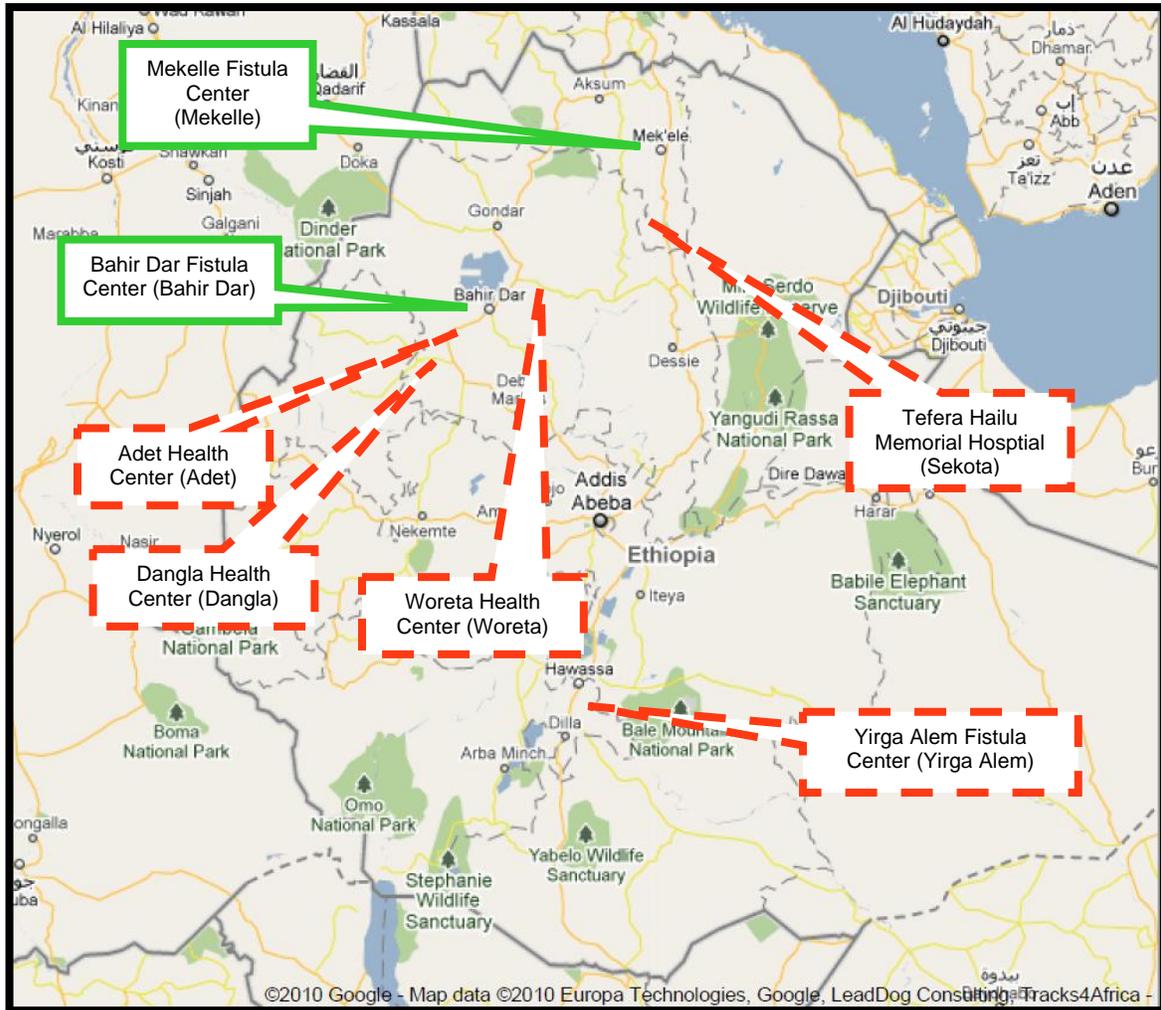
**Table DRC 4. Number of FP Clients by Method and Number Counseled about FP, by site, October 2010 – September 2011, DR Congo**

	IGL	HEAL Africa	MSRK	Mutombo	Panzi	St. Joseph	Country Total
<b>Fistula FP Methods</b>	<b>FY Total</b>						
Oral Pill	3	622	0	1	116	0	<b>742</b>
IUCD	0	8	0	5	25	0	<b>38</b>
Condom (male)	0	70	0	0	53	0	<b>123</b>
Condom (female)	0	0	0	0	4	0	<b>4</b>
Injectable	0	360	0	49	7	0	<b>416</b>
Implant	4	23	0	6	113	0	<b>146</b>
Tubal Ligation	3	27	0	3	86	4	<b>123</b>
Vasectomy	0	0	0	0	2	0	<b>2</b>
Foaming Tablets	0	0	0	0	4	0	<b>4</b>
<b>Total FP acceptors</b>	<b>10</b>	<b>1110</b>	<b>0</b>	<b>64</b>	<b>410</b>	<b>4</b>	<b>1598</b>
Total Number of clients counseled about FP methods	n/a	9256	0	n/a	411	4	<b>9671</b>

**Table DRC 5. Obstetric Services, by site. October 2010 – September 2011, DR Congo**

	IGL	HEAL Africa	MSRK	Mutombo	Panzi	St. Joseph	Country Total
<b>Obstetric Services</b>	<b>FY Total</b>						
Number of vaginal deliveries	82	1097	421	116	2140	492	<b>4348</b>
Number of C sections	12	165	37	35	629	352	<b>1230</b>
<b>Total Number of deliveries</b>	<b>94</b>	<b>1262</b>	<b>458</b>	<b>151</b>	<b>2769</b>	<b>844</b>	<b>5578</b>
Percent deliveries by C section	<b>13%</b>	<b>13%</b>	<b>8%</b>	<b>23%</b>	<b>23%</b>	<b>42%</b>	<b>22%</b>

# ETHIOPIA



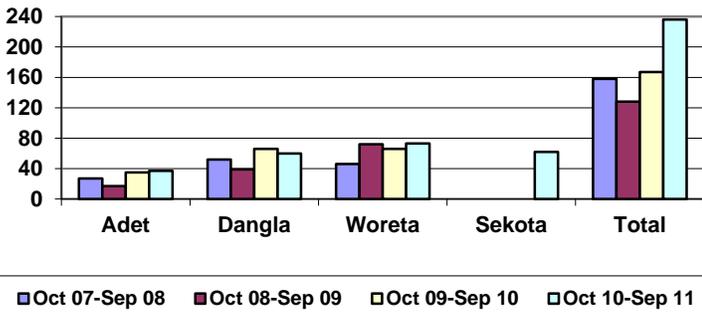
<b>PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT ETHIOPIA</b>	
<b>Reporting Period</b>	FY 10-11: October 2010 – September 2011
<b>Characteristic</b>	<b>Description</b>
<b>Start Date</b>	2006, under the ACQUIRE Project
<b>Supported Sites</b>	<p>Two sites for repairs and one site for outreach prevention are directly supported directly by USAID/Ethiopia through Hamlin Fistula Ethiopia:</p> <ul style="list-style-type: none"> <li>• Bahir Dar Fistula Center (Amhara Region) for repairs</li> <li>• Mekelle Fistula Center (Tigray Region) for repairs;</li> <li>• Yirga Alem Center (SNNPR) for prevention.</li> </ul> <p>Four pre-repair units (PRU) in Amhara Region supported by Fistula Care:</p> <ul style="list-style-type: none"> <li>• Adet Health Center</li> <li>• Dangla Health Center</li> <li>• Tefera Hailu Memorial Hospital (Sekota)</li> <li>• Woreta Health Center</li> </ul>
<b>Background</b>	<p>USAID support to Ethiopia began in 2006, with funds provided through the ACQUIRE project to support activities implemented by ACQUIRE partner, IntraHealth International, to collaborate with the Addis Ababa Fistula Hospital (now named Hamlin Fistula Ethiopia) in selected facilities outside of Addis Ababa.</p> <p>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 Hospital. ESD funding ended in 2008 and Fistula Care now supports the pre-repair center work implemented by IntraHealth.</p> <p>Fistula Care supports and strengthens four referral/pre-repair units (PRU). Three are located within existing health centers in the Amhara region and refer cases to the Bahir Dar Hamlin Hospital. One PRU is within a hospital in East Amhara and refers to Mekelle Hamlin Hospital. These centers also focus on fistula prevention activities in their surrounding communities.</p>
<b>Treatment strategies (Result 1)</b>	<p>Community volunteers identify and refer fistula patients to the pre-repair units, where patients receive care prior to being referred to the Bahir Dar Fistula Center for surgery. The PRUs provide nutritional support, treatment of infections, pre-repair counseling, transport to the hospital for repair and post-repair visits to ensure that women are well integrated back into their communities. During FY10/11:</p> <ul style="list-style-type: none"> <li>• 322 women were referred with incontinence from the community to the PRUs.</li> <li>• A total of 236 women were referred by the PRUs for fistula-related services including repairs and follow-up care, a slight decrease compared to FY09/10 (244 women).</li> <li>• 185 women were referred for fistula repair surgery, an increase of 11% over FY09/10.</li> <li>• Hamlin Fistula Hospital provided 502 fistula repairs.</li> </ul>
<b>Prevention strategies</b>	Women who have fistula surgery are counseled about family planning post-repair and referred as necessary to the attached health center for

**PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT ETHIOPIA**

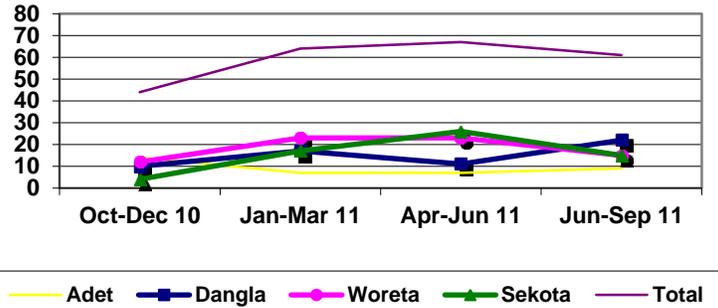
<p><b>(Result 2)</b></p>	<p>methods. During FY10/11, 172 post-repair women were counseled about family planning and referred for methods.</p> <p>The Dangla EmOC center provides delivery care, including cesarean delivery. The availability of emergency obstetric services has resulted in an increased flow of cases at Dangla Health Center which is greatly beneficial to the community and adjacent woredas. Since opening in September 2010, they have performed 89 C-sections and 8 forceps deliveries.</p> <p>The Fistula Mentors regularly monitor partograph use at their sites and provide ongoing feedback to the staff. 92% of partographs were complete appropriately. Correct usage rates rose steadily throughout the fiscal year.</p> <p>Fistula Care trains health workers and community volunteers about fistula, so they can educate and mobilize communities regarding prevention, identification and treatment. In the third quarter, a new training package for health care workers on safe motherhood, partograph use and fistula identification, diagnosis and care was field tested and revised and is now being implemented by all mentors.</p> <p>During FY10/11:</p> <ul style="list-style-type: none"> <li>• PRUs carried out training for 1,787 health workers and management staff, and 2301 community volunteers.</li> <li>• Over 5,000 community outreach activities were carried out, reaching over 680,000 individuals.</li> <li>• 436 visits were conducted to post-repair patients to provide counseling on nutrition, family planning, personal hygiene and social reintegration.</li> </ul>
<p><b>Monitoring and Evaluation (Result 3)</b></p>	<p>Fistula Mentors held data review meetings with government staff. Fistula Mentors carried out 68 joint supportive supervision visits with government staff from health centers in the PRU catchment woredas.</p>

KEY INDICATORS SNAPSHOT ETHIOPIA						
Reporting Period	FY 10-11: October 2010 – September 2011					
Characteristic	Description					
Indicators		Oct-Dec	Jan Mar	Apr Jun	Jul Sep	Total
<b>Result 1:</b> Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	136	119	130	117	502
	% women who had surgery who have closed fistula at discharge	74%	63%	76%	64%	69%
	% women who had surgery who experienced complications	0%	2%	1%	0%	1%
	# other health trained	2306	902	679	1705	5,592
<b>Result 2:</b> Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.	# community outreach events	948	1,332	1,624	1,386	5,290
	# persons reached in community outreach	146,286	171,839	207,198	114,662	683,966
	% labors monitored with partograph	89%	87%	92%	96%	92%
	# births	127	143	132	167	569
	% of births c section	32%	9%	12%	10%	15%
<b>Result 3:</b> Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	100%	100%	100%	100%	
<b>Result 4:</b> Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	6	6	6	6	6
<b>Data Trends and Explanations</b>	The Dangla EmOC center has experienced ongoing difficulties with high turnover of Ob/Gyn mentors and the lack of a full time anesthetist. The Ob/Gyn mentor situation has finally been resolved at the very end of FY10/11 through government assessment and approval of the health officers onsite to undertake surgeries independently, rendering the position of mentor unnecessary. A full time anesthetist is expected to be posted onsite by December 2011.					

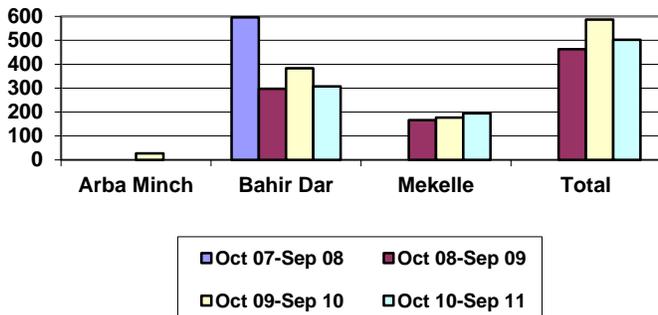
**Figure ETH 1. Total number of referrals for fistula repair surgeries by site and year, Ethiopia**



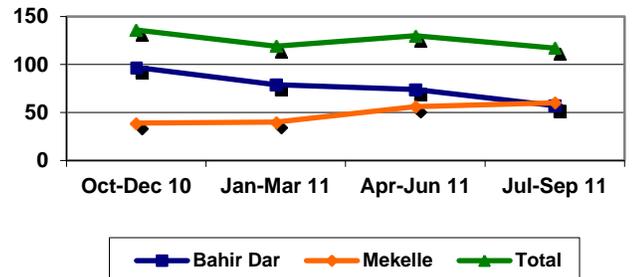
**Figure ETH2. Total number of referrals for fistula repair surgeries by site and quarter, Ethiopia, Oct 09-Sep 10**



**Figure ETH3. Total number of repairs by site and year, Ethiopia**



**Figure ETH4. Total number of repairs by site and quarter, Ethiopia Oct 10-Sep 11**



**Table ETHI. Clinical Indicators by Site, October 2010 - September 2011, Ethiopia**

Fistula Treatment Indicators	Bahir Dar					Mekelle					Country Total				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	283	256	191	163	893	124	148	131	92	495	407	404	322	255	1388
No. requiring FRS	117	106	125	73	421	72	69	92	61	294	189	175	217	134	715
<b>No. receiving FRS</b>	<b>97</b>	<b>79</b>	<b>74</b>	<b>57</b>	<b>307</b>	<b>39</b>	<b>40</b>	<b>56</b>	<b>60</b>	<b>195</b>	<b>136</b>	<b>119</b>	<b>130</b>	<b>117</b>	<b>502</b>
<b>Percent receiving FRS</b>	<b>83%</b>	<b>75%</b>	<b>59%</b>	<b>78%</b>	<b>73%</b>	<b>54%</b>	<b>58%</b>	<b>61%</b>	<b>98%</b>	<b>66%</b>	<b>72%</b>	<b>68%</b>	<b>60%</b>	<b>87%</b>	<b>70%</b>
<b>Type of FRS performed</b>															
-- urinary only	88	76	68	52	284	37	39	51	54	181	125	115	119	106	465
---urinary & RVF	0	0	1	0	1	0	0	2	1	3	0	0	3	1	4
---RVF only	9	3	5	5	22	2	1	3	5	11	11	4	8	10	33
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>															
----first repair	69	65	58	46	238	23	33	45	45	146	92	98	103	91	384
----second repair	13	9	11	5	38	9	5	5	8	27	22	14	16	13	65
---- >2	6	2	0	1	9	5	1	3	2	11	11	3	3	3	20
<b>% women with first repair (urinary only)</b>	<b>78%</b>	<b>86%</b>	<b>84%</b>	<b>88%</b>	<b>84%</b>	<b>62%</b>	<b>85%</b>	<b>85%</b>	<b>82%</b>	<b>79%</b>	<b>74%</b>	<b>85%</b>	<b>84%</b>	<b>85%</b>	<b>82%</b>
No. discharged after FRS (urinary only)	71	73	58	62	264	39	34	49	43	165	110	107	107	105	429
No. discharged after FRS (urinary & RVF)	2	0	2	1	5	0	0	2	2	4	2	0	4	3	9
No. discharged after FRS (RVF only)	7	3	6	3	19	3	1	4	4	12	10	4	10	7	31
<b>Total no. discharged after FRS</b>	<b>80</b>	<b>76</b>	<b>66</b>	<b>66</b>	<b>288</b>	<b>42</b>	<b>35</b>	<b>55</b>	<b>49</b>	<b>181</b>	<b>122</b>	<b>111</b>	<b>121</b>	<b>115</b>	<b>469</b>
# not discharged after FRS	16	30	19	14	79	1	10	25	11	47	17	40	44	25	126
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>															
--- No. with closed fistula who are dry	60	48	43	46	197	23	19	41	23	106	83	67	84	69	303

Fistula Treatment Indicators	Bahir Dar					Mekelle					Country Total				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
---No. with closed fistula & stress incontinence	6	18	8	11	43	5	5	2	9	21	11	23	10	20	64
---No. whose fistula was not closed	7	7	9	6	29	11	10	8	13	42	18	17	17	19	71
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>82%</b>	<b>66%</b>	<b>72%</b>	<b>73%</b>	<b>73%</b>	<b>59%</b>	<b>56%</b>	<b>80%</b>	<b>51%</b>	<b>63%</b>	<b>74%</b>	<b>63%</b>	<b>76%</b>	<b>64%</b>	<b>69%</b>
<b>Outcome of FRS (RVF only)</b>															
---closed and dry	7	3	6	3	19	3	1	4	4	12	10	4	10	7	31
--- incontinent with water stool and /or flatus (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	0	0	0
<b>Percent with closed and dry fistula (RVF only)</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>										
<b>Percent with closed and dry fistula (urinary, urinary/RVF, RVF)</b>	<b>84%</b>	<b>67%</b>	<b>74%</b>	<b>74%</b>	<b>75%</b>	<b>62%</b>	<b>57%</b>	<b>82%</b>	<b>55%</b>	<b>65%</b>	<b>76%</b>	<b>64%</b>	<b>78%</b>	<b>66%</b>	<b>71%</b>
# with complications after FRS	0	2	1	0	3	0	0	0	0	0	0	2	1	0	3
---Major surgical complications	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---Post-operative complication related to perceived success of surgery	0	2	1	0	3	0	0	0	0	0	0	2	1	0	3
<b>Percent with complications after FRS</b>	<b>0%</b>	<b>3%</b>	<b>2%</b>	<b>0%</b>	<b>1%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>2%</b>	<b>1%</b>	<b>0%</b>	<b>1%</b>

**Table ETH 2. Number of Women seeking, requiring and referred for fistula repair  
October 2010 - September 2011, by Pre Repair Centers, Ethiopia**

Fistula Screening	Adet					Dangla					Woreta					Sekota					Country Total				
	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
No. referred with incontinence	22	18	14	12	<b>66</b>	11	20	13	16	<b>60</b>	22	24	23	6	<b>75</b>	20	39	40	22	<b>121</b>	75	101	90	56	<b>322</b>
No. diagnosed with fistula	10	7	6	3	<b>26</b>	11	17	10	10	<b>48</b>	17	20	21	6	<b>64</b>	8	21	28	12	<b>69</b>	46	65	65	31	<b>207</b>
No. referred for 1st FRS	8	6	6	2	<b>22</b>	10	16	10	11	<b>47</b>	12	23	19	4	<b>58</b>	4	17	25	10	<b>56</b>	34	62	60	29	<b>183</b>
No. Referred for continuing FRS care	6	1	1	6	<b>14</b>	0	1	1	10	<b>12</b>	1	0	4	11	<b>16</b>	3	0	1	5	<b>9</b>	10	2	7	32	<b>51</b>
Total No. Referred	14	7	7	9	<b>37</b>	10	17	11	22	<b>60</b>	12	23	23	15	<b>73</b>	4	17	26	15	<b>62</b>	44	64	67	61	<b>236</b>

**Table ETH3. Number Persons Trained by Topic  
October 2010 – September 2011, Ethiopia**

Training Topic	Oct- Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
<b>Pre Repair Centers Supported Training</b>					
New training for health workers and management	524	158	111	618	1411
Refresher training for health workers and management	42	41	55	238	376
New community volunteer training	849	445	125	768	2187
Refresher community volunteer training	46	43	0	25	114
Training of trainers for health workers and management, nursing school instructors	0	0	18	56	74
<b>Total Pre Repair Centers Supported Training</b>	<b>1461</b>	<b>687</b>	<b>309</b>	<b>1705</b>	<b>4162</b>
<b>Hamlin Fistula Hospital Supported Training</b>					
Training of Health Workers in referral and prevention	845	215	370	n/a	1430
<b>Total Hamlin Fistula Hospital Supported Training</b>	<b>845</b>	<b>215</b>	<b>370</b>	<b>n/a</b>	<b>1430</b>
<b>Total Trained</b>	<b>2306</b>	<b>902</b>	<b>679</b>	<b>n/a</b>	<b>5592</b>

**Table ETH4. Number of Community Outreach Events and Persons Reached by Health Center Catchment Areas,  
October 2010 – September 2011, Ethiopia**

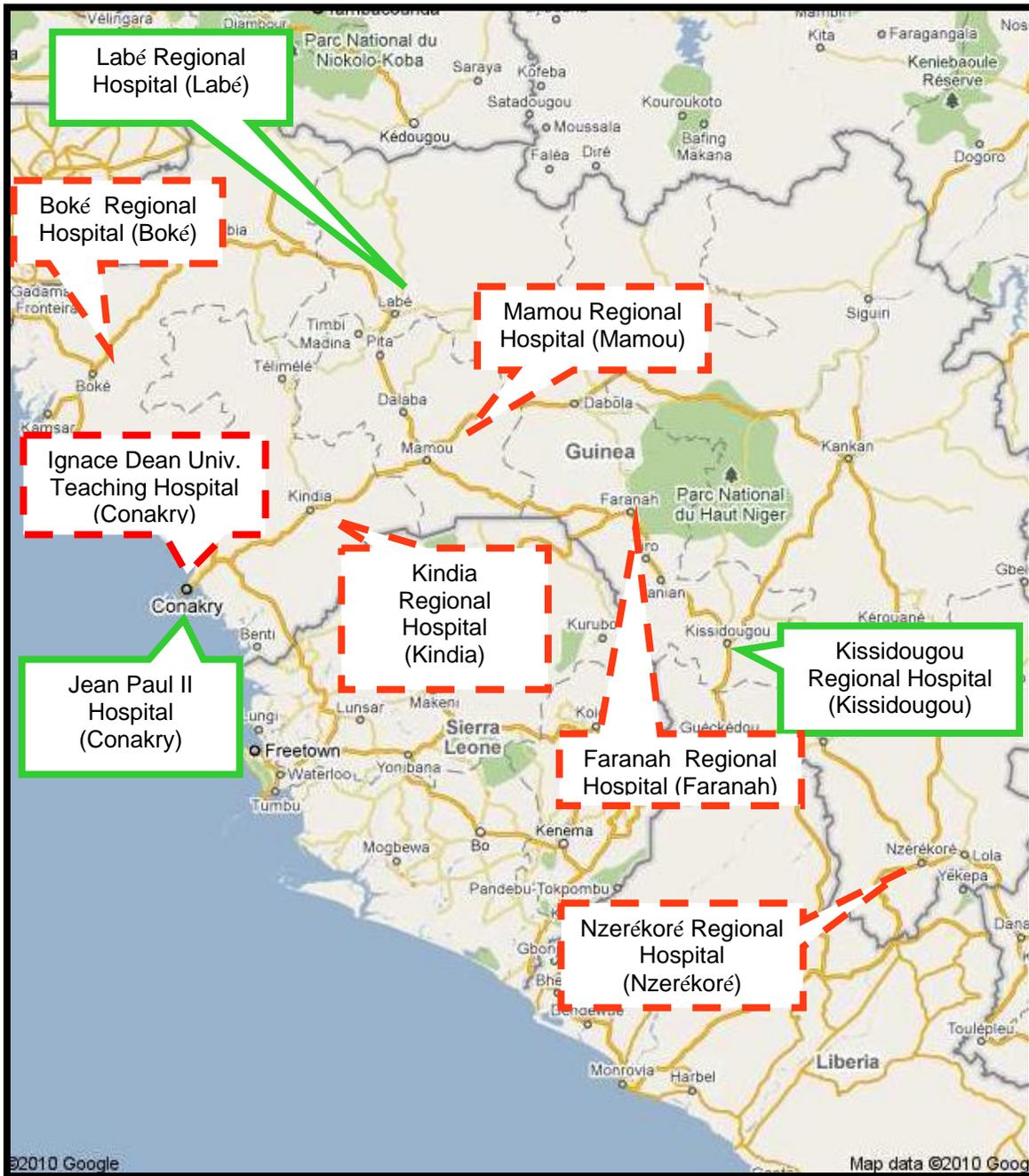
Catchment Areas	Oct-Dec		Jan – Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
<b>Pre Repair Centers</b>										
Adet	263	42,374	344	58,732	261	50,826	307	43,981	1,175	195,913
Dangla	492	75,510	510	75,516	646	91,822	469	57,378	2,117	300,226
Woreta	182	26,506	367	29,772	238	16,316	273	22,593	1,060	95,187
Sekota	11	251	111	7,557	479	47,826	337	34,691	938	90,325
<b>Total Pre Repair Centers</b>	<b>948</b>	<b>144,641</b>	<b>1,332</b>	<b>171,577</b>	<b>1,624</b>	<b>206,790</b>	<b>1386</b>	<b>114,662</b>	<b>5,290</b>	<b>681,651</b>
<b>AAFH</b>										
Bahir Dar	n/a	246	n/a	0	n/a	194	n/a	n/a	n/a	440
Tigray	n/a	1052	n/a	152	n/a	0	n/a	n/a	n/a	1204
Yirga Alem	n/a	347	n/a	110	n/a	214	n/a	n/a	n/a	671
<b>Total AAFH</b>	<b>n/a</b>	<b>1645</b>	<b>n/a</b>	<b>262</b>	<b>n/a</b>	<b>408</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>	<b>2315</b>
<b>Total</b>	<b>948</b>	<b>146,286</b>	<b>1,332</b>	<b>171,839</b>	<b>1,624</b>	<b>207,198</b>	<b>1386</b>	<b>114,662</b>	<b>5,290</b>	<b>683,966</b>

**Table ETH5. Deliveries and Use of the Partograph,  
Pre Repair Health Centers, October 2010 to September 2011, Ethiopia**

Fistula Screening	Adet					Dangla					Woreta					Sekota					Country Total				
	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
# women delivered at health facility	114	164	204	223	<b>705</b>	332	356	368	419	<b>1475</b>	140	158	120	148	<b>566</b>	47	140	202	230	<b>619</b>	633	818	894	1020	<b>3365</b>
Health post	25	54	48	60	<b>187</b>	188	149	156	144	<b>637</b>	26	48	12	36	<b>122</b>	0	31	39	92	<b>162</b>	239	282	255	332	<b>1108</b>
Upgraded health ctr	23	35	66	69	<b>193</b>	58	77	96	125	<b>356</b>	8	6	4	5	<b>23</b>	20	19	26	0	<b>65</b>	109	137	192	199	<b>637</b>
Health ctr	66	75	90	94	<b>325</b>	86	130	116	150	<b>482</b>	106	104	104	107	<b>421</b>	27	90	137	138	<b>392</b>	285	399	447	489	<b>1620</b>
# women arriving at HC fully dilated (partograph not used)	54	80	105	106	<b>345</b>	75	153	157	155	<b>540</b>	68	64	64	63	<b>259</b>	8	26	29	53	<b>116</b>	205	323	355	377	<b>1260</b>
# labors monitored with partograph	23	30	51	56	<b>160</b>	56	67	55	119	<b>297</b>	46	36	40	39	<b>161</b>	25	77	134	85	<b>321</b>	150	210	280	299	<b>939</b>
#/% of labors monitored with partograph which were done correctly <sup>58</sup>	19/ 23	30/ 30	48/ 51	53/ 56	<b>150/ 160</b>	54/ 56	59/ 67	53/ 55	117/ 119	<b>283/ 297</b>	40/ 46	32/ 36	35/ 40	34/ 39	<b>141/ 161</b>	20/ 25	62/ 77	122/ 134	82/ 85	<b>286/ 321</b>	133/ 150	183/ 210	258/ 280	286/ 299	<b>860/ 939</b>
	83%	1	0.94	95%	<b>94%</b>	0.96	0.88	96%	98%	<b>95%</b>	0.87	0.89	88%	87%	<b>88%</b>	0.8	0.81	0.91	96%	<b>89%</b>	0.89	0.87	92%	96%	<b>92%</b>
# women with obstructed labor referred from HC to regional hospital	16	8	18	14	<b>56</b>	2	21	7	6	<b>36</b>	14	16	15	7	<b>52</b>	0	3	5	4	<b>12</b>	32	48	45	31	<b>156</b>

<sup>58</sup> Based on the number of women who delivered at health center and who arrived NOT fully dilated and for whom the partograph was used to monitor labor.

# GUINEA



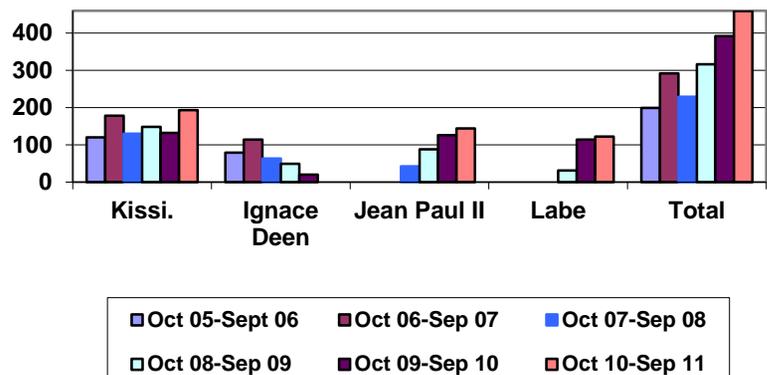
<b>PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT GUINEA</b>	
<b>Reporting Period</b>	FY 10-11: October 2010 – September 2011
<b>Characteristic</b>	<b>Description</b>
<b>Start Date</b>	January 2006 under the ACQUIRE Project
<b>Supported Sites</b>	<p>9 Public sector facilities for fistula repair and prevention:</p> <ul style="list-style-type: none"> <li>• <u>Repair</u>: Jean Paul II Maternity Hospital Conakry; District Hospital Kissidougou; Labe Regional Hospital</li> <li>• <u>Prevention</u>: Ignace Deen, National Teaching Hospital, Conakry; Boke Regional Hospital; Kindia Regional Hospital; Mamou Regional Hospital; Farannah Regional Hospital; N'Zerekore Regional Hospital</li> </ul>
<b>Background</b>	<p>The program has been actively supported by the USAID /G democracy and good governance strategy. USAID supports 4 of the 5 fistula repair centers in the country (UNFPA supports one center). A description of the program was published as a <i>Technical Brief</i> in 2010</p> <p><a href="http://www.fistulacare.org/pages/pdf/technical-briefs/Guinea_care_brief_for_web.pdf">http://www.fistulacare.org/pages/pdf/technical-briefs/Guinea_care_brief_for_web.pdf</a></p>
<b>Treatment strategies (Result 1)</b>	<p>Fistula Care has a MOU with the Geneva Foundation for Medical Education and Research (GFMER) to support training of fistula surgeons. Surgeons from GFMER travel to Guinea four times a year to lead training sessions. Other training and repair sessions are led by national trainers. A total of 14 surgeons are continuing their training progressing from simple to more complex repairs. Routine repair services are provided at three hospitals, in addition to the GFMER-assisted sessions.</p> <p>During FY10/11:</p> <ul style="list-style-type: none"> <li>• A total of 14 national sessions, 7 GFMER-assisted sessions and 2 routine repair sessions were conducted.</li> <li>• Through these sessions, 459 fistula repairs were supported, with a closed and dry rate of 89%.</li> <li>• There was a 17% increase in repairs, when compared to FY09/10 (459 vs. 392 repairs). All three sites showed increases in repairs conducted.</li> <li>• In conjunction with the 2011 Fistula Day held in Conakry in May 2011, the waiting house for fistula clients at the Jean Paul II FC-supported site was inaugurated with leveraged funds from Friends of Guinea.</li> <li>• 9 surgeons received continuing training in fistula repair.</li> </ul>
<b>Prevention strategies (Result 2)</b>	<p>The Levels of Care Framework for fistula services is being implemented with 6 regional hospitals serving as sites for prevention.</p> <p>Guinea has two major community-related activities: The Village Committee activities and the reintegration programs of Kissidougou and Labe. The village committees provide outreach that has resulted in increased attendance for antenatal care visits and community sensitization around issues related to fistula. The reintegration program works with host families to address the social isolation of women living with fistula, providing them with a home upon discharge while they reintegrate into their communities.</p> <p>Private funds from EngenderHealth are used in support of the community outreach activities.</p>

**PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT GUINEA**

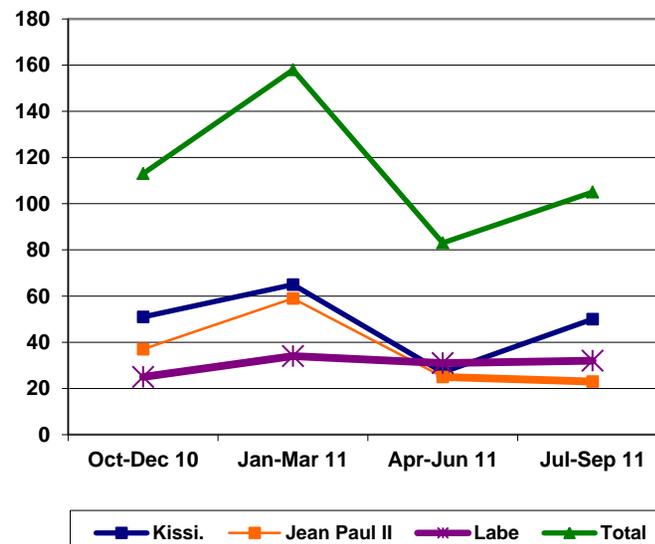
	<p>During FY10/11 reporting period:</p> <ul style="list-style-type: none"> <li>• 21 healed women were hosted by voluntary families in Labe and 26 in Kissidougou.</li> <li>• Kissidougou and Labe village committee outreach efforts reached over 38,000 individuals to raise awareness about fistula prevention and treatment. Additional community outreach work with religious leaders reach over 15,000 individuals.</li> <li>• Budget constraints necessitated a severe curtailment of community outreach activities at the end of the fiscal year.</li> </ul>
<p><b>Evaluation &amp; Research (Result 3)</b></p>	<p>Guinea participated in two global research studies—prospective observational study on outcomes of repairs and the retrospective cesarean record review Both studies are complete and analysis and reports are being prepared.</p> <p>An in depth evaluation of the levels of care strategy as well as the community intervention activities employed by the Guinea program was undertaken in the last half of the fiscal year. Additionally, the USAID/W evaluation team visited Guinea in July 2011.</p>
<p><b>Policy Work (Result 4)</b></p>	<p>FC Guinea has supported Democratic Local Governance interventions in Kissidougou and Labe, resulting in increased mobilization of financial resources, increased transparency and community participation in decision making and increased resource allocation towards health services.</p> <p>On May 25, 2011, Guinea celebrated National Fistula Day, and as part of the celebrations high-ranking government officials, representatives from nongovernmental organizations and community leaders came together to raise awareness about fistula and reaffirm their commitment to preventing and treating the condition.</p>

KEY INDICATORS SNAPSHOT GUINEA						
Reporting Year	FY 10-11: October 2010 – September 2011					
Characteristic	Description					
Indicators		Oct-Dec	Jan Mar	Apr Jun	Jul Sep	Total
<b>Result 1:</b> Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	113	158	83	105	459
	% women who had surgery who have closed fistula at discharge	88%	90%	88%	90%	89%
	% women who had surgery who experienced complications	0%	0%	0%	0%	0%
	# Surgeons Trained	0	6	3	0	9
	# other health trained	0	0	0	0	0
<b>Result 2:</b> Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.	# community outreach events	17	30	57	0	104
	# persons reached in community outreach	13,239	19,187	21,801	0	54,227
	% labors monitored with partograph					n/a
	# births	2,810	3,267	4,120	3,761	13,958
	% of births c section	30%	29%	25%	23%	26%
<b>Result 3:</b> Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	0%	100%	100%	100%	
<b>Result 4:</b> Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	9	9	9	9	9
<b>Data Trends and Explanations</b>	<ul style="list-style-type: none"> <li>All sites have high levels of backlog. Steps being taken to address these backlogs include: reducing the number of campaigns held to identify fistula clients; dividing women who have been positively screened for fistula into small groups (13 to 20); and creating a surgery schedule for these small groups during the upcoming national and international surgical repair sessions.</li> <li>Repairs were lower than planned at all sites due to budget constraints that limited the number of repair sessions that could be conducted. However, overall there were more repairs performed this FY when compared to the previous year.</li> <li>Budget constraints also resulted in the cancellation of community outreach activities in the fourth quarter.</li> </ul>					

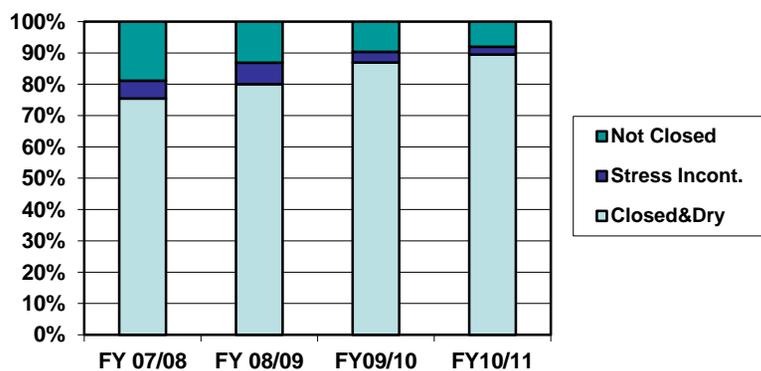
**Figure GUI 1. Total number of repairs by site and year, Guinea**



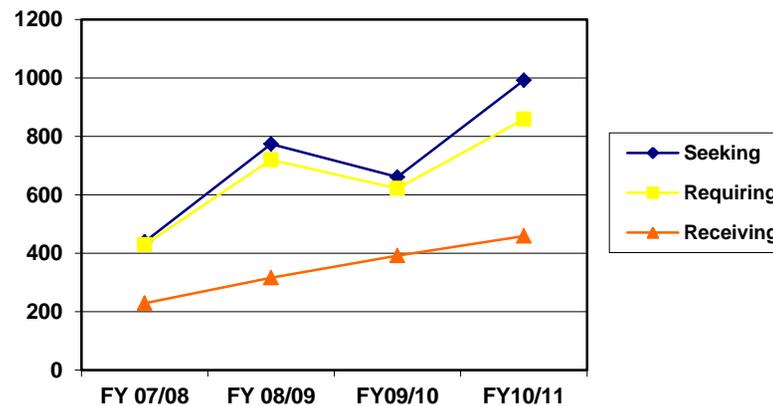
**Figure GUI 2. Total number of repairs by site and quarter, Guinea Oct 10-Sep 11**



**Figure GUI3. Repair Status (%) Among Women with Urinary Fistula at Time of Discharge, by FY**



**Figure GUI 4. Demand for Services, October 2007 - September 2011, Guinea**



**Table GUII. Fistula Repair Clinical Indicators, by Site and Quarter,  
October 2010 thru September 2011, Guinea**

Fistula Treatment Indicators	Jean Paul II					Kissidougou				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	78	121	74	104	377	55	91	60	85	291
No. requiring FRS	50	101	70	84	305	55	65	52	85	257
<b>No. receiving FRS</b>	<b>37</b>	<b>59</b>	<b>25</b>	<b>23</b>	<b>144</b>	<b>51</b>	<b>65</b>	<b>27</b>	<b>50</b>	<b>193</b>
<b>Percent receiving FRS</b>	<b>74%</b>	<b>58%</b>	<b>36%</b>	<b>27%</b>	<b>47%</b>	<b>93%</b>	<b>100%</b>	<b>52%</b>	<b>59%</b>	<b>75%</b>
<b>Type of FRS performed</b>										
----- urinary only	34	56	24	23	137	49	58	24	47	178
----- urinary & RVF	3	0	0	0	3	0	7	2	2	11
----- RVF only	0	3	1	0	4	2	0	1	1	4
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>										
----- first repair	33	41	20	16	110	49	49	15	44	157
----- second repair	3	10	1	1	15	0	12	7	3	22
----- >2	1	5	3	6	15	0	4	4	2	10
<b>Percent women with first repair (urinary only)</b>	<b>89%</b>	<b>73%</b>	<b>83%</b>	<b>70%</b>	<b>79%</b>	<b>100%</b>	<b>75%</b>	<b>58%</b>	<b>90%</b>	<b>83%</b>
No. discharged after FRS (urinary only)	0	61	53	15	129	49	38	31	34	152
No. discharged after FRS (urinary & RVF)	0	3	0	0	3	2	2	5	2	11
No. discharged after FRS (RVF only)	0	0	4	0	4	0	0	0	1	1
<b>Total no. discharged after FRS</b>	<b>0</b>	<b>64</b>	<b>57</b>	<b>15</b>	<b>136</b>	<b>51</b>	<b>40</b>	<b>36</b>	<b>37</b>	<b>164</b>
No. not discharged after FRS	37	32	0	8	77	0	25	16	29	70
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>										
----No. with closed fistula who are dry	0	58	47	13	118	46	37	31	33	147
--- No. with closed fistula & stress incontinence	0	0	1	0	1	1	1	2	0	4
----- No. whose fistula was not closed	0	6	5	2	13	2	2	3	3	10
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>0%</b>	<b>91%</b>	<b>89%</b>	<b>87%</b>	<b>89%</b>	<b>94%</b>	<b>93%</b>	<b>86%</b>	<b>92%</b>	<b>91%</b>
<b>Outcome of FRS (RVF only)</b>										

Fistula Treatment Indicators	Jean Paul II					Kissidougou				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
--- closed and dry	0	0	4	0	4	2	0	0	1	3
--- 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
<b>Percent with closed and dry fistula (RVF only)</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>
<b>Percent with closed and dry fistula (urinary, urinary/RVF, RVF)</b>	<b>0%</b>	<b>91%</b>	<b>89%</b>	<b>87%</b>	<b>90%</b>	<b>94%</b>	<b>93%</b>	<b>86%</b>	<b>92%</b>	<b>91%</b>
No. with complications after FRS	0	0	0	0	0	0	0	0	0	0
-- 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	0	0	0	0	0	0	0	0
<b>Percent with complications after FRS</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

Table GUII, continued

Fistula Treatment Indicators	Labe					Country Total				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	25	94	81	124	324	158	306	215	313	992
No. requiring FRS	25	85	81	106	297	130	251	203	275	859
<b>No. receiving FRS</b>	<b>25</b>	<b>34</b>	<b>31</b>	<b>32</b>	<b>122</b>	<b>113</b>	<b>158</b>	<b>83</b>	<b>105</b>	<b>459</b>
<b>Percent receiving FRS</b>	<b>100%</b>	<b>40%</b>	<b>38%</b>	<b>30%</b>	<b>41%</b>	<b>87%</b>	<b>63%</b>	<b>41%</b>	<b>38%</b>	<b>53%</b>
<b>Type of FRS performed</b>										
----- urinary only	24	32	29	32	117	107	146	77	102	432
----- urinary & RVF	1	2	2	0	5	4	9	4	2	19
----- RVF only	0	0	0	0	0	2	3	2	1	8
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>										
----- first repair	14	19	19	19	71	96	109	54	79	338
----- second repair	7	9	7	7	30	10	31	15	11	67

Fistula Treatment Indicators	Labe					Country Total				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
----- >2	4	6	5	6	21	5	15	12	14	46
<b>Percent women with first repair (urinary only)</b>	<b>56%</b>	<b>56%</b>	<b>61%</b>	<b>59%</b>	<b>58%</b>	<b>86%</b>	<b>70%</b>	<b>67%</b>	<b>76%</b>	<b>75%</b>
No. discharged after FRS (urinary only)	9	31	45	16	101	58	130	129	65	382
No. discharged after FRS (urinary & RVF)	0	3	2	0	5	2	8	7	2	19
No. discharged after FRS (RVF only)	0	0	0	0	0	0	0	4	1	5
<b>Total no. discharged after FRS</b>	<b>9</b>	<b>34</b>	<b>47</b>	<b>16</b>	<b>106</b>	<b>60</b>	<b>138</b>	<b>140</b>	<b>68</b>	<b>406</b>
No. not discharged after FRS	16	16	0	16	48	53	73	16	53	195
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>										
----No. with closed fistula who are dry	7	29	42	14	92	53	124	120	60	357
--- No. with closed fistula & stress incontinence	1	2	1	1	5	2	3	4	1	10
----No. whose fistula was not closed	1	3	4	1	9	3	11	12	6	32
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>78%</b>	<b>85%</b>	<b>89%</b>	<b>88%</b>	<b>87%</b>	<b>91%</b>	<b>90%</b>	<b>88%</b>	<b>90%</b>	<b>89%</b>
<b>Outcome of FRS (RVF only)</b>										
---- closed and dry	0	0	0	0	0	2	0	4	1	7
---- 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
<b>Percent with closed and dry fistula (RVF only)</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Percent with closed and dry fistula (urinary, urinary/RVF, RVF)</b>	<b>78%</b>	<b>85%</b>	<b>89%</b>	<b>88%</b>	<b>87%</b>	<b>92%</b>	<b>90%</b>	<b>89%</b>	<b>90%</b>	<b>90%</b>
No. with complications after FRS	0	0	0	0	0	0	0	0	0	0
----- 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	0	0	0	0	0	0	0	0
<b>Percent with complications after FRS</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

**Table GUI 2. Safe Motherhood Committee Activities, Kissidougou and Labé Regions by Quarter, October 2010 thru September 2011, Guinea**

Safe Motherhood Committee Activities	Oct-Dec <sup>59</sup>	Jan - Mar	Apr-Jun	Jul-Sep	FY Total
#women reached at sensitization meetings	5076	7456	8949	0	<b>21481</b>
# women attending prenatal					
1 <sup>st</sup> visit	180	186	170	0	<b>536</b>
2 <sup>nd</sup> visit	196	166	203	0	<b>565</b>
3 <sup>rd</sup> visit	146	146	132	0	<b>424</b>
4 <sup>th</sup> visit	129	122	109	0	<b>360</b>
# women receiving Tetanus Toxin					
1 <sup>st</sup> injection	344	292	269	0	<b>905</b>
2 <sup>nd</sup> injection	438	302	326	0	<b>1066</b>

**Table GUI 3. Number of Community Outreach Events and Persons Reached, October 2010 - September 2011, 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
Kissidougou village committee outreach	6	5926	6	5667	18	7646	0	0	30	19239
Labe village committee outreach	6	3541	8	7055	16	8839	0	0	30	19435
Orientation of religious leaders	5	3772	16	6465	23	5316	0	0	44	15553
<b>Total</b>	<b>17</b>	<b>13239</b>	<b>30</b>	<b>19,187</b>	<b>57</b>	<b>21,801</b>	<b>0</b>	<b>0</b>	<b>104</b>	<b>54,227</b>

<sup>59</sup> Data for Labe in Q1 is incomplete.

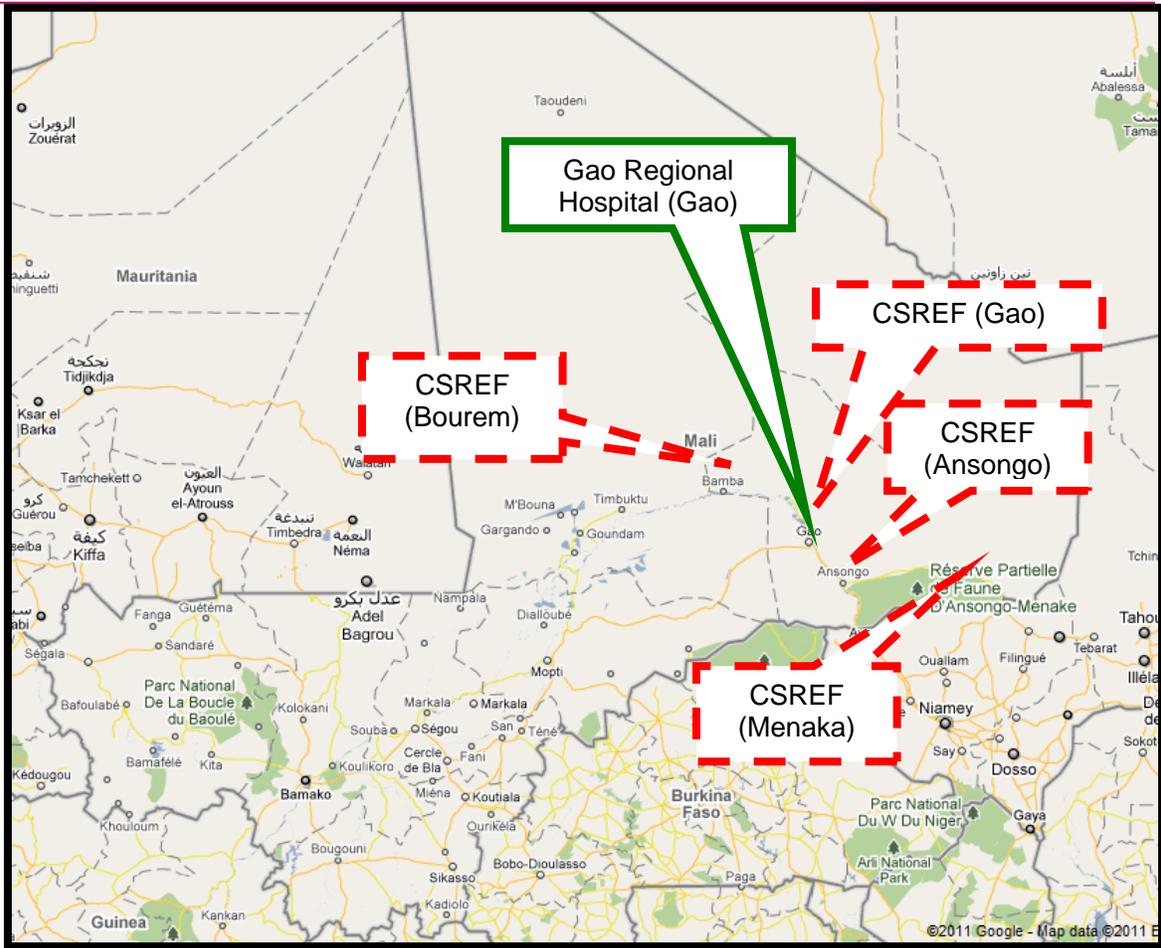
**Table GUI 4. Number of FP Clients by Method and Number Counseled About FP, by Site and Quarter. October 2010 – September 2011, Guinea.**

Fistula FP Methods	FY TOTAL									
	Boke	Farannah	Ignace Deen	Jean Paul II	Kindia	Kissidougou	Labe	Mamou	NZerekore	Country Total
Oral Pill	135	38	175	67	34	353	53	12	6	873
IUCD	20	7	88	20	6	23	4	30	54	252
Condom (male)	36	97	0	1	3	0	0	162	0	299
Condom (female)	0	0	0	0	0	0	0	0	0	0
Injectable	76	237	87	126	207	170	46	36	6	991
Implant	0	0	0	0	0	0	0	0	0	0
Tubal Ligation	4	0	15	0	0	13	0	0	2	34
Vasectomy	0	0	0	0	0	0	0	0	0	0
Foaming Tablets	0	0	0	0	0	0	0	0	0	0
<b>Total FP acceptors</b>	<b>271</b>	<b>379</b>	<b>365</b>	<b>214</b>	<b>250</b>	<b>559</b>	<b>103</b>	<b>240</b>	<b>68</b>	<b>2449</b>
Total Number of clients counseled about FP methods	322	673	484	278	574	614	422	307	683	4357

**Table GUI 5. Obstetric Services, by site. October 2010 – September 2011, Guinea.**

Obstetric Services	FY TOTAL									
	Boke	Farannah	Ignace Deen	Jean Paul II	Kindia	Kissidougou	Labe	Mamou	NZerekore	Country Total
Number of vaginal deliveries	1150	670	2557	689	1415	909	799	1269	812	10270
Number of C sections	268	162	1041	80	419	416	344	403	555	3688
<b>Total Number of deliveries</b>	<b>1418</b>	<b>832</b>	<b>3598</b>	<b>769</b>	<b>1834</b>	<b>1325</b>	<b>1143</b>	<b>1672</b>	<b>1367</b>	<b>13958</b>
Percent deliveries by C section	19%	19%	29%	10%	23%	31%	30%	24%	41%	26%

**MALI**



<b>PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT MALI</b>	
<b>Reporting Period</b>	FY 10-11: October 2010 – September 2011
<b>Characteristic</b>	<b>Description</b>
<b>Start Date</b>	October 2008
<b>Supported Sites</b>	Treatment: Gao Hospital (A regional tertiary referral hospital) Prevention only: Four CSREF (District level referral hospitals) located in Ansongo, Bourem, Gao and Ménaka
<b>Background</b>	The Mali program is implemented by Fistula Care partner IntraHealth, with technical support and project oversight led by EngenderHealth.
<b>Treatment strategies (Result 1)</b>	<p>Although Gao Hospital is the principle site supported by Fistula Care, training in various clinical and quality of care topics has included staff from other tertiary referral facilities providing fistula services in Mali--Mopti, Segou and Point G National Teaching Hospital in Bamako.</p> <p>During FY10/11:</p> <ul style="list-style-type: none"> <li>• A total of 91 fistula repairs were supported, which is a 128% increase compared to FY09/10 (40 repairs). The overall closed and dry rate was 86%.</li> <li>• Four surgeons received continuing training in fistula repair (one of these surgeons received his first training in the first quarter, and another in the second quarter).</li> <li>• 54 healthcare providers received training in pre- and post-operative fistula care and fistula diagnosis.</li> <li>• Surgical equipment was donated to Gao Hospital.</li> </ul>
<b>Prevention strategies (Result 2)</b>	<p>The project partners with GREFFA, a local NGO to support community outreach and recruitment efforts. The project supports the four referral health centers in EmOC training. Family planning and maternity services are provided at Gao Hospital.</p> <p>During FY10/11:</p> <ul style="list-style-type: none"> <li>• The 14<sup>th</sup> Annual Midwives Day in Mali focused on the role of the midwife in preventing obstetric fistula. Approximately 500 people were reached through ceremonies and discussions. A press conference was covered by local radio.</li> <li>• FC staff conducted follow up supervision visits were carried out in Mopti, Bourem and Menaka, Gao and Ansongo for health workers trained in fistula counseling and fistula prevention and emergency obstetric care.</li> </ul>
<b>Evaluation and Research (Result 3)</b>	<p>Gao Hospital participated in the retrospective record review of cesarean indications study, which was completed in FY10 and analysis and reports are being prepared.</p> <p>During FY10/11, FC conducted an evaluation of general infection prevention measures and biomedical waste management at Gao Hospital. Following this evaluation, hospital staff generated a workplan for building capacity at the site for biomedical waste management.</p>
<b>Policy work (Result 4)</b>	Fistula Care provides direct technical assistance to the MOH/Division for Reproductive Health in coordinating the national workplan for fistula and

## PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT MALI

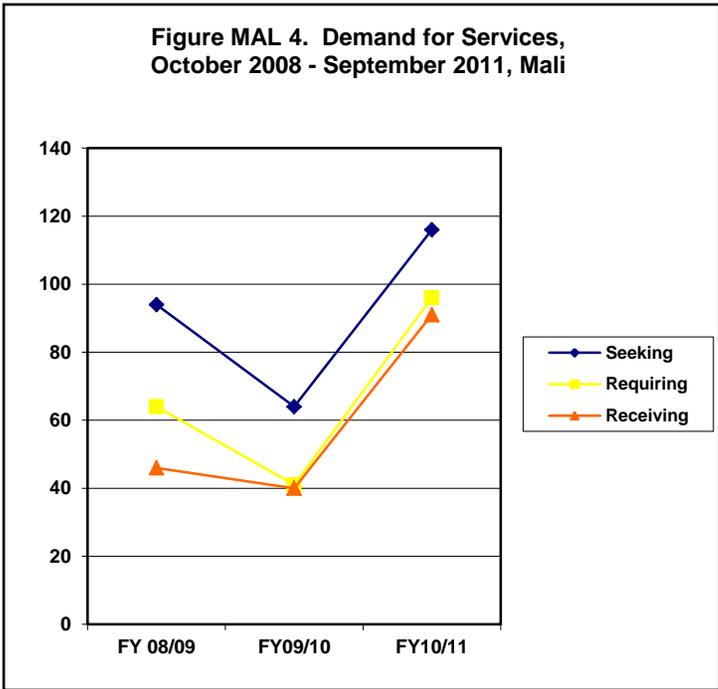
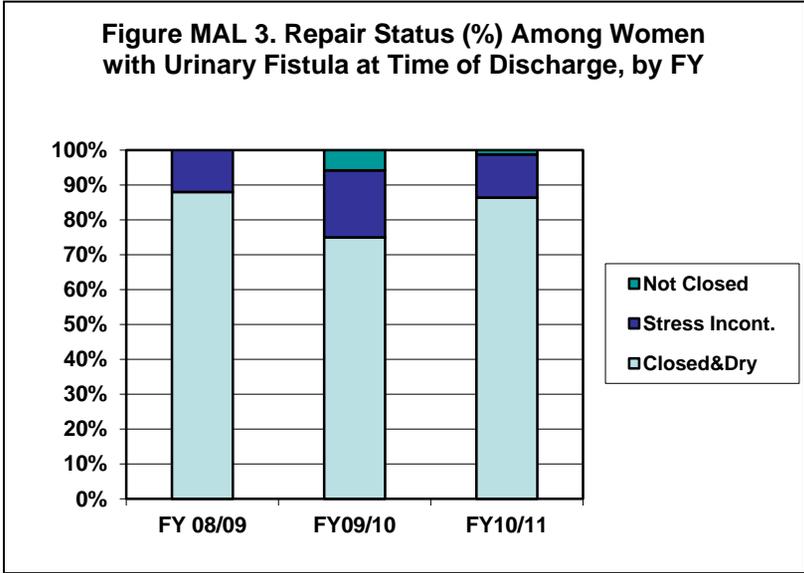
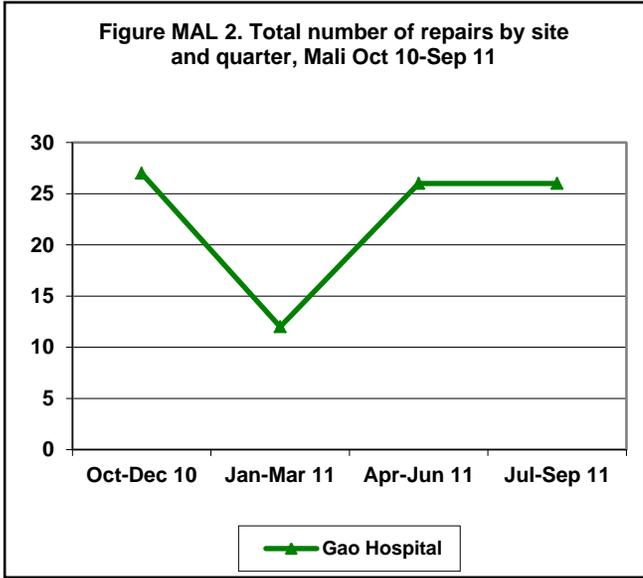
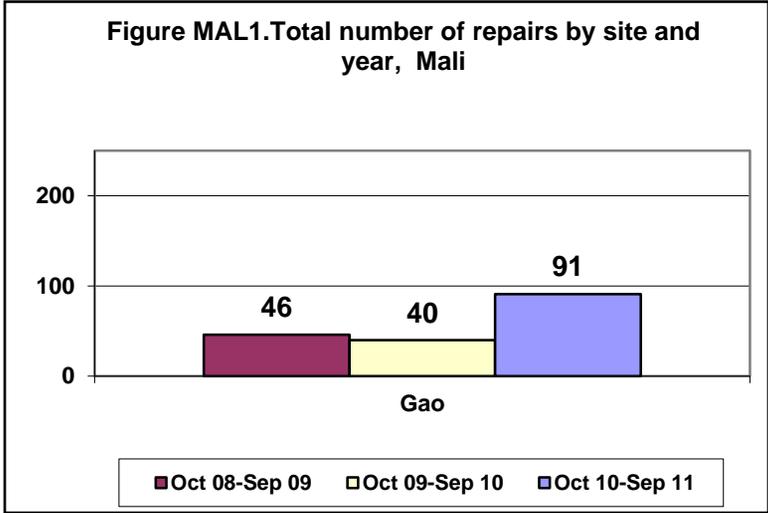
developing norms, protocols and guidelines for fistula services delivery. FC is working to develop a model based on the Levels of Care Framework for service delivery at Gao that can be used to inform national guidelines. The project also works with local government to spearhead a regional steering committee for fistula in Gao.

During FY10/11:

- One Regional Fistula Technical Committee meeting was held in Gao in April 2011 to review the national strategy and progress on the workplan.
- A one-day revision session was held at the National Health Division to finalize and approve the national standards on obstetric fistula.
- FC participated in a workshop to review the SLIS (national health information system) indicators in efforts to ensure that fistula indicators are integrated into the SLIS.

## KEY INDICATOR SNAPSHOT MALI

Reporting Period	FY 10-11: October 2010 – September 2011					
Characteristic	Description					
Indicators		Oct-Dec	Jan Mar	Apr Jun	Jul Sep	Total
<b>Result 1:</b> Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	27	12	26	26	91
	% women who had surgery who have closed fistula at discharge	88%	76%	88%	90%	86%
	% women who had surgery who experienced complications	0%	0%	0%	0%	0%
	# Surgeons Trained	3	4	4	3	4
	# other health trained	102	79	23	6	210
<b>Result 2:</b> Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.	# community outreach events	2	2	2	1	7
	# persons reached in community outreach	55	70	615	21	761
	% labors monitored with partograph					n/a
	# births	296	246	374	361	1277
	% of births c section	24%	15%	18%	17%	18%
<b>Result 3:</b> Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	100%	100%	100%	100%	
<b>Result 4:</b> Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	1	1	1	1	1
<b>Data Trends and Explanations</b>	<ul style="list-style-type: none"> <li>During the third and fourth quarters there was an increase in the rates of women identified with fistula, among those seeking services. This may be attributable to the inclusion of CSRef service providers in the organized repair sessions held in January 2011, which provided them with practical training in performing clinical diagnosis of obstetric fistula and making appropriate referrals.</li> </ul>					



**Table MAL I. Fistula Repair Clinical Indicators by Site and Quarter,  
October 2010 - September 2011, Mali**

Fistula Treatment Indicators	Gao Regional Hospital				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	35	23	30	28	116
No. requiring FRS	27	17	26	26	96
<b>No. receiving FRS</b>	<b>27</b>	<b>12</b>	<b>26</b>	<b>26</b>	<b>91</b>
<b>Percent receiving FRS</b>	<b>100%</b>	<b>71%</b>	<b>100%</b>	<b>100%</b>	<b>95%</b>
<b>Type of FRS performed</b>					
----- urinary only	21	10	24	18	73
----- urinary & RVF	2	1	2	3	8
----- RVF only	4	1	0	5	10
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>					
----- first repair	18	8	9	16	51
----- second repair	5	1	15	3	24
----- >2	0	2	2	2	6
<b>Percent women first repair (urinary only)</b>	<b>78%</b>	<b>73%</b>	<b>35%</b>	<b>76%</b>	<b>63%</b>
No. discharged after FRS (urinary only)	17	14	24	18	73
No. discharged after FRS (urinary & RVF)	0	3	2	3	8
No. discharged after FRS (RVF only)	3	2	0	5	10
<b>Total no. discharged after FRS</b>	<b>20</b>	<b>19</b>	<b>26</b>	<b>26</b>	<b>91</b>
No. not discharged after FRS	7	0	0	0	7
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>					
--- No. with closed fistula who are dry	15	13	23	19	70
-- No. with closed fistula & stress incontinence	2	3	3	2	10
--- No. whose fistula was not closed	0	1	0	0	1
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>88%</b>	<b>76%</b>	<b>88%</b>	<b>90%</b>	<b>86%</b>
<b>Outcome of FRS (RVF only)</b>					
---closed and dry	3	2	0	5	10
---incontinent with water stool and /or flatus (gas)	0	0	0	0	0
--- incontinent with firm stool	0	0	0	0	0
<b>Percent with closed and dry fistula (RVF only)</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>
<b>Percent closed and dry fistula (all types)</b>	<b>90%</b>	<b>79%</b>	<b>88%</b>	<b>92%</b>	<b>88%</b>
No. with complications after FRS	0	0	0	0	0
----- Major surgical complications	0	0	0	0	0
-----Anesthesia-related complication	0	0	0	0	0
-----Post operative complication related to perceived success of surgery	0	0	0	0	0
<b>Percent with complications after FRS</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

**Table MAL 2. Number of Persons Trained by Topic,  
October 2010 – September 2011, Mali**

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
First training for fistula surgeons	1	1	0	0	2*
Continuing training for fistula surgeons	2	3	4	3	4*
Fistula counseling	15	0	0	0	15
Obstetric Care (partograph, c-section referral, family planning, fistula referral, catheterization <sup>60</sup> )	60	64	0	0	124
Supportive Supervision	17	0	0	0	17
Pre- and post-operative fistula care	10	15	23	6	54
<b>Total</b>	<b>105</b>	<b>83</b>	<b>27</b>	<b>9</b>	<b>214*</b>

\* 4 surgeons received training in the first 3 quarters. The two surgeons who received first training also received continuing training in the following quarters. The FY total counts four surgical trainees, in total, for first and continuing training combined.

**Table MAL 3. Number of Community Outreach Events and Persons Reached, October 2010 – September 2011, Mali**

Event Type	Oct-Dec		Jan-Mar		Apr-Jun		Jul-Sep		FY Total	
	Events	Persons Reached								
Information and awareness-raising sessions in the Cercles of Gao, Bourem, Ansongo and Menaka	2	55	2	70	0	0	0	0	4	125
14 <sup>th</sup> International Midwives Day	0	0	0	0	1	500	0	0	1	500
Medical Equipment to Gao Hospital	0	0	0	0	1	115	0	0	1	115
Regional Steering Committee advocacy work	0	0	0	0	0	0	1	21	1	21
<b>Total</b>	<b>2</b>	<b>55</b>	<b>2</b>	<b>70</b>	<b>2</b>	<b>615</b>	<b>1</b>	<b>21</b>	<b>7</b>	<b>761</b>

<sup>60</sup> 6 individuals were trained in catheterization and c-section for fistula prevention. All others were trained in obstetric care topics listed.

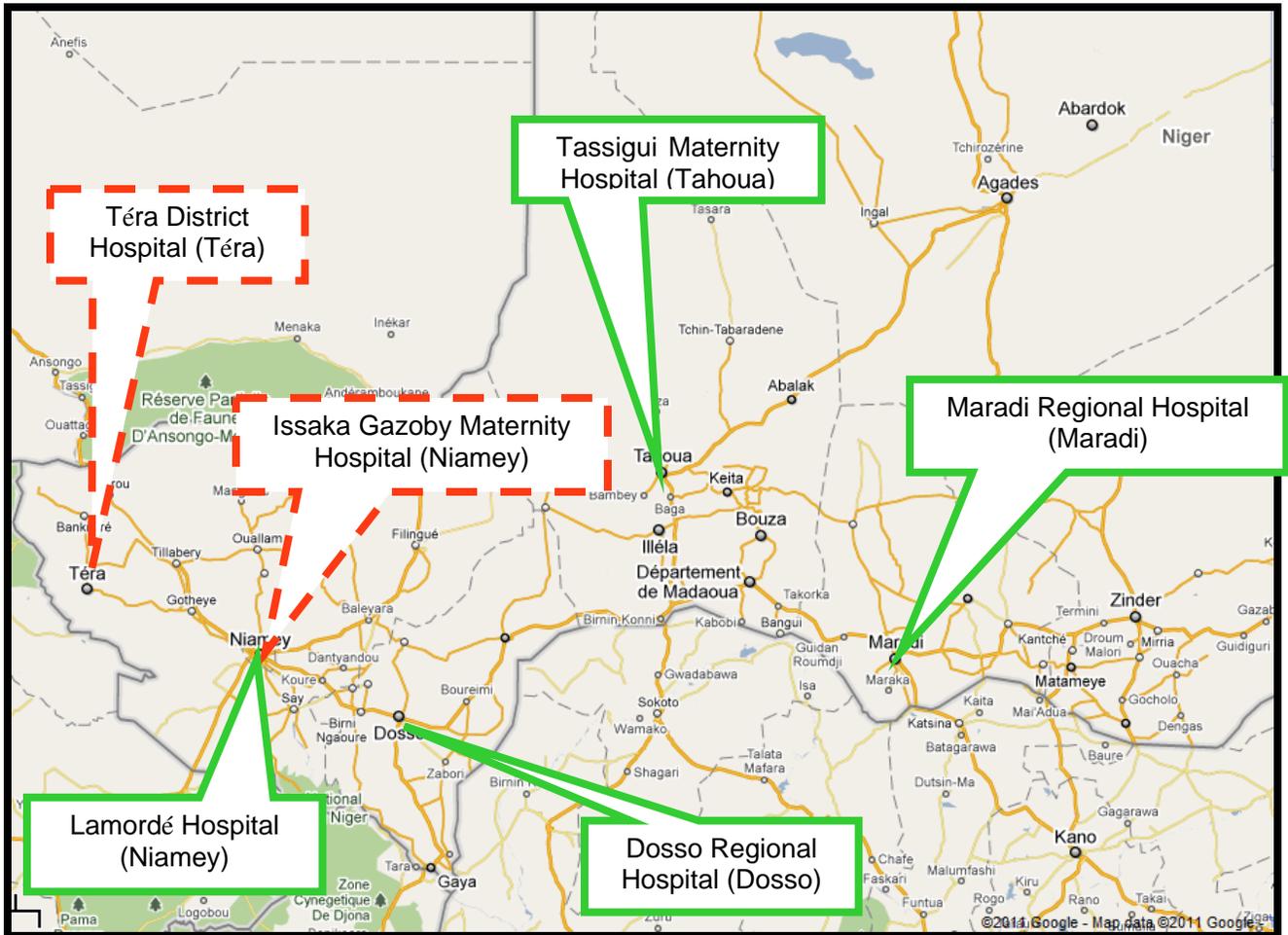
**Table MAL 4. Number of FP Clients by Method and  
Number Counseled about FP, Gao,  
October 2010 – September 2011, Mali.**

	Gao Regional Hospital				
<b>Fistula FP Methods</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-June</b>	<b>July-Sep</b>	<b>FY Total</b>
Oral Pill	1	3	2	3	9
IUCD	0	0	1	0	1
Condom (male)	0	0	0	0	0
Condom (female)	0	0	0	0	0
Injectable	26	17	35	16	94
Implant	0	14	6	10	30
Tubal Ligation	0	0	0	0	0
Vasectomy	0	0	0	0	0
Foaming Tablets	0	0	0	0	0
<b>Total FP acceptors</b>	<b>27</b>	<b>34</b>	<b>44</b>	<b>29</b>	<b>134</b>
Total Number of clients counseled about FP methods	61	53	48	35	197

**Table MAL 5. Obstetric Services, by site. October 2010 – September 2011, Mali.**

	Gao Regional Hospital				
<b>Obstetric Services</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-June</b>	<b>July-Sep</b>	<b>FY Total</b>
Number of vaginal deliveries	226	209	308	298	1041
Number of C sections	70	37	66	63	236
<b>Total Number of deliveries</b>	<b>296</b>	<b>246</b>	<b>374</b>	<b>361</b>	<b>1277</b>
Percent deliveries by C section	24%	15%	18%	17%	18%

# NIGER



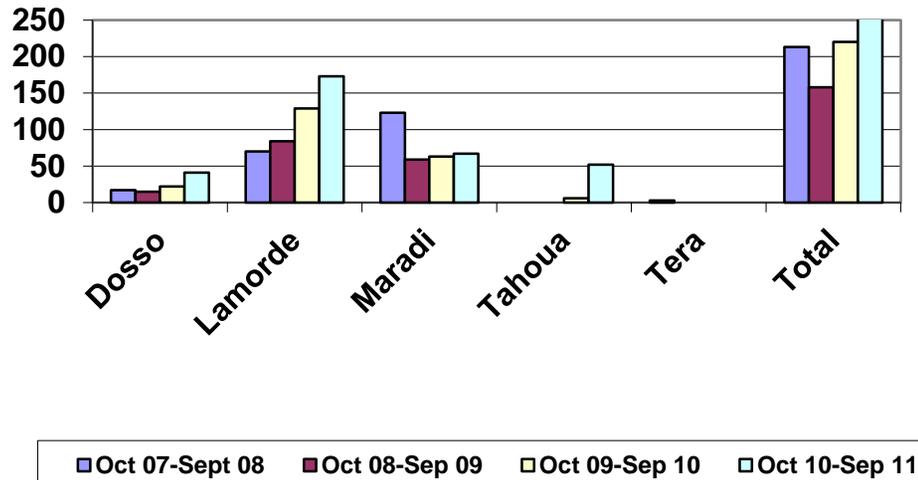
<b>PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT NIGER</b>	
<b>Reporting Period</b>	FY 10-11: October 2010 – September 2011
<b>Characteristic</b>	<b>Description</b>
<b>Start Date</b>	July 2007
<b>Supported Sites</b>	<p>Four public hospitals for fistula treatment:</p> <ul style="list-style-type: none"> <li>• Dosso Regional Hospital</li> <li>• Lamordé National Hospital, Niamey</li> <li>• Maradi Regional Hospital</li> <li>• Tassigui Maternity Hospital (Part of Tahoua Regional Hospital)</li> </ul> <p>Two public hospital for prevention</p> <ul style="list-style-type: none"> <li>• Issaka Gazoby Maternity Hospital, Niamey</li> <li>• Téra District Hospital</li> </ul>
<b>Background</b>	<p>FC works with the Fistula Eradication Network (Le Réseau Pour l'Eradication des Fistules, REF) which is the national organizing body for fistula prevention, treatment and reintegration work. REF works closely with the Ministries of Health and Social Development, serves as the implementing partner for fistula prevention and treatment in Niger, and manages all activities in Niger with technical support from Fistula Care global staff.</p> <p>Tassigui Maternity Hospital (Tahoua) began providing repairs as a supported site in FY09/10 and support to Téra District Hospital for prevention activities began in FY10/11.</p> <p>In July 2011, based on concerns and ongoing discussions with site staff, the decision was made to restrict support to Maradi to prevention activities only until quality improvement steps are effectively implemented to improve procedures at the facility.</p>
<b>Treatment strategies (Result 1)</b>	<p>Lamordé, Maradi, and Dosso all have at least two trained fistula surgeons on staff; Tahoua has one trained surgeon. All four sites offer routine simple repairs; most complex repairs are performed during concentrated efforts when the Lamordé team visits other sites to build capacity and mentor site staff. During FY 10/11:</p> <ul style="list-style-type: none"> <li>• A total of 333 repairs were supported. This represents a 51% increase over FY09/10 (220 repairs). The addition of Tahoua as a repair site helped to increase the number of repairs, but all sites saw increases over the previous year.</li> <li>• The overall closed and dry rate for the fiscal year is 77%. This is a decrease from FY 09/10, and sites reported seeing many more repeat repair cases.</li> <li>• Four surgeons received continuing training in fistula repair.</li> <li>• 23 health care staff were trained in pre-, intra-, and postoperative care.</li> </ul>
<b>Prevention strategies (Result 2)</b>	<p>All sites provide family planning services. All but Lamordé offer obstetric care. During FY10/11:</p> <ul style="list-style-type: none"> <li>• 60 health care workers were trained in proper use of the partograph.</li> <li>• Community outreach efforts in Maradi and Dosso reached over 8000 individuals.</li> </ul>

**PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT NIGER**

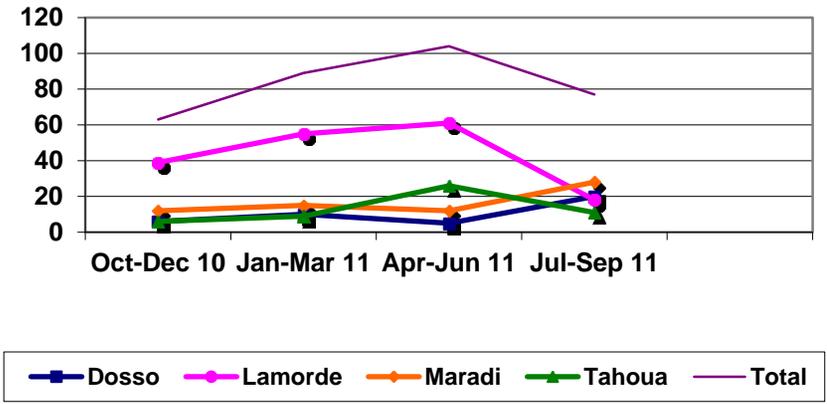
	<ul style="list-style-type: none"><li>•</li></ul>
<b>Evaluation &amp; Research (Result 3)</b>	Niger participated in two global research studies—prospective observational study on outcomes of repairs and the retrospective cesarean record review. Analysis and reports for both studies are being prepared.
<b>Policy Work (Result 4)</b>	A national strategy is in place to guide fistula activities nationwide. REF is planning a coordination meeting later in the fiscal year to bring together stakeholders to coordinate efforts and review progress on the national strategy.

KEY INDICATORS SNAP SHOT NIGER						
Reporting Period	FY 10-11: October 2010 – September 2011					
Characteristic	Description					
Indicators		Oct-Dec	Jan Mar	Apr Jun	Jul Sep	Total
<b>Result 1:</b> Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	63	89	104	77	333
	% women who had surgery who have closed fistula at discharge	79%	80%	80%	70%	77%
	% women who had surgery who experienced complications	0%	0%	0%	0%	0%
	# Surgeons Trained	0	2	2	0	4
	# other health trained	15	4	148	0	167
<b>Result 2:</b> Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.	# community outreach events	0	0	28	n/a	28
	# persons reached in community outreach	0	0	5223	2792	8015
	% labors monitored with partograph					n/a
	# births	3188	3027	3918	3919	14,052
	% of births c section	36%	36%	34%	33%	34%
<b>Result 3:</b> Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	0%	75%	100%	75%	
<b>Result 4:</b> Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	5	5	5	5	5
<b>Data Trends and Explanations</b>	<p>During this reporting period:</p> <ul style="list-style-type: none"> <li>The third quarter saw an upward trend in the number of surgeries performed: at Tahoua, Lamordé and Dosso patients identified the previous quarter received surgery in the third quarter.</li> <li>The number of “first repairs” at Tahoua increased greatly in the third quarter, and the women with new fistula were young in age.</li> <li>There is a high backlog at Maradi, due to renovations in the hospital and the absence of surgeons due to trainings and supervisory work in collaboration with the regional health department. This has allowed only urgent cases to be treated.</li> <li>The consistently low complications rate may be an indication of underreporting, we are following up with sites on data collection procedures.</li> </ul>					

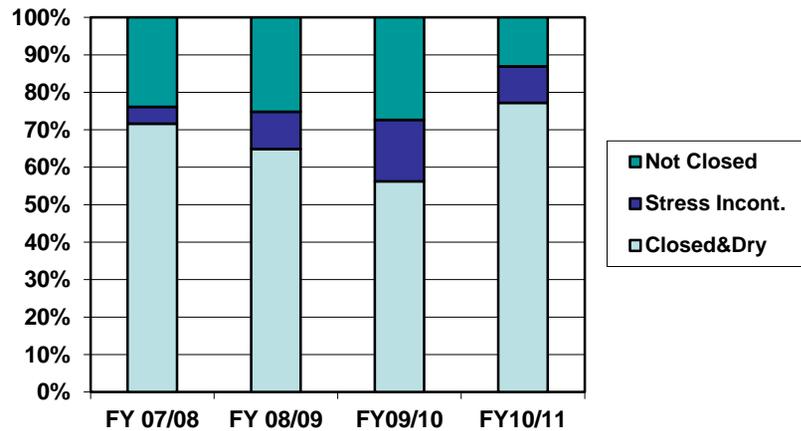
**Figure NGR 1. Total number of repairs by site and year, Niger**



**Figure NGR2. Total number of repairs by site and quarter, Niger Oct 09-Sep 10**



**Figure NGR3. Repair Status (%) Among Women with Urinary Fistula at Time of Discharge, by FY**



**Figure NGR 4. Demand for Services, October 2007 - September 2011, Niger**

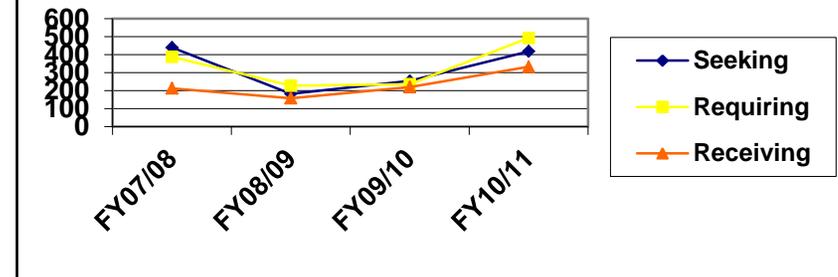


Table NGRI. Clinical Indicators by Site, October 2010 - September 2011, Niger

	Dosso					Lamorde				
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	14	5	17	42	43	85	74	34	236
No. requiring FRS	6	14	9	20	49	43	83	102	62	290
<b>No. receiving FRS</b>	<b>6</b>	<b>10</b>	<b>5</b>	<b>20</b>	<b>41</b>	<b>39</b>	<b>55</b>	<b>61</b>	<b>18</b>	<b>173</b>
<b>Percent receiving FRS</b>	<b>100%</b>	<b>71%</b>	<b>56%</b>	<b>100%</b>	<b>84%</b>	<b>91%</b>	<b>66%</b>	<b>60%</b>	<b>29%</b>	<b>60%</b>
<b>Type of FRS performed</b>										
----- urinary only	6	10	5	15	36	39	51	58	17	165
----- urinary & RVF	0	0	0	3	3	0	2	0	0	2
----- RVF only	0	0	0	2	2	0	2	3	1	6
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>										
----- first repair	6	10	4	10	30	19	10	23	2	54
----- second repair	0	0	0	4	4	10	23	19	10	62
----- >2	0	0	1	4	5	10	20	16	5	51
<b>Percent women first repair (urinary only)</b>	<b>100%</b>	<b>100%</b>	<b>80%</b>	<b>56%</b>	<b>77%</b>	<b>49%</b>	<b>19%</b>	<b>40%</b>	<b>12%</b>	<b>32%</b>
No. discharged after FRS (urinary only)	8	10	5	15	38	42	51	55	20	168
No. discharged after FRS (urinary & RVF)	0	0	0	3	3	0	2	0	0	2
No. discharged after FRS (RVF only)	0	0	0	2	2	0	2	3	1	6
<b>Total no. discharged after FRS</b>	<b>8</b>	<b>10</b>	<b>5</b>	<b>20</b>	<b>43</b>	<b>42</b>	<b>55</b>	<b>61</b>	<b>21</b>	<b>179</b>
No. not discharged after FRS	0	0	0	0	0	2	0	3	0	5
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>										
--- No. with closed fistula who are dry	8	7	3	15	33	37	41	46	17	141
--- No. with closed fistula & stress incontinence	0	0	2	3	5	2	10	8	3	23
----No. whose fistula was not closed	0	3	0	0	3	3	2	1	0	6
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>100%</b>	<b>70%</b>	<b>60%</b>	<b>83%</b>	<b>80%</b>	<b>88%</b>	<b>77%</b>	<b>84%</b>	<b>85%</b>	<b>83%</b>

	Dosso					Lamorde				
Fistula Treatment Indicators	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
<b>Outcome of FRS (RVF only)</b>										
--- closed and dry	0	0	0	2	2	0	2	3	1	6
--- 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
<b>% with closed and dry fistula (RVF only)</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Percent with closed and dry fistula (urinary, urinary/RVF, RVF)</b>	<b>100%</b>	<b>70%</b>	<b>60%</b>	<b>85%</b>	<b>81%</b>	<b>88%</b>	<b>78%</b>	<b>80%</b>	<b>86%</b>	<b>82%</b>
No. with complications after FRS	0	0	0	0	0	0	0	0	0	0
----- 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	0	0	0	0	0	0	0	0
<b>Percent with complications after FRS</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

**Table NGRI. Clinical Indicators by Site, October 2010 - September 2011, Niger (Continued)**

	Maradi					Tahoua					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	30	19	19	18	86	8	15	20	11	54	87	133	118	80	418
No. requiring FRS	30	19	23	28	100	8	15	20	11	54	87	131	154	121	493
<b>No. receiving FRS</b>	<b>12</b>	<b>15</b>	<b>12</b>	<b>28</b>	<b>67</b>	<b>6</b>	<b>9</b>	<b>26</b>	<b>11</b>	<b>52</b>	<b>63</b>	<b>89</b>	<b>104</b>	<b>77</b>	<b>333</b>
<b>Percent receiving FRS</b>	<b>40%</b>	<b>79%</b>	<b>52%</b>	<b>100%</b>	<b>67%</b>	<b>75%</b>	<b>60%</b>	<b>130%</b>	<b>100%</b>	<b>96%</b>	<b>72%</b>	<b>68%</b>	<b>68%</b>	<b>64%</b>	<b>68%</b>
<b>Type of FRS performed</b>															
--- urinary only	12	15	12	28	67	6	9	26	11	52	63	85	101	71	320
--- urinary & RVF	0	0	0	0	0	0	0	0	0	0	0	2	0	3	5

	Maradi					Tahoua					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
--- RVF only	0	0	0	0	0	0	0	0	0	0	0	2	3	3	8
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>															
----first repair	5	11	4	11	31	6	9	25	9	49	36	40	56	32	164
----second repair	3	2	2	7	14	0	0	1	1	2	13	25	22	22	82
---- >2	4	2	6	10	22	0	0	0	1	1	14	22	23	20	79
<b>% women first repair (urinary only)</b>	<b>42%</b>	<b>73%</b>	<b>33%</b>	<b>39%</b>	<b>46%</b>	<b>100%</b>	<b>100%</b>	<b>96%</b>	<b>82%</b>	<b>94%</b>	<b>57%</b>	<b>46%</b>	<b>55%</b>	<b>43%</b>	<b>50%</b>
No. discharged after FRS (urinary only)	14	4	23	28	69	3	9	21	16	49	67	74	104	79	324
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0	0	0	0	0	0	2	0	3	5
No. discharged after FRS (RVF only)	0	0	0	0	0	0	0	0	0	0	0	2	3	3	8
<b>Total no. discharged after FRS</b>	<b>14</b>	<b>4</b>	<b>23</b>	<b>28</b>	<b>69</b>	<b>3</b>	<b>9</b>	<b>21</b>	<b>16</b>	<b>49</b>	<b>67</b>	<b>78</b>	<b>110</b>	<b>85</b>	<b>340</b>
# not discharged after FRS	0	11	0	0	11	3	3	7	2	15	5	14	10	2	31
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>															
--- No. with closed fistula who are dry	5	4	13	15	37	3	9	21	10	43	53	61	83	57	254
---- No. with closed fistula & stress incontinence	0	0	0	0	0	0	0	0	4	4	2	10	10	10	32
---- No. whose fistula was not closed	9	0	10	13	32	0	0	0	2	2	12	5	11	15	43
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>36%</b>	<b>100%</b>	<b>57%</b>	<b>54%</b>	<b>54%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>63%</b>	<b>88%</b>	<b>79%</b>	<b>80%</b>	<b>80%</b>	<b>70%</b>	<b>77%</b>

	Maradi					Tahoua					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
<b>Outcome of FRS (RVF only)</b>															
--closed and dry	0	0	0	0	0	0	0	0	0	0	0	2	3	3	8
--incontinent with water stool and /or flatus (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	0	0	0
<b>% with closed and dry fistula (RVF only)</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>% with closed and dry fistula (urinary, urinary/RVF, RVF)</b>	<b>36%</b>	<b>100%</b>	<b>57%</b>	<b>54%</b>	<b>54%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>63%</b>	<b>88%</b>	<b>79%</b>	<b>81%</b>	<b>78%</b>	<b>71%</b>	<b>77%</b>
No. with complications after FRS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
--- Major surgical complications	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>% with complications after FRS</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

**Table NGR 2. Number of Persons Trained by Topic,  
October 2010 – September 2011, Niger**

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
Continuing training in fistula repair for surgeons	0	2	2	0	4
Pre- and post-operative care	15	4	4	0	23
Using radio broadcasts to increase fistula awareness	0	0	84	0	84
Partograph	0	0	60	0	60
<b>Total</b>	<b>15</b>	<b>6</b>	<b>150</b>	<b>0</b>	<b>171</b>

**Table NGR 3.. Number of Community Outreach Events and Persons  
Reached, October 2010 – September 2011, 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
Door-to-door and individual community outreach in Maradi	0	0	0	0	28	5223	0	0	28	5223
Door-to-door and individual community outreach in Dosso	0	0	0	0	0	0	n/a	2792	n/a	2792
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28</b>	<b>5223</b>	<b>n/a</b>	<b>2792</b>	<b>28</b>	<b>8015</b>

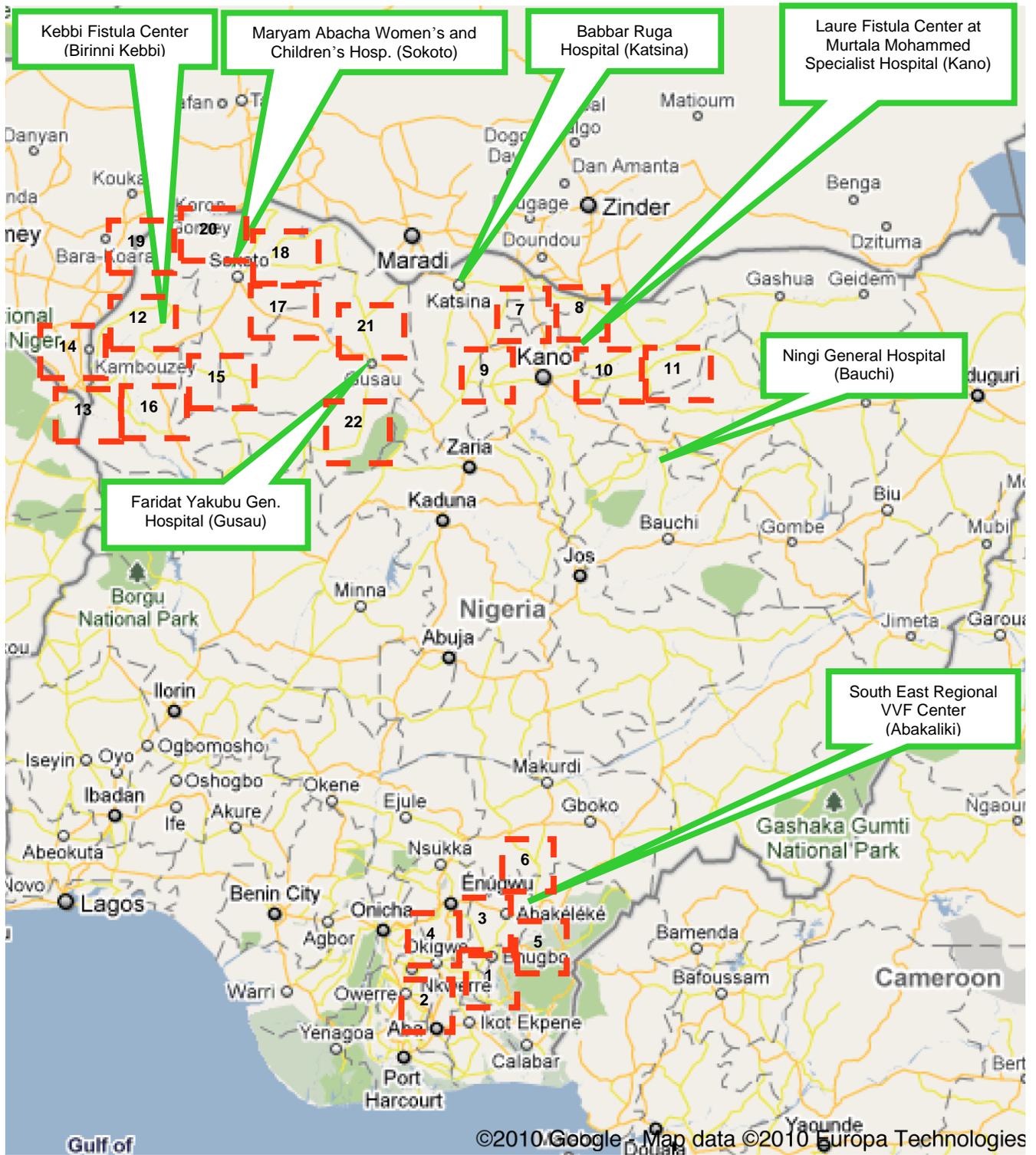
**Table NGR4. Number of FP Clients by Method and Number Counseled about FP, by Site. October 2010 – September 2011, Niger**

	Dosso	Issaka Gazoby	Lamorde	Maradi	Tahoua	Tera	Country Total
<b>Fistula FP Methods</b>	<b>FY Total</b>						
Oral Pill	940	824	49	592	472	189	<b>3066</b>
IUCD	1	172	0	18	6	0	<b>197</b>
Condom (male)	0	6	0	0	160	9	<b>175</b>
Condom (female)	0	0	0	0	0	0	<b>0</b>
Injectable	193	330	0	327	170	37	<b>1057</b>
Implant	0	0	0	286	147	15	<b>448</b>
Tubal Ligation	0	0	0	43	0	0	<b>43</b>
Vasectomy	0	0	0	0	0	0	<b>0</b>
Foaming Tablets	0	0	0	0	0	0	<b>0</b>
<b>Total FP acceptors</b>	<b>1134</b>	<b>1332</b>	<b>49</b>	<b>1266</b>	<b>955</b>	<b>250</b>	<b>4986</b>
Total Number of clients counseled about FP methods	1136	1662	49	1527	1150	250	<b>5774</b>

**Table NGR 5. Obstetric Services, by site. October 2010 – September 2011, Niger.**

	Dosso	Issaka Gazobi	Maradi	Tahoua	Tera	Country Total
<b>Obstetric Services</b>	<b>FY Total</b>					
Number of vaginal deliveries	1618	2270	706	3887	744	<b>9225</b>
Number of C sections	446	3020	1050	219	92	<b>4827</b>
<b>Total Number of deliveries</b>	<b>2064</b>	<b>5290</b>	<b>1756</b>	<b>4106</b>	<b>836</b>	<b>14052</b>
Percent deliveries by C section	22%	57%	60%	5%	11%	<b>34%</b>

# NIGERIA



**Map Key: Prevention Sites in Red Boxes (dashed lines)**

1	Owutuedda General Hospital (Ebonyi)
2	Cottage Hospital, (Ebonyi)
3	Ebonyi State University Teaching Hospital
4	Ezangbo Maternity Hospital (Ebonyi)
5	Mother and Child Care Initiative FP Clinic (Ebonyi)
6	Mgbo Primary Health Center (Ebonyi)
7	Comprehensive Health Center, Kumbotso (Kano)
8	Takai Community/NYSC Health Center, Takai (Kano)
9	Tarauni MCH Clinic (Kano)
10	Unguku MCH Clinic (Kano)
11	Muhammadu Abdullahi Wase Hospital (Kano)
12	Jega General Hospital, (Kebbi)
13	Kamba General Hospital (Kebbi)
14	Maiyama General Hospital (Kebbi)
15	Argungum General Hospital (Kebbi)
16	Dakingari Primary Health Center (Kebbi)
17	D/D General Hospital (Sokoto)
18	Rabah General Hospital (Sokoto)
19	Iss General Hospital (Sokoto)
20	Jabo Primary Health Center (Sokoto)
21	Bakura General Hospital (Zamfara)
22	Bungudu General Hospital (Zamfara)

<b>PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT NIGERIA</b>	
<b>Reporting Period</b>	FY 10-11: October 2010 – September 2011
<b>Characteristic</b>	<b>Description</b>
<b>Start Date</b>	February 2007
<b>Supported Sites</b>	<p>Fistula Care Nigeria provides support to 29 sites: 7 repair sites and 22 prevention-only sites. See details in Annex A. By state, the totals are:</p> <ul style="list-style-type: none"> <li>• Bauchi State: 1 site (1 repair)</li> <li>• Ebonyi: 7 sites (1 repair, 6 prevention only)</li> <li>• Kano: 6 sites (1 repair, 5 prevention only)</li> <li>• Katsina 1 site (1 repair)</li> <li>• Kebbi: 6 sites (1 repair, 5 prevention only)</li> <li>• Sokoto: 5 sites (1 repair , 4 prevention only)</li> <li>• Zamfara: 3 sites (1 repair, 2 prevention only)</li> </ul> <p>In the third quarter of FY10/11, USAID/N instructed FC to cease support to the 29 prevention-only sites. This request was later changed, and support will be reinstated in FY11/12.</p>
<b>Background</b>	<p>Fistula Care Nigeria has eliminated most of the prevention only sites in the third quarter as a result of a change in the USAID mission strategy. Prevention activities will continue to be supported at the repair facilities and one additional prevention-only site. FC began support to a new repair site, Ningi in Bauchi State, in the second quarter. Site assessments were conducted in two other states in the second quarter; we expect to begin support to two more repair facilities in the next fiscal year. FC Nigeria collaborates with community-based partners such as religious leaders to disseminate fistula prevention messages and reduce stigma of fistula clients and to help reintegrate clients back into their communities post repair.</p>
<b>Treatment strategies (Result 1)</b>	<p>At the seven repair sites, fistula repair services are provided on a routine basis, as well as through pooled repair efforts. Pooled efforts help reduce the backlog of patients waiting for surgery. The pooled effort strategy is described in a FC Technical Brief: A Collaborative Network to Improve Access to Fistula Treatment in Nigeria. (<a href="http://www.fistulacare.org/pages/pdf/technical-briefs/nigeria_brief_collaborative_effort_9.28.11.pdf">http://www.fistulacare.org/pages/pdf/technical-briefs/nigeria_brief_collaborative_effort_9.28.11.pdf</a>)</p> <p>During this fiscal year:</p> <ul style="list-style-type: none"> <li>• 1,507 fistula repairs were supported at seven repair sites. This represents a 6% decrease from FY09/10 (1,612 repairs). One factor in the reduction in repairs is the difficult nature of the presenting fistulae. With a limited number of senior surgeons available for repairs, there have been backlogs throughout the fiscal year. Continued training and pooled efforts are planned to address this. The tense security situation throughout the country and the departure/reassignment of several key surgeons have also negatively impacted the ability of some sites to conduct repairs as well as to train even more surgeons.</li> <li>• A total of seven pooled efforts were held, with an average of four surgeons at each effort. A total of 189 repairs took place during pooled efforts (13% of all repairs).</li> </ul>

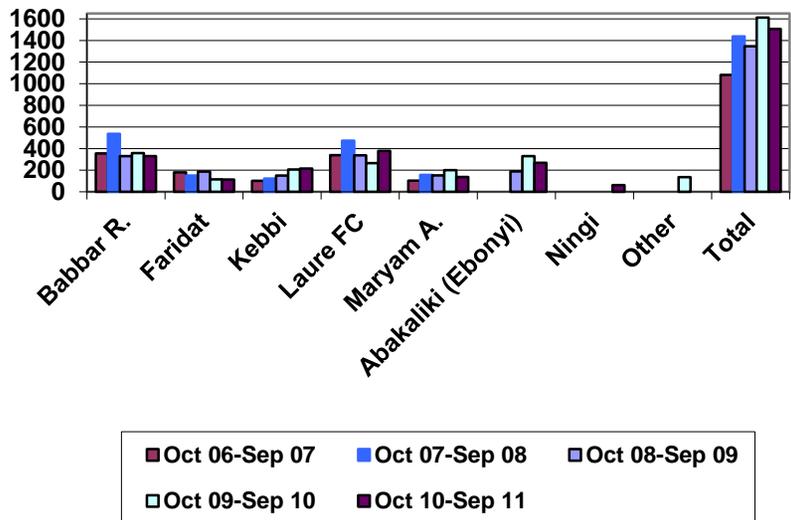
**PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT NIGERIA**

	<ul style="list-style-type: none"> <li>• Five surgeons received first training in fistula repair, ten healthcare staff received pre- and post-operative management training.</li> </ul>
<p><b>Prevention strategies (Result 2)</b></p>	<p>Eight sites (seven repair facilities and the teaching hospital of the National Fistula Hospital in Ebonyi) receive support for family planning service and commodities as part of the program’s fistula prevention efforts. During this reporting period:</p> <ul style="list-style-type: none"> <li>• In compliance with a request from the USAID/N mission in the third quarter of FY10/11, FC discontinued support for family planning services and commodities to all but one of the prevention-only sites previously supported. Support will be reinstated in FY11/12.</li> <li>• FC Nigeria participated in a prime time television program in Bauchi State to raise awareness on fistula-related activities.</li> <li>• Religious leaders and CBOs conducted 235 outreach events reaching over 178,000 people with messages on the importance of ANC and hospital delivery, as well as child spacing and problems associated with female-genital cutting.</li> <li>• FC Nigeria produced and distributed over 120,000 IEC materials, including posters, handbills, stickers and family planning pamphlets.</li> <li>• Monthly radio programs on “Health Watch” of Radio Nigeria continued, this quarter topics included availability of fistula repair services and the role of men in fistula prevention. A radio drama serial “Silent Cries” aired during the third quarter on a popular FM radio station. Feedback indicates a need to translate the drama into a local language.</li> <li>• Over 40 fistula-themed news items were printed in national newspapers, highlighting major achievements like the commencement of services at Ningi or the handover of the Ebonyi facility.</li> </ul>
<p><b>Evaluation &amp; Research (Result 3)</b></p>	<p>FC Nigeria has participated in the global research prospective observational study. The findings from the study are being analyzed.</p> <p>During FY 10/11:</p> <ul style="list-style-type: none"> <li>• FC Nigeria worked closely with the National Obstetric Fistula Working Group and UNFPA to develop a compendium of indicators that will be essential for monitoring and evaluating progress of partner interventions, and will be included in the Strategic Framework for the country currently under development.</li> </ul>
<p><b>Policy Work (Result 4)</b></p>	<p>During this fiscal year:</p> <ul style="list-style-type: none"> <li>• The Federal Ministry of Health formally took over the management of the Southeast Regional VVF Center in Ebonyi.</li> <li>• The Bauchi Ministry of Health was supported to organize a one-day meeting with key stakeholders to establish a working group on fistula. Terms of reference and roles and responsibilities were finalized.</li> <li>• Fc provided support to the National Working Group on Obstetric Fistula in Nigeria (NWGOF) to engage a consultant to work with the group to review the expired National Strategic Framework and Plan for VVF Eradication in Nigeria 2005-2011. A consultant has been identified and will present a draft for review in the first quarter of FY11/12.</li> </ul>

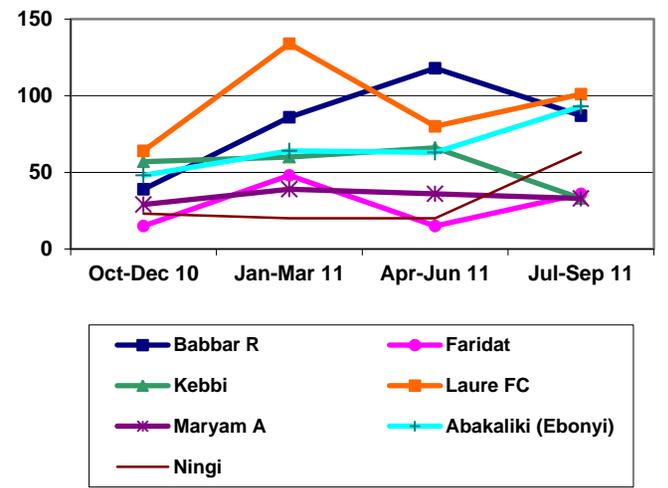
## KEY INDICATORS SNAP SHOT NIGERIA

Reporting Period	FY 10-11: October 2010 – September 2011					
Characteristic	Description					
Indicators		Oct- Dec	Jan Mar	Apr Jun	Jul Sep	Total
<b>Result 1:</b> Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	252	454	398	403	1104
	% women who had surgery who have closed fistula at discharge	66%	75%	63%	78%	71%
	% women who had surgery who experienced complications	0%	4%	2%	1%	2%
	# Surgeons Trained	0	1	1	3	5
	# other health trained	19	3	46	24	92
<b>Result 2:</b> Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.	# community outreach events	85	99	82	235	501
	# persons reached in community outreach	114,471	54,853	8,124	178,906	356,354
	% labors monitored with partograph					n/a
	# births	544	801	588	572	2505
	% of births c section	4%	10%	8%	4%	7%
<b>Result 3:</b> Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	0%	100%	0%	0%	
<b>Result 4:</b> Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	28	n/a	7	7	28
<b>Data Trends and Explanations</b>	<ul style="list-style-type: none"> <li>In the third quarter, an unstable political environment limited the number of repairs. National elections in April halted most activities and ensuing election violence in May also restricted movement throughout the country. Additionally, heavy rains in some states hampered transport for clients.</li> <li>Maryam Abacha has had consistently low closed and dry rates, due to the increased number of women with difficult cases presenting at the facility – these women require more than one repair due to extensive loss of tissue.</li> <li>Abaliki had low closed and dry rates which are attributed to the type of suture supplied by the pharmacist. The facility was supplied with the rapid suture in place of the normal vicryl suture usually used. The suture absorbed so quickly, there was no remnant when it was to be removed. Based on this, the head of the facility begun discussion with a pharmaceutical company who will be able to provide them with a different type of suture in the future.</li> <li>Ningi reported a high percentage of second or greater repairs, which are more difficult to close completely.</li> <li>Labor unrest and transfers affected the staffing at several sites during the fourth quarter.</li> </ul>					

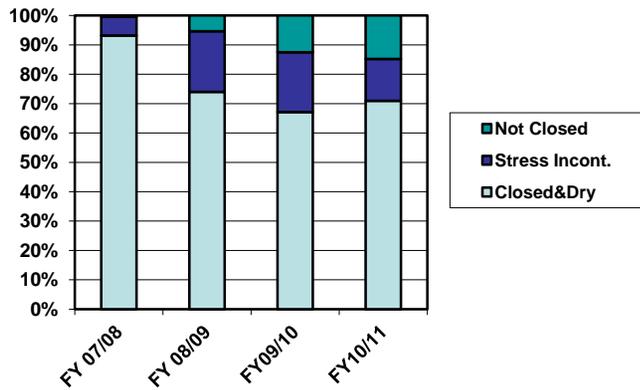
**Figure NIG1. Total number of repairs by site and year, Nigeria**



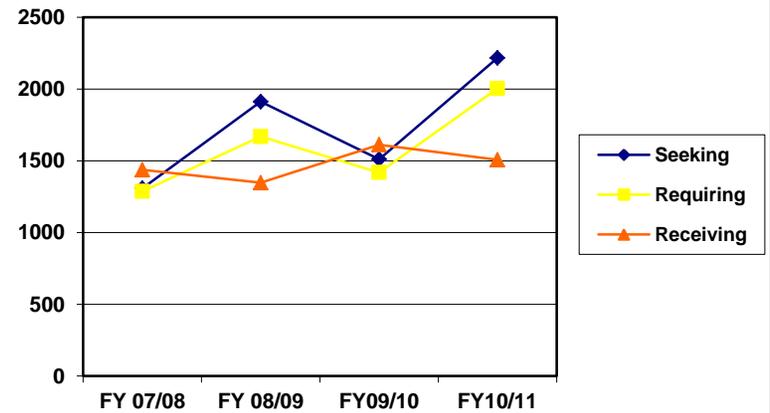
**Figure NIG2. Total number of repairs by site and quarter, Nigeria Oct 10-Sep 11**



**Figure NIG3. Repair Status (%) Among Women with Urinary Fistula at Time of Discharge, by FY**



**Figure NIG 4. Demand for Services, October 2007 - September 2011, Nigeria**



**Table NIGI. Clinical Indicators by Site, October 2010 – September 2011, Nigeria**

Fistula Treatment Indicators	Babbar Ruga					Faridat					Kebbi				
	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	62	139	123	78	402	15	53	29	36	133	65	78	72	39	254
No. requiring FRS	62	139	123	78	402	15	51	15	36	117	57	70	72	41	240
<b>No. receiving FRS</b>	<b>39</b>	<b>86</b>	<b>118</b>	<b>87</b>	<b>330</b>	<b>15</b>	<b>48</b>	<b>15</b>	<b>36</b>	<b>114</b>	<b>57</b>	<b>60</b>	<b>66</b>	<b>33</b>	<b>216</b>
<b>% receiving FRS</b>	<b>63%</b>	<b>62%</b>	<b>96%</b>	<b>112%</b>	<b>82%</b>	<b>100%</b>	<b>94%</b>	<b>100%</b>	<b>100%</b>	<b>97%</b>	<b>100%</b>	<b>86%</b>	<b>92%</b>	<b>80%</b>	<b>90%</b>
<b>Type of FRS performed</b>															
-- urinary only	38	80	107	82	307	15	48	14	31	108	54	58	62	29	203
-- urinary & RVF	0	3	1	1	5	0	0	0	3	3	0	1	4	3	8
-- RVF only	1	3	10	4	18	0	0	1	2	3	3	1	0	1	5
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>															
---first repair	38	71	78	77	264	12	22	6	20	60	35	9	42	20	106
---second repair	0	9	22	2	33	3	18	7	5	33	8	28	9	8	53
--->2	0	3	8	4	15	0	8	1	9	18	11	21	15	4	51
<b>% women with first repair (urinary only)</b>	<b>100%</b>	<b>86%</b>	<b>72%</b>	<b>93%</b>	<b>85%</b>	<b>80%</b>	<b>46%</b>	<b>43%</b>	<b>59%</b>	<b>54%</b>	<b>65%</b>	<b>15%</b>	<b>64%</b>	<b>63%</b>	<b>50%</b>
No. discharged after FRS (urinary only)	60	78	34	160	332	19	41	25	23	108	56	64	62	19	201
No. discharged after FRS (urinary & RVF)	1	3	0	7	11	0	0	0	3	3	0	1	3	3	7
No. discharged after FRS (RVF only)	1	3	4	5	13	0	0	1	2	3	1	2	0	1	4
<b>Total no. discharged after FRS</b>	<b>62</b>	<b>84</b>	<b>38</b>	<b>172</b>	<b>356</b>	<b>19</b>	<b>41</b>	<b>26</b>	<b>28</b>	<b>114</b>	<b>57</b>	<b>67</b>	<b>65</b>	<b>23</b>	<b>212</b>
No. not discharged after FRS	3	5	85	0	93	4	11	0	8	23	18	11	12	22	63
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>															
-- No. with closed fistula	52	74	31	156	313	15	27	15	18	75	28	39	50	14	131

Fistula Treatment Indicators	Babbar Ruga					Faridat					Kebbi				
	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
who are dry															
---No. with closed fistula & stress incontinence	9	7	3	8	27	1	6	3	3	13	19	6	6	6	37
---No. whose fistula was not closed	0	0	0	3	3	3	8	7	5	23	9	20	9	2	40
<b>% with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>85%</b>	<b>91%</b>	<b>91%</b>	<b>93%</b>	<b>91%</b>	<b>79%</b>	<b>66%</b>	<b>60%</b>	<b>69%</b>	<b>68%</b>	<b>50%</b>	<b>60%</b>	<b>77%</b>	<b>64%</b>	<b>63%</b>
<b>Outcome of FRS (RVF only)</b>															
---closed and dry	1	3	3	5	12	0	0	1	0	1	1	2	0	1	4
---incontinent with water stool and /or flatus (gas)	0	0	1	0	1	0	0	0	2	2	0	0	0	0	0
--incontinent with firm stool	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>% with closed and dry fistula (RVF only)</b>	<b>100%</b>	<b>100%</b>	<b>75%</b>	<b>100%</b>	<b>92%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>0%</b>	<b>33%</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>
<b>% with closed and dry fistula (urinary, urinary/RVF, RVF)</b>	<b>85%</b>	<b>92%</b>	<b>89%</b>	<b>94%</b>	<b>91%</b>	<b>79%</b>	<b>66%</b>	<b>62%</b>	<b>64%</b>	<b>67%</b>	<b>51%</b>	<b>61%</b>	<b>77%</b>	<b>65%</b>	<b>64%</b>
No. with complications after FRS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---Major surgical complications	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
--- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>% with complications after FRS</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

**Table NIG1 (continued2)**

Fistula Treatment Indicators	Abakaliki Fistula Centre					Laure Fistula Ctr.					Maryam Abacha				
	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	72	120	122	94	408	64	248	174	187	673	61	53	63	61	238
No. requiring FRS	67	120	122	93	402	64	213	127	118	522	55	51	56	51	213
<b>No. receiving FRS</b>	<b>48</b>	<b>64</b>	<b>63</b>	<b>93</b>	<b>268</b>	<b>64</b>	<b>134</b>	<b>80</b>	<b>101</b>	<b>379</b>	<b>29</b>	<b>39</b>	<b>36</b>	<b>33</b>	<b>137</b>
<b>% receiving FRS</b>	<b>72%</b>	<b>53%</b>	<b>52%</b>	<b>100%</b>	<b>67%</b>	<b>100%</b>	<b>63%</b>	<b>63%</b>	<b>86%</b>	<b>73%</b>	<b>53%</b>	<b>76%</b>	<b>64%</b>	<b>65%</b>	<b>64%</b>
<b>Type of FRS performed</b>															
--- urinary only	42	64	61	87	254	59	117	61	90	327	29	39	36	29	133
--- urinary & RVF	0	0	2	4	6	2	5	8	6	21	0	0	0	0	0
--- RVF only	6	0	0	2	8	3	12	11	5	31	0	0	0	4	4
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>															
--- first repair	32	54	56	51	193	55	91	50	41	237	22	19	28	24	93
--- second repair	10	10	7	31	58	2	22	9	26	59	1	14	8	4	27
--- >2	0	0	0	9	9	4	9	10	29	52	6	6	0	1	13
<b>% women first repair (urinary only)</b>	<b>76%</b>	<b>84%</b>	<b>89%</b>	<b>56%</b>	<b>74%</b>	<b>90%</b>	<b>75%</b>	<b>72%</b>	<b>43%</b>	<b>68%</b>	<b>76%</b>	<b>49%</b>	<b>78%</b>	<b>83%</b>	<b>70%</b>
No. discharged after FRS (urinary only)	122	64	52	96	334	45	61	104	75	285	39	44	36	37	156
No. discharged after FRS (urinary & RVF)	2	0	2	4	8	0	2	8	9	19	0	0	0	0	0
No. discharged after FRS (RVF only)	10	0	0	2	12	3	0	14	13	30	1	0	0	4	5
<b>Total no. discharged after FRS</b>	<b>134</b>	<b>64</b>	<b>54</b>	<b>102</b>	<b>354</b>	<b>48</b>	<b>63</b>	<b>126</b>	<b>97</b>	<b>334</b>	<b>40</b>	<b>44</b>	<b>36</b>	<b>41</b>	<b>161</b>
No. not discharged after FRS	0	0	9	0	9	16	87	41	45	189	11	8	8	0	27
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>															
---No. closed fistula dry	71	45	23	63	202	45	59	74	74	252	16	26	17	16	75

	Abakaliki Fistula Centre					Laure Fistula Ctr.					Maryam Abacha				
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. with closed fistula & stress incontinence	10	4	3	16	33	0	4	38	10	52	7	12	12	13	44
---No. whose fistula was not closed	43	15	28	21	107	0	0	0	0	0	16	6	7	8	37
<b>% with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>57%</b>	<b>70%</b>	<b>43%</b>	<b>63%</b>	<b>59%</b>	<b>100%</b>	<b>94%</b>	<b>66%</b>	<b>88%</b>	<b>83%</b>	<b>41%</b>	<b>59%</b>	<b>47%</b>	<b>43%</b>	<b>48%</b>
<b>Outcome of FRS (RVF only)</b>															
---closed and dry	8	0	0	1	9	3	0	14	11	28	1	0	0	1	2
---incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	2	2	0	0	0	2	2
---incontinent with firm stool	2	0	0	1	3	0	0	0	0	0	0	0	0	1	1
<b>% with closed and dry fistula (RVF only)</b>	<b>80%</b>	<b>0%</b>	<b>0%</b>	<b>50%</b>	<b>75%</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	<b>85%</b>	<b>93%</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>	<b>25%</b>	<b>40%</b>
<b>% with closed and dry fistula (urinary, urinary/RVF, RVF)</b>	<b>59%</b>	<b>70%</b>	<b>43%</b>	<b>63%</b>	<b>60%</b>	<b>100%</b>	<b>94%</b>	<b>70%</b>	<b>88%</b>	<b>84%</b>	<b>43%</b>	<b>59%</b>	<b>47%</b>	<b>41%</b>	<b>48%</b>
No. with complications after FRS	0	9	2	5	16	0	0	0	0	0	0	5	0	0	5
----Major surgical complications	0	9	2	0	11	0	0	0	0	0	0	5	0	0	5
----Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>% with complications after FRS</b>	<b>0%</b>	<b>14%</b>	<b>4%</b>	<b>5%</b>	<b>5%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>11%</b>	<b>0%</b>	<b>0%</b>	<b>3%</b>

Table NIG1 (continued3)

Fistula Treatment Indicators	Ningi					Country Total				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	NS	40	43	26	109	339	731	626	521	2217
No. requiring FRS	NS	39	43	26	108	320	683	558	443	2004
<b>No. receiving FRS</b>	<b>NS</b>	<b>23</b>	<b>20</b>	<b>20</b>	<b>63</b>	<b>252</b>	<b>454</b>	<b>398</b>	<b>403</b>	<b>1507</b>
<b>Percent receiving FRS</b>	<b>n/a</b>	<b>59%</b>	<b>47%</b>	<b>77%</b>	<b>58%</b>	<b>79%</b>	<b>66%</b>	<b>71%</b>	<b>91%</b>	<b>75%</b>
<b>Type of FRS performed</b>										
----- urinary only	NS	23	19	20	62	237	429	360	368	1394
----- urinary & RVF	NS	0	0	0	0	2	9	15	17	43
----- RVF only	NS	0	1	0	1	13	16	23	18	70
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>										
----- first repair	NS	11	7	8	26	194	277	267	241	979
----- second repair	NS	6	7	4	17	24	107	69	80	280
----- >2	NS	6	5	8	19	21	53	39	64	177
<b>Percent women with first repair (urinary only)</b>	<b>n/a</b>	<b>48%</b>	<b>37%</b>	<b>40%</b>	<b>42%</b>	<b>81%</b>	<b>63%</b>	<b>71%</b>	<b>63%</b>	<b>68%</b>
No. discharged after FRS (urinary only)	NS	0	42	0	42	341	352	355	410	1458
No. discharged after FRS (urinary & RVF)	NS	0	0	0	0	3	6	13	26	48
No. discharged after FRS (RVF only)	NS	0	1	0	1	16	5	20	27	68
<b>Total no. discharged after FRS</b>	<b>NS</b>	<b>0</b>	<b>43</b>	<b>0</b>	<b>43</b>	<b>360</b>	<b>363</b>	<b>388</b>	<b>463</b>	<b>1574</b>
No. not discharged after FRS	NS	23	0	20	43	52	145	155	95	447
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>										
----No. with closed fistula who are dry	NS	0	21	0	21	227	270	231	341	1069
--- No. with closed fistula & stress incontinence	NS	0	8	0	8	46	39	73	56	214
----No. whose fistula was not closed	NS	0	13	0	13	71	49	64	39	223
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>n/a</b>	<b>0%</b>	<b>50%</b>	<b>0%</b>	<b>50%</b>	<b>66%</b>	<b>75%</b>	<b>63%</b>	<b>78%</b>	<b>71%</b>
<b>Outcome of FRS (RVF only)</b>										
--closed and dry	NS	0	1	0	1	14	5	19	19	57

Fistula Treatment Indicators	Ningi					Country Total				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
---incontinent with water stool and /or flatus (gas)	NS	0	0	0	0	0	0	1	6	7
---incontinent with firm stool	NS	0	0	0	0	2	0	0	2	4
<b>Percent with closed and dry fistula (RVF only)</b>	<b>n/a</b>	<b>0%</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	<b>88%</b>	<b>100%</b>	<b>95%</b>	<b>70%</b>	<b>84%</b>
<b>Percent with closed and dry fistula (urinary, urinary/RVF, RVF)</b>	<b>n/a</b>	<b>0%</b>	<b>51%</b>	<b>0%</b>	<b>51%</b>	<b>67%</b>	<b>76%</b>	<b>64%</b>	<b>78%</b>	<b>72%</b>
No. with complications after FRS	NS	0	4	0	4	0	14	6	5	25
----- Major surgical complications	NS	0	4	0	4	0	14	6	0	20
----- Anesthesia-related complication	NS	0	0	0	0	0	0	0	0	0
----- Post-operative complication related to perceived success of surgery	NS	0	0	0	0	0	0	0	0	0
<b>Percent with complications after FRS</b>	<b>n/a</b>	<b>0%</b>	<b>9%</b>	<b>0%</b>	<b>9%</b>	<b>0%</b>	<b>4%</b>	<b>2%</b>	<b>1%</b>	<b>2%</b>

**Table NIG2. Number of Persons Trained by Topic, October 2010 – September 2011, Nigeria**

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
First training in surgical repair for fistula	0	1	1	3	5
Infection Prevention	19	0	0	0	19
Pre- and post-operative fistula management	0	3	3	4	10
Family planning counseling	0	0	10	10	20
Data for decision making	0	0	15	0	15
Long-acting family planning methods	0	0	18	10	28
<b>Total</b>	<b>19</b>	<b>4</b>	<b>47</b>	<b>27</b>	<b>97</b>

**Table NIG3. Number of Community Outreach Events and Persons Reached by State, October 2010 – September 2011, Nigeria**

State	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
Kebbi	25	22,808	31	5,314	34	3007	42	32,911	132	64,040
Sokoto	31	23,629	34	6,320	15	2105	119	56,656	199	88,710
Zamfara	21	40,507	24	11,246	33	3012	67	86,926	145	141,691
Ebonyi	8	27,527	10	31,973	0	0	7	2413	25	61,913
<b>Total</b>	<b>85</b>	<b>114,471</b>	<b>99</b>	<b>54,853</b>	<b>82</b>	<b>8,124</b>	<b>235</b>	<b>178,906</b>	<b>501</b>	<b>356,354</b>

**Table NIG4. Obstetric Services, by site. October 2010 – September 2011, Nigeria.**

	Faridat	Kamba General Hospital	Maiyama General Hospital	Maryam Abacha	Country Total
Obstetric Services	FY Total	FY Total	FY Total	FY Total	FY Total
Number of vaginal deliveries	1110	177	113	937	2337
Number of C sections	109	14	3	42	168
<b>Total Number of deliveries</b>	<b>1219</b>	<b>191</b>	<b>116</b>	<b>979</b>	<b>2505</b>
Percent deliveries by C section	9%	7%	3%	4%	7%

**Table NIG 5. Number of FP Clients by Method and Number Counseled about FP, by State, October 2010 – September 2011, Nigeria<sup>61</sup>**

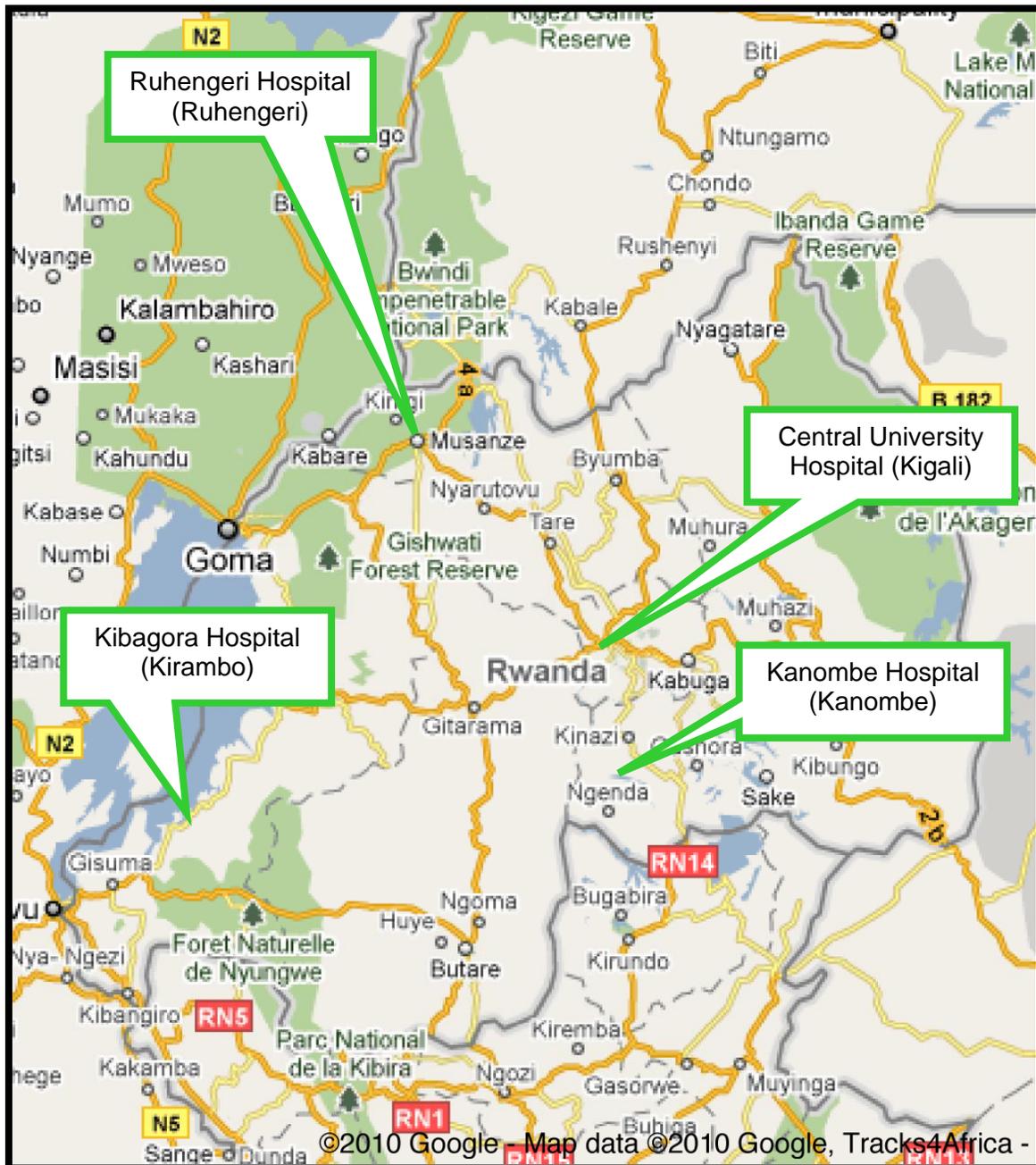
STATE	SOKOTO	ZAMFARA	KEBBI	KANO	KATSINA	EBONYI	Country Total
Fistula FP Methods	Total	Total	Total	Total	Total	Total	FY Total
Oral Pill	402	73	473	244	26	35	1253
IUCD	73	82	52	158	15	34	414
Condom (male)	67	3	2	3	17	60	152
Condom (female)	4	0	0	3	0	0	7
Injectable	2687	1271	571	999	50	334	5912
Implant	210	120	56	0	22	39	447
Tubal Ligation	1	4	8	0	0	8	21
Vasectomy	0	0	0	0	0	0	0
Foaming Tablets	0	0	0	0	0	0	0
<b>Total FP acceptors</b>	3444	1553	1162	1407	130	510	8206
Total clients counseled about FP	4341	1731	1986	1619	215	1281	11173

**Table NIG6. Pooled Effort Events for Fistula Repair, October 2010-September 2011, Nigeria**

Location	Date	Number repairs	Number surgeons
Ebonyi	October-November 2010	41	5
Ebonyi	February 2011	36	4
Sokoto	March 2011	18	5
Kebbi	April 2011	21	3
Zamfara	July 2011	24	4
Bauchi	September 2011	20	3
Sokoto	August 2011	29	1
<b>Total</b>	<b>7 Pooled Efforts</b>	<b>189 repairs</b>	<b>4 (average)</b>

<sup>61</sup> FP data for GH Jabo (Sokoto State) and two sites in Kano (Takai and Tarauna) was not collected in the Jan-Mar quarter due to strikes at those facilities. No FP data was collected from FP only sites for the third and fourth quarters after support was discontinued.

# RWANDA



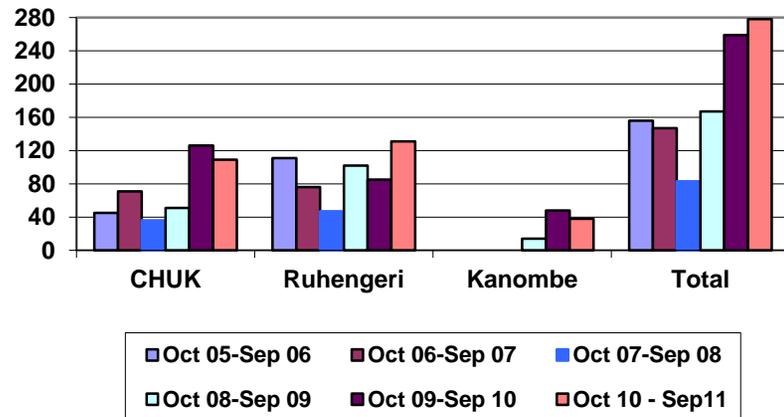
<b>PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT RWANDA</b>	
<b>Reporting Period</b>	FY 10-11: October 2010 – September 2011
<b>Characteristic</b>	<b>Description</b>
<b>Start Date</b>	March 2006 under ACQUIRE
<b>Supported Sites</b>	<p>Four public sector sites providing fistula repair:</p> <ul style="list-style-type: none"> <li>• Central University Hospital of Kigali (CHUK)</li> <li>• Ruhengeri District Hospital</li> <li>• Kanombe Hospital</li> <li>• Kibogora Hospital</li> </ul>
<b>Background</b>	<p>The Rwanda EngenderHealth office opened in 2009. Fistula Care works closely with the MOH and other in country partners to raise the visibility of the fistula program. At the request of the USAID/Rwanda mission, Fistula Care supported the Ministry of Health in a fistula site assessment to increase the availability of fistula services. Based on this assessment, in FY 10/11 FC began support to one additional treatment site (Kibogora); limited support in training was provided to three prevention sites (Gahini, Kabgayi and Nyamata). These prevention sites are not receiving on going support and therefore not counted as supported sites. The project has been training one surgeon and nursing staff in fistula repair and care from Kibogora hospital.</p>
<b>Treatment strategies (Result 1)</b>	<p>The principal focus of FC's work in Rwanda is to increase surgeon capacity through training and strengthening facilities by providing equipment and supplies for fistula repair surgery.</p> <p>Though routine repairs have been initiated at two of the sites since 2009, the majority of repairs continued to be done through concentrated sessions which are crucial to continue advancing local capacity to address the backlog of cases, especially complex repairs. Currently, routine services are available at CHUK and Kanombe Military Hospital. The surgeon being trained at Ruhengeri has achieved competency to repair simple to medium complex cases and is being supported to initiate routine services. The project will continue to support a combined approach of routine services and organized sessions to continue to build local capacity while reducing the backload of fistula cases. In this fiscal year:</p> <ul style="list-style-type: none"> <li>• A total of 278 repairs were supported, which represents a 7% increase over FY09/10 (259 repairs). Kanombe experienced a decline in the number of repairs carried out compared to FY09/10 due to extensive renovations at the facility that limited the capacity to house and operate on clients. CHUK experienced a small decrease in repairs due to fewer clients seeking services outside of organized repair sessions. The project will support increased community outreach efforts to increase the number of women seeking services.</li> <li>• Five surgeons received their first training in fistula care, and eight surgeons received continuing training. In total, nine surgeons received training; several trainees received both first and continuing training. Forty nurses were trained in pre- and post-operative care</li> </ul>

<b>PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT RWANDA</b>	
	<p>for fistula repair and 32 providers received training for fistula counseling.</p> <ul style="list-style-type: none"> <li>• Fistula Care supported renovations at Ruhengeri to establish a pre-operative space for fistula clients, provided operating room equipment for Kanombe and replacement fistula kit equipment for Ruhengeri and CHUK.</li> </ul>
<b>Prevention strategies (Result 2)</b>	<p>During this fiscal year:</p> <ul style="list-style-type: none"> <li>• Forty individuals were trained in EmOC, 21 of whom received training on use of the partograph and catheterization.</li> <li>• Trainers in emergency obstetric care did follow up supervisory visits for previous trainees.</li> <li>• COPE trainings were conducted with 26 providers at Kanombe.</li> <li>• Radio Urunana named fistula the topic of the month for September and featured a FC-supported surgeon and the FC Rwanda project manager on their show.</li> </ul>
<b>Evaluation &amp; Research (Result 3)</b>	<ul style="list-style-type: none"> <li>• During this fiscal year FC helped develop summary data collection tools and registries all sites, in consultation with site staff.</li> </ul>
<b>Policy Work (Result 4)</b>	<p>Fistula Care is part of the National Safe Motherhood Technical Group (NSMTG) in Rwanda and serves as the chair of the Fistula Steering Committee through the Maternal Health task force.</p> <p>A draft National Fistula Strategy has been developed and is being reviewed by the MOH and the members of the NSMTG.</p> <p>In the third quarter, a presentation was made to Parliament on the role of family planning in preventing fistula.</p>

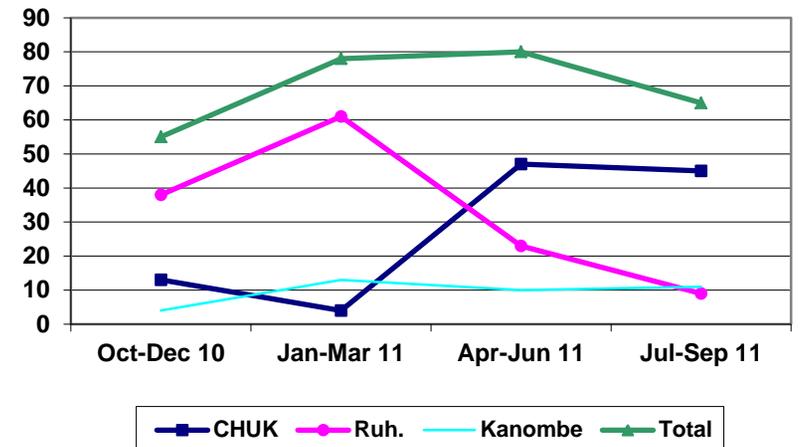
## KEY INDICATORS SNAP SHOT RWANDA

Reporting Period	FY 10-11: October 2010 – September 2011					
Characteristic	Description					
Indicators		Oct-Dec	Jan Mar	Apr Jun	Jul Sep	Total
<b>Result 1:</b> Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	55	78	80	65	278
	% women who had surgery who have closed fistula at discharge	77%	84%	64%	70%	75%
	% women who had surgery who experienced complications	2%	0%	1%	0%	1%
	# Surgeons Trained	4	7	5	5	9
	# other health trained	29	32	32	55	138
<b>Result 2:</b> Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.	# community outreach events	0	0	0	0	0
	# persons reached in community outreach	0	0	0	0	0
	% labors monitored with partograph					n/a
	# births	2473	2052	3058	3346	10,929
	% of births c section	32%	31%	34%	32%	32%
<b>Result 3:</b> Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	100%	100%	33%	100%	
<b>Result 4:</b> Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	3	3	3	3	3
<b>Data Trends and Explanations</b>	<ul style="list-style-type: none"> <li>• CHUK had an organized repair session during the third quarter where a large number of women presented for screening, but many did not have fistula. Radio talks prior to the session encouraged women to come, but many had other urological or gynecological problems.</li> <li>• In the fourth quarter, CHUK saw an increase in family planning acceptors due to a larger national family planning campaign carried out by a variety of stakeholders.</li> <li>• Kanombe had a downward trend in repairs in the third quarter due to the surgeon taking leave during June due to a family emergency. Kanombe also has been undergoing extensive hospital-wide renovations, which has limited space for fistula patients.</li> <li>• Low closed and dry rates at Ruhengeri and CHUK were due to high levels of complicated and complex cases, with patients already operated multiple times.</li> </ul>					

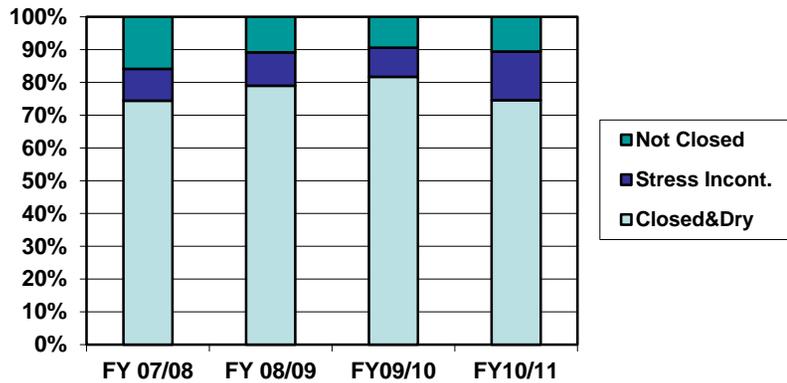
**Figure RWA 1. Total number of repairs by site and year, Rwanda**



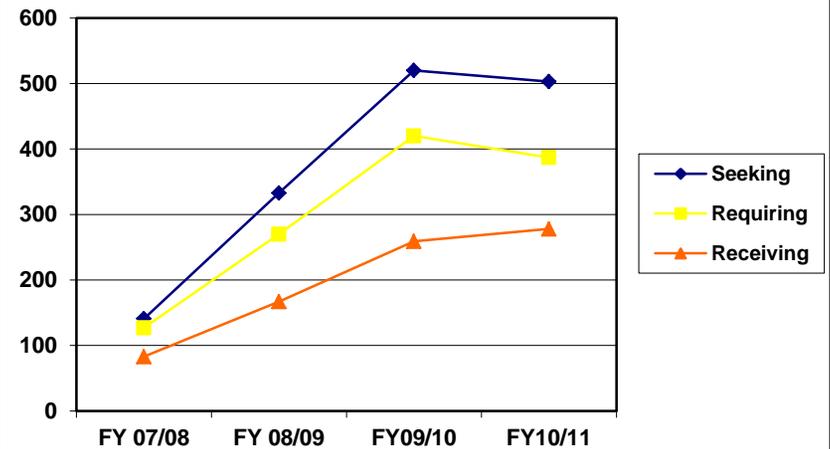
**Figure RWA 2. Total number of repairs by site and quarter, Rwanda Oct 10-Sep 11**



**Figure RWA 3. Repair Status (%) Among Women with Urinary Fistula at Time of Discharge, by FY**



**Figure RWA 4. Demand for Services, October 2007 - September 2011, Rwanda**



**Table RWA 1. Clinical Indicators by Site, October 2010 – September 2011, Rwanda**

	CHUK					Kanombe				
<b>Fistula Treatment Indicators</b>	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	10	6	101	82	199	8	16	13	13	50
No. requiring FRS	8	5	61	82	156	5	16	10	12	43
<b>No. receiving FRS</b>	<b>13</b>	<b>4</b>	<b>47</b>	<b>45</b>	<b>109</b>	<b>4</b>	<b>13</b>	<b>10</b>	<b>11</b>	<b>38</b>
<b>Percent receiving FRS</b>	<b>163%</b>	<b>80%</b>	<b>77%</b>	<b>55%</b>	<b>70%</b>	<b>80%</b>	<b>81%</b>	<b>100%</b>	<b>92%</b>	<b>88%</b>
<b>Type of FRS performed</b>										
----- urinary only	13	3	40	37	93	3	9	7	6	25
----- urinary & RVF	0	0	0	0	0	0	1	0	1	2
----- RVF only	0	1	7	8	16	1	3	3	4	11
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>										
----- first repair	10	3	20	19	52	2	8	6	6	22
----- second repair	3	0	12	6	21	1	1	1	0	3
----- >2	0	0	8	12	20	0	1	0	1	2
<b>% women with first repair (urinary only)</b>	<b>77%</b>	<b>100%</b>	<b>50%</b>	<b>51%</b>	<b>56%</b>	<b>67%</b>	<b>80%</b>	<b>86%</b>	<b>86%</b>	<b>81%</b>
No. discharged after FRS (urinary only)	61	3	40	37	141	3	9	7	6	25
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0	1	0	1	2
No. discharged after FRS (RVF only)	0	1	7	8	16	1	3	3	4	11
<b>Total no. discharged after FRS</b>	<b>61</b>	<b>4</b>	<b>47</b>	<b>45</b>	<b>157</b>	<b>4</b>	<b>13</b>	<b>10</b>	<b>11</b>	<b>38</b>
No. not discharged after FRS	0	0	0	0	0	0	0	0	0	0
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>										
--No. with closed fistula who are dry	52	3	24	26	105	3	7	6	5	21
--No. with closed fistula & stress incontinence	5	0	10	7	22	0	1	0	1	2
---No. whose fistula was not closed	4	0	6	4	14	0	2	1	1	4
<b>% with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>85%</b>	<b>100%</b>	<b>60%</b>	<b>70%</b>	<b>74%</b>	<b>100%</b>	<b>70%</b>	<b>86%</b>	<b>71%</b>	<b>78%</b>
<b>Outcome of FRS (RVF only)</b>										

Fistula Treatment Indicators	CHUK					Kanombe				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
--- closed and dry	0	1	7	8	16	1	3	3	3	10
--- 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	1	1
<b>% with closed and dry fistula (RVF only)</b>	<b>0%</b>	<b>100%</b>	<b>75%</b>	<b>91%</b>						
<b>% with closed and dry fistula (urinary, urinary/RVF, RVF)</b>	<b>85%</b>	<b>100%</b>	<b>66%</b>	<b>76%</b>	<b>77%</b>	<b>100%</b>	<b>77%</b>	<b>90%</b>	<b>73%</b>	<b>82%</b>
No. with complications after FRS	0	0	0	0	0	0	0	0	0	0
--- 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	0	0	0	0	0	0	0	0
<b>% with complications after FRS</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

Table RWA I. (Continued)

Fistula Treatment Indicators	Ruhengeri					Country Total				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	79	95	38	42	254	97	117	152	137	503
No. requiring FRS	61	68	29	30	188	74	89	100	124	387
<b>No. receiving FRS</b>	<b>38</b>	<b>61</b>	<b>23</b>	<b>9</b>	<b>131</b>	<b>55</b>	<b>78</b>	<b>80</b>	<b>65</b>	<b>278</b>
<b>Percent receiving FRS</b>	<b>62%</b>	<b>90%</b>	<b>79%</b>	<b>30%</b>	<b>70%</b>	<b>74%</b>	<b>88%</b>	<b>80%</b>	<b>52%</b>	<b>72%</b>
<b>Type of FRS performed</b>										
----- urinary only	38	54	22	5	119	54	66	69	48	237
----- urinary & RVF	0	0	1	1	2	0	1	1	2	4
----- RVF only	0	7	0	3	10	1	11	10	15	37
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>										
----- first repair	19	26	5	2	52	31	37	31	27	126

	Ruhengeri					Country Total				
<b>Fistula Treatment Indicators</b>	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
----- second repair	9	16	10	6	41	13	17	23	12	65
----- >2	10	12	8	1	31	10	13	16	14	53
<b>% women with first repair (urinary only)</b>	<b>50%</b>	<b>48%</b>	<b>22%</b>	<b>33%</b>	<b>43%</b>	<b>57%</b>	<b>55%</b>	<b>44%</b>	<b>54%</b>	<b>52%</b>
No. discharged after FRS (urinary only)	38	54	22	0	114	102	66	69	43	280
No. discharged after FRS (urinary & RVF)	0	0	1	0	1	0	1	1	1	3
No. discharged after FRS (RVF only)	0	7	0	0	7	1	11	10	12	34
<b>Total no. discharged after FRS</b>	<b>38</b>	<b>61</b>	<b>23</b>	<b>0</b>	<b>122</b>	<b>103</b>	<b>78</b>	<b>80</b>	<b>56</b>	<b>317</b>
No. not discharged after FRS	0	0	0	0	0	0	0	0	0	0
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>										
---No. with closed fistula who are dry	24	46	15	0	85	79	56	45	31	211
---No. with closed fistula & stress incontinence	9	2	7	0	18	14	3	17	8	42
---No. whose fistula was not closed	5	6	1	0	12	9	8	8	5	30
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>63%</b>	<b>85%</b>	<b>65%</b>	<b>0%</b>	<b>74%</b>	<b>77%</b>	<b>84%</b>	<b>64%</b>	<b>70%</b>	<b>75%</b>
<b>Outcome of FRS (RVF only)</b>										
---closed and dry	0	7	0	0	7	1	11	10	11	33
---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	1	1
<b>% with closed and dry fistula (RVF only)</b>	<b>0%</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>92%</b>	<b>97%</b>
<b>Percent with closed and dry fistula (urinary, urinary/RVF, RVF)</b>	<b>63%</b>	<b>87%</b>	<b>65%</b>	<b>0%</b>	<b>75%</b>	<b>78%</b>	<b>86%</b>	<b>69%</b>	<b>75%</b>	<b>77%</b>
No. with complications after FRS	2	0	1	0	3	2	0	1	0	3
--- Major surgical complications	2	0	1	0	3	2	0	1	0	3
--- Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0
---- Post-operative related to success of surgery	0	0	0	0	0	0	0	0	0	0
<b>Percent with complications after FRS</b>	<b>5%</b>	<b>0%</b>	<b>4%</b>	<b>0%</b>	<b>2%</b>	<b>2%</b>	<b>0%</b>	<b>1%</b>	<b>0%</b>	<b>1%</b>

**Table RWA 2. Number of Persons Trained by Topic, October 2010 – September 2011, Rwanda**

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
First surgical training for fistula repair	0	3	1	1	5
Continuing surgical training for fistula repair	4	4	4	4	8 <sup>62</sup>
Pre- and post-operative fistula care for nurses	10	20 <sup>63</sup>	20	0	40
Emergency obstetrics	19	0	0	0	19
EmOC with catheterization and partograph	0	0	0	21	21
Fistula counseling	0	12	0	20	32
COPE training	0	0	12	14	26
<b>Total</b>	<b>33</b>	<b>39</b>	<b>37</b>	<b>60</b>	<b>147</b>

**Table RWA3. Number of FP Clients by Method and Number Counseled about FP, by Site, October 2010 – September 2011, Rwanda.<sup>64</sup>**

	CHUK	Kanombe	Ruhengeri	Country Total
Fistula FP Methods	FY Total	FY Total	FY Total	FY Total
Oral Pill	5	0	135	140
IUCD	92	0	28	120
Condom (male)	0	0	33	33
Condom (female)	0	0	0	0
Injectable	4	0	321	325
Implant	18	0	181	199
Tubal Ligation	29	10	203	242
Vasectomy	3	0	111	114
Foaming Tablets	0	0	0	0
<b>Total FP acceptors</b>	<b>151</b>	<b>10</b>	<b>1012</b>	<b>1173</b>
Total Number of clients counseled about FP methods	151	10	1012	1173

<sup>62</sup> 4 surgeons received both first and continuing training during the FY. A total of 9 surgeons received training during the fiscal year and this is the sum included in the FY total.

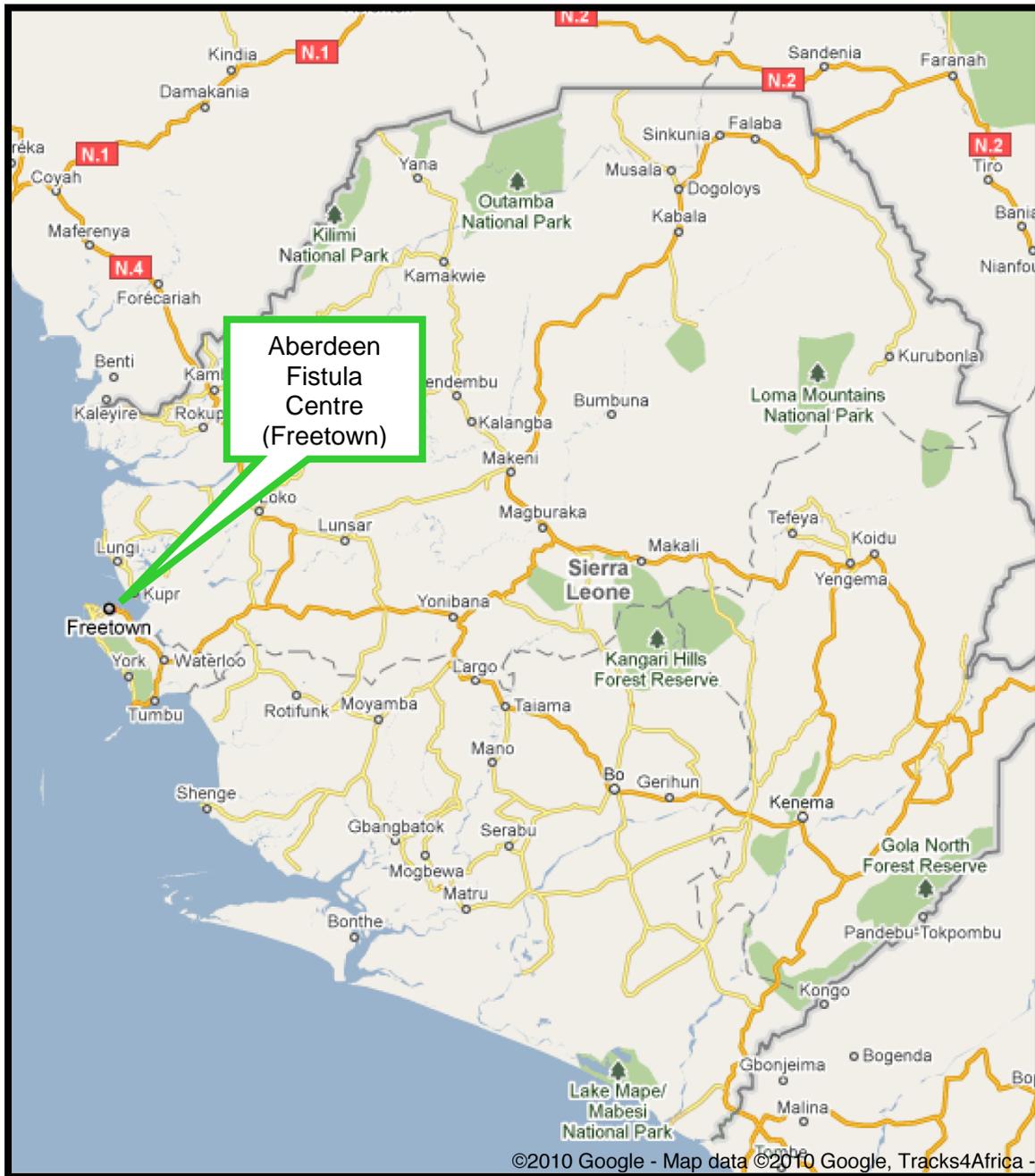
<sup>63</sup> 10 of the 20 nurses receiving training in the Jan-Mar quarter also received training in the Oct-Dec quarter.

<sup>64</sup> The Jan-Mar quarter showed a significant decrease in family planning methods provided, compared to the previous quarter which had elevated numbers due to a concentrated outreach effort in the community.

**Table RWA 4. Obstetric Services, by site. October 2010 – September 2011, Rwanda.**

	<b>CHUK</b>	<b>Kanombe</b>	<b>Ruhengeri</b>	<b>Country Total</b>
<b>Obstetric Services</b>	<b>FY Total</b>	<b>FY Total</b>	<b>FY Total</b>	<b>FY Total</b>
Number of vaginal deliveries	1007	2215	4173	<b>7395</b>
Number of C sections	1071	1168	1295	<b>3534</b>
<b>Total Number of deliveries</b>	<b>2078</b>	<b>3383</b>	<b>5468</b>	<b>10929</b>
Percent deliveries by C section	52%	35%	24%	<b>32%</b>

# SIERRA LEONE



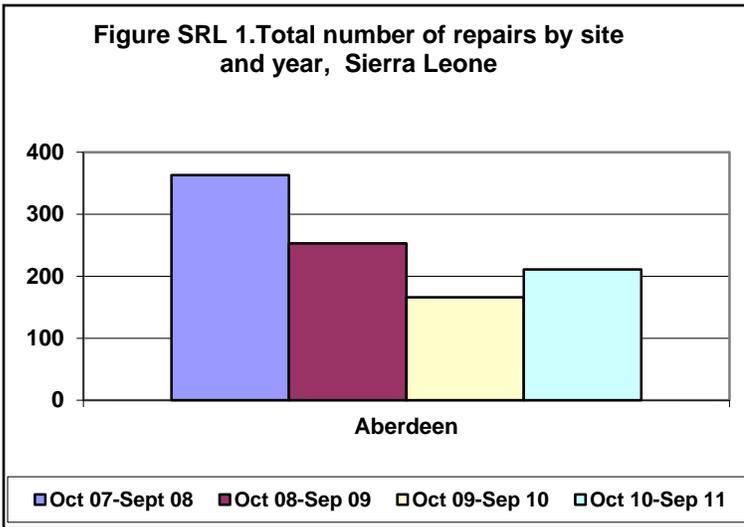
<b>PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT SIERRA LEONE</b>	
<b>Reporting Period</b>	FY 10-11: October 2010 – September 2011
<b>Characteristic</b>	<b>Description</b>
<b>Start Date</b>	January 2007 under ACQUIRE
<b>Supported Sites</b>	The Aberdeen Women's Centre (AWC, formerly known as the Aberdeen West Africa Fistula Centre).
<b>Background</b>	<p>The AWC was managed by Mercy Ships International through January 1, 2010, at which point Mercy Ships transferred its authority to The Gloag Foundation (TGF) in order to concentrate its efforts on the <i>Africa Mercy</i>, its floating hospital. The Gloag Foundation is a sister organization of the Balcraig Foundation and the Freedom from Fistula Foundation, which is largely funded by Ann Gloag. TGF has implemented fistula programs in Kenya, Liberia, and Malawi. Fistula Care's subaward with the Gloag Foundation began July 1, 2010.</p> <p>The AWC opened in April 2005. Its mission is to provide high quality gynaecological surgeries for childbirth injuries and holistic fistula treatment services. The AWC also operates an outpatient clinic for children and in May 2010 opened a maternity wing. The maternity wing includes 3 delivery areas and 8 antenatal/postnatal beds with an overflow ward of 12 beds that can be used by either department (fistula or obstetrics). There are two functioning theaters for surgery. In recent years, the number of fistula patients identified and treated has decreased. As it is unlikely that the backlog of women needing repair has been adequately addressed, AWC feels this is attributable to poor public awareness and continues to focus on outreach and public education.</p>
<b>Treatment strategies (Result 1)</b>	<p>Fistula surgery is normally provided four days a week by the resident surgeon, Dr. Lewis. A visiting international surgeon provides additional support, especially for complex repairs. Two physiotherapy nurses work with patients in-house. During this fiscal year:</p> <ul style="list-style-type: none"> <li>• A total of 211 repairs were supported, which is a 27% increase over FY09/10 (166 repairs). This increase is attributed to the newly established role of program development manager who is overseeing the screening program and ensuring greater cohesiveness and strategic planning on the part of the screening team.</li> <li>• There were 24 screening trips, each preceded by a local radio broadcast by the screening nurse which included an interactive phone in program.</li> </ul>
<b>Prevention strategies (Result 2)</b>	<p>As of December 2010, AWC provides family planning services to patients in both the repair and obstetrics programs. Key accomplishments in FY10/11 include:</p> <ul style="list-style-type: none"> <li>• In house advocacy workshops conducted to enable women receiving repairs to become advocates for fistula prevention in their communities when they return home.</li> <li>• On-the-job (OJT) obstetric training for the maternity unit staff in antepartum hemorrhage, preterm and antenatal care, anemia in pregnancy, postoperative pain management, instrumental delivery, midwifery updates, gestation and dating, use of the partograph, pre-eclampsia, neonatal care, cervical tears, and use of magnesium sulphate.</li> <li>• A national media campaign was organized to raise the profile of fistula and do a mass-sensitization effort.</li> <li>• VVF was chosen to be one of the 20 topics championed nationally as part of</li> </ul>

<b>PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT SIERRA LEONE</b>	
	<p>the 50<sup>th</sup> Independence Celebrations of Sierra Leone. As a result national television coverage and meetings with high profile officials have helped raised awareness about fistula treatment and prevention. Dr. Alyona Lewis of AWC was awarded the Sierra Leone Women of Excellence award.</p>
<b>Policy work (Result 4)</b>	<p>In November 2010, a new National VVF Strategy Working Group was established, with AWC as a member. AWC is lobbying the Ministry of Health and Sanitation and other NGOs for the establishment of monthly meetings. In May 2011, a Task Force was formed, led by the Ministry of Health and including local and international NGOs, UN agency and civil society organizations.</p> <ul style="list-style-type: none"> <li>• AWC attended a strategy meeting with the MOH, UNFPA and other interested parties in August 2011 to discuss the strategy for VVF for the years 2013-14.</li> </ul>

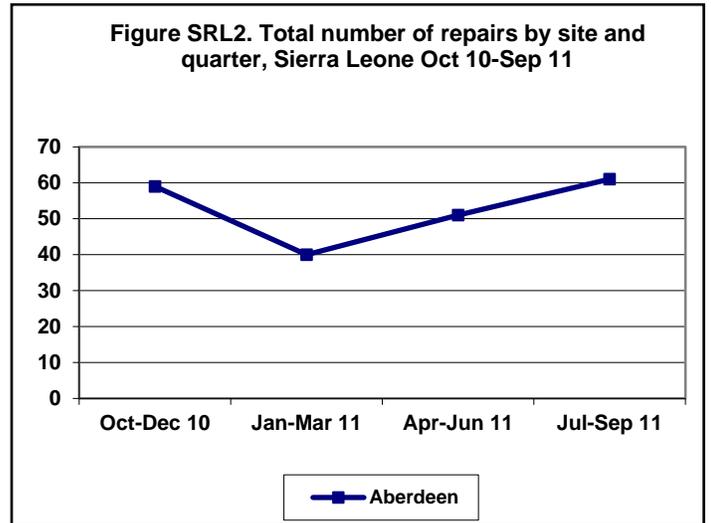
KEY INDICATORS SNAP SHOT SIERRA LEONE						
Reporting Period	FY 10-11 October 2010-September 2011					
Characteristic	Description					
Indicators		Oct-Dec	Jan Mar	Apr Jun	Jul Sep	Total
<b>Result 1:</b> Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	59	40	51	61	211
	% women who had surgery who have closed fistula at discharge	88%	82%	88%	81%	84%
	% women who had surgery who experienced complications	4%	0%	2%	0%	1%
	# Surgeons Trained	0	0	0	0	0
	# other health trained	29	29	29	29	29 <sup>65</sup>
<b>Result 2:</b> Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.	# community outreach events	N/A	N/A	N/A	1	1
	# persons reached in community outreach	N/A	N/A	N/A	60	60
	% labors monitored with partograph					n/a
	# births	236	221	333	288	1078
	% of births c section	12%	17%	18%	23%	18%
<b>Result 3:</b> Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	100%	100%	100%	100%	
<b>Result 4:</b> Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	1	1	1	1	1
<b>Data Trends and Explanations</b>	<ul style="list-style-type: none"> <li>One community outreach event was held in the fourth quarter, which was a breastfeeding workshop led by two midwives.</li> </ul>					

<sup>65</sup> In Sierra Leone, all trainings take place on-the-job and trainees come from the same pool of nurses/midwives at the center. Therefore, the same trainees attend a multitude of trainings each quarter, the topics of which are documented in table SRL3.

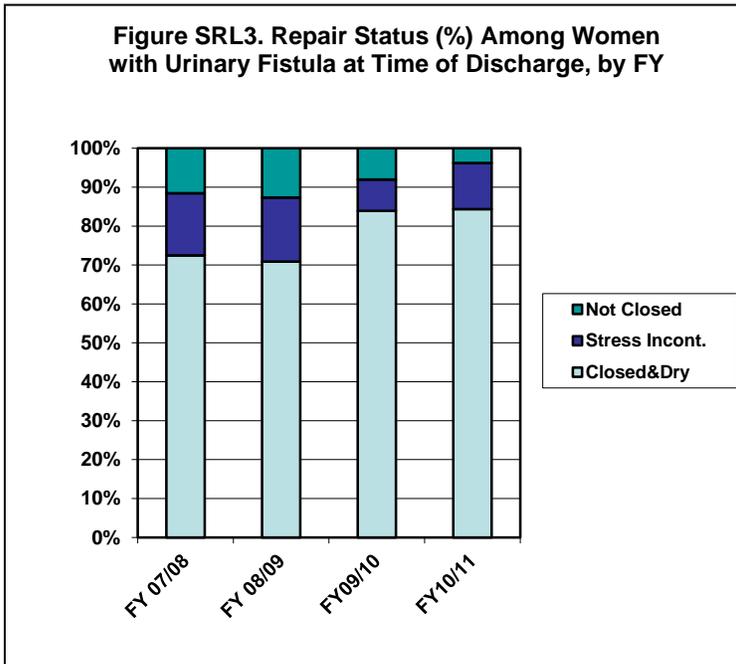
**Figure SRL1. Total number of repairs by site and year, Sierra Leone**



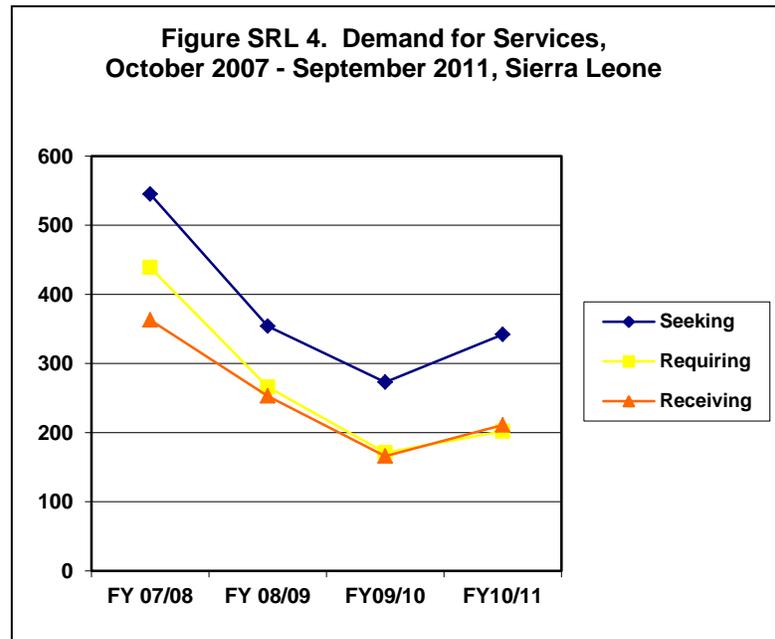
**Figure SRL2. Total number of repairs by site and quarter, Sierra Leone Oct 10-Sep 11**



**Figure SRL3. Repair Status (%) Among Women with Urinary Fistula at Time of Discharge, by FY**



**Figure SRL4. Demand for Services, October 2007 - September 2011, Sierra Leone**



**Table SRLI. Clinical Indicators, Aberdeen Women's Center, by Quarter,  
October 2010-September 2011**

<b>Fistula Treatment Indicators</b>	<b>Aberdeen</b>				
	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Apr-June</b>	<b>July-Sep</b>	<b>FY Total</b>
No. seeking FRS	105	76	71	90	342
No. requiring FRS	71	40	43	48	202
<b>No. receiving FRS</b>	<b>59</b>	<b>40</b>	<b>51</b>	<b>61</b>	<b>211</b>
<b>Percent receiving FRS</b>	<b>83%</b>	<b>100%</b>	<b>119%</b>	<b>127%</b>	<b>104%</b>
<b>Type of FRS performed</b>					
----- urinary only	59	40	47	59	205
----- urinary & RVF	0	0	0	1	1
----- RVF only	0	0	4	1	5
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>					
----- first repair	45	30	31	34	140
----- second repair	10	5	16	25	56
----- >2	4	5	0	1	10
<b>% women with first repair (urinary only)</b>	<b>76%</b>	<b>75%</b>	<b>66%</b>	<b>57%</b>	<b>68%</b>
No. discharged after FRS (urinary only)	50	51	41	67	209
No. discharged after FRS (urinary & RVF)	0	0	0	2	2
No. discharged after FRS (RVF only)	0	0	2	3	5
<b>Total no. discharged after FRS</b>	<b>50</b>	<b>51</b>	<b>43</b>	<b>72</b>	<b>216</b>
No. not discharged after FRS	16	7	15	6	44
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>					
---No. with closed fistula who are dry	44	42	36	56	178
-- No. with closed fistula & stress incontinence	6	4	3	12	25
---No. whose fistula was not closed	0	5	2	1	8
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>88%</b>	<b>82%</b>	<b>88%</b>	<b>81%</b>	<b>84%</b>
<b>Outcome of FRS (RVF only)</b>					
---closed and dry	0	0	2	3	5
---incontinent with water stool and /or flatus (gas)	0	0	0	0	0
---incontinent with firm stool	0	0	0	0	0
<b>Percent with closed and dry fistula (RVF only)</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Percent with closed and dry fistula (urinary, urinary/RVF, RVF)</b>	<b>88%</b>	<b>82%</b>	<b>88%</b>	<b>82%</b>	<b>85%</b>
No. with complications after FRS	2	0	1	0	3
----- Major surgical complications	0	0	0	0	0
----- Anesthesia-related complication	1	0	0	0	1
----- Post-operative complication related to perceived success of surgery	1	0	1	0	2
<b>Percent with complications after FRS</b>	<b>4%</b>	<b>0%</b>	<b>2%</b>	<b>0%</b>	<b>1%</b>

**Table SRL2. Number of Persons Trained by Topic,  
October 2010 – September 2011, Sierra Leone**

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
<b>OJT sessions for nursing staff by topic</b>					
General Obstetric Care topics	20	66	27	105	218
Collection/Handling of lab specimens	0	0	0	15	15
Partograph	20	0	8	0	28
Pre- and post-operative care	14	49	0	0	63
<b>Totals</b>	<b>29*</b>	<b>29*</b>	<b>29*</b>	<b>29*</b>	<b>29*</b>

\*These trainings take place among the same core group of nurses and midwives at the centre, so the same individuals are attending multiple trainings.

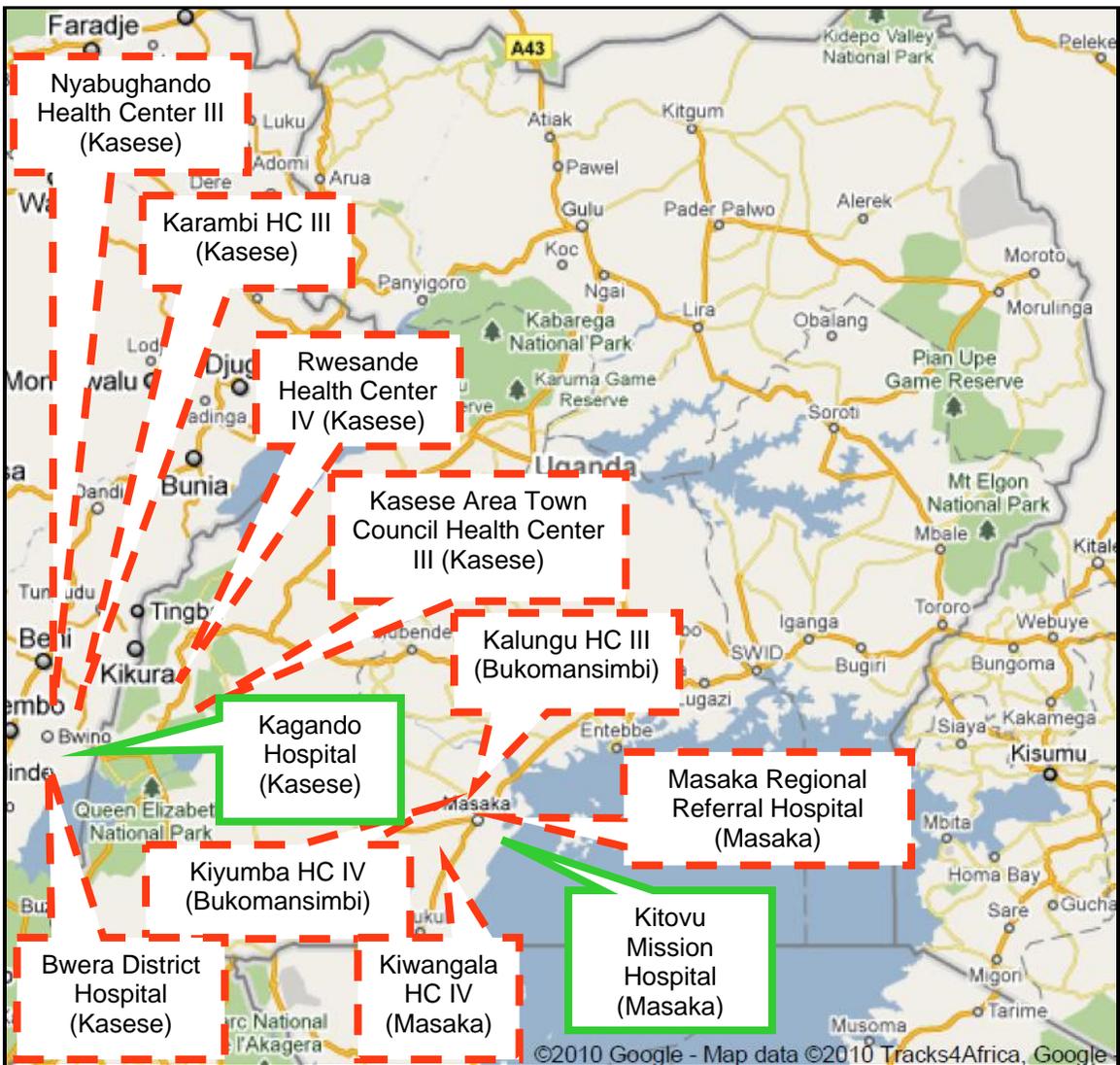
**Table SRL 3. Number of FP Clients by Method and Number Counseled about FP, by site.  
October 2010 – September 2011, Sierra Leone**

	Aberdeen				
Fistula FP Methods	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
Oral Pill	42	30	21	25	118
IUCD	0	0	0	0	0
Condom (male)	0	0	0	5	5
Condom (female)	1	0	0	1	2
Injectable	58	61	58	85	262
Implant	3	0	0	6	9
Tubal Ligation	0	2	0	6	8
Vasectomy	0	0	0	0	0
Foaming Tablets	0	0	0	0	0
<b>Total FP acceptors</b>	<b>104</b>	<b>93</b>	<b>79</b>	<b>128</b>	<b>404</b>
Total Number of clients counseled about FP methods	124	55	99	128	406

**Table SRL 4. Obstetric Services, by site.  
October 2010 – September 2011, Sierra Leone.**

	Aberdeen				
Obstetric Services	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
Number of vaginal deliveries	208	183	272	222	885
Number of C sections	28	38	61	66	193
<b>Total Number of deliveries</b>	<b>236</b>	<b>221</b>	<b>333</b>	<b>288</b>	<b>1078</b>
Percent deliveries by C section	12%	17%	18%	23%	18%

# UGANDA



**PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT UGANDA**

<b>Reporting Period</b>	FY 10-11: October 2010 – September 2011
<b>Characteristic</b>	<b>Description</b>
<b>Start Date</b>	January 2005 under ACQUIRE
<b>Supported Sites</b>	<p>Two private treatment and prevention sites:</p> <ul style="list-style-type: none"> <li>• Kitovu Mission Hospital in Masaka, in collaboration with Masaka Regional Referral Hospital</li> <li>• Kagando Mission Hospital in Kasese, in collaboration with Bwera District Hospital</li> </ul> <p>Nine prevention-only sites (public sector):</p> <ul style="list-style-type: none"> <li>• Masaka area: Masaka RR Hospital, Kiwangala HCIV, Kalungu HC III, and Kiyumba HCIV</li> <li>• Kasese area: Bwera Hospital, Rwesande HC IV, Karambi HC III, Nyabugando HC III and City Council HC III</li> </ul> <p>In consultation with the MOH, Hoima Regional Referral Hospital (a public sector facility) was identified as a third repair site to be supported by Fistula Care. FC staff carried out a facility assessment in the first quarter. Key findings were discussed with the MOH and implementation plans are underway. Services will begin in the first quarter of FY 11/12.</p>
<b>Background</b>	Fistula Care supports the public/private partnerships between Kitovu Mission Hospital and Masaka District hospital, and Kagando Hospital and Bwera District Hospital to improve the quality and availability of fistula treatment services. In FY10, in consultation with the MOH, nine health facilities were selected in which to focus support for fistula prevention services. The Fistula Care strategy in Uganda is based on the Levels of Care Framework.
<b>Treatment strategies (Result 1)</b>	<p>During this fiscal year:</p> <ul style="list-style-type: none"> <li>• 611 repairs were supported, a 36% increase over FY09/10 (449 repairs). Both sites reported increases in surgeries in comparison to the previous year, which they attribute to emphasis on community outreach activities.</li> <li>• Two surgeons received their first trainings in fistula repair, and four surgeons received continuing training. A total of five surgeons received training, as one of the surgeons received both first and continuing trainings. Three individuals were trained in pre- and post-operative care for fistula repair.</li> </ul>
<b>Prevention strategies (Result 2)</b>	<p>FC/Uganda supports prevention activities including FP, EmOC and community outreach at all the supported sites. During this fiscal year:</p> <ul style="list-style-type: none"> <li>• COPE training was conducted at Masaka hospital and follow ups were conducted at Masaka and Bwera hospitals showing improvements in quality of care, infection prevention practices and recordkeeping.</li> <li>• 60 providers participated in partograph training, mentoring and coaching.</li> <li>• IEC tools were produced, including grain sacks for use in counseling clients and translation of family planning booklets and fistula posters. Radio spots are now being aired on community radio.</li> </ul>
<b>Evaluation &amp; Research (Result 3)</b>	<p>Uganda participated in two global research studies—prospective observational study on outcomes of repairs and the retrospective cesarean record review Both studies were completed in FY10. Findings from the cesarean study were disseminated in FY10. Analysis of findings from the observational study is underway. Activities during this fiscal year include:</p> <ul style="list-style-type: none"> <li>• Continued work on two technical briefs to share lessons learned from the Uganda program: Training/mentoring and use of the partograph in supported</li> </ul>

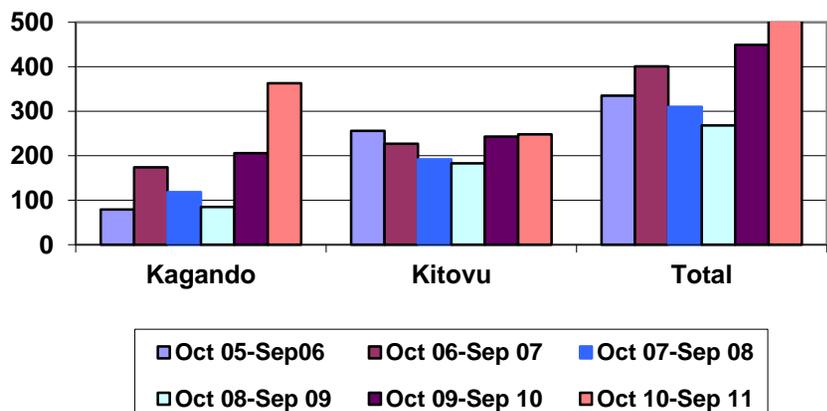
**PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT UGANDA**

	<p>facilities and progress of the MOH/Fistula Technical Working Group.</p> <ul style="list-style-type: none"> <li>• 17 providers took part in data for decision making training.</li> </ul>
<p><b>Policy Work (Result 4)</b></p>	<p>The project supports the National Fistula Technical Working Group (FTWG), which is comprised of all stakeholders implementing fistula work in Uganda. The project also initiated the Fistula Partnership Forum in FY10, in collaboration with UNFPA and AMREF. The aim of the Forum is to maximize resources for fistula prevention and treatment. During this fiscal year:</p> <ul style="list-style-type: none"> <li>• FC Uganda distributed the Ugandan MOH's <i>National Supervision Guidelines for Health services, Quality Improvement Tool on Emergency Obstetric Care and Maternal Death Review Guidelines for Uganda</i> at the Adaption of Fistula Monitoring Tools and Training Guidelines Workshop (June 13-16, 2011). At that meeting, Fistula Care's <i>Fistula Treatment Training Strategy, Fistula Services Facilitative Supervision and Medical Monitoring for Service Delivery and Site Assessment Tool</i> were reviewed for adaptation. In addition, the Fistula Technical Working Group Meeting was oriented on FC data collection tools and they were recommended for review and adaptation by the Tools Review sub-committee.</li> <li>• FC attended Fistula Technical Working Group meetings with presentations on planned activities for the year and identification of priority areas for the working group. FC was asked to procure catheters for the working group partners, as this commodity is rare in Uganda but important for fistula services.</li> <li>• FC provided an orientation on the Fistula Care Project and fistula repair activities to Masaka District leadership officials, as they are new to their positions after elections.</li> <li>• FC has been successful working with UNFPA and USAID/Uganda on the inclusion of questions about Fistula in Uganda's upcoming UDHS.</li> <li>• The process of developing the National Fistula Strategy, with support from UNFPA, began and the FC project was actively involved in the process. In addition to this, Dr. Isaac Achwal, Senior Medical Associate for FC, served as a resource person for UNFPA's writing of Uganda's National Fistula Strategy. Uganda now has a National Fistula Strategy.</li> <li>• The Fistula Care Project <i>Levels of Care Framework</i> strategy for service delivery has been well received by the FTWG and recommendations were made to adopt the framework for inclusion in the National Guidelines for Sexual and Reproductive Health as well as the National Fistula Strategy. The Levels of Care Framework has been adopted as an approach for fistula service delivery in Uganda in the National Fistula Strategy.</li> </ul>

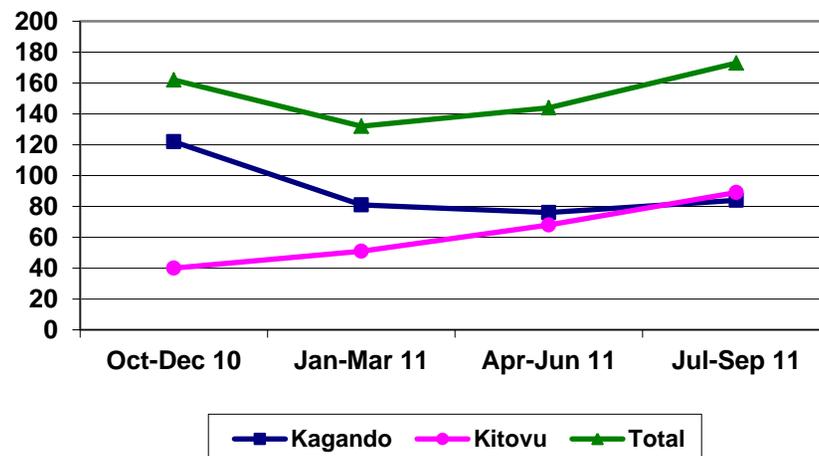
KEY INDICATORS SNAP SHOT UGANDA						
Reporting Period	FY 10-11: October 2010 – September 2011					
Characteristic	Description					
Indicators		Oct-Dec	Jan Mar	Apr Jun	Jul Sep	Total
<b>Result 1:</b> Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	162	132	144	173	611
	% women who had surgery who have closed fistula at discharge	74%	77%	67%	78%	75%
	% women who had surgery who experienced complications	5%	3%	19%	5%	7%
	# Surgeons Trained	2	2	2	1	5 <sup>66</sup>
	# other health trained	23	708	64	86	881
<b>Result 2:</b> Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care and support women's reintegration.	# community outreach events	200	37	132	46	415
	# persons reached in community outreach	24,232	5,871	12,878	2,585	45,566
	% labors monitored with partograph					n/a
	# births	1292	1077	3876	3647	9892
	% of births c section	28%	38%	22%	24%	25%
<b>Result 3:</b> Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	100%	100%	100%	50%	
<b>Result 4:</b> Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	11	11	11	11	11
<b>Data Trends and Explanations</b>	<ul style="list-style-type: none"> <li>• Repairs at Kitovu continue to increased, due to intense community outreach and mobilization efforts.</li> <li>• Low closed &amp; dry rates at Kagando due to a large number of women who had multiple repair attempts &amp; women with complicated fistula.</li> <li>• In 3<sup>rd</sup> quarter at Kagando, many clients complained of headache post-anesthesia, which was thought to be due to use of a large bore spinal needle; 4 clients experienced post-surgical bleeding requiring transfusions. In the 4th quarter, one reactionary hemorrhage occurred post-operatively and there was wound sepsis for some clients due to immuno-suppression.</li> </ul>					

<sup>66</sup> The same surgeons have received multiple trainings throughout the fiscal year.

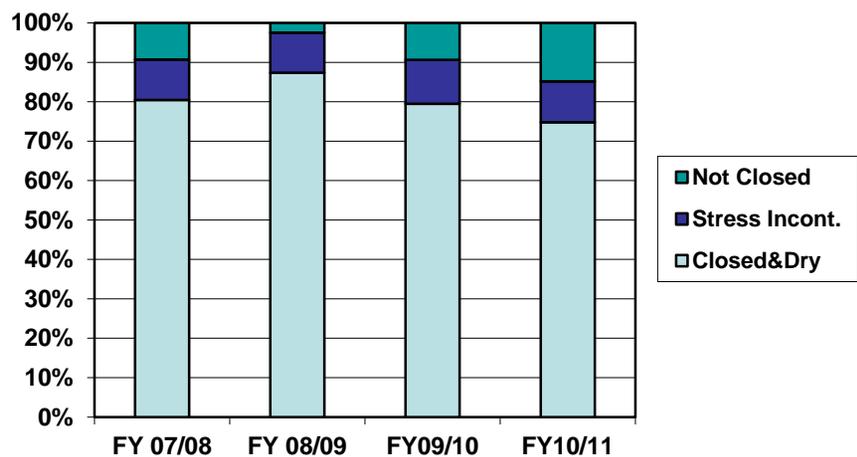
**Figure UGA 1. Total number repairs by site and year, Uganda**



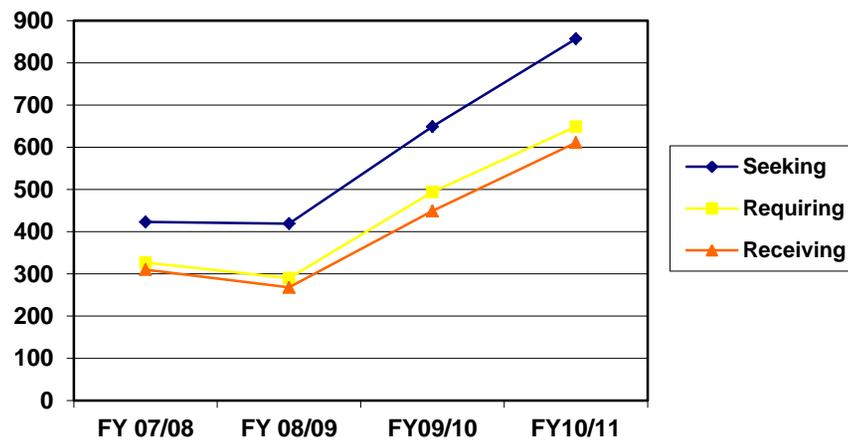
**Figure UGA 2. Total number of repairs by site and quarter, Uganda Oct 10- Sep 11**



**Figure UGA3. Repair Status (%) Among Women with Urinary Fistula at Time of Discharge, by FY**



**Figure UGA 4. Demand for Services, October 2007 - September 2011, Uganda**



**Table UGA I. Clinical Indicators by Site, October 2010 – September 2011, Uganda**

Fistula Treatment Indicators	Kagando					Kitovu					Country Total				
	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	FY Total
No. seeking FRS	176	96	107	104	483	62	73	86	153	374	238	169	193	257	857
No. requiring FRS	125	85	77	84	371	42	51	76	109	278	167	136	153	193	649
<b>No. receiving FRS</b>	<b>122</b>	<b>81</b>	<b>76</b>	<b>84</b>	<b>363</b>	<b>40</b>	<b>51</b>	<b>68</b>	<b>89</b>	<b>248</b>	<b>162</b>	<b>132</b>	<b>144</b>	<b>173</b>	<b>611</b>
<b>Percent receiving FRS</b>	<b>98%</b>	<b>95%</b>	<b>99%</b>	<b>100%</b>	<b>98%</b>	<b>95%</b>	<b>100%</b>	<b>89%</b>	<b>82%</b>	<b>89%</b>	<b>97%</b>	<b>97%</b>	<b>94%</b>	<b>90%</b>	<b>94%</b>
<b>Type of FRS performed</b>															
---urinary only	99	58	48	65	270	30	39	44	67	180	129	97	92	132	450
---urinary & RVF	0	0	4	1	5	3	1	2	1	7	3	1	6	2	12
--- RVF only	23	23	24	18	88	7	11	22	21	61	30	34	46	39	149
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>															
---first repair	62	51	28	48	189	23	24	34	47	128	85	75	62	95	317
---second repair	24	5	20	12	61	5	4	6	8	23	29	9	26	20	84
--- >2	13	2	4	6	25	5	12	6	13	36	18	14	10	19	61
<b>% women with first repair (urinary only)</b>	<b>63%</b>	<b>88%</b>	<b>54%</b>	<b>73%</b>	<b>69%</b>	<b>70%</b>	<b>60%</b>	<b>74%</b>	<b>69%</b>	<b>68%</b>	<b>64%</b>	<b>77%</b>	<b>63%</b>	<b>71%</b>	<b>69%</b>
No. discharged after FRS (urinary only)	91	66	34	69	260	30	39	44	67	180	121	105	78	136	440
No. discharged after FRS (urinary & RVF)	0	0	2	3	5	3	1	2	1	7	3	1	4	4	12
No. discharged after FRS (RVF only)	23	23	21	25	92	7	11	22	21	61	30	34	43	46	153
<b>Total no. discharged after FRS</b>	<b>114</b>	<b>89</b>	<b>57</b>	<b>97</b>	<b>357</b>	<b>40</b>	<b>51</b>	<b>68</b>	<b>89</b>	<b>248</b>	<b>154</b>	<b>140</b>	<b>125</b>	<b>186</b>	<b>605</b>
No. not discharged after FRS	11	3	22	9	45	0	0	0	0	0	11	3	22	9	45
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>															
--No. with closed fistula who are dry	63	44	15	49	171	29	38	40	60	167	92	82	55	109	338
---No. with closed fistula &	9	9	3	8	29	2	2	6	8	18	11	11	9	16	47

Fistula Treatment Indicators	Kagando					Kitovu					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
stress incontinence															
---No. whose fistula was not closed	19	13	18	15	65	2	0	0	0	2	21	13	18	15	67
<b>% with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>69%</b>	<b>67%</b>	<b>42%</b>	<b>68%</b>	<b>65%</b>	<b>88%</b>	<b>95%</b>	<b>87%</b>	<b>88%</b>	<b>89%</b>	<b>74%</b>	<b>77%</b>	<b>67%</b>	<b>78%</b>	<b>75%</b>
<b>Outcome of FRS (RVF only)</b>															
----closed and dry	22	23	20	24	89	7	11	22	21	61	29	34	42	45	150
----incontinent with water stool and /or flatus (gas)	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1
---incontinent with firm stool	1	0	1	0	2	0	0	0	0	0	1	0	1	0	2
<b>% with closed and dry fistula (RVF only)</b>	<b>96%</b>	<b>100%</b>	<b>95%</b>	<b>96%</b>	<b>97%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>97%</b>	<b>100%</b>	<b>98%</b>	<b>98%</b>	<b>98%</b>
<b>% with closed and dry fistula (urinary, urinary/RVF, RVF)</b>	<b>75%</b>	<b>75%</b>	<b>61%</b>	<b>75%</b>	<b>73%</b>	<b>90%</b>	<b>96%</b>	<b>91%</b>	<b>91%</b>	<b>92%</b>	<b>79%</b>	<b>83%</b>	<b>78%</b>	<b>83%</b>	<b>81%</b>
No. with complications after FRS	7	4	24	9	44	0	0	0	0	0	7	4	24	9	44
--- Major surgical complications	0	1	4	5	10	0	0	0	0	0	0	1	4	5	10
----Anesthesia-related complication	5	3	20	4	32	0	0	0	0	0	5	3	20	4	32
----Post-operative complication related to perceived success of surgery	2	0	0	0	2	0	0	0	0	0	2	0	0	0	2
<b>% with complications after FRS</b>	<b>6%</b>	<b>4%</b>	<b>42%</b>	<b>9%</b>	<b>12%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>5%</b>	<b>3%</b>	<b>19%</b>	<b>5%</b>	<b>7%</b>

**Table UGA 2. Number of Persons Trained by Topic,  
October 2010 – September 2011, Uganda**

Training Topic	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	FY Total
First surgical training in fistula repair	0	1	0	1	2
Continuing surgical training in fistula repair	2	1	2	0	4 <sup>67</sup>
Pre- and Post-operative care	0	0	0	3	3
C-section training	23	0	0	0	23
Infection Prevention training	0	619	0	0	619
Data for Decision Making	0	0	17	0	17
Orientation to fistula services	0	0	0	24	24
Partograph Use, Mentoring and Coaching	0	0	47	13	60
COPE	0	89	0	26	115
Fistula counseling: refresher	0	0	0	20	20
<b>Total</b>	<b>25</b>	<b>710</b>	<b>66</b>	<b>87</b>	<b>886</b>

**Table UGA 3. Community Outreach Efforts and Numbers Reached,  
October 2010 – September 2011, Uganda**

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
Outreach to community members	176	22,977	34	5,792	120	12,736	36	2361	366	43,866
Outreach to religious leaders	20	1,215	2	75	3	49	0	0	25	1,339
Outreach to health workers	4	40	1	4	9	93	7	187	21	324
Outreach for advocacy	0	0	0	0	0	0	3	37	3	37
<b>Total</b>	<b>200</b>	<b>24,232</b>	<b>37</b>	<b>5,871</b>	<b>132</b>	<b>12,878</b>	<b>46</b>	<b>2585</b>	<b>415</b>	<b>45,566</b>

<sup>67</sup>A total of 5 surgeons were trained during the FY, with one surgeon receiving both first and continuing training.

**Table UGA 4. Number of Clients by Method and Number counseled about FP, by Site. October 2010 – September 2011, Uganda**

Fistula FP Methods	FY Total											
	Bwera	Kagando	Kalungu	Karambi	Kitovu	Kiwangala	Kiyumba	Masaka RRH	Nyabugando	Rwesande	Town Council HC III	Country Total
Oral Pill	231	72	79	85	0	216	61	201	66	65	93	1169
IUCD	0	1	0	7	0	23	10	27	0	0	13	81
Condom (male)	2	6	6	49	0	20	10	46	51	3	27	220
Condom (female)	0	0	0	0	0	0	0	0	0	0	0	0
Injectable	1546	391	261	389	0	805	134	789	229	108	512	5164
Implant	299	137	0	44	0	99	28	69	0	193	64	933
Tubal Ligation	26	41	0	31	0	41	13	0	0	45	13	210
Vasectomy	7	1	0	2	0	0	0	0	0	4	0	14
Foaming Tablets	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total FP acceptors</b>	<b>2111</b>	<b>649</b>	<b>346</b>	<b>607</b>	<b>0</b>	<b>1204</b>	<b>256</b>	<b>1132</b>	<b>346</b>	<b>418</b>	<b>722</b>	<b>7791</b>
Total Number of clients counseled about FP methods	2360	571	258	346	666	1093	234	1172	138	431	548	7817

**Table UGA 5. Obstetric Services, by Site. October 2010 – September 2011, Uganda**

Obstetric Services	FY Total					
	Bwera	Kagando	Kitovu	Masaka RRH	Rwesande	Country Total
Number of vaginal deliveries	705	2410	1234	2765	147	7377
Number of C sections	105	938	752	708	12	2515
<b>Total Number of deliveries</b>	<b>810</b>	<b>3348</b>	<b>1986</b>	<b>3473</b>	<b>159</b>	<b>9892</b>
Percent deliveries by C section	13%	28%	38%	20%	8%	25%

## V. Management

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

**Staffing.** During this fiscal year we added one new global staff person (medical associate). The core global team, with two persons posted to the Rwanda office, includes 15 staff. The Global FC team includes the following:

- Isaac Achwal, Senior Medical Associate
- Karen Beattie, Project Director
- Sarah Burgess, Project Coordinator
- Bethany Cole, Senior Program Associate
- Altiné Diop, Project Coordinator
- Renée Fiorentino, Senior M&E/Research Associate
- Vera Frajzyngier, Senior M&E/Research Associate
- Jeanne Kabagema, Senior Medical Associate
- Evelyn Landry, Deputy Project Director
- Karen Levin, Program Associate for Monitoring and Evaluation
- Mieke McKay, Senior Program Associate
- Carrie Ngongo, Senior Program Associate
- Celia Pett, Medical Associate
- Joseph Ruminjo, Clinical Director
- Dana Swanson, Project Assistant

The team also received part-time support from the following EngenderHealth staff and consultants:

- Mark Barone— Principal Investigator for two fistula research studies: Determinants of Outcomes of Fistula Surgery and the RCT
- Macka Barry-- financial support for Niger
- Ellen Brazier-- community engagement in Bangladesh and Guinea
- Levent Cagatay— training support
- Betty Farrell— support for integration and prevention activities
- Pam Harper—support in development of technical materials
- Michael Klitsch, Tor De Vries and Weronika Murray—technical publications production
- Sita Millimono—medical monitoring and facilitative supervision in Mali
- Maynard Yost – budget and financial management (consultant)
- Steve Arrowsmith —fistula surgeon training, research design (consultant)

From April- October of 2011, Cristina Mattison, a recent graduate of McMaster University's M. Sc in Global Health program joined our Monitoring, Evaluation and Research team. She used her work with Fistula Care to fulfill the practicum requirement of her degree, writing up a review

of health systems strengthening literature as it is relevant to the Levels of Fistula Care framework. She also spent significant time helping the team clean our cesarean record review databases to be able to merge them to conduct aggregate analysis and to set up the analysis tables for the Guinea community survey data.

**Active Subawards.** During the past year a total of seven new or replacement subawards were issued: four new awards in DR Congo, one in Rwanda, one in Niger and an award to FIGO to support the international training curriculum rollout. In total, active subawards to our partners in FY10/11 totaled \$9,899,944; Table 20.

**Table 20. Active Subawards, September 30, 2011**

Institution	Country	Start Date	End Date	Subaward Number	Total obligated
<b>New Awards Made July –Sept 2011</b>					
REF	Niger	August 1, 2011	June 30, 2012	FCA-200-02	\$265,708
<b>Other Active Awards</b>					
Gloag Foundation	Sierra Leone	July 1, 2010	June 30, 2012	FCA-500-01	\$708,194
IntraHealth	Ethiopia	October 1, 2008	September 30, 2012	FCA-101-02	\$2,200,617
IntraHealth	Mali	October 1, 2008	September 30, 2012	FCA-101-01	\$2,185,200
REF	Niger	November 25, 2008	July 31, 2011	FCA-200-01	\$442,441
Heal Africa	DR Congo	February 1, 2009	June 30, 2012	FCA-600-01	\$867,521
Kitovu Hospital	Uganda	February 1, 2009	June 30, 2012	UGA-004-05	\$656,447
Kagando Mission Hospital	Uganda	February 1, 2009	June 30, 2012	UGA-008-04	\$377,797
Lamb Hospital	Bangladesh	February 15, 2009	June 30, 2012	BGD-068-03	\$254,886
Kumudini Hospital	Bangladesh	February 15, 2009	May 31, 2012	BGD-069-03	\$160,004
Ad-Din Foundation	Bangladesh	November 1, 2009	December 31, 2011	BGD-071-02	\$283,214
Mercy Ships <sup>68</sup>	Multiple countries	April 1, 2010	August 31, 2010	FCA 100-03	\$101,258
Mercy Ships	Benin	October 1, 2009	December 31, 2009	FCA 100-02	\$55,433
Ruhengeri	Rwanda	March 15, 2009	September 30, 2011	FCA-400-01	\$195,486
Kanombe Military Hospital	Rwanda	May 1, 2010	September 30, 2011	FCA-401-01	\$149,912
Centre Hospitalier de Kigali (CHUK)	Rwanda	December 1, 2010	November 30, 2011	FCA-402-01	\$113,442
FIGO	Sub-Saharan Africa	February 1, 2011	June 30, 2012	FCA-501-01	\$268,964
St. Joseph's	DR Congo	May 1, 2011	June 30, 2012	FCA-606-01	\$251,076
Mutombo	DR Congo	May 1, 2011	June 30, 2012	FCA-605-01	\$157,370
IGL/Beni	DR Congo	May 1, 2011	June 30, 2012	FCA-602-01	\$103,774
MSR/Kindu	DR Congo	May 1, 2011	June 30, 2012	FCA-604-01	\$101,200
<b>Total</b>					<b>\$9,899,944</b>

<sup>68</sup> This award to Mercy Ships was to support training of surgeons from Nigeria, Rwanda and Benin aboard the *Africa Mercy*.

**International Technical Assistance Provided to 11 Countries.** During the fourth year, EngenderHealth staff and consultants conducted 43 technical assistance visits in 11 countries. We utilized staff from the Guinea office to provide technical support to programs in Mali and Niger. Consultants provided assistance for training in fistula repair in Benin, Rwanda, and Uganda as well as in the conduct of a cost study in Nigeria. Considerable efforts were made in supporting the start of up activities in four new sites in DR Congo (6 visits). In addition, while not listed here, Dr. Jeanne Kabagema who is part of the global team residing in Rwanda, provided assistance to the Rwanda program in medical monitoring and counseling training support. The focus of the technical assistance visits, by quarter, are shown in Table 21.

**Table 21. International Technical Assistance, October 2010-September 2011**

Country	Purpose	Who
<b>July to September 2011</b>		
DR Congo	Logistic support for advanced surgical training for two doctors (Dr. Dolorès Nembunzu of St. Joseph's Hospital and Dr. Leon Mubikayi of Hôpital Biamba Marie Mutombo)	Dr. Isaac Achwal Bethany Cole Steve Arrowsmith (C)
DR Congo	Medical monitoring, COPE introduction, Infection Prevention Training, Subaward finance and management orientation at St. Joseph's Hospital and Hôpital Biamba Marie Mutombo in Kinshasa	Dr. Isaac Achwal Bethany Cole
DR Congo	Medical monitoring, COPE introduction, Infection Prevention Training, Subaward finance and management orientation at HEAL Africa in Goma, IGL in Beni and MSR in Kindu	Dr. Isaac Achwal Bethany Cole Michel Mpunga
Ethiopia	To conduct a need assessment to inform decision on whether to make Sekota a fistula repair; conduct a assessment of Gondar hospital for its possible inclusion in the RCT study	Dr. Isaac Achwal
Niger	To conduct medical monitoring site visits to supported Fistula Care facilities in Niger; Conduct assessment of potential RCT site in Niger	Dr. Joseph Ruminjo
Nigeria	To develop plan and terms of reference fir piloting a community screening exercise for fistula in 1-2 states and to discuss data needs fir developing an estimate for fistula of prevalence and incidence in the states selected for the pilot community screening	Evie Landry Dr. Vera Frajzyngier
Rwanda	To conduct a training in fistula training at CHUK for teams of doctors and nurses from CHUK, Kanombe, Kibogora and Ruhengeri hospitals	Dr. Weston Khisa (C)
Rwanda	To discuss next year workplan and for management discussions with USAID Mission and staff;	Karen Beattie Mieko McKay
Uganda	To conduct fistula surgery at Kitovu Hospital workshop	Dr. John Kelly, Dr. Shane Duff, and Dr. Thomas Raassen (consultants)
<b>April to June 2011</b>		
Bangladesh	Develop a strategy for Fistula Care's community engagement activities, documenting the aspects that work best and the practices that we would like to see further replicated. Help Kumudini Hospital to redesign their community outreach strategy in order to increase patient identification and geographic reach	Ellen Brazier Carrie Ngongo
Benin	Provide training follow-up and support to two Beninese surgeons who were trained on board the <i>Africa Mercy</i> .	Dr. Steve Arrowsmith (consultant)
DR Congo	Conduct clinical monitoring and introduction of quality improvement approaches at six supported fistula treatment	Dr. Isaac Achwal

Country	Purpose	Who
	sites (IGL, Heal Africa, MRSK, Panzi Hospital, St Joseph Hospital, and Mutombo)	
Guinea	Orient research firm key staff on the evaluation protocol for the levels of care evaluation; train hospital staff on post-repair client interviews.	Renée Fiorentino
Guinea	Participate in National Fistula Day. Review current activities in Guinea and discuss plans for FY12	Karen Beattie
Guinea	Co-conduct 9 site assessments and participate in program partner key informant interviews for the levels of care evaluation	Dr. Jeanne Kabagema Renée Fiorentino Mieko McKay
Sierra Leone	Conduct a medical site visit to Aberdeen Women's Centre and an initial assessment of Bo General Hospital.	Dr. Joseph Ruminjo
Rwanda	Follow up training to finance team.	Maynard Yost
Rwanda	Conduct a fistula training workshop at CHUK for teams of doctors and nurses from CHUK, Kanombe, Kibogora and Ruhengeri hospitals .	Dr. Weston Khisa (C)
Rwanda	Conduct a fistula training workshop at Ruhengeri hospital for teams of doctors and nurses from CHUK, Kanombe, Ruhengeri and Kibogora hospitals	Dr. Frank Asiimwe, Dr. Julius Kiiru (consultants)
Rwanda	To work with Rwanda FC staff and supported site staff to assess areas needing monitoring improvement and develop a data monitoring plan for the remainder of the project. To update Rwanda office staff on FC M&E tools; and to meet with MOH to discuss fistula indicators for ongoing data collection and monitoring	Karen Levin
Uganda	Conduct a workshop to develop MOH Uganda Training Guidelines for Fistula Treatment with partners and key stakeholders. Conduct key informant interviews for developing training guidelines.	Dr. Joseph Ruminjo
Uganda	Conduct Fistula Surgery for Kitovu Hospital Camp in April 2011	Dr. John Kelly (C) Dr. Mike Breen (C)
Uganda	Provide in service training to finance team and develop budget for next year.	Maynard Yost (C)
<b>January to March 2011</b>		
Bangladesh	Conduct medical site visits to supported sites and provide an orientation to two new clinical staff.	Dr. Joseph Ruminjo
DR Congo	Meet with staff at St. Joseph's and Mutombo Hospital in Kinshasa to discuss subaward preparation and provide orientation on subawards, review of narrative and budget and reporting templates.	Bethany Cole
Guinea	Finalize the of Levels of Care evaluation plan with in-country team; and dissemination of cesarean indications study findings.	Renee Fiorentino, Ellen Brazier
Guinea	Conduct family planning integration with fistula treatment orientation for FC/Guinea staff, clinical staff at supported sites and with village health committees in Conakry, Kissidougou, and Labe.	Betty Farrell
Mali	Conduct quality improvement activities and to attend National Fistula Standards Meeting to develop standardized training and data collection tools and job aids for fistula.	Betty Farrell
Mali	Visit new FC sites to assess their readiness for FP-integration with FC services; co-facilitate a follow up meeting for FP Coordinators; orient new FP Coordinators	Betty Farrell

Country	Purpose	Who
	from FC supported States.	
Nigeria	Follow up about family planning integration activities.	Betty Farrell
Nigeria	Lead the pilot study of adapted UNFPA cost assessment tool in two hospitals in Nigeria.	Shipra Shirai (C)
Nigeria	Interview candidates for M&E/R Senior Advisor for Nigeria and gather data for a new technical brief about community screening.	Evelyn Landry
Rwanda	Conduct a fistula training workshop at Ruhengeri hospital for teams of doctors and nurses from CHUK, Kanombe, Ruhengeri, and Kibogora hospitals.	Dr. Julius Kiiru(C) Dr. Weston Khisa (C)
Rwanda	Follow up on office management and program support.	Mieko McKay
Rwanda	Train teams of Rwandan doctors and nurses in fistula repair and management.	Dr. Marietta Mahendeka (C) Dr. Thomas Raassen (C)
Uganda	Conduct COPE trainings at Masaka Reference Hospital.	Bethany Cole
<b>October-December 2010</b>		
Bangladesh	Provide support and orient new Fistula Coordinator; make site visits to review workplan activities.	Carrie Ngongo
DR Congo	Conduct needs assessments for four new facilities completed.	Isaac Achwal
Mali	Co-facilitate a medical monitoring and facilitate supervision workshop for providers from three regions.	Mieko McKay Sita Millimono
Niger	Train research teams in data collection methods for the cesarean section retrospective record review study	Renee Fiorentino
Nigeria	Prepare for the inauguration of the new National Fistula Working Group; present findings from the May 2010 environmental scan and review strategic recommendations with USAID/Nigeria.	Karen Beattie
Rwanda	Monitor fistula surgical trainees at Ruhengeri.	Isaac Achwal
Uganda	Co-facilitate a site assessment for a new fistula repair site and attend a partner's meeting and a Technical Working Group meeting.	Bethany Cole

(C)consultant

**Working with USAID/Washington.** Fistula Care management staff have regular face-to-face meetings or meetings via teleconference with USAID. We have consulted routinely on management, funding, program implementation, and research priorities. The annual management review meeting was held in May 2011. In July 2011, USAID conducted an evaluation of the Fistula Care project. Fistula Care staff in New York and four field programs (Guinea, Ethiopia, Nigeria and Uganda) met with the evaluation team to discuss progress, opportunities and challenges. The final report will be issued by USAID in FY12.

**Leveraging Other Funds in Support of Fistula Care Services.** EngenderHealth has been able to leverage funds from private donors in two countries to support selected services and activities for fistula: in Bangladesh private funds are used to cover patient transport cost, and in Guinea private funds are used to support some community activities.

**Financial Management.** We routinely submit monthly pipeline reports to USAID/W that describe the current state of 35 funds. The monthly monitoring enables us to determine which

country programs or sub-awardees (n=21) are implementing activities on track, and which might need some additional support. The project has also established standardized budgeting procedures to assist in project management.

**Workplans, PMP and Other Contractual Requirements.** As required by the cooperative agreement, the project has prepared and submitted an annual workplan and has collaborated with USAID/W in the development of the PMP for the project. The project submitted the fourth annual *Environmental Screening Report* in September 2011 to USAID

**Challenges.** Fistula surgery is complex and requires a high level of skill. As reported last year, managing expectations of both Ministries of Health and USAID Missions on the speed with which capacity can be developed while quality is maintained continues to be a constant challenge. In addition, in the past year, as in many other areas of health care, the project has seen changes in personnel at the country level. Some are at the level of the Ministry of Health, for instance in Guinea and Nigeria, where new governments have brought about changes which require renewed efforts in advocacy, communication and technical support on programmatic activities; in the case of Nigeria this included both the Federal and State levels. Others are at the programmatic level, where trained surgeons are reassigned to other duties at facilities where fistula treatment is not available, or leave for further studies. This has happened in several of the countries where we work. While we are training new surgeons all the time, this has a significant impact when the surgeons who leave have achieved a level of advanced skill, such as Dr. Frank Assimwe in Uganda, or Dr. Dantani in Nigeria. We know that Frank will continue to do fistula surgery after he completes his urology residency in Tanzania and Dr. Dantani has continued to provide fistula surgeries on the weekends in order to maintain his skills. In other areas, we are not as fortunate. In addition, periods of instability in Nigeria and Uganda have resulted in delays in some activities.

The project was not successful in securing additional funding to support activities in Rwanda. The USAID Mission will be issuing a bilateral cooperative agreement for an integrated health project and the Ministry of Health is encouraging the reduction of the the number of international partners in-country. The project will close its office in Rwanda in March 2012 and has held discussions with the Mission regarding closeout of program activities. The Mission did ask if we would be available for technical assistance from the global level if additional money were available next year and we responded affirmatively.

The randomized controlled trial on catheterization is now in progress with an investigators' meeting taking place in Nairobi during the week of November 14, 2011. We had hoped that this activity would have started in July 2011. It is almost a year since the protocol was finalized. Securing the necessary ethical approvals from USAID, WHO and individual country IRBs, developing the agreements with the participating institutions, hiring research personnel at the country level, resulted in unanticipated delays in trial implementation. These issues have been resolved.

## Annex I. USAID Fistula Care Sites and Partners

As of September 30, 2011, sites ever supported through EngenderHealth or USAID bilateral projects and planned expansion during FY 11-12 by Country

Country	Supported Sites	Type of Facility (NGO, FBO or public)	Current Repair sites <sup>69</sup>	Current Prevention only sites	In development <sup>70</sup>	No longer supported <sup>71</sup>
Bangladesh	Ad-Din Hospital, Dhaka	NGO	X			
	Kumudini Hospital	NGO	X			
	LAMB Hospital	FBO	X			
	Memorial Christian Hosp. <sup>72</sup>	FBO				X (T)
	Ad-Din Hospital, Jessore	NGO	X			
Benin	Mercy Ships - <i>Africa Mercy</i> <sup>73</sup>	FBO				X (T)
DR Congo	HEAL Africa Hospital, Goma	FBO	X			
	Panzi Hospital, Bukavu	FBO	X			
	Project AXxes (USAID Bilateral)	Public				X (T)
	Imagerie des Grands Lacs (IGL)– Beni	FBO	X			
	Maternite Sans Risque – Kindu	FBO	X			
	St. Joseph’s Hospital, Kinshasa	FBO	X			
	Biamba Marie Mutombo Hospital, Kinshasa	NGO	X			
	Integrated Health Program (IHP) <sup>74</sup>	Public			X (T)	
Ethiopia <sup>75</sup>	Arba Minch Hospital (USAID Bilateral)	FBO				X (T)
	Bahir Dar Fistula Center (USAID Bilateral)	FBO	X			
	Mekelle Fistula Center (USAID Bilateral)	FBO	X			
	Yirga Alem Fistula Center (USAID Bilateral)	Public			X	

<sup>69</sup> Most repair sites include one or more fistula prevention interventions such as family planning counseling and information and/or services or provision of maternity services (e.g., monitoring of deliveries with the partograph, cesarean delivery). The exception is the *Africa Mercy*.

<sup>70</sup> (T): treatment for fistula repair; (P): prevention only

<sup>71</sup> We count Mercy Ships hospital ships (*Anastasis and Africa Mercy*) as one supported site. Sites no longer supported includes prevention only and repair sites.

<sup>72</sup> The fistula surgeon from this faith-based hospital returned to the United States and the site decided not to proceed with fistula services.

<sup>73</sup> In partnership with Mercy Ships, their floating hospital moves between ports approximately once a year. Fistula services and training are provided while the ship is based in country. The partnership with Mercy Ships ended in September 2010. In Benin, fistula services are provided at some UNFPA supported sites.

<sup>74</sup> USAID/DR Congo bilateral program managed by Management Sciences for Health; support for fistula treatment services expected to start in FY 12.

<sup>75</sup> USAID/Ethiopia supports repair and prevention activities at three Hamlin Fistula Ethiopia facilities (Bahir Dar, Mekelle, and Yirga Alem). In FY10 USAID/Ethiopia provided funds to Hamlin Fistula Ethiopia to support repairs at Arba Minch Hospital, a site supported by the Norwegian Church.

Country	Supported Sites	Type of Facility (NGO, FBO or public)	Current Repair sites <sup>69</sup>	Current Prevention only sites	In development <sup>70</sup>	No longer supported <sup>71</sup>
	Bilateral)					
	Adet Health Center	Public		X		
	Dangla Health Center	Public		X		
	Woreta Health Center	Public		X		
	Tefera Hailu Hospital, Sekota	Public		X		
Ghana	Mercy Ships – <i>Anastasis</i> <sup>76</sup>	FBO				X (T)
Guinea	Ignace Deen University Teaching Hospital <sup>77</sup>	Public		X		
	Jean Paul II Hospital, Conakry	Public	X			
	Kissidougou District Hospital	Public	X			
	Labé Regional Hospital	Public	X			
	Boké Regional Hospital	Public		X		
	Kindia Regional Hospital	Public		X		
	Nzerekore Regional Hospital	Public		X		
	Mamou Regional Hospital	Public		X		
	Faranah Regional Hospital	Public		X		
Liberia	Mercy Ships - <i>Africa Mercy</i> <sup>78</sup>	FBO				X (T)
Mali <sup>79</sup>	Gao Regional Hospital	Public	X			
	Ansongo District Hospital	Public		X		
	Bourem District Hospital	Public		X		
	Ménaka District Hospital	Public		X		
	Gao District Hospital	Public		X		
Niger	Dosso Regional Hospital	Public	X			
	Lamordé Hospital (Niamey)	Public	X			
	Maradi Regional Hospital	Public	X			
	Tassigui Maternity Hospital (Tahoua)	Public	X			
	Issaka Gazoby Maternity Hospital (Niamey)	Public		X		
	Téra District Hospital	Public		X		

<sup>76</sup> See previous note about partnership with Mercy Ships.

<sup>77</sup> In FY 10/11 Ignace Deen will no longer be supported to provide fistula repair services due to limited space. It will be supported for prevention activities. Trained surgeons from Ignace Deen will be used for surgical sessions at other sites in Guinea on a periodic basis.

<sup>78</sup> Services are now available in Liberia through the JFK Memorial Hospital supported by the Gloag Foundation.

<sup>79</sup> Fistula Care provides counseling training to fistula treatment sites in Bamako, Segou, and Mopti to strengthen the quality of services.

Country	Supported Sites	Type of Facility (NGO, FBO or public)	Current Repair sites <sup>69</sup>	Current Prevention only sites	In development <sup>70</sup>	No longer supported <sup>71</sup>
Nigeria <sup>80</sup>	Babbar Ruga Hospital (Katsina)	Public	X			
	National Obstetric Fistula Ctr. Abakaliki <sup>81</sup> (Ebonyi)	Public	X			
	Faridat Yakubu General Hospital (Zamfara)	Public	X			
	Kebbi Fistula Center (Kebbi)	Public	X			
	Laure Fistula Center at Murtala Mohammed Specialist Hospital (Kano)	Public	X			
	Maryam Abacha Women's and Children's Hospital (Sokoto)	Public	X			
	Ningi Hospital (Bauchi)	Public	X			
	Cross Rivers State	Public			X (T)	
	Kwara State	Public			X (T)	
	<b>Prevention only</b>					
	Kwara State TBD				X (P)	
	Kwara State TBD				X (P)	
	Kwara State TBD				X (P)	
	Cross River State TBD				X (P)	
	Cross River State TBD				X (P)	
	Cross River State TBD				X (P)	
	Owutuedda General Hospital (Ebonyi)	Public		X		
	Cottage Hospital, (Katsina)	Public		X		
	Ebonyi State University Teaching Hospital	Public		X		
	Ezangbo Maternity Hospital (Ebonyi)	Public		X		
	Mother and Child Care Initiative FP Clinic (Ebonyi)	Public		X		

<sup>80</sup> In the April –June 2011 period the USAID bilateral project TSHIP assumed the technical assistance role for FP services at the 4 sites in Sokoto State. In addition in this same period there was a hiatus in support to 17 other FP centers (prevention only sites) in Nigeria at the request of USAID. USAID/Nigeria has reversed this decision and FC will reinstitute technical support and reporting from these 17 facilities in the next quarter. In addition TSHIP will support provision of FP methods at the fistula repair center in Bauchi state; however FC will provide FP counseling services for women who have been treated for fistula.

<sup>81</sup> Formerly Ebonyi VVF Center. In the May 2011 the center was renamed when it became a designated federal center.

Country	Supported Sites	Type of Facility (NGO, FBO or public)	Current Repair sites <sup>69</sup>	Current Prevention only sites	In development <sup>70</sup>	No longer supported <sup>71</sup>
	Mgbo Primary Health Center (Ebonyi)	Public		X		
	Comprehensive Health Center, Kumbotso (Kano)	Public		X		
	Takai Community/NYSC Health Center, Takai (Kano)	Public		X		
	Tarauni MCH Clinic (Kano)	Public		X		
	Unguku MCH Clinic (Kano)	Public		X		
	Muhammadu Abdullahi Wase Hospital (Kano)	Public		X		
	Jega General Hospital, (Kebbi)	Public		X		
	Kamba General Hospital (Kebbi)	Public		X		
	Maiyama General Hospital (Kebbi)	Public		X		
	Argungum General Hospital (Kebbi)	Public		X		
	Dakingari Primary Health Center (Kebbi)	Public		X		
	D/D General Hospital (Sokoto)	Public				X (P)
	Rabah General Hospital (Sokoto)	Public				X (P)
	Iss General Hospital (Sokoto)	Public				X (P)
	Jabo Primary Health Center (Sokoto)	Public				X (P)
	Bakura General Hospital (Zamfara)	Public		X		
	Bungudu General Hospital (Zamfara)	Public		X		
Pakistan	Jinnah Postgraduate Medical College (JPMC), Karachi	Public			X (T)	
Rwanda <sup>82</sup>	Central University Hospital, Kigali (CHUK)	Public	X			
	Kanombe Hospital	Public	X			
	Ruhengeri Hospital	Public	X			
	Kibogora Hospital	FBO	X			
Sierra Leone	Aberdeen Women's Centre	NGO	X			
Togo	Africa Mercy <sup>83</sup>	FBO				X (T)

<sup>82</sup> Plans to support two faith based hospitals, Kabgayi and Gahini have been dropped, although Fistula Care did provide both sites with delivery kits.

Country	Supported Sites	Type of Facility (NGO, FBO or public)	Current Repair sites <sup>69</sup>	Current Prevention only sites	In development <sup>70</sup>	No longer supported <sup>71</sup>
Uganda	Kagando Mission Hospital	FBO	X			
	Kitovu Mission Hospital	FBO	X			
	Hoima Hospital	Public			X (T)	
	Kasese area City Council HC III	Public		X		
	Bwera District Hospital (Kasese)	Public		X		
	Rwesande HCIV (Kasese)	Public		X		
	Karambi HC III (Kasese)	Public		X		
	Nyabugando HC III (Kasese)	Public		X		
	Masaka Regional Hospital	Public		X		
	Kiwangala HCIV (Masaka)	Public		X		
	Kalungu HC III (Masaka)	Public		X		
	Kiyumba HC IV (Masaka)	Public		X		
	<b>Total</b>		<b>34 Total 32 FC 2 Other</b>	<b>48 Total 47 FC 1 Other</b>	<b>5T Total 3 FC 2 Other 6 P (FC only)</b>	<b>4 T sites and 4 P sites in 8 countries</b>

<sup>83</sup> See previous note about Mercy Ships.

## Annex 2. Fistula Care Results by Indicator and Benchmarks

<b>RESULT NAME:</b> SO: To establish and/or strengthen fistula prevention, repair & reintegration programs in at least 12 institutions in Sub-Saharan Africa & South Asia		
<b>INDICATOR 1:</b> # of sites supported by Fistula Care /USAID support		
<b>YEAR</b>	<b>PLANNED</b>	<b>ACTUAL</b>
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
<b>2008/2009</b>	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
<b>2009/2010</b>	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	77 Total Repair only: 8 Repair & FP: 2 Repair &OC: 2 Repair, OC, FP: 20 OC & FP: 18 FP only: 22 OC only: 4 Community outreach: 1
<b>2010/2011</b>	85 Total Repair only: 5 Repair & FP: 2 Repair &OC: 3 Repair, OC, FP: 20 OC & FP: 24 FP only: 22 OC only: 4	82 Total Repair only: 2 Repair & FP: 5 Repair &OC: 2 Repair, OC, FP: 25 OC & FP: 21 FP only: 22 OC only: 4 Community outreach: 1
<b>2011/2012</b>	82 Total Repair only: 2 Repair & FP: 5 Repair &OC: 2 Repair, OC, FP: 25 OC & FP: 21 FP only: 22 OC only: 4 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:

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

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 /OC 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 /OC 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 1<sup>st</sup> quarter

\*\* Repair sites and 1 FP/OC site by USAID/Ethiopia.

**FY 2009/2010 (actual):**

	Repair only	Repair & FP	FP/OC only	Other	Total
Bangladesh	0	4	0	0	4
Benin	1	0	0	0	1
DRC*	0	3	0	0	3
Ethiopia**	3	0	3	1	7
Guinea	0	4	5	0	9
Liberia	NS	NS	NS	NS	NS
Mali	0	1	4	0	5
Niger	2	2	1	0	5
Nigeria	2	4	22	0	28
Rwanda	0	3	0	0	3
Sierra Leone	0	1	0	0	1
Togo	1	0	0	0	1
Uganda	0	2	9	0	11
Total	8	24	44	1	77

\*1 repair site supported by USAID/DR Congo

\*\*Repair sites and 1 FP/OC site by USAID/Ethiopia.

**FY 2010/2011 (actual):**

	Repair only	Repair & FP	FP /OC only	Unknown	Total
Bangladesh	0	4	0	0	4
Benin	NS	NS	NS	0	NS
DRC	0	6	0	0	6
Ethiopia*	2	0	4	1	7
Guinea	0	4	5	0	9
Liberia	NS	NS	NS	NS	NS
Mali	0	1	4	0	5
Niger	2	2	2	0	6
Nigeria	2	5	22	0	29
Rwanda	1	3	0	0	4
Sierra Leone	0	1	0	0	1
Togo	NS	NS	NS	NS	NS
Uganda	0	2	9	0	11
Total	7	28	46	1	82

\*2Repair sites and 1 FP/OC site by USAID/Ethiopia.

NS=not supported

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

**INDICATOR 2:** # of women receiving fistula repair surgery

YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	3,437
2007/2008	3,882	4,107
2008/2009	5,076	4,183
<b>2009/2010</b>	4,245	4,972
<b>2010/2011</b>	<b>4,500</b>	<b>4,727</b>
2011/2012	<b>4,746</b>	

**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	143	150		665
Benin	NS	NS	110	21	20		151
DRC	586	695^^	924^^	986^^	565		3,756
Ethiopia^	470	596	463	587	502		2,618
Ghana	42	NS	NS	NS	NS		42
Guinea	292	229	316	392	459		1,688
Liberia	NS	59	NS	NS	NS		59
Mali	NS	NS	46	40	91		177
Niger	27	213	158	220	333		951
Nigeria	1081	1437	1347	1612	1,507		6,984
Rwanda	147	83	167	259	278		934
Sierra Leone	272	363	253	166	211		1,265
Togo	NS	NS	NS	97	NS		97
Uganda	401	310	268	449	611		2,039
<b>Total</b>	<b>3,437</b>	<b>4,107</b>	<b>4,183</b>	<b>4,972</b>	<b>4,727</b>		<b>21,426</b>

NS=No USAID support.

^Data for Ethiopia sites in FY 06/07 & FY 07/08 are corrected.

^^Data for DRC in 07/08, 08/09 and 09/10 include Project AXxes data

<b>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</b>		
<b>INDICATOR 3:</b> % of women who received fistula surgery who have a closed fistula and are dry upon discharge		
<b>YEAR</b>	<b>PLANNED</b>	<b>ACTUAL</b>
2006/2007 (Baseline)	N/A	87%
2007/2008	75%	79%
2008/2009	75%	75%
<b>2009/2010</b>	75%	73%
<b>2010/2011</b>	<b>75%</b>	<b>76%</b>
<b>2011/2012</b>	<b>75%</b>	
<p><b>UNIT OF MEASURE:</b> Number  <b>SOURCE:</b> Project reports, quarterly  <b>INDICATOR DESCRIPTION:</b> # of women who received any type of fistula repair surgery (urinary only, Urinary and RVF) who when discharged, had a closed fistula and were dry at time of discharge.  # women who fistula repair surgery (urinary, urinary/RVF) with a closed fistula and dry at time of discharge / # women who had fistula repair surgery (urinary, fistula and/or urinary/RVF) and were discharged X 100</p> <p><b>2006/2007:</b> Does not include Niger (missing). Ranges were from 55% (Ghana) to 99% (Nigeria).  <b>2007/2008:</b> Ranges were from 67% (Ethiopia) to 93% (Nigeria). See individual country reports.  <b>2008/2009:</b> Ranges were from 64% (Niger) to 80% or higher (Ethiopia, Guinea, Uganda, Mali and Rwanda). See individual country reports.  <b>2009/2010:</b> Ranges were from 55% (Niger) to 80% or higher (Guinea, Rwanda and Sierra Leone)  <b>2010/2011:</b> Ranges were from 69% (Ethiopia) to 80% or higher (DR Congo, Guinea, Mali, Sierra Leone)</p>		

<b>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</b>		
<b>INDICATOR 4: % of women who had fistula surgery who experienced a reportable complication<sup>84</sup></b>		
<b>YEAR</b>	<b>PLANNED</b>	<b>ACTUAL</b>
2006/2007 (Baseline)	N/A	9%
2007/2008	20% or less	5%
2008/2009	20% or less	3%
2009/2010	20% or less	3%
<b>2010/2011</b>	<b>20% or less</b>	<b>2%</b>
<b>2011/2012</b>	<b>20% or less</b>	
<p><b>UNIT OF MEASURE:</b> Number</p> <p><b>SOURCE:</b> Project reports</p> <p><b>INDICATOR DESCRIPTION:</b> Reportable Complications can either be major or minor related to the fistula surgery or to anesthesia. Deaths will be reported under complications.</p> <p>#women who had any type of fistula repair surgery who experienced a reportable complication / total # women discharged after any type of fistula repair surgery X 100</p> <p><b>2006/2007 (Baseline):</b> Does not include data for Ethiopia and Niger (missing). Ranges from 1% (Nigeria) to 50% (Sierra Leone)</p> <p><b>2007/2008:</b> Ranges were from 0% (Niger) to 15% (Bangladesh). Data not reported from Ethiopia. See individual country reports.</p> <p><b>2008/2009:</b> Ranges were from 0% (Mali) to more than 20% (Bangladesh and Benin). See individual country reports.</p> <p><b>2009/2010:</b> Ranges were from 0% (Mali, Niger) to 11% (Bangladesh)</p> <p><b>2010/2011:</b> Ranges were from 0% (Guinea, Mali, Niger) to 7% (Uganda)</p>		

<sup>84</sup> During the April 2008 meeting in Accra we discussed complications reporting during small group discussion. Based on these discussions we have developed guidelines for reporting complications.

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

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

YEAR	PLANNED	ACTUAL
2006/2007 (Baseline)	N/A	603
2007/2008	1,800	4,858
<b>2008/2009</b>	5,000	5,531
<b>2009/2010</b>	3,034	6,922
<b>2010/2011</b>	<b>7,545</b>	<b>7,848</b>
<b>2011/2012</b>		

**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 (total at bottom may not equal sum because some surgeons receive more than one training in a fiscal year, but are only counted once in the total).

Topic	06/07	07/08	08/09	09/10	10/11
Surgeons for 1 <sup>st</sup> fistula repair training:	58	52	12	16	17
Continuing training in Fistula repair	8	29	29	47	41
Pre /Post operative care for fistula	116	99	161	64	201
Obstetric Care	32	0	147	525	663
Infection Prevention	n/a	135	128	137	797
Quality assurance	n/a	60	64	183	182
Fistula Counseling	n/a	76	156	177	183
FP Counseling	n/a	42	29	50	n/a
FP methods, including Contraceptive Technology Updates	n/a	40	16	236	64
Men as Partners	n/a	134	0	0	n/a
Community Outreach and Advocacy	n/a	4,105	2,586	2157	2385
Fistula Screening and Prevention for health workers	n/a	n/a	1,933	3210	3291
Quality improvement (COPE, IP, counseling)	101	n/a	n/a	n/a	n/a
Prevention/referral/advocacy:	112	n/a	n/a	n/a	n/a
Data management:	87	9	145	91	n/a
Other:	89	77	125	36	41
<b>Total</b>	<b>603</b>	<b>4,858</b>	<b>5,531</b>	<b>6,922</b>	<b>7,848</b>

**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**

<b>INDICATOR 6: # of community outreach events for fistula prevention</b>					
<b>YEAR</b>	<b>PLANNED</b>				<b>ACTUAL</b>
2006/2007 (Baseline)	N/A				513
2007/2008	625				1,323
<b>2008/2009</b>	1,500				4,113
<b>2009/2010</b>	4,670				5,728
<b>2010/2011</b>	<b>3,500</b>				<b>6,528</b>
<b>2011/2012</b>					
<b>UNIT OF MEASURE:</b> Number <b>SOURCE:</b> Project reports <b>INDICATOR DESCRIPTION:</b> # events carried out by program partners to provide information about fistula prevention and other safe mother hood issues.					
	<b># of Events</b>				
	<b>FY07-08</b>	<b>FY08-09</b>	<b>FY09-10</b>	<b>FY10-11</b>	
Bangladesh	232	29	140	165	
DRC	206	0	0	9	
Ethiopia	591**	3,659	3,894	5,297	
Guinea	37	13	100	105	
Mali	0	0	481	7	
Niger	136	65	25	28	
Nigeria	121	307	1,040	501	
Rwanda	0	0	0	0	
Sierra Leone	0	0	0	1	
Uganda	0	0	48	415	
Total	1,323	4,073	5,728	6,528	
**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					

<b>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</b>		
<b>INDICATOR 7 : # persons reached about fistula prevention at outreach events</b>		
<b>YEAR</b>	<b>PLANNED</b>	<b>ACTUAL</b>
2006/2007 (Baseline)	N/A	239,675
2007/2008	350,000	442,534
<b>2008/2009</b>	500,000	720,058
<b>2009/2010</b>	710,500	1,026,674
<b>2010/2011</b>	<b>558,000</b>	<b>1,157,230</b>
<b>2011/2012</b>		

**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

**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	FY 09/10	FY10/11	FY11/12
Bangladesh	15,138	2,521	6,697	6,011	
DRC	17,224	0	0	2,270	
Ethiopia	297,292	531,724	535,982	683,966	
Guinea	2,230	3,633	55,036	54,227	
Liberia	0	2,593	NS	NS	
Mali	0	0	5,394	761	
Niger	5,982	2,110	1,965	8,015	
Nigeria	104,668	177,477	415,582	356,354	
Rwanda	0	0	0	0	
Sierra Leone	0	0	0	60	
Uganda	0	0	6,018	45,566	
Total	442,534	720,058	1,026,674	1,157,230	

\* 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.

NS=not supported

<b>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</b>		
<b>INDICATOR 8:</b> % of all labors at fistula supported sites, for which partographs are correctly completed and managed according to protocol		
<b>YEAR</b>	<b>PLANNED</b>	<b>ACTUAL</b>
2006/2007 (Baseline)	N/A	N/A
2007/2008	N/A	N/A
2008/2009	80%	N/A
2009/2010	80%	37%
<b>2010/2011</b>	<b>80%</b>	n/a
<b>2011/2012</b>	<b>80%</b>	
<p><b>UNIT OF MEASURE:</b> percentage of labors monitored (in sub sample)  <b>SOURCE:</b> Project reports  <b>INDICATOR DESCRIPTION:</b> # of all partographs in a given facility in a reference period that are correctly completed and show adherence or a justified deviation from management protocol/ # all labors in a given facility in a reference period X 100</p> <p>This information will be collected during the medical monitoring supervision visits using the FC medical monitoring tool. A sample of delivery records for the reference period will be reviewed (10% random sample of all records for all the months preceding the supervision visit. Instructions for drawing a sample are included in the monitoring tool.) Data will <u>only</u> be collected from sites where FC is working to strengthen the correct use of the partograph.</p>		

<b>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</b>		
<b>INDICATOR 9:</b> # of births at FC supported sites		
<b>YEAR</b>	<b>PLANNED</b>	<b>ACTUAL</b>
2006/2007 (Baseline)	N/A	N/A
2007/2008	N/A	N/A
<b>2008/2009</b>	<b>N/A</b>	30,002
<b>2009/2010</b>	<b>N/A</b>	58,930*
<b>2010/2011</b>	<b>N/A</b>	<b>79,581</b>
<b>2011/2012</b>	<b>N/A</b>	
<p>*updated in FY 10/11 to include data from Ethiopia.  <b>UNIT OF MEASURE:</b> Number  <b>SOURCE:</b> Project reports  <b>INDICATOR DESCRIPTION:</b> Number of births at FC supported sites that provide delivery service. This is a new indicator and we have no baseline information about services in the past. We will collect this information in the first quarter.</p>		

<b>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</b>		
<b>INDICATOR 10:</b> Number/Percent of births that were by c section		
<b>YEAR</b>	<b>PLANNED</b>	<b>ACTUAL</b>
2006/2007 (Baseline)	N/A	N/A
2007/2008	N/A	N/A
2008/2009	N/A	34%
<b>2009/2010</b>	<b>N/A</b>	<b>40%</b>
<b>2010/2011</b>	<b>N/A</b>	<b>33%</b>
<b>2011/2012</b>	<b>N/A</b>	
<p><b>UNIT OF MEASURE:</b> Number  <b>SOURCE:</b> Project reports  <b>INDICATOR DESCRIPTION:</b> 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 for this indicator.</p>		

<b>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</b>		
<b>INDICATOR 11:</b> Number/Percent of c-sections that that were a result of obstructed labor		
<b>YEAR</b>	<b>PLANNED</b>	<b>ACTUAL</b>
2006/2007 (Baseline)	N/A	N/A
2007/2008	N/A	N/A
<b>2008/2009</b>	<b>N/A</b>	<b>N/A</b>
<b>2009/2010</b>	<b>N/A</b>	<b>N/A</b>
<b>2010/2011</b>	<b>N/A</b>	<b>N/A**</b>
<b>2011/2012</b>	<b>N/A</b>	
<p>**In FY10/11 retrospective record review studies completed at 9 sites in 5 countries. Analysis and feasibility of collecting this indicator under review/discussion.</p> <p><b>UNIT OF MEASURE:</b> number/percent  <b>SOURCE:</b> Project reports  <b>INDICATOR DESCRIPTION:</b> % of all CS, at fistula supported sites that provide c section services, for reasons of prolonged/obstructed labor  Number of c sections for reasons of prolonged/ obstructed labor/# c sections (indicator 10) X100  This is a proposed new indicator. We will asses the feasibility of collecting and reporting on this indicator by conducting a small qualitative study in selected countries.</p>		

<b>RESULT NAME: IR 3: Gather, analyze and report data to improve the quality and performance of fistula services</b>		
<b>INDICATOR 12:</b> % of supported sites reporting and reviewing quarterly fistula monitoring data for improving fistula services		
<b>YEAR</b>	<b>PLANNED</b>	<b>ACTUAL</b>
2006/2007 (Baseline)	N/A	N/A
2007/2008	45%	48%
<b>2008/2009</b>	80%	20% of sites met 4 times; 83% met at least 1 x
<b>2009/2010</b>	<b>80%</b>	14% met once per quarter; 97% met at least 1 x
<b>2010/2011</b>	<b>80%</b>	<b>23% met at least once per quarter; 91% met at least 1 x</b>
<b>2011/2012</b>	<b>80%</b>	
<p><b>UNIT OF MEASURE:</b> Number/percent  <b>SOURCE:</b> Project reports  <b>INDICATOR DESCRIPTION:</b> Proportion of supported sites with a functioning process for reporting <u>AND</u> reviewing quarterly fistula monitoring data in order to improve services. Functioning review process is defined as a team of staff from the site who meet once a quarter, with or without outside assistance (e.g., supervisory teams, FC program staff) to review and discuss the data and make program decisions to improve fistula services based on these data.  # sites in which quarterly data is reported and reviewed at the facility to assess program progress / # of supported sites X 100</p>		

<b>RESULT NAME: IR 3. Gather, analyze and report data to improve the quality and performance of fistula services</b>		
<b>INDICATOR 13:</b> # of evaluation and research studies completed		
<b>YEAR</b>	<b>PLANNED</b>	<b>ACTUAL</b>
2006/2007 (Baseline)	N/A	N/A
2007/2008	1	0
<b>2008/2009</b>	3	1
<b>2009/2010</b>	2	3
<b>2010/2011</b>	<b>13</b>	<b>10</b>
<b>2011/2012</b>	<b>6</b>	
<p><b>UNIT OF MEASURE:</b> Cumulative  <b>SOURCE:</b> Project reports  <b>INDICATOR DESCRIPTION:</b> # 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  <b>2007/2008:</b>  <b>Ongoing:</b> 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</p>		

**RESULT NAME: IR 3. Gather, analyze and report data to improve the quality and performance of fistula services**

**INDICATOR 13:** # of evaluation and research studies completed

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 trial 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*

**2009/2010:**

**Completed Study:**

- 1) *Retrospective Record Review Study of Indications for Cesarean Delivery at Kagando Hospital, Uganda,*
- 2) *Retrospective Record Review Study of Indications for Cesarean Delivery at Kitovu Hospital, Uganda,*
- 3) *Use Of The Partograph: Effectiveness, Training, Modifications And Barriers: A Literature Review*

**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*
- 3) *Literature review of uterine prolapse*

**Planned:**

*Randomized Clinical Trial for Short Term Catheterization*

*Cost Study*

**2010/2011:**

**Completed Studies:**

1. *Determinants of Post-Operative Outcomes in Fistula Repair Surgery*
  2. *Nigeria Cost Study*
  3. *Literature review on Uterine Prolapse*
- Retrospective Record Review Studies of Indications for Cesarean Delivery:*
4. *Kumudini, Bangladesh*
  5. *Kinda, Guinea*
  6. *Kissidougou, Guinea*
  7. *Gao, Mali*
  8. *Maradi, Niger*
  9. *Dososo Niger*
  10. *Taboua, Niger*

**On going in FY11-12**

*Randomized Clinical Trial for Short Term Catheterization*

*Cost Study*

*Evaluation of Guinea Levels of Care Framework*

**Planned in FY 11-12**

<b>RESULT NAME: IR 3. Gather, analyze and report data to improve the quality and performance of fistula services</b>
<b>INDICATOR 13:</b> # of evaluation and research studies completed
<i>FP/Fistula Integration Levels of Care Framework in Uganda Community Screening in Nigeria</i>

<b>RESULT NAME: IR 4: Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs</b>		
<b>INDICATOR 14:</b> Number of countries receiving support from Fistula Care where governments or supported facilities have revised/adopted/initiated policies for fistula prevention or treatment		
<b>YEAR</b>	<b>PLANNED</b>	<b>ACTUAL</b>
2006/2007 (Baseline)	N/A	N/A
2007/2008	TBD	4
<b>2008/2009</b>	5	6
<b>2009/2010</b>	7	7
<b>2010/2011</b>	<b>8</b>	<b>5</b>
<b>2011/2012</b>	<b>8</b>	
<p><b>UNIT OF MEASURE:</b> Cumulative  <b>SOURCE:</b> Project reports  <b>INDICATOR DESCRIPTION:</b> # 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. Policies 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)  <b>2007/2008:</b> Bangladesh, Guinea, Nigeria, Uganda  <b>2008/2009:</b> Bangladesh, Guinea, Mali, Nigeria, Rwanda  <b>2009/2010:</b> Bangladesh, DRC, Guinea, Nigeria, Rwanda, Sierra Leone, Uganda  <b>2010/2011:</b> Bangladesh, Mali, Nigeria, Sierra Leone, Uganda</p>		

### Annex 3. Additional Surgeries in Support of Fistula Repair by Country and Year

Type of Surgery	Bangladesh						DR Congo					
	FY 08-09		FY 09/10		FY 10/11		FY 08-09		FY 09/10		FY 10/11	
	N	%	N	%	N	%	N	%	N	%	N	%
Examination under anesthesia (as a separate, discrete procedure)	0	0.0%	6	18.8%	2	5.9%	11	16.4%	71	47.7%	55	35.9%
Removal of bladder stones or foreign bodies in viscera	0	0.0%	2	6.3%	2	5.9%	4	6.0%	9	6.0%	9	5.9%
Colostomy and reversal colostomy	0	0.0%	1	3.1%	2	5.9%	0	0.0%	4	2.7%	9	5.9%
Ureteric reimplantation, Ureteroneocystostomy, and related surgery	5	10.6%	7	21.9%	5	14.7%	1	1.5%	15	10.1%	27	17.6%
Urethral lengthening and other operations for concomitant stress incontinence, including sling procedures	1	2.1%	1	3.1%	4	11.8%	9	13.4%	29	19.5%	18	11.8%
Wound resuture	0	0.0%	0	0.0%	0	0.0%	2	3.0%	1	0.7%	2	1.3%
Prolapse IF associated with fistula	0	0.0%	0	0.0%	1	2.9%	31	46.3%	3	2.0%	11	7.2%
3rd/4th degree perineal tear repairs	41	87.2%	11	34.4%	17	50.0%	7	10.4%	10	6.7%	10	6.5%
Abdominal exploration	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Urinary diversion	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other vaginal procedures	0	0.0%	0	0.0%	1	2.9%	0	0.0%	0	0.0%	0	0.0%
Other urethral procedures	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	2.6%
Other bladder procedures	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	2.6%
Other perineal and vulval procedures	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.7%
Other rectal, anal and sigmoidal procedures	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other general fistula-related surgery*	0	0.0%	4	12.5%	0	0.0%	2	3.0%	7	4.7%	0	0.0%
Other (urethral reconstruction, repair of cystocele, perineorrhaphy, vaginoplasty)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other unspecified	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	2.0%
<b>Total</b>	<b>47</b>	<b>100.0%</b>	<b>32</b>	<b>100.0%</b>	<b>34</b>	<b>100.0%</b>	<b>67</b>	<b>100.0%</b>	<b>149</b>	<b>100.0%</b>	<b>153</b>	<b>100.0%</b>

\* beance uretral/urethral dilation and other fistula-related procedures; 2 lipomas reported by Niger and 1 UVP by Ethiopia excluded from FY 10/11 analyses

Type of Surgery	Ethiopia						Guinea					
	FY 08-09		FY 09/10		FY 10/11		FY 08-09		FY 09/10		FY 10/11	
	N	%	N	%	N	%	N	%	N	%	N	%
Examination under anesthesia (as a separate, discrete procedure)	NA	NA	52	14.6%	71	41.3%	16	53.3%	0	0.0%	1	7.7%
Removal of bladder stones or foreign bodies in viscera	NA	NA	14	3.9%	11	6.4%	3	10.0%	3	17.6%	3	23.1%
Colostomy and reversal colostomy	NA	NA	0	0.0%	0	0.0%	5	16.7%	1	5.9%	1	7.7%
Ureteric reimplantation, Ureteroneocystostomy, and related surgery	NA	NA	0	0.0%	0	0.0%	1	3.3%	0	0.0%	0	0.0%
Urethral lengthening and other operations for concomitant stress incontinence, including sling procedures	NA	NA	185	52.1%	42	24.4%	4	13.3%	6	35.3%	2	15.4%
Wound resuture	NA	NA	0	0.0%	0	0.0%	0	0.0%	4	23.5%	3	23.1%
Prolapse IF associated with fistula	NA	NA	3	0.8%	0	0.0%	0	0.0%	1	5.9%	1	7.7%
3rd/4th degree perineal tear repairs	NA	NA	55	15.5%	39	22.7%	1	3.3%	0	0.0%	2	15.4%
Abdominal exploration	NA	NA	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Urinary diversion	NA	NA	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other vaginal procedures	NA	NA	0	0.0%	2	1.2%	0	0.0%	0	0.0%	0	0.0%
Other urethral procedures	NA	NA	0	0.0%	7	4.1%	0	0.0%	0	0.0%	0	0.0%
Other bladder procedures	NA	NA	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other perineal and vulval procedures	NA	NA	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other rectal, anal and sigmoidal procedures	NA	NA	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other general fistula-related surgery*	NA	NA	46	13.0%	0	0.0%	0	0.0%	2	11.8%	0	0.0%
Other (urethral reconstruction, repair of cystocele, perineorrhaphy, vaginoplasty)	NA	NA	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other unspecified	NA	NA	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	NA	NA	355	100.0%	172	100.0%	30	100.0%	17	100.0%	13	100.0%

\* beance uretral/urethral dilation and other fistula-related procedures; 2 lipomas reported by Niger and 1 UVP by Ethiopia excluded from FY 10/11 analyses

NA= not applicable

	Mercy Ships						Mali					
	FY 08-09		FY 09/10		FY 10/11		FY 08-09		FY 09/10		FY 10/11	
Type of Surgery	N	%	N	%	N	%	N	%	N	%	N	%
Examination under anesthesia (as a separate, discrete procedure)	7	28.0%	4	14.8%	NA	NA	0	0.0%	0	0.0%	3	23.1%
Removal of bladder stones or foreign bodies in viscera	2	8.0%	2	7.4%	NA	NA	1	7.7%	0	0.0%	0	0.0%
Colostomy and reversal colostomy	0	0.0%		0.0%	NA	NA	0	0.0%	0	0.0%	0	0.0%
Ureteric reimplantation, Ureteroneocystostomy, and related surgery	6	24.0%	7	25.9%	NA	NA	2	15.4%	3	42.9%	0	0.0%
Urethral lengthening and other operations for concomitant stress incontinence, including sling procedures	6	24.0%	13	48.1%	NA	NA	6	46.2%	3	42.9%	5	38.5%
Wound resuture	1	4.0%	0	0.0%	NA	NA	0	0.0%	0	0.0%	0	0.0%
Prolapse IF associated with fistula	0	0.0%	0	0.0%	NA	NA	1	7.7%	0	0.0%	2	15.4%
3rd/4th degree perineal tear repairs	1	4.0%	0	0.0%	NA	NA	3	23.1%	0	0.0%	3	23.1%
Abdominal exploration	2	8.8%	0	0.0%	NA	NA	0	0.0%	0	0.0%		0.0%
Urinary diversion	0	0.0%	0	0.0%	NA	NA	0	0.0%	0	0.0%	0	0.0%
Other vaginal procedures	0	0.0%	0	0.0%	NA	NA	0	0.0%	0	0.0%	0	0.0%
Other urethral procedures	0	0.0%	0	0.0%	NA	NA	0	0.0%	0	0.0%	0	0.0%
Other bladder procedures	0	0.0%	0	0.0%	NA	NA	0	0.0%	0	0.0%	0	0.0%
Other perineal and vulval procedures	0	0.0%	0	0.0%	NA	NA	0	0.0%	0	0.0%	0	0.0%
Other rectal, anal and sigmoidal procedures	0	0.0%	0	0.0%	NA	NA	0	0.0%	0	0.0%	0	0.0%
Other general fistula-related surgery*	0	0.0%	1	37.0%	NA	NA	0	0.0%	1	14.3%	0	0.0%
Other (urethral reconstruction, repair of cystocele, perineorrhaphy, vaginoplasty)	0	0.0%	0	0.0%	NA	NA	0	0.0%	0	0.0%	0	0.0%
Other unspecified	0	0.0%	0	0.0%	NA	NA	0	0.0%	0	0.0%	0	0.0%
<b>Total</b>	<b>25</b>	<b>100.0%</b>	<b>27</b>	<b>100.0%</b>	<b>NA</b>	<b>NA</b>	<b>13</b>	<b>100.0%</b>	<b>7</b>	<b>100.0%</b>	<b>13</b>	<b>100.0%</b>

\* beance urethral/urethral dilation and other fistula-related procedures; 2 lipomas reported by Niger and 1 UVP by Ethiopia excluded from FY 10/11 analyses

NA= not applicable

	Niger**						Nigeria					
	FY 08-09		FY 09/10		FY 10/11		FY 08-09		FY 09/10		FY 10/11	
Type of Surgery	N	%	N	%	N	%	N	%	N	%	N	%
Examination under anesthesia (as a separate, discrete procedure)	16	59.3%	46	66.7%	0	0.0%	0	0.0%	0	0.0%	4	1.9%
Removal of bladder stones or foreign bodies in viscera	0	0.0%	0	0.0%	6	23.1%	30	62.5%	2	9.5%	22	10.4%
Colostomy and reversal colostomy	0	0.0%	5	7.2%	4	15.4%	0	0.0%	0	0.0%	2	0.9%
Ureteric reimplantation, Ureteroneocystostomy, and related surgery	0	0.0%	3	4.3%	0	0.0%	5	10.4%	1	4.8%	20	9.5%
Urethral lengthening and other operations for concomitant stress incontinence, including sling procedures	11	40.7%	3	4.3%	10	38.5%	5	10.4%	4	19.0%	65	30.8%
Wound resuture	0	0.0%	0	0.0%	0	0.0%	5	10.4%	0	0.0%	4	1.9%
Prolapse IF associated with fistula	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	9.5%	81	38.4%
3rd/4th degree perineal tear repairs	0	0.0%	0	0.0%	6	23.1%	3	6.3%	1	4.8%	9	4.3%
Abdominal exploration	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Urinary diversion	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other vaginal procedures	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other urethral procedures	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other bladder procedures	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.5%
Other perineal and vulval procedures	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other rectal, anal and sigmoidal procedures	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other general fistula-related surgery*	0	0.0%	12	17.4%	0	0.0%	0	0.0%	1	4.8%	0	0.0%
Other (urethral reconstruction, repair of cystocele, perineorrhaphy, vaginoplasty)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	10	47.6%	0	0.0%
Other unspecified	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	1.4%
Total	27	100.0%	69	100.0%	26	100.0%	48	100.0%	21	100.0%	211	100.0%

\* beance uretral/urethral dilation and other fistula-related procedures; 2 lipomas reported by Niger and 1 UVP by Ethiopia excluded from FY 10/11 analyses

\*\*All information on additional surgeries provided for Niger prior to December 2009 were provided using incorrect data definitions. All wound resutures and use of anesthesia were reported (including those part of routine fistula repair), instead of only additional procedures. Beginning in January 2010, reported data used the correct definitions.

Type of Surgery	Rwanda						Sierra Leone					
	FY 08-09		FY 09/10		FY 10/11		FY 08-09		FY 09/10		FY 10/11	
	N	%	N	%	N	%	N	%	N	%	N	%
Examination under anesthesia (as a separate, discrete procedure)	6	25.0%	12	38.7%	12	34.3%	64	46.7%	52	40.6%	64	36.8%
Removal of bladder stones or foreign bodies in viscera	2	8.3%	4	12.9%	0	0.0%	7	5.1%	10	7.8%	9	5.2%
Colostomy and reversal colostomy	5	20.8%	2	6.5%	2	5.7%	6	4.4%	0	0.0%	0	0.0%
Ureteric reimplantation, Ureteroneocystostomy, and related surgery	4	16.7%	3	9.7%	3	8.6%	8	5.8%	6	4.7%	4	2.3%
Urethral lengthening and other operations for concomitant stress incontinence, including sling procedures	0	0.0%	0	0.0%	6	17.1%	11	8.0%	35	27.3%	67	38.5%
Wound resuture	0	0.0%	0	0.0%	0	0.0%	8	5.8%	0	0.0%	0	0.0%
Prolapse IF associated with fistula	0	0.0%	0	0.0%	1	2.9%	0	0.0%	1	0.8%	0	0.0%
3rd/4th degree perineal tear repairs	7	29.2%	9	29.0%	10	28.6%	12	8.8%	9	7.0%	9	5.2%
Abdominal exploration	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Urinary diversion	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other vaginal procedures	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	4	2.3%
Other urethral procedures	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other bladder procedures	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	6	3.4%
Other perineal and vulval procedures	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other rectal, anal and sigmoidal procedures	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.6%
Other general fistula-related surgery*	0	0.0%	1	3.2%	1	2.9%	21	15.3%	15	11.7%	3	1.7%
Other (urethral reconstruction, repair of cystocele, perineorrhaphy, vaginoplasty)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Other unspecified	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	7	4.0%
<b>Total</b>	<b>24</b>	<b>100.0%</b>	<b>31</b>	<b>100.0%</b>	<b>35</b>	<b>100.0%</b>	<b>137</b>	<b>100.0%</b>	<b>128</b>	<b>100.0%</b>	<b>174</b>	<b>100.0%</b>

\* beance uretral/urethral dilation and other fistula-related procedures; 2 lipomas reported by Niger and 1 UVP by Ethiopia excluded from FY 10/11 analyses

	Uganda						Total					
	FY 08-09		FY 09/10		FY 10/11		FY 08-09		FY 09/10		FY 10/11	
Type of Surgery	N	%	N	%	N	%	N	%	N	%	N	%
Examination under anesthesia (as a separate, discrete procedure)	12	11.0%	22	21.4%	25	16.2%	132	25.0%	265	28.2%	237	24.1%
Removal of bladder stones or foreign bodies in viscera	3	2.8%	3	2.9%	5	3.2%	52	9.9%	49	5.2%	67	6.8%
Colostomy and reversal colostomy	6	5.5%	6	5.8%	8	5.2%	22	4.2%	19	2.0%	28	2.8%
Ureteric reimplantation, Ureteroneocystostomy, and related surgery	27	24.8%	21	20.4%	29	18.8%	59	11.2%	68	7.2%	88	8.9%
Urethral lengthening and other operations for concomitant stress incontinence, including sling procedures	42	38.6%	26	25.2%	38	24.7%	95	18.0%	303	32.3%	257	26.1%
Wound resuture	1	0.9%	2	1.9%	1	0.6%	17	3.2%	7	0.7%	10	1.0%
Prolapse IF associated with fistula	2	1.8%	0	0.0%	1	0.6%	34	6.5%	10	1.1%	98	9.9%
3rd/4th degree perineal tear repairs	14	12.8%	14	13.6%	26	16.9%	89	16.9%	109	11.6%	131	13.3%
Abdominal exploration	0	0.0%	0	0.0%	0	0.0%	2	0.4%	0	0.0%	0	0.0%
Urinary diversion	0	0.0%	0	0.0%	2	1.3%	0	0.0%	0	0.0%	2	0.2%
Other vaginal procedures	0	0.0%	0	0.0%	5	3.2%	0	0.0%	0	0.0%	12	1.2%
Other urethral procedures	0	0.0%	0	0.0%	5	3.2%	0	0.0%	0	0.0%	16	1.6%
Other bladder procedures	0	0.0%	0	0.0%	3	1.9%	0	0.0%	0	0.0%	14	1.4%
Other perineal and vulval procedures	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
Other rectal, anal and sigmoidal procedures	0	0.0%	0	0.0%	1	0.6%	0	0.0%	0	0.0%	2	0.2%
Other general fistula-related surgery*	2	1.8%	9	8.7%	5	3.2%	25	4.7%	99	10.5%	9	0.9%
Other (urethral reconstruction, repair of cystocele, perineorrhaphy, vaginoplasty)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	10	1.1%	0	0.0%
Other unspecified	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	13	1.3%
<b>Total</b>	<b>109</b>	<b>100.0%</b>	<b>103</b>	<b>100.0%</b>	<b>154</b>	<b>100.0%</b>	<b>527</b>	<b>100.0%</b>	<b>939</b>	<b>100.0%</b>	<b>985</b>	<b>100.0%</b>

\* beance urethral/urethral dilation and other fistula-related procedures; 2 lipomas reported by Niger and 1 UVP by Ethiopia excluded from FY 10/11 analyses

## Annex 4. Presentations and Published Papers October 2007 thru September 2011

October 2010 – September 2011		
Conference/Title of Presentation	Presenters	Format
<b>USAID Global Health Mini-University, Washington, D.C. October 2010</b>		
"Why Aren't We Better Using the Partograph that Saves Women's Lives?"		Presentation
<b>First Global Symposium on Health Systems Research in Montreux, Switzerland November 2010</b>		
"Evaluating a Model for Integrating Fistula Care Services in Guinea"	Karen Beattie, Moustapha Diallo, Evelyn Landry, Joseph Ruminjo, Mieke McKay, Renée Fiorentino	Poster
<b>International Society of Obstetric Fistula Surgeons Third Annual Meeting, Dakar, Senegal December 2010</b>		
"Facility-level predictors of urinary fistula repair outcomes: Preliminary results of a multi-center prospective cohort study"	Mark Barone, Veronica Frajzyngier, Dr. Joseph Ruminjo	Presentation
"Factors influencing fistula repair outcomes in developing countries: a systematic review of the literature"	Veronica Frajzyngier, Joseph Ruminjo, Mark Barone	Presentation
"Mapping Fistula Services in Uganda Using GIS Techniques"	Joslyn E. Meier; Bernard T. Opar; Richard Okello, Peter Mukasa and Edith Mukisa.	Presentation
"An Overview of Training Models"	Isaac Achwal, Joseph Ruminjo	Presentation
<b>International Obstetric Fistula Working Group, Dakar Senegal, December 2010</b>		
Fistula Care Research Activities-An Update	Evelyn Landry	Presentation
<b>National Council of Women of the United States' 55<sup>th</sup> Commission on the Status of Women, March 2011</b>		
Fistula: A Worldwide Problem	Karen Beattie	Presentation
<b>American Association of University Women, Lower Connecticut Valley Branch, May 2011</b>		
Obstetric Fistula : Restoring Hope and Dignity for Women	Karen Beattie	Presentation
<b>International Midwives Conference – Bamako Mali, June 2011</b>		
Le rôle de la Sage Femme dans la prévention des fistules obstétricales	Fatoumata Fofana	Presentation
La fistule obstétricale et les inégalités en sante maternelle	Cheick Toure,	Presentation
<b>Global Health Council Meeting, Washington DC June 2011</b>		
On-the-job companion training for fistula surgeons: a training strategy adapted to low access areas in Mali	Demba Traore	Presentation
<b>Woodrow Wilson Center, Washington DC September 2011</b>		
Silent suffering: Maternal Morbidities in Developing Countries. Obstetric Fistula	Karen Beattie	Presentation

October 2009-September 2010		
Conference/Title of Presentation	Presenter(s)	Format
<b>FIGO World Congress of Gynecology and Obstetrics, Cape Town October 4<sup>th</sup>-October 9<sup>th</sup>, 2009</b>		
Determinants of Postoperative Outcomes in Fistula Repair Surgery - Preliminary Results	Joseph Ruminjo, Mark Barone, Veronica Frajzyngier	Presentation
Social Immersion Strategy for Reintegration and Empowerment of Obstetric Fistula Survivors	Moustapha Diallo, Yaya Kassé	Presentation
Network of Clinical Providers Improves	Adamu Isah	Poster

<b>October 2009-September 2010</b>		
<b>Conference/Title of Presentation</b>	<b>Presenter(s)</b>	<b>Format</b>
Management of Obstetric Fistula Treatment Programs		
Prevention and Treatment of Obstetric Fistula: Community Work Makes a Difference	S. M. Shahidullah, Abu Jamil Faisal	Poster
<b>Ninth Annual Global Health Mini University, Washington D.C. October 9<sup>th</sup>, 2009</b>		
Networking to Improve Fistula Treatment in Nigeria	Evelyn Landry and Erin Mielke	Presentation
<b>APHA 137th Annual Meeting, Philadelphia November 7<sup>th</sup>-11<sup>th</sup>, 2009</b>		
Identification of Current Practices in Fistula Treatment: A Qualitative Review	Joseph Ruminjo, Steven Arrowsmith, Evelyn Landry	Poster
Pre Repair Centers for Fistula Care in Ethiopia	Evelyn Landry, Marsha Hamilton	Presentation
<b>ISOFS Third Annual Meeting, Nairobi November 25<sup>th</sup>-November 27<sup>th</sup>, 2009</b>		
Identification of Current Practices in Fistula Treatment: A Qualitative Review	Joseph Ruminjo	Presentation
<b>Unite for Sight 7th Annual Global Health &amp; Innovation Conference, Yale University April 17<sup>th</sup>-April 18<sup>th</sup>, 2010</b>		
Holistic Prevention, Treatment, Reintegration, and Governance Program for Fistula Survivors in Kissidougou, Guinea	Mieko McKay	Poster
<b>Women Deliver Conference, Washington D.C. June 7<sup>th</sup>-June 9<sup>th</sup>, 2010</b>		
Innovations in Fistula Prevention, Treatment, and Reintegration	Karen Beattie (moderator), Josephine Elechi, Mariama Moussa, Suzy Elneil, Cindy Berg	<b>Panel</b>
<b>37th Annual International Conference on Global Health, Washington, D.C. June 15<sup>th</sup>, 2010</b>		
Integrating Family Planning into Fistula Repair Services in Nigeria	Betty Farrell	Poster
<b>Maternal Health Taskforce Global Maternal Health Conference, New Delhi, India August 30<sup>th</sup>-September 1<sup>st</sup>, 2010</b>		
Use of the partograph: what do we know and what do we need to find out	Jeanne Kabagema	Presentation
The necessity of waiting houses for pregnant women in the DR Congo	Ahuka Longombe	Presentation
Ruptured Uterus in Western Uganda, a 2 year retrospective review <sup>85</sup>	Peter Mukasa	Presentation
Identifying research needs and priorities for obstetric and gynecologic fistula	Joseph Ruminjo	Presentation
Improving the use of the partograph – a case study from a rural integrated health and development project	Kris Prenger	Presentation
Strengthening cesarean section services: a case from a rural integrated health and development project in Bangladesh	Kris Prenger	Presentation
Retrospective record review of cesarean deliveries at two hospitals in Uganda	Evelyn Landry	Presentation

<sup>85</sup> Paper presented by Fistula Care Uganda Medical Associate; research was conducted prior to Dr. Mukasa joining Fistula Care.

<b>October 2009-September 2010</b>		
<b>Conference/Title of Presentation</b>	<b>Presenter(s)</b>	<b>Format</b>
Engagement of clerics improves fistula prevention and reintegration efforts in northern Nigeria	Adamu Isah	Poster
Evolution of maternal mortality in a conflict area	Manga Pascal	Poster

<b>October 2008-September 2009</b>		
<b>Title of Presentation</b>	<b>Presenter(s)</b>	<b>Format</b>
<b>American Public Health Association Meeting, November 2008.</b>		
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"	Joseph Ruminjo, co facilitator of discussion panel	Panel
<b>Global Health Conference Washington, D.C. June 2009</b>		
For the Common Good: Good Governance and Democracy Improve Maternal Health Systems	Moustapha Diallo	round table discussion
Counseling of Women With Traumatic Genital Fistula From Sexual Violence; Development of an Evidence-Based Counseling Module.	Joseph Ruminjo, Elizabeth Rowley, Mieke McKay	Panel

<b>October 2007-September 2008</b>		
<b>Title of Presentation</b>	<b>Presenter(s)</b>	<b>Format</b>
<b>Mini University, Washington, D.C. October 2007</b>		
Addressing Fistula through the use of digital stories.	<b>Katie Tell</b>	Presntation/Discussion
<b>Women Delivery Conference, London, England October 2007.</b>		
Community, NGO and Government collaboration on Fistula: The Zamfara experience"	Sa'ad and Adamu Isah	Presentation
"Digital stories: the Uganda experience" presented	Henry Kakande	Presentation
<b>French College of Ob/Gyns Annual Meeting, Paris, France, December 2007.</b>		
"Fistula care: The Guinea experience".	Professor Namory Keita	Presentation
<b>Reproductive Health in Emergencies Conference, Kampala, Uganda June 2008</b>		
Traumatic Gynecologic Fistula in Reproductive Health Emergencies	by I. Achwal, J. Ruminjo, C. Ngongo	Presentation
Voices from the field: Community research on the experiences of survivors and perpetrators of sexual violence	H. Akullu [Uganda]	Presentation
La prise en charge des fistules génitales de la femme en RDC: Contexte, ampleur et perspectives	M.A. Kalume, L. Ahuka [DR Congo]	Presentation
Psychosocial effects of sexual violence in conflict situations	M. Mungherera [Uganda]	Paper

### **Published Papers**

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

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

Arrowsmith S, Ruminjo J, Landry EG. Current practices in treatment of female genital fistula: a cross sectional study. *BMC Pregnancy and Childbirth*. 2010, **10**:73.

## Annex 5. Fistula Care in the News October 2010-September 2011

*EngenderHealth Update*, January 2011. This issue featured a front page story about the Democratic Republic of Congo: [“It’s the Work of the Heart:” Repairing Bodies, Restoring Spirits in Congo](#) (PDF, 1.1 MB). The article describes the stigmatization that women with fistula endure and details the work of two sites in eastern Congo—HEAL Africa Hospital in Goma, and Panzi Hospital in Bukavu.

*EngenderHealth Connect*, January 2011. This electronic newsletter included an interview with Evelyn Landry, Deputy Project Director about Fistula Care research initiatives.  
<http://www.engenderhealth.org/media/press-releases/2011-01-06-fistula-qa-landry.php>

*RH Reality Check*, March 4, 2011. Karen Beattie, Project Director at Fistula Care, published a [blog entry](#) about the multiple players involved in fistula prevention and care: medical staff, program managers, writers, advocates, community groups, politicians and donors. Professor Hamid Rushwan, Chief Executive of the International Federation of Gynecology and Obstetrics, and Joseph Ruminjo, the Fistula Care Clinical Director, [wrote about a new curriculum for training surgeons](#) in fistula care and the need for standardized surgical training for fistula surgeons. In addition, Moustapha Diallo, Program Manager at the EngenderHealth Guinea office, wrote about a [community engagement approach](#) to fistula programming.

*The New Times/ AllAfrica.com*, April 27, 2011 [Free Fistula Treatment Kicks Off at Kigali Hospital](#) Fistula Care partner Kigali Hospital conducted a ten-day concentrated effort to provide fistula services to women in Rwanda.

*ValleyNewsNow.com*, April 28, 2011 [AAUW Hosts Presentation on the Fistula Care Project](#) The American Association of University Women Lower Connecticut Valley Branch hosted an evening where Project Director Karen Beattie spoke about the Fistula Care project.

*La Nouvelle Relève*, May 5, 2011 [Seeking Fistula Treatment at Central University Teaching Hospital of Kigali, Rwanda \(CHUK\)](#) This article explores the social and physical dimensions of fistula, highlighting the care at CHUK, a Fistula Care supported site.

*Global Post* featured an article called [Preventing Obstetric Fistula in Rwanda](#) on August 31, 2011. The article describes Fistula Care’s work in Rwanda to treat and prevent fistula, and quotes a patient who describes the life-changing aspects of repair surgery. Although the Fistula Care project is mentioned in the article the content does not represent the views or positions of Fistula Care or the U.S. Agency for International Development.

In Nigeria several articles appeared in state and national newspapers, web sites and radio throughout the year:

- [Stephanie Okereke Partners USAID to fight Fistula](#). *This Day Live*, August 13, 2010. This article details the work of Stephanie Okereke, a Nigerian actress who is working with the Fistula Care Project to raise awareness about fistula.
- [Country Lacks Budgetary Allocation to Curb VVF-USAID](#). *AllAfrica*, 18 November 2010. In this article, the Country Manager of the Fistula Care Project in Nigeria, Iyeme Efem, describes the challenges to funding fistula prevention and care. The article also details a press conference where Mr. Efem raises awareness on the issue.
- [Caring for women with VVF](#). *The Nation*, 28 December 2010. This piece describes some of the causes and types of fistula and also details some of Fistula Care’s activities in Northern Nigeria.

- [VVF's Disease of Ignorance, Poverty](#). *This Day*: 29 December 2010. This piece describes the causes and treatment of fistula in the Zamfara state in Northern Nigeria. It includes words from women undergoing treatment for the condition, as well as quotations from a roundtable discussion organized with USAID funding by the Fistula Care Project.
- *The Nation*, November 29, 2010. [The Nation - Stakeholders review VVF framework](#). This article covers a stakeholders' meeting about obstetric fistula in Nigeria last November. The piece includes the remarks of Iyeme Efem, program manager for EngenderHealth in Nigeria.
- *AllAfrica.com/Daily Trust*, January 4, 2011. [False Beliefs Still Fuel VVF](#). This article refutes the notion that obstetric fistula is only a problem in the northern Nigerian States. It mentions some of the Fistula Care project's work to educate the public and media about fistula.
- *The Leadership*, January 17, 2011. [VVF: Giving Voice to Sufferers](#). A Nigerian news source profiles several women who have experienced fistula and have been abandoned by their families. The article explains the different types of fistula, the causes of fistula, and the challenges to providing treatment.
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- *Nigerian Tribune*, March 31, 2011. [Bauchi govt spends N120m on VVF](#). This article is about the commitments of the Bauchi State government and the Fistula Care project to address fistula.
- *Daily Independent*, April 3, 2011 [Bauchi Government to Spend N120 Million on VVF Patients](#). Government officials and Fistula Care staff affirm their commitment to addressing fistula.
- *Daily Independent*, April 23, 2011 [Bauchi Collaborates USAID on Repair Fistula Survivors](#) USAID, Fistula Care and the Bauchi state government officials make joint efforts to address fistula.
- *The Sun News*, April 28, 2011 [How Disease Spreads Sorrow in Victims' Lives](#) Fistula patients and health care providers discuss the stigmatizing nature of the condition.
- *Leadership*, May 30, 2011 [Freed From Clutches of VVF](#) Government officials, local leaders, health care providers and the Fistula Care project collaborate to provide services to women living with fistula.
- *Daily Independent*, June 1, 2011 [Agony of VVF Patients in Bauchi](#) Though free fistula services are available in Bauchi State, medical professionals and Fistula Care staff describe continuing challenges to providing care to all the women who need it.