

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

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**Semi Annual Report**  
**October 2009 to March 2010**

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## ACRONYMS AND ABBREVIATIONS

AAFH	Addis Ababa Fistula Hospital
CBO	Community Based Organization
CBRHAs	community based reproductive health agents
CHUK	Central University Hospital of Kigali
DHS	Demographic and Health Survey
DRC	Democratic Republic of the Congo
ESD	Extending Service Delivery
FBO	Faith Based Organization
FC	Fistula Care
FP	Family Planning
HEAL	Health, Education, Community Action, Leadership Development
ISOFS	International Society of Obstetric Fistula Surgeons
JPII	Jean Paul II
MAP	Men As Partners
M&E	Monitoring and Evaluation
MOH	Ministry of Health
Ob/Gyn	Obstetrics/Gynecology
PMP	Program Monitoring Plan
QI	Quality Improvement
RCT	Randomized Controlled Trial
SOW	Scope of Work
TBA	Traditional Birth Attendant
UN	United Nations
UNFPA	United Nations Population Fund

## INTRODUCTION

This report is the first semi annual report for the third year of the Fistula Care Project. This report is organized into three sections: Management Activities, Global Accomplishments (under the project's four results) and Country Program Activities. During this quarter another milestone in the number of repairs conducted with USAID support was achieved: 15,074 repairs have been supported since 2005.

During this quarter Fistula Care began coordination efforts for reporting of fistula repair services with a bilateral project in the Democratic Republic of Congo (DRC)—Project AXxes. This four year bilateral project has been supporting fistula repair services using an outreach approach: a surgeon travels to four hospitals to provide services on a quarterly basis. More details about this project are described below in the DRC country report. Data on the number of repairs performed by this project in previous years have been added to the Fistula Care database and are included in the totals below in Table 3. With the addition of these four sites the **total number of USAID supported fistula treatment sites is now 34 in 11 countries** and support of **39 prevention only sites**; see Table 1 below. The number of prevention only sites which came on line in the January – March quarter increased from 25 to 39 (56% increase). At least three more treatment sites are being considered for support later this FY or early next FY as well as several prevention only sites. Details about the sites in each country are included in Annex A..

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

Country	Currently Active Countries	Number of Supported Sites in Active Countries		Number Country Programs Completed
		# Repair <sup>1</sup> Sites	# Prevention only Sites	
Bangladesh	X	4	0	
Benin*		NS	NS	X
Dem. Republic Congo (DRC) <sup>^</sup>	X	6	0	
Ethiopia <sup>^^</sup>	X	3	4	
Ghana <sup>+</sup>		NS	NS	X
Guinea	X	4	5	
Liberia*		NS	NS	X
Mali	X	1	0	
Niger	X	3	1	
Nigeria	X	6	22	
Rwanda	X	3	0	
Sierra Leone	X	1	0	
Togo <sup>**</sup>	X	1	0	
Uganda	X	2	7	
<b>Total</b>	<b>11</b>	<b>34</b>	<b>39</b>	<b>3</b>

\*Fistula repairs took place aboard the Mercy Ships *Africa Mercy* when it docked in those countries in 2008 and 2009.

<sup>^</sup> Includes 4 sites which provide periodic fistula repair with a visiting surgeon supported by Project AXxes,

<sup>^^</sup>Repair sites are managed by the Addis Ababa Fistula Hospital which receives USAID support from USAID/Ethiopia

<sup>+</sup>Activities in Ghana were provided aboard Mercy Ship's *Anastasis* hospital Ship in 2006.

<sup>\*\*</sup>The *Africa Mercy* will dock in Togo in calendar year 2010.

NS: not supported by USAID

<sup>1</sup> Most repair sites include one or more aspects of prevention intervention such as family planning information and/or services or provision of maternity services (e.g., monitoring of deliveries with the partograph, cesarean surgery). The exception is the *Africa Mercy*.

## SECTION I: Management Activities

### International Technical Assistance

Fistula Care and EngenderHealth staff and consultants provided in-country technical assistance to **seven** field programs during the reporting period.

Ms. Evelyn Landry traveled to **Bangladesh** in March to train the research teams for the cesarean record review study. Two teams were hired, one each to carry out data collection activities at LAMB and Kumudini Hospitals. Data collection will be completed in the next quarter.

Drs. Isaac Achwal and Jeanne Kabagema traveled to the **Democratic Republic of Congo** in March to carry out medical site visits at HEAL and Panzi Hospitals.

In January Ms. Karen Beattie and Ms. Evelyn Landry traveled to **Ethiopia**. They met with FC partner IntraHealth to review progress to date on the activities and met with the USAID mission to discuss program matters. Ms. Landry conducted a two-day workshop on data for decision making for the pre repair center fistula mentors and IntraHealth program management staff. Ms. Carrie Ngongo traveled to Ethiopia in March to participate in an assessment with colleagues from IntraHealth and the Ministry of Health to identify sites that could potentially serve as locations for new pre-repair units in the east Amhara region that will serve the Mekelle Hamlin Hospital. A report with recommendations has been drafted and shared with USAID/Ethiopia. Fistula Care will discuss these findings with USAID/Ethiopia in the next quarter.

Ms. Mieke McKay, Dr. Levent Cagatay (EngenderHealth) and Ms. Laura Hurly from IntraHealth North Carolina traveled to **Mali** in March 29- April 2 to conduct a follow up visit to assess counseling skills of participants who had been trained in fistula counseling in August 2009.

Dr. Steve Arrowsmith, consultant, traveled to **Nigeria** in January to conduct a training follow up visit with Dr. Sunday Adeoye who had attended advanced training on the *Africa Mery* in February 2009. He conducted a similar follow up visit to Uganda to follow up with a surgeon from Kagando who had been trained in 2009.

Ms. Mieke McKay traveled to **Rwanda** in January to work with the country team on the planning for a training session at Ruhengeri and to begin development of new subawards. Drs. Achwal and Kabagema carried site assessments at three sites (Butare, Kibogora, and Nyamata hospitals) one of which will be selected for expansion for fistula repair services. Professor Magueye from Senegal conducted fistula repair training in January.

Several Fistula Care, EngenderHealth staff and consultants traveled to **Uganda** during the January to March period. Global FC team members and EngenderHealth staff Ms. Karen Beattie, Dr. Joseph Ruminjo, Ms. Betty Farrell, Ms. Mieke McKay, Ms. Evelyn Landry, Dr. Levent Cagatay, Dr. Isaac Achwal and Dr. Jeanne Kabagema traveled in February to lead a medical workshop for fistula care country staff. See details about the workshop below under Result 1. Other visitors to Uganda in the quarter included Dr. Josephine Muhairwe, consultant, who carried out the cesarean record review study at Kitovu Hospital; Ms. Betty Farrell who provided technical assistance for a Family Planning (FP) Stakeholder's Meeting in Kasese District and in the development of a Family Planning Update at Kagando Hospital and a Family Planning Orientation for providers at Kitovu Hospital.

## Other Core Management Activities

In February the Fistula Care team met with USAID/W representative for an extended management review (February 16-17, 2010). During the two day meeting a range of topics and issues were discussed and other members from USAID/W participated in some part of the review.

During this quarter the global team made preparations to lead and organize two country based meetings which will be held in April 2010, one in Nigeria and one in the Democratic Republic of the Congo. The objectives of both meetings are to discuss fistula expansion strategies.

We reviewed and provided feedback to the Demographic Health Survey (DHS) on the Fistula Module which will be used in selected countries in the next five years.

Recruitment for a senior M&E program associate began in the quarter. We expect to have the new associate on board by July 1, 2010.

**Subawards.** No subawards were made this quarter. Negotiations for a new subaward with the Glog Foundation to support work in Sierra Leone continued and we expect to have a new subaward in place by July 1, 2010. A new subaward for Mercy Ships to support training on board the *Africa Mercy* will be awarded in the next quarter. The *Africa Mercy* will be docked in Togo for calendar year 2010. A subaward to support repairs at Kanombe Military Hospital in Rwanda has been submitted to USAID/W; while the primary funding for Kanombe comes from the MOH, there remain questions with USAID Washington whether we need a waiver because the facility is a military hospital. This has delayed the award. Finally, two cost extensions to support work in Bangladesh at LAMB and Kumundini were executed in the January –March 2010 period. Table 2 summarizes information about subawards made in FY 09/11. All active subawards are listed in Table 2A. The total amount of subaward funding is \$3,464,418.

**Table 2. Sub-awards Issued, October 2009-March 2010**

Institution	Country	Start Date	End Date	Subaward Number	Total obligated
<b>Awards Made October to December 2009</b>					
The Ad-Din Foundation	Bangladesh	November 1, 2009	October 31, 2010	<u>BGD-071-02</u>	64,990.00
Mercy Ships	Benin	October 1, 2009	December 31, 2009	<u>FCA-100-02</u>	\$55,433.00
<b>No Awards Made January to March 2010</b>					

**Table 2 A. Active Subawards**

Institution	Country	Start Date	End Date	Subaward Number	Total obligated
REF	Niger	November 25, 2008	June 30, 2010	FCA 200-01	\$315,216
IntraHealth	Ethiopia	October 1, 2008	September 30, 2011	FCA-101-02	\$980,019
IntraHealth	Mali	October 1, 2008	September 30, 2011	FCA-101-01	\$350,877
LAMB Hospital	Bangladesh	February 15, 2009	February 14, 2011	BGD-068-03	\$181,921
Kumudini Hospital	Bangladesh	February 15, 2009	February 14, 2011	BGD-069-03	141,917
HEAL Africa	DRC	February 1, 2009	January 31, 2011	FCA-600-01	\$447,535
Panzi Hospital	DRC	February 1, 2009	January 31, 2011	FCA-601-01	\$498,280
Ruhengeri Hospital	Rwanda	March 15, 2009	March 14, 2011	FCA-400-02	46,434
Kitovu Hospital	Uganda	February 1, 2009	January 31, 2011	UGA-004-05	\$180,918.74
Kagando Hospital	Uganda	January 1, 2009	December 31, 2010	UGA-008-04	\$200,877

## SECTION II: 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

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#### Fistula Repairs

As shown below in Table 3, the total number of repairs reported this period was **1,244** from **28 of the 34** supported repair facilities in **11** countries; no repairs were carried out at Ad Din Jessore in Bangladesh; Mercy Ship activities in Togo have not begun; data were not available at the time the report was prepared for Arba Minch in Ethiopia or Laure Fistula Center in Kano, Nigeria; and two sites under the AXxes project in the DRC are scheduled to conduct repairs in the next two quarters. We have included the repairs conducted at the facility in Sierra Leone although no subaward was in place. EngenderHealth has spent considerable time over the last six months working with the Gloag Foundation to develop a new subaward and the site has continued to provide us with updates about the work at the repair center.

The number of repairs conducted to date represents 49% of the planned benchmark (n=4,250) for the FY.<sup>2</sup> Two thirds of the sites reporting showed an increase in or equal levels of activity. The only country as a whole showing a drop in total number of repairs performed compared with last quarter was Nigeria; the decline is due to the unavailability of data from one high performing site – Laure Fistula Center.

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<sup>2</sup> We have excluded the data from the AXxes project in the progress towards the benchmark estimate since they were not part of the original estimate.

**Table 3. Number of Fistula Repair Surgeries at USAID supported Sites, by Country, Site and Year**

Country	FY 04 / 05	FY 05 / 06	FY 06 / 07	FY 07 / 08	FY 09 Oct 08 - Sep 09					FY 10 Oct 09 - Sep 10			Grand Total
	Tot.	Tot.	Tot.	Tot.	Oct Dec	Jan-Mar	Apr-Jun	July Sep	Total	Oct-Dec	Jan-Mar	Total	FY 05 - FY 10
<b>Africa Mercy</b>													
Benin	NS	NS	NS	NS	NS	44	61	5	110	21	NS	21	131
Ghana	NS	21	42	NS	NS	NS	NS	NS	NS	NS	NS	NS	63
Liberia	NS	NS	NS	59	NS	NS	NS	NS	NS	NS	NS	NS	59
Togo	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	0
<b>Total</b>	<b>0</b>	<b>21</b>	<b>42</b>	<b>59</b>	<b>0</b>	<b>44</b>	<b>61</b>	<b>5</b>	<b>110</b>	<b>21</b>	<b>0</b>	<b>21</b>	<b>253</b>
<b>Bangladesh</b>													
Ad-Din Dhaka	NS	NS	NS	NS	NS	NS	NS	NS	NS	7	5	12	12
Ad Din Jessore	NS	NS	NS	NS	NS	NS	NS	NS	NS	0	0	0	0
Kumudini	7	22	24	57	17	16	9	7	49	13	11	24	183
LAMB	4	40	72	52	19	32	9	21	81	16	22	38	287
MCH	9	31	23	13	1	NS	NS	NS	1	NS	NS	NS	77
<b>Total</b>	<b>20</b>	<b>93</b>	<b>119</b>	<b>122</b>	<b>37</b>	<b>48</b>	<b>18</b>	<b>28</b>	<b>131</b>	<b>36</b>	<b>38</b>	<b>74</b>	<b>559</b>
<b>DRC</b>													
HEAL Africa	NS	53	215	200	NS	90	43	81	214	40	65	105	787
Panzi	NS	0	371	134	NS	85	86	97	268	67	57	124	897
Project AXxes (multiple sites)	NS	NS	NS	361	70	133	120	119	442	71	116	187	990
<b>Total</b>	<b>0</b>	<b>53</b>	<b>586</b>	<b>695</b>	<b>70</b>	<b>308</b>	<b>249</b>	<b>297</b>	<b>924</b>	<b>178</b>	<b>238</b>	<b>416</b>	<b>2,674</b>
<b>Ethiopia</b>													
Arba Minch	NS	NS	NS	NS	NS	NS	NS	NS	NS	13	n/a	13	13
Bahir Dar Ctr	NS	94	470	596	64	86	86	61	297	98	117	215	1,672

	FY 04 / 05	FY 05 / 06	FY 06 / 07	FY 07 / 08	FY 09 Oct 08 - Sep 09					FY 10 Oct 09 - Sep 10			Grand Total
Country	Tot.	Tot.	Tot.	Tot.	Oct Dec	Jan-Mar	Apr-Jun	July Sep	Total	Oct-Dec	Jan-Mar	Total	FY 05 - FY 10
Mekelle Ctr	NS	NS	NS	n/a	42	44	51	29	166	38	57	95	261
<b>Total</b>	<b>0</b>	<b>94</b>	<b>470</b>	<b>596</b>	<b>106</b>	<b>130</b>	<b>137</b>	<b>90</b>	<b>463</b>	<b>149</b>	<b>174</b>	<b>323</b>	<b>1,946</b>
<b>Guinea</b>													
Ignace Deen	NS	79	114	63	14	11	12	12	49	3	8	11	316
Jean Paul II	NS	NS	NS	36	26	24	16	22	88	23	29	52	176
Kissidogou	NS	120	178	130	30	65	21	32	148	31	32	63	639
Labe	NS	NS	NS	NS	NS	NS	15	16	31	16	32	48	79
<b>Total</b>	<b>0</b>	<b>199</b>	<b>292</b>	<b>229</b>	<b>70</b>	<b>100</b>	<b>64</b>	<b>82</b>	<b>316</b>	<b>73</b>	<b>101</b>	<b>174</b>	<b>1,210</b>
<b>Mali</b>													
Gao Regional Hospital	NS	NS	NS	NS	NS	13	19	14	46	0	23	23	69
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13</b>	<b>19</b>	<b>14</b>	<b>46</b>	<b>0</b>	<b>23</b>	<b>23</b>	<b>69</b>
<b>Niger</b>													
Dosso	NS	NS	NS	17	0	3	3	9	15	0	7	7	39
Lamordé	NS	NS	27	70	32	15	30	7	84	46	25	71	252
Maradi	NS	NS	NS	123	3	16	40	0	59	8	35	43	225
Tera	NS	NS	NS	3	NS	NS	NS	NS	NS	NS	NS	NS	3
<b>Total</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>213</b>	<b>35</b>	<b>34</b>	<b>73</b>	<b>16</b>	<b>158</b>	<b>54</b>	<b>67</b>	<b>121</b>	<b>519</b>
<b>Nigeria</b>													
Babbar R.	NS	NS	356	536	83	86	111	51	331	74	89	163	1,386
Ebonyi Fistula Center	NS	NS	NS	NS	NS	72	65	52	189	61	70	131	320
Faridat Yak.	NS	NS	180	150	55	70	18	44	187	23	29	52	569
Kebbi	NS	NS	102	122	39	31	42	39	151	45	58	103	478
Laure Fistula Ctr.	NS	NS	339	473	75	121	97	44	337	83	n/a	83	1,232
Maryam Abacha	NS	NS	104	156	28	57	45	22	152	64	51	115	527
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1081</b>	<b>1437</b>	<b>280</b>	<b>437</b>	<b>378</b>	<b>252</b>	<b>1347</b>	<b>350</b>	<b>297</b>	<b>647</b>	<b>4,512</b>

	FY 04 / 05	FY 05 / 06	FY 06 / 07	FY 07 / 08	FY 09 Oct 08 - Sep 09					FY 10 Oct 09 - Sep 10			Grand Total
Country	Tot.	Tot.	Tot.	Tot.	Oct Dec	Jan-Mar	Apr-Jun	July Sep	Total	Oct-Dec	Jan-Mar	Total	FY 05 - FY 10
<b>Rwanda</b>													
CHUK	NS	45	55	36	13	9	14	15	51	8	40	48	235
Kanombe	NS	NS	NS	NS	NS	NS	NS	14	14	11	15	26	40
Ruhengeri	NS	100	92	47	50	52	0	0	102	0	40	40	381
<b>Total</b>	<b>0</b>	<b>145</b>	<b>147</b>	<b>83</b>	<b>63</b>	<b>61</b>	<b>14</b>	<b>29</b>	<b>167</b>	<b>19</b>	<b>95</b>	<b>114</b>	<b>656</b>
<b>Sierra Leone</b>													
Aberdeen	NS	NS	272	363	65	69	52	67	253	38	43	81	969
<b>Total</b>	<b>0</b>	<b>0</b>	<b>272</b>	<b>363</b>	<b>65</b>	<b>69</b>	<b>52</b>	<b>67</b>	<b>253</b>	<b>38</b>	<b>43</b>	<b>81</b>	<b>969</b>
<b>Uganda</b>													
Kagando	NS	79	174	118	19	23	31	12	85	68	58	126	582
Kitovu	121	256	227	192	38	64	0	81	183	36	110	146	1,125
<b>Total</b>	<b>121</b>	<b>335</b>	<b>401</b>	<b>310</b>	<b>57</b>	<b>87</b>	<b>31</b>	<b>93</b>	<b>268</b>	<b>104</b>	<b>168</b>	<b>272</b>	<b>1,707</b>
<b>Overall Total</b>	<b>141</b>	<b>940</b>	<b>3,437</b>	<b>4,107</b>	<b>783</b>	<b>1,331</b>	<b>1,096</b>	<b>973</b>	<b>4,183</b>	<b>1,022</b>	<b>1,244</b>	<b>2,266</b>	<b>15,074</b>

n/a: not available      NS=not supported by USAID

## Fistula Repair Training Activities

As shown below in Table 4, six surgeons attended first-time fistula repair training in the January – March 2010 period (four from Rwanda, two from Uganda); and 24 surgeons from six countries attended continuing training (DRC, Guinea, Mali, Nigeria, Rwanda, and Uganda).

**Table 4. Training in Surgical Repair by Country  
October 2009 thru March 2010**

Country	Oct-Dec	Jan-March	FY Total
<b>Number Surgeons Trained for first time in Fistula Repair</b>			
Niger	3	0	3
Nigeria	3	0	3
Rwanda	0	4	4
Uganda	1	2	3
<b>Total</b>	<b>7</b>	<b>6</b>	<b>13</b>
<b>Number Surgeons continuing Training in Fistula Repair</b>			
DRC	0	5	5
Guinea	0	5	5
Mali	0	2	2
Nigeria	0	5	5
Rwanda	0	4	4
Sierra Leone	1	0	1
Uganda	3	3*	4*
<b>Total</b>	<b>4</b>	<b>24</b>	<b>26*</b>

\*Two trainees received repeated continuing trainings. Trainees that received more than one training are only counted once, in order to have accurate numbers of individuals trained.

Table 5 summarizes the total number of persons attending training during the October 2009 –March 2010 period. During this six month period, more than 3,000 persons attended training; the majority of the training activities were focused on training health workers in Ethiopia on prevention and treatment issues and community outreach. Other training activities included a focus on obstetric care (n=265), family planning (n=127), quality improvement (n=145). See individual country reports for more details

**Table 5. Training for fistula treatment and prevention, by country:  
Number of persons trained by topic, October 2009 thru March 2010**

	Bangladesh	Benin	DRC	Ethiopia	Guinea	Mali	Niger	Nigeria	Rwanda	Sierra Leone	Uganda	Total
First fistula repair & care training for surgeons	0	0	0	0	0	0	3	3	4	0	3	13
Follow up fistula repair & care training for surgeons	0	0	5	0	5	2	0	5	4	1	4	26
Fistula nursing care /pre post op care	4	0	0	0	0	0	0	3	24	0	20	51
Infection Prevention	0	0	0	0	0	0	60	0	0	0	0	60
Quality Assurance	0	0	0	0	16	0	19	0	0	0	50	85
Fistula Counseling	75	0	16	0	0	18	0	0	0	0	0	109
FP Counseling	0	0	0	0	0	0	0	0	0	0	0	0
FP methods/LAPM methods	4	0	0	0	61	0	10	0	0	0	52	127
Obstetric care	30	0	76	0	57	0	0	15	0	65	22	265
Fistula Screening and /Prevention for Health workers	0	0	0	1,795	0	0	0	0	0	0	0	1,795
Community Outreach & Advocacy	0	0	0	966	0	0	0	46	0	0	0	1,012
Data Management	12	0	0	0	0	0	0	11	0	0	0	23
Other <sup>3</sup>	16	0	0	0	0	0	0	20	0	0	0	36
<b>Total</b>	<b>141</b>	<b>0</b>	<b>97</b>	<b>2,761</b>	<b>139</b>	<b>20</b>	<b>92</b>	<b>103</b>	<b>28*</b>	<b>66</b>	<b>151</b>	<b>3,598*</b>

\*Four Rwandan surgeons received both first and continuing training, and are therefore only counted once as persons trained during this time period.

<sup>3</sup>Bangladesh: Site orientation for Ad-din Dhaka. Nigeria: Map and community engagement.

## Medical Workshop

In February 2010 Fistula Care sponsored a five-day workshop—Strengthening the Quality of Fistula Prevention and Repair Services: Institutionalizing Medical Monitoring—in Kampala for 28 EngenderHealth staff and partners working on the Fistula Care Project. Workshop participants included medical associates and program managers from the global team and from seven countries where activities are being implemented: Bangladesh, Ethiopia, Guinea, Mali, Nigeria, Rwanda, and Uganda. The focus of the workshop was to provide a forum in which to share experiences from the field and lessons learned from the introduction of Fistula Care tools. Participants aimed to standardize approaches for improving the quality of fistula services through medical monitoring and to develop plans to institutionalize medical monitoring tools and approaches in national programs.

Participants spent a lively five days exploring country programs' experiences with implementing medical monitoring and other quality improvement tools and approaches in fistula programming. The primary focus of each day was on the purpose and objectives of medical monitoring, its role in improving fistula services, and its critical components—notably, ensuring medical safety, hearing the clients' perspectives, and ensuring informed choice and decision making. The workshop participants reported that in most countries, approaches such as the training strategy, levels-of-care framework, and quality improvement strategy are working well, although there are some challenges concerning sustainability and national government support. Some suggestions for improvement included the need to further adapt the tools and approaches to the local context through translation of documents and the need to better integrate medical monitoring into other reproductive and maternal health services. Each country team prepared a plan to further roll out these approaches and tools for the next year.

## **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**

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During the first two quarters of the FY, seven of the country programs (Bangladesh, DRC, Guinea, Niger, Nigeria, Sierra Leone and Uganda) conducted training in various aspects of prevention—obstetric care, with a focus on the partograph and AMSTL and family planning. See individual country reports for details.

**Family Planning (FP) Materials.** Ms. Betty Farrell finalized three products for the FP integration work:

- Two job aids for providers *FP Methods Quick Reference chart* and *FP-integrated Counseling Pathway*;
- Client brochure on FP methods.

These products will be sent to USAID for review in the next quarter. In addition, job aids which were developed by FC partner IntraHealth to assist in screening women with urinary incontinence were finalized in the quarter. These materials will be printed in the next quarter and distributed.

**Monitoring Tool for Assessing Use of the Partograph.** During this quarter we began development of a monitoring check list tool to assess how well facilities are using the partograph. The tool will be used at least once at year in sites where we are supporting training in strengthening

the use of the partograph. We expect to be able to report on this indicator in the FY09/10 annual report (indicator #8 in our PMP). The tool will be pilot tested in May 2010 in Uganda.

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

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#### **On Going Research**

**Determinants of Post-Operative Outcomes in Fistula Repair Surgery.** *Six country research study--Determinants of post-operative outcomes in fistula repair surgery.* Progress on the prospective study continues to move forward and we have reached a milestone—recruitment is now completed. By the end of March 2010 a total of 1,481 participants had been enrolled, 1,438 have had fistula repair surgery and 1,212 had returned for their three month post-surgery follow-up visit and therefore completed the study. Overall this represents 100% of the total recruitment in terms of surgeries completed relative to the number needed for the study sample size (1,436). Because of the lag time in our receiving the monthly status reports, we assume that several sites have continued to enroll women in April. We are instructing the sites in Niger to halt recruitment at the end of April, which means that follow-up of study participants will be completed at all study sites by the end of July 2010.

Although the sites in Niger will not reach our initial recruitment goal because of the delays in getting the study up and running, Kissidougou, Sokoto, Gusau, and Kitovu enrolled more women than we had planned, allowing us to reach our overall sample size sooner than we thought would be possible. See Table 6 for recruitment details by month and study site. The follow-up continues to be excellent: 84% (1,212 women who have returned for 3 month follow-up/1438 women having surgery). The follow up rate is greater than the 70% study retention we had estimated when calculating our sample size.

Data continues to be entered and cleaned on an ongoing basis; currently data for over three-quarters of the participants have been entered. Questions, problems or irregularities identified during data entry are recorded on a Data Problem Form and periodically sent to Fistula Care in-country staff or consultants, who then work with site staff to provide responses in an attempt to resolve the problems. Preliminary data analysis (basic frequencies, distributions, and cross tabulations) is conducted periodically for those data that have been entered. A preliminary list of publications has been identified and we are beginning to outline plans for dissemination of the results both internationally and in the countries where study sites are located. We will include a dissemination plan in the FY 10/11 workplan.

**Multi Center Retrospective Record Review of Indications for Cesarean Deliveries.** Data collection in Uganda was completed in this quarter and data collection began in Bangladesh at two sites. The preliminary findings from the pilot site in Uganda (Kagando) were discussed with stakeholders at the hospital in February and recommendations made to include in the report (the report will be finalized in the next quarter). Data collection at the second site in Uganda (Kitovu) was completed by consultant Dr. Josephine Muhairwe. A draft report will be discussed with the hospital staff at Kitovu in the next quarter.

**Table 6. Fistula Research Recruitment January to March 2010**

Country	Site	Thru December 2009			January 2010			February 2010			March 2010			Percent of total recruitment to date (# surgeries/ sample size at site)
		# enrolled	# having surgery	# completing follow-up	# enrolled	# having surgery	# completing follow-up	# enrolled	# having surgery	# completing follow-up	# enrolled	# having surgery	# completing follow-up	
Bangladesh	Kumudini Hospital	87	87	52	6	6	12	3	3	0	2	2	4	98/100 = 98%
	LAMB Hospital	51	50	50	--	--	--	--	--	--	--	--	--	50/51 = 98%#
	Memorial Christian Hospital	5	5	5	--	--	--	--	--	--	--	--	--	5/5 = 100%*
Guinea	Kissidougou Hospital	234	231	200	0	0	0	17	17	11	14	12	14	260/256 = 102%
Niger	Hôpital Lamorde	98	97	41	0	0	3	7	5	13	3	3	15	105/123= 85%
	Maradi	65	57	48	7	4	3	6	12	1	2	2	3	75/87= 86%
Nigeria	Mariamama Abacha Hospital	59	40	5	8	15	5	1	3	19	1	2	19	60/50 = 120%
	Faridat Yakubu Hospital	196	196	176	3	3	N/A	8	8	N/A	8	8	N/A	215/214 = 101%
	Specialist Fistula Center Birnin Kebbi	150	131	90	0	19	48	3	3	6	2	2	7	155/155 = 100%
Uganda	Kagando Hospital	180	180	165	--	--	14	--	--	1	--	--	--	180/180 = 100%
	Kitovu Mission Hospital	236	215	163	19	20	0	--	--	19	--	--	0	235/215 = 100%
Totals		1361	1289	995	43	67	85	45	51	70	32	31	62	1438/1436 = 100%

N/A – The information is not available.

# completed study participation. One woman was discontinued at study close out.

\* Originally were to recruit 40, but no longer doing fistula repairs. Remaining 35 women recruited at LAMB and Kumudini.

Two data collection teams were recruited, hired and trained in this quarter for the Bangladesh arm of the study. Data collection began the last week of March and will be completed by mid April at LAMB and Kumudini hospitals. We had hoped to include a third site in Bangladesh (Ad Din in Dhaka), however the record books for 2008 were incomplete. The data collection tools are being translated into French and we expect to conduct the study in Mali and Guinea before the end of the FY.

### Planned Research

**Assessing the Costs of Fistula Treatment.** This study was approved by USAID/W in October 2009. We are delayed in getting study tools and procedures finalized due to other priorities. As reported in the last quarter we intend to pilot the tools in one country before the end of the FY (in one Anglophone country, most likely Uganda). Following the pilot we will determine what adjustments are required and will make those changes and translate into French for use in the DRC, Rwanda and Guinea (other countries where we expect to use it in the next two years include Bangladesh and Nigeria). We will also consider modifying the methodology for use in Ethiopia to assess the costs of the pre-repair centers.

**RCT for Catheter Management.** Fistula Care staff met with USAID/W during the extended management review to review some of the outstanding issues regarding sample size, time required to carry out the study, and process for convening a consultative meeting with fistula experts. Following the management review the concept note about the study was revised and resubmitted to USAID March 1, 2010. We agreed to convene a meeting with a representative from WHO and other clinical research experts in the next quarter to further discuss the proposed methodology.

### Other Monitoring, Evaluation and Research Activities

We prepared a manuscript from the study “Identification of Current Practices in Fistula Treatment: A Qualitative Review” for submission to a peer reviewed journal. The manuscript was submitted to *BioMed Central Journal of Pregnancy and Childbirth* in March and we are waiting to hear about acceptance.

**USAID/DRC funded Research.** Project AXxes in the DRC is conducting a study—*Living with fistula: An examination of the social and cultural consequences and treatment seeking in DR Congo*—which began in February 2010 and is expected to be completed by October 2010. The study will use a combination of quantitative and qualitative methods to examine the social consequences and care seeking behaviors of girls and women who experience fistula in urban and rural settings in DR Congo. The results will be used to guide policy makers in establishing recommendations for prevention of fistula and appropriate treatment approaches.

**Supported Sites Routine Review of Data.** During this quarter we continued to finalize modules on ‘Data for Decision Making’, for use during quality improvement workshops or as a stand alone exercise. The module was introduced to Fistula Care staff during the Medical Monitoring Workshop in February 2010.

During the quarter a total of 15 supported repair sites (including the 3 repair sites in Ethiopia) held meetings to review quarterly data (see Table 7).

**Table 7. Number of Meetings held to review data by Country and Site, October 2009 – March 2010**

Country	Oct-Dec	Jan-March	FY Total
<b>Bangladesh</b>			
Kumudini	7	1	8
LAMB	0	1	1
<b>DRC</b>			
HEAL Africa	n/a	n/a	n/a
Panzi	n/a	n/a	n/a
<b>Guinea</b>			
Jean Paul II	1	1	2
Kissidougou	1	1	2
Labé	1	1	2
<b>Ethiopia</b>			
Adet HC (pre-repair site)	2	1	3
Dangla HC (pre-repair site)	5	1	6
Woreta HC (pre-repair site)	3	1	4
<b>Mali</b>			
Gao	0	1	1
<b>Niger</b>			
Dosso	0	1	1
Issaka Gazobi	0	0	0
Lamordé	0	0	0
Maradi	0	1	1
<b>Nigeria</b>			
Quarterly Retreat Meetings (6 sites)	0	1	1
Babbar Rugar	0	0	0
Ebonyi Center	0	0	0
Faridat	0	0	0
Kebbi	0	0	0
Laure Fistula Center	0	0	0
Maryam Abacha	0	0	0
<b>Rwanda</b>			
CHUK	0	1	1
Ruhengeri	0	0	0
Kanombe	0	1	1
<b>Sierra Leone</b>			
Aberdeen	1	1	2
<b>Uganda</b>			
Kagando	1	0	1
Kitovu	1	2	3
<b>Total Number of Meetings Held</b>	23	17	40
<b>Total Number of Sites Holding Meetings</b>	10	21*	21

n/a: Data not available NS: not supported by USAID funding support in this quarter

\* includes 6 sites from Nigeria who met and reviewed data at the Quarterly Retreat Meetings

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

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### **Linkages/Collaborations**

**FIGO.** Dr. Joseph Ruminjo participated in workshop in Nairobi in late March to review the feedback from trainers and surgeon trainees who field tested the fistula curriculum. During the workshop changes were made to the curriculum and the next draft is expected to be presented at the next ISOFS meeting, scheduled for Dakar, Senegal in December, 2010

**UN Foundation.** Ms. Carrie Ngongo participated in a day long meeting in February organized by the UN Foundation which included representatives from nine organizations who are working on fistula treatment and prevention or are involved in advocacy around the issues. The purpose of the meeting was to find mechanisms to improve coordination among organizations working on fistula.

**Carter Center.** In March Ms. Karen Beattie participated in a two day meeting in Atlanta organized by Health Development International. The purpose of the meeting was to review an approach to community and facility-based prevention of obstructed labor and obstetric fistula.

### **Fistula Care in the News**

Bethany Cole's [comment](#) was featured on Nicholas Kristof's [article](#) on eastern Congo and Panzi Hospital. Ms. Cole explained how EngenderHealth and Fistula Care support Panzi Hospital and HEAL Africa and the importance of prevention as a part of Fistula Care.

### **Dissemination of Progress and Lessons Learned**

**"Learn From My Story" Facilitator's Guide.** In 2008 Fistula Care, in partnership with the Center for Digital Story Telling produced a video of 11 Ugandan fistula survivors who shared their stories in the series (video available on [YouTube](#) and on the [Fistula Care web site](#)). Fistula Care has produced [a guide](#) (available on the Fistula Care website) that will help facilitators to lead conversations about the stories—with community leaders, health care providers, and women suffering from fistula. The guide includes discussion questions and key messages for each story.

The Fistula Care Project produced its [first Newsletter](#) this quarter. The aim of the newsletter is to update staff, partners, and others interested in the project on activities and to increase visits to the Fistula Care website. The first newsletter featured, among other things, the launch of the Virtual Resource Center, the publication of the "Learn From My Story" Facilitator's Guide and the Ethiopia Technical Brief, and write-ups on the Family Planning Integration Meeting and the Medical Monitoring Workshop. The newsletter was sent to over 800 people and increased visits to the website by 78% in the two weeks after it was published. More than 100 persons have subscribed to the newsletter.

Project staff continued working on drafts for three additional technical briefs—pooled effort in Nigeria, the provider network in Nigeria and the Guinea program efforts in Kissidougou. The technical brief about the Nigeria pooled effort was submitted to USAID/W for review. We expect to publish it in the next quarter. The Guinea brief will be submitted in the next quarter.

Project staff and country partners prepared and submitted two papers to the Women Deliver Conference which will be held next quarter. With Fistula Care's coordination, the International

Obstetric Fistula Working Group is sponsoring a panel on fistula which will feature project highlights from Niger and Nigeria as well as presentations on the FIGO training curriculum and fistula indicators.

### **Fistula Care Website**

Visits to the Fistula Care website increased by 70% from the last quarter, largely in part to the Fistula Care Newsletter. There were a total of 3,427 visits to the site during the January-March quarter, 62.5% of which were from new visitors. Readership of the website also expanded geographically: Visits to the website originated from 1,538 cities, versus 601 cities last quarter, in 105 countries, up from 75 countries last quarter (see map below, Figure 1). There have been nearly 10,000 visits to the website since its launch in March, 2009.

**Figure 1. Geographic distribution of Fistula Care website visitors January-March 2010 (Google Analytics)**



### **Utilization of Technical Products at Supported Sites**

Table 8 below shows that nearly all of the supported sites reported using at least one of the FC tools (the quarterly reporting tools) during the first two quarters. Other tools the sites reported using included the medical monitoring and supervision checklist, medical waste management checklist, training strategy, and training knowledge assessment tool

**Table 8. Use of Fistula Care Technical Tools by Country and Supported Site, October 2009-March 2010**

Country/Site	Quarterly Reporting Tools	Monitoring/Supervision for Service Delivery Check list	Medical Waste Management <sup>4</sup>	Training Strategy	Training Knowledge Assessment Tool	Monitoring/Supervision for Training Site	Fistula Site Assessment Tool	Fistula Standard Equipment List	Fistula Counseling Curriculum
<b>Bangladesh</b>									
Kumudini	X	X	X						
LAMB	X	X	X						
Ad-Din Hospital	X	X	X						
<b>Benin</b>									
Africa Mercy	X			X	X				
<b>DRC</b>									
HEAL Africa	X	X	X						
Panzi	X	X	X						
<b>Ethiopia</b>									
Bahir Dar Ctr	X								
Mekelle Ctr	X								
Yirgalem HC									
Adet HCtr	X								
Dangla HC	X								
Woret HC	X								
<b>Guinea</b>									
Ignace Deen	X								
Jean Paul II	X								
Kissidougou	X	X							
Labé	X								
Mamou	X								
Kindia	X								
Boke	X								
Faranah	X								
N'Zerekore	X								
<b>Mali</b>									
Gao	X			X	X	X			X
<b>Niger</b>									
Dosso	X								
Issaka Gazobi	-								
Lamordé	X								

<sup>4</sup> A section in the Monitoring /Supervision for Service Delivery Check List.

Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Medical Waste Management <sup>4</sup>	Training Strategy	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Site Assessment Tool	Fistula Standard Equipment List	Fistula Counseling Curriculum
Maradi	X								
<b>Nigeria</b>									
Babbar R.	X								
Ebonyi Center	X				X				
Faridat Yak.	X								
Kebbi	X				X				
Laure Fist. C	X								
Maryam Abacha	X								
<i>Prevention only sites :</i>									
Mgbo PHC, Ebonyi	X								
Owutu Edda General Hospital, Ebonyi	X								
Cottage Hospital, Ebonyi	X								
MCCI FP Clinic, Ebonyi	X								
Ebonyi State University Teaching Hospital	X								
Ezangbo Maternity Hospital, Ebonyi	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								
General Hospital Kamba, Kebbi	X								

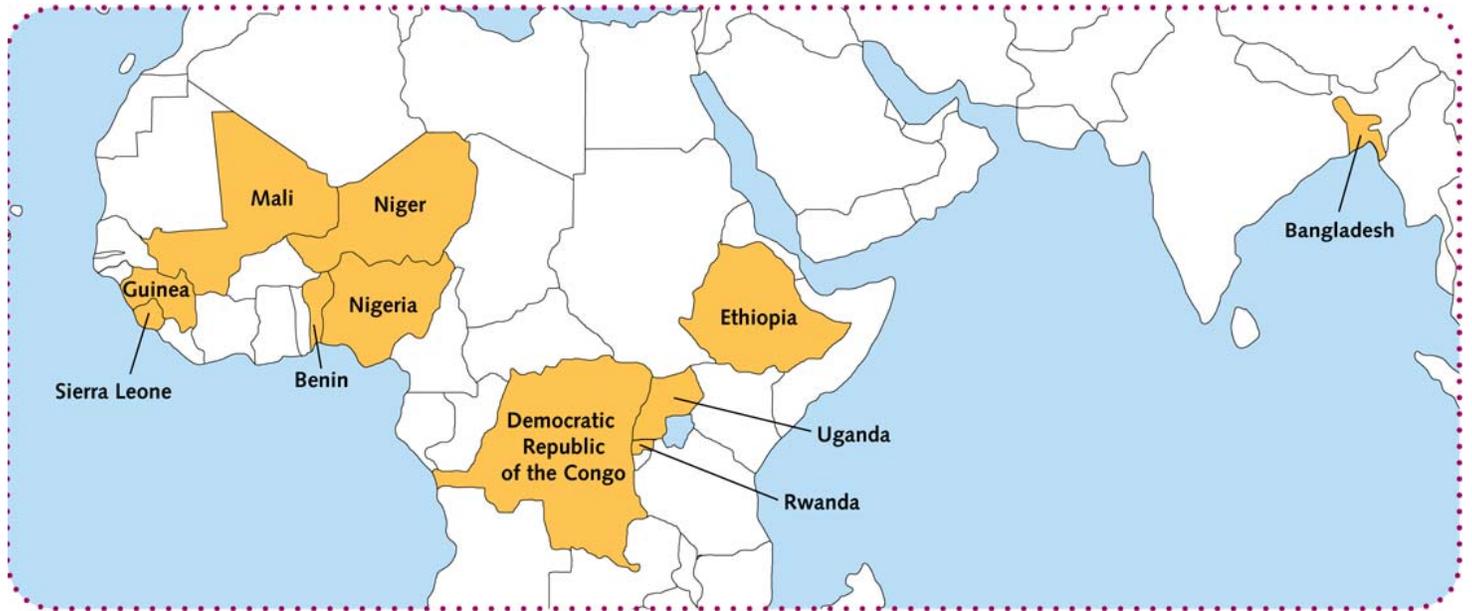
Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Medical Waste Management <sup>4</sup>	Training Strategy	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Site Assessment Tool	Fistula Standard Equipment List	Fistula Counseling Curriculum
General Hospital, Arungu, Kebbi	X								
General Hospital Dakingari, Kebbi	X								
General Hospital Maiyama Kebbi	X								
General Hospital, Jega, Kebbi	X								
Iss General Hospital, Sokoto	X								
Jabo PHC, Sokoto	X								
General Hospital, Rabah, Sokoto	X								
General Hospital,, D/D, Sokoto	X								
Bungudu General Hospital, Zamfara	X								
Bakura General Hospital, Zamfara	X								
<b>Rwanda</b>									
CHUK	X				X				
Ruhengeri	X								
Kanombe	X				X				
Kibogora*							X		
Nyamata*							X		
Butare*							X		
<b>Sierra Leone</b>									
Aberdeen	X								
<b>Uganda</b>									
Kagando	X	X	X		X			X	
Kitovu	X	X	X	X	X	X		X	
<b>Total sites using tools</b>	<b>52</b>	<b>8</b>	<b>7</b>	<b>3</b>	<b>8</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>1</b>

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

NA: not applicable. No reporting from site this quarter.

## SECTION III: Country Reports

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## BANGLADESH

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### Program Background

**Service start date:** July 2005

**Sites:**

Four private hospitals

- Kumudini Hospital, Mirzapur, Tangail
- LAMB Hospital, Parbatipur, Dinajpur
- Ad-din Hospital, Dhaka
- Ad-Din Hospital Jessore

As of the end of December 2008, Memorial Christian Hospital is no longer participating in the project. In November 2009, a subaward was approved providing support to the Ad-Din Hospitals in Dhaka and Jessore. Ad-Din Dhaka is now providing routine services. Providers from Ad-Din Dhaka will provide periodic outreach surgical events at Ad-Din Jessore. A trained surgeon who formerly worked at Kumudini Hospital is now working at Ad-Din in Dhaka.

### Key Accomplishments October 2009-March 2010

**Fistula Repairs.** A total of 74 repairs were performed in Bangladesh for the first half of the fiscal year, 36 in the first quarter, and 38 in the second quarter. In both the first and second quarters, repairs increased when compared to the preceding quarter. This was attributed to the presence of an expat surgeon at LAMB during both quarters who was able to operate on the more complicated cases. Since the award of the Ad Din subaward in November 2009 the facility has not been able to perform many surgeries as the their fistula surgeon injured his hand. He is now recovered and has begun providing repairs again. Repairs have not yet begun at Ad Din Jessore. Most patients at Kumudini had very complicated fistula cases and were having their first repairs; therefore the number of women who were discharged with a closed and dry fistula was low. A special repair session was organized in the second quarter at Kumudini to bring a more experienced surgeon from Dhaka who was able to operate on the most complicated cases. The vast majority of repairs were first repairs, and complications rates were generally low.

In the second quarter, LAMB experienced a fairly high backlog of women waiting for surgery, due to several women not returning to the hospital for their scheduled surgeries. The site has already followed up with these women and scheduled them for another surgery. In addition, LAMB had just over 30% of women discharged with incontinence, due primarily to first attempts at surgery where there was extensive scar tissue. These women will be offered surgery again in the next quarter. cases should be able to be repaired in a subsequent attempt at surgery. Table BGD1 provides greater detail on repair surgeries and their outcomes.

A total of 12 additional surgeries were performed during the first half of the fiscal year. See Table BGD2 for additional details.

**Table BGD1. Clinical Indicators by Site, October 2009 - March 2010, Bangladesh**

Fistula Treatment Indicators	Ad-Din Dhaka			Kumudini			LAMB			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	10	7	17	16	16	32	17	24	41	43	47	90
No. requiring FRS	8	6	14	13	11	24	16	22	38	37	39	76
<b>No. receiving FRS</b>	<b>7</b>	<b>5</b>	<b>12</b>	<b>13</b>	<b>11</b>	<b>24</b>	<b>16</b>	<b>22</b>	<b>38</b>	<b>36</b>	<b>38</b>	<b>74</b>
<b>% receiving FRS</b>	<b>88%</b>	<b>83%</b>	<b>86%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>97%</b>	<b>97%</b>	<b>97%</b>
<b>Type of FRS performed</b>												
urinary only	7	5	12	13	11	24	15	22	37	35	38	73
urinary & RVF	0	0	0	0	0	0	0	0	0	0	0	0
RVF only	0	0	0	0	0	0	1	0	1	1	0	1
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>												
first repair	6	3	9	7	10	17	12	15	27	25	28	53
second repair	1	2	3	2	0	2	2	6	8	5	8	13
>2	0	0	0	4	1	5	1	1	2	5	2	7
<b>Percent women with first repair (urinary only)</b>	<b>86%</b>	<b>60%</b>	<b>75%</b>	<b>54%</b>	<b>91%</b>	<b>71%</b>	<b>80%</b>	<b>68%</b>	<b>73%</b>	<b>71%</b>	<b>74%</b>	<b>73%</b>
No. discharged after FRS (urinary only)	7	5	12	11	10	21	15	22	37	33	37	70
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0	0	0	0	0	0	0
No. discharged after FRS (RVF only)	0	0	0	0	0	0	1	0	1	1	0	1
<b>Total no. discharged after FRS</b>	<b>7</b>	<b>5</b>	<b>12</b>	<b>11</b>	<b>10</b>	<b>21</b>	<b>16</b>	<b>22</b>	<b>38</b>	<b>34</b>	<b>37</b>	<b>71</b>
No. not discharged after FRS	0	0	0	2	1	3	0	0	0	2	1	3
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>												
No. with closed fistula who are dry	7	4	11	6	10	16	12	15	27	25	29	54
No. with closed fistula & stress incontinence	0	1	1	0	0	0	2	5	7	2	6	8
No. whose fistula was not closed	0	0	0	5	0	5	1	2	3	6	2	8
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>100%</b>	<b>80%</b>	<b>92%</b>	<b>55%</b>	<b>100%</b>	<b>76%</b>	<b>80%</b>	<b>68%</b>	<b>73%</b>	<b>76%</b>	<b>78%</b>	<b>77%</b>
<b>Outcome of FRS (RVF only)</b>												
closed and dry	0	0	0	0	0	0	1	0	1	1	0	1
incontinent with water stool and /or flatus (gas)	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
<b>Percent with closed and dry fistula</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>100%</b>	<b>0%</b>	<b>100%</b>

Fistula Treatment Indicators	Ad-Din Dhaka			Kumudini			LAMB			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
<b>(RVF only)</b>												
No. with complications after FRS	0	1	1	0	0	0	6	5	11	6	6	12
Major surgical complications	0	1	1	0	0	0	0	0	0	0	1	1
Anesthesia-related complication	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	6	5	11	6	5	11
<b>% w/ complications after FRS</b>	<b>0%</b>	<b>20%</b>	<b>8%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>38%</b>	<b>23%</b>	<b>29%</b>	<b>18%</b>	<b>16%</b>	<b>17%</b>

**Table BGD 2. Number of Additional Surgeries for Fistula Patients, October 2009 – March 2010, Bangladesh**

Type of Surgery by Site	Oct-Dec	Jan – March	FY Total
<b>LAMB</b>			
Ureteric reimplantation	2	1	3
Examination under anesthesia	0	3	3
Removal of bladder stones or foreign bodies in the viscera	0	1	1
Urethral lengthening or other operations for concomitant stress incontinence	0	1	1
Other (urinary diversion)	1	0	1
<b>Kumudini</b>			
3 <sup>rd</sup> /4 <sup>th</sup> degree perineal tear	2	0	2
<b>Ad-Din Hospital</b>			
Ureteroneocystostomy	1	0	1
<b>Total</b>	<b>6</b>	<b>6</b>	<b>12</b>

**Training.** During the first quarter, refresher training in EmOC took place at LAMB which covered the use of the partograph and AMTSL. Kumudini conducted refresher training in family planning and Ad-din Dhaka staff received an orientation to the project, once the subagreement was awarded. Refresher trainings were carried out for nurses on fistula care and family planning at Kumudini. During the second quarter there was training in MIS for Ad-din Hospital staff. Table BGD3 provides additional information on all trainings.

**Table BGD 3. Number of Persons Trained by Topic, October 2009 – March 2010, Bangladesh**

Training Topic	Oct-Dec	Jan-Mar	FY Total
Refresher training for midwives in EmOC (LAMB)	30	0	30
Refresher training for nurses in fistula care (Kumudini)	4	0	4
Orientation on fistula prevention and treatment for counselors (LAMB)	75	0	75
Orientation on project proposal (Ad-din Dhaka)	16	0	16
FP refresher training (Kumudini)	4	0	4
MIS training (Ad-Din)	0	12	12
<b>Total</b>	<b>129</b>	<b>12</b>	<b>141</b>

**Data management.** Hospital teams at LAMB and Kumudini met to review fistula repair data. Additionally, monthly status reports on the recruitment of study participants were gathered and feedback was provided accordingly.

**Prevention.** A pictorial partograph has been developed at LAMB hospital and is currently being pilot tested. Additionally, a poster and banner promoting fistula awareness was produced for Ad-din Hospital.

**Community Outreach.** Meetings were organized in the second quarter with government officials, local NGO leaders, community members and local medical practitioners in various catchment areas on the prevention of fistula, identification of probable fistula cases, information on availability of treatment and family planning services. Kumudini Hospital catchment also raised awareness on blood donation. Outreach efforts to Ad-din Hospital, Jessore will start in the third quarter. Table BGD4 provides more information on community outreach activities.

**Table BGD 4. Number of Community Outreach Events and Persons Reached, October 2009 - March 2010, Bangladesh**

Event Type	Oct-Dec		Jan-Mar		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Advocacy and Planning Meeting (Kumudini)	1	24	6	184	7	208
Awareness Raising (Kumudini)	25	811	6	220	31	1031
Community leaders and NGO workers orientation (LAMB)	24	1588	2	76	26	1664
Orientation for health and family planning officials	2	156	0	0	2	156
Rehabilitation training (LAMB)	0	0	1	20	1	20
<b>Total</b>	<b>52</b>	<b>2579</b>	<b>15</b>	<b>500</b>	<b>67</b>	<b>3079</b>

**Family Planning.** Over 8,000 people received family planning through FC supported sites in the first and second quarters. The most popular methods were oral pills and injectables. Table BGD5 provides more detailed information, by site, on family planning counseling and distribution.

**Table BGD 5. Number of FP Clients by Method and Number Counseled about FP, by site. October 2009 – March 2010, Bangladesh.**

Fistula FP Methods	Ad-Din Dhaka			Ad-Din Jessore			Kumudini			LAMB			Country Total		
	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total
Oral Pill	954	785	1739	65	275	340	118	86	204	218	295	513	1355	1441	2796
IUCD	17	10	27	63	55	118	0	0	0	0	0	0	80	65	145
Condom (male)	225	290	515	32	36	68	67	55	122	0	0	0	324	381	705
Condom (female)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Injectable	1206	1414	2620	494	601	1095	59	58	117	296	284	580	2055	2357	4412
Implant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tubal Ligation	70	47	117	33	28	61	9	9	18	40	57	97	152	141	293
Vasectomy	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1
Foaming Tablets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total FP acceptors</b>	<b>2472</b>	<b>2546</b>	<b>5018</b>	<b>687</b>	<b>995</b>	<b>1682</b>	<b>253</b>	<b>208</b>	<b>461</b>	<b>554</b>	<b>637</b>	<b>1191</b>	<b>3966</b>	<b>4386</b>	<b>8352</b>
Total Number of clients counseled about FP methods	2472	2546	5018	687	995	1682	253	208	461	554	637	1191	3966	4386	8352

**Obstetrics.** Table BGD6 presents information on obstetric services, by site, for the first two quarters of the fiscal year. The high institutional C-section rates at Ad-Din, Dhaka are attributed to the tertiary level of the hospital and the fact that they are receiving predominantly high-risk deliveries. The c-section study will provide more in-depth information about the indications for cesarean at both LAMB and Kumudini (study began in March 2010).

**Table BGD 6. Obstetric Services, by site. October 2009 – March 2010, Bangladesh.**

	Ad-Din Dhaka			Ad-Din Jessore			Kumudini			LAMB		
	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total
Number of vaginal deliveries	718	543	1261	308	276	584	98	283	381	628	789	1417
Number of C-sections	1206	1286	2492	470	456	926	78	239	317	198	245	443
Total number of deliveries	1924	1829	3753	778	732	1510	176	522	698	826	1034	1860
Percent deliveries by C-section	62.7%	70.3%	66.4%	60.4%	62.3%	61.3%	44.3%	45.8%	45.4%	24%	23.7%	23.8%

**Policy.** A National Advocacy meeting was organized in Dhaka during December 2009, jointly with the government and UNFPA, on the ‘Campaign to End Obstetric Fistula in Bangladesh’. This meeting included stakeholders in both public and private sector, providers, managers and development partners.

## DEMOCRATIC REPUBLIC OF CONGO (DRC)

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### Program Background

**USAID support start date:** July 2005

**Sites:** Two private hospitals in Eastern DRC to prevent and repair fistula. supported by Fistula Care:

- HEAL Africa Hospital
- Panzi Hospital

Four sites supported by Project AXxes (through USAID/DRC bilateral agreement):

- Ldoja Hospital (Kasai Occidental)
- Kole Hospital (Kasai Occidental)
- Kabongo Hospital (Haut Lomani)
- Kolwezi Hospital (Katanga)

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

We include repair data reported by Project AXxes, USAID-supported bilateral project. The project aims to increase access to integrated primary health care, increase capacity of health zones and the referral system and reinforce national programs and provincial/district offices in DRC. Project AXxes supports 60 hospitals and over 900 clinics, and over 4,000 providers. Fistula is a small part of their work, and is generally provided by one private surgeon. It is a 4 year project (Sept. 2006 – Sept. 2010) and they began supporting and collecting fistula data in year 2 of the project. Year 2 data (FY08) came from regional hospitals; in Years 3 and 4 (FY09 and FY10), the project has transitioned to an outreach service approach where a surgeon travels to four locations to provide fistula repair services: Q2 - Kasai Occidental (Ldoja and Kole Hospitals), Q3 – Haut Lomani (Kabongo Hospital), and Q4 – Katanga (Kolwezi Hospital).

### Key Accomplishments October 2009-March 2010

**Fistula Repairs.** A total of 416 fistula repairs were carried out in the DRC in the first half of the fiscal year. HEAL Africa performed 105 repairs, Panzi performed 124 repairs and Project AXxes carried out 187 repairs. The majority of women were receiving their first repairs (73%) and complication rates were very low across all sites. The percentage of women who were discharged with a closed and dry fistula was generally high, with 84% of all urinary-only and urinary/RVF repairs and 100% of all RVF only repairs. For more detailed information on repairs, see Table DRC1.

Eighty-eight additional surgeries were performed during the first two quarters at Panzi and HEAL (these data are not available from the AXxes Project). The majority of these surgeries were examinations performed under anesthesia and urethral lengthening and other operations for concomitant stress incontinence. Table DRC2 provides information on all additional surgeries performed during the quarters.

**Table DRC I. Clinical Indicators by Site, October 2009 – March 2010, DRC**

Fistula Treatment Indicators	HEAL Africa			Panzi			Project AXxes			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	42	85	127	53	68	121	n/a	189	189	95	342	437
No. requiring FRS	40	65	105	49	56	105	n/a	116	116	89	237	326
<b>No. receiving FRS</b>	<b>40</b>	<b>65</b>	<b>105</b>	<b>67</b>	<b>57</b>	<b>124</b>	<b>71</b>	<b>116</b>	<b>187</b>	<b>178</b>	<b>238</b>	<b>416</b>
<b>% receiving FRS</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>137%</b>	<b>102%</b>	<b>118%</b>	<b>0%</b>	<b>100%</b>	<b>161%</b>	<b>200%</b>	<b>100%</b>	<b>128%</b>
<b>Type of FRS performed</b>												
urinary only	40	61	101	63	44	107	n/a	106	106	103	211	314
urinary & RVF	0	3	3	0	0	0	n/a	6	6	0	9	9
RVF only	0	1	1	4	13	17	n/a	4	4	4	18	22
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>												
first repair	28	22	50	48	34	82	n/a	104	104	76	160	236
second repair	2	17	19	10	7	17	n/a	6	6	12	30	42
>2	10	25	35	5	3	8	n/a	2	2	15	30	45
<b>Percent women with first repair (urinary only)</b>	<b>70%</b>	<b>34%</b>	<b>48%</b>	<b>76%</b>	<b>77%</b>	<b>77%</b>	<b>0%</b>	<b>93%</b>	<b>93%</b>	<b>74%</b>	<b>73%</b>	<b>73%</b>
No. discharged after FRS (urinary only)	38	51	89	63	37	100	n/a	106	106	101	194	295
No. discharged after FRS (urinary & RVF)	0	1	1	0	0	0	n/a	6	6	0	7	7
No. discharged after FRS (RVF only)	0	0	0	4	13	17	n/a	4	4	4	17	21
<b>Total no. discharged after FRS</b>	<b>38</b>	<b>52</b>	<b>90</b>	<b>67</b>	<b>50</b>	<b>117</b>	<b>n/a</b>	<b>116</b>	<b>116</b>	<b>105</b>	<b>218</b>	<b>323</b>
No. not discharged after FRS	2	13	15	0	7	7	n/a	0	0	2	20	22
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>												
No. with closed fistula who are dry	31	48	79	51	26	77	n/a	97	97	82	171	253
No. with closed fistula & stress incontinence	2	3	5	4	1	5	n/a	3	3	6	7	13
No. whose fistula was not closed	5	1	6	8	10	18	n/a	12	12	13	23	36
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>82%</b>	<b>92%</b>	<b>88%</b>	<b>81%</b>	<b>70%</b>	<b>77%</b>	<b>0%</b>	<b>87%</b>	<b>87%</b>	<b>81%</b>	<b>85%</b>	<b>84%</b>
<b>Outcome of FRS (RVF only)</b>												

Fistula Treatment Indicators	HEAL Africa			Panzi			Project AXxes			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
closed and dry	0	0	0	4	13	17	n/a	4	4	4	17	21
incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	n/a	0	0	0	0	0
incontinent with firm stool	0	0	0	0	0	0	n/a	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>100%</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
No. with complications after FRS	2	3	5	1	0	1	n/a	4	4	3	7	10
Major surgical complications	0	0	0	1	0	1	n/a	3	3	1	3	4
Anesthesia-related complication	0	0	0	0	0	0	n/a	1	1	0	1	1
Post-operative complication related to perceived success of surgery	2	3	5	0	0	0	n/a	0	0	2	3	5
<b>Percent with complications after FRS</b>	<b>5%</b>	<b>6%</b>	<b>6%</b>	<b>1%</b>	<b>0%</b>	<b>1%</b>	<b>0%</b>	<b>3%</b>	<b>3%</b>	<b>3%</b>	<b>3%</b>	<b>3%</b>

**Table DRC 2. Number of Additional Surgeries for Fistula Patients, October 2009 – March 2010, DRC**

	Oct-Dec	Jan – March	FY Total
<b>Type of Surgery by Site</b>			
<b>HEAL Africa</b>			
Examination under anesthesia	n/a	14	14
Removal of bladder stones or foreign bodies in viscera	n/a	1	1
Colostomy and reversal colostomy	n/a	1	1
Ureteric reimplantation	n/a	2	2
Urethral lengthening and other operations for concomitant stress incontinence	n/a	4	4
Wound resuture	n/a	1	1
Uterine prolapse associated with fistula	n/a	1	1
Repair of 3 <sup>rd</sup> and 4 <sup>th</sup> degree perineal tears	n/a	4	4
<b>Panzi</b>			
Examination under anesthesia	22	15	37
Urethral lengthening and other operations for concomitant stress incontinence	17	1	18
Urethral reimplantation	0	2	2
Uterine prolapse associated with fistula	0	1	1
Repair of 3 <sup>rd</sup> and 4 <sup>th</sup> degree perineal tears	0	1	1
Other	1	0	1
<b>Total</b>	<b>40</b>	<b>48</b>	<b>88</b>

**Training.** A total of 5 surgeons received continuing training in surgical fistula repair during the second quarter. Several trainings were conducted during the first quarter: HEAL Africa conducted trainings on counseling for traumatic fistula, c-section training for doctors and nurses, and fistula prevention for birth attendants which included use of the partograph, AMSTL and indications for c-section. Panzi also conducted training for birth attendants on use of the partograph. A follow up visit was conducted in the second quarter to provide supervision for those who had attended the training in the first quarter. In total, 97 health providers received training in the first two quarters. More detailed information on trainings and numbers of trainees can be found in table DRC3.

**Table DRC 3. Number of Persons Trained by Topic, October 2009 – March 2010, DRC**

Training Topic	Oct-Dec	Jan-Mar	FY Total
<b>HEAL Africa</b>			
Continuing surgical training in fistula repair (HEAL)	0	1	1
Traumatic fistula counseling	16	0	16
Fistula prevention for birth attendants, including partograph, AMSTL and indications for c-section	20	0	20

Training Topic	Oct-Dec	Jan-Mar	FY Total
C-section training	48	0	48
<b>Panzi</b>			
Continuing surgical training in fistula repair (Panzi)	0	4	4
Fistula prevention for birth attendants including use of the partograph	8	0	8
<b>Total</b>	<b>92</b>	<b>5</b>	<b>97</b>

**Quality Improvement.** During the second quarter, medical monitoring and waste disposal management monitoring was carried out at Panzi and HEAL hospitals by Fistula Care senior medical associates.

**Community Outreach.** Due to insecurity in Eastern Congo, there have not been any outreach activities conducted during the first two quarters of the year for the Panzi and HEAL programs. Additionally, UNICEF had been paying for outreach and transportation for women in the HEAL catchment area, and this support ended in 2009. During the second quarter, a radio program was aired on fistula awareness, and efforts were made to reach out to rural churches.

**Family Planning.** The most common family planning methods dispensed at the sites included male condoms, oral pills and injectables. The high number of male condoms distributed is attributable to there finally being an adequate supply of condoms at the site. Over 3,500 individuals received family planning. The data on numbers of clients counseled about family planning are incomplete. Table DRC4 provides all the available family planning method information, by site.

**Table DRC 4. Number of FP Clients by Method and Number Counseled about FP, by site. October 2009 – March 2010, DRC**

Fistula FP Methods	HEAL Africa			Panzi			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
Oral Pill	511	268	779	n/a	0	0	511	268	779
IUCD	0	4	4	n/a	2	2	0	6	6
Condom (male)	1999	320	2319	n/a	0	0	1999	320	2319
Condom (female)	0	3	3	n/a	0	0	0	3	3
Injectable	212	203	415	n/a	0	0	212	203	415
Implant	4	3	7	n/a	6	6	4	9	13
Tubal Ligation	0	12	12	n/a	19	19	0	31	31
Vasectomy	0	0	0	n/a	0	0	0	0	0
<b>Total FP acceptors</b>	<b>2726</b>	<b>813</b>	<b>3539</b>	<b>n/a</b>	<b>27</b>	<b>27</b>	<b>2726</b>	<b>840</b>	<b>3566</b>
Total Number of clients counseled about FP methods	n/a	1000	1000	n/a	n/a	n/a	n/a	1000	1000

**Obstetrics.** Of the 1,118 deliveries that occurred at HEAL and Panzi during the first half of the fiscal year, just under 17% were C-sections. Table DRC5 provides site specific numbers on obstetric services.

**Table DRC5. Obstetric Services, by site. October 2009 – March 2010, DRC.**

	HEAL			Panzi			TOTAL		
	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total
Number of vaginal deliveries	233	201	434	n/a	496	496	233	697	930
Number of C-sections	30	36	66	n/a	122	122	30	158	188
Total number of deliveries	263	237	500	n/a	618	618	263	855	1118
Percent deliveries by C-section	12.9%	15.2%	13.2%	n/a	19.7%	19.7%	11.4%	18.5%	16.8%

## ETHIOPIA

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### Program Background

**Service Start Date:** 2006

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

- Through the Addis Ababa Fistula Hospital, repairs and prevention are carried out at the Bahir Dar Fistula Center in Amhara Region and the Mekelle Fistula Center in Tigray Region. Beginning this fiscal year, USAID/Ethiopia began providing support to a third facility, Abra Minch which is located in Southern Nations, Nationalities, and People's Region (SNNPR); USAID/Ethiopia will provide support to this facility, through AAFH, for repairs for one year. The facility is run by the Norwegian Lutheran Mission and is expected to receive support for fistula repairs from the government in 2011. In addition, activities are supported at the Yirga Alem Center in the Southern Nations, Nationalities, and People's Region (SNNPR) for communication about prevention and treatment.
- Fistula Care supports and strengthens three referral/pre-repair health centers in the Amhara region, referring repair cases to the Bahir Dar fistula center. These centers --- Adet Health Center, Dangla Health Center and Woret Health Center---also focus on fistula prevention activities in their surrounding communities, including health worker training and community awareness-raising.

### Key Accomplishments October 2009-March 2010

**Expansion of Pre Repair Model.** A team of Fistula Care project staff from EngenderHealth and IntraHealth and representatives from two zones, the regional health bureau, and the Mekelle Hamlin Fistula Center conducted an assessment from March 15-20 of health centers in Eastern Amhara that might serve as fistula pre-repair unit sites. The assessment team recommended moving forward with two recommendations, a zonal hospital and a health center. The USAID/Ethiopia mission will provide guidance about the next steps in a possible expansion following the release of the report by the independent assessment team that will be reviewing USAID/Ethiopia's fistula work in the coming quarter.

**Screening for Fistula and other Services at Pre repair Centers.** In total, 135 women were referred from the community for urinary incontinence to the pre repair units in the first two quarters; 94 of these women (70%) were diagnosed with fistula and 92 women were referred

to Bahir Dar for fistula repair surgery; see Table ETH1. The number of women screened increased greatly over the July-September 2009 quarter. This is due to the mentors concentrating their activities in adjacent woredas not previously reached by the project. Work in the adjacent woredas includes identification of new community volunteers and training of health workers from health centers not previously reached. In addition, the end of the rainy season facilitated the travel necessary for more extensive screening. The use of public transportation also increased this quarter for repaired women returning to their communities, which was particularly effective as it minimized waiting time at the pre-repair units post surgery, freeing up beds for newly identified women.

*HIV Counseling and Testing.* All women who referred to the pre-repair units are provided HIV pre- and post-counseling by the fistula mentors and offered HIV testing by the health center. During the October to March period a total of 134 women were counseled and 91 consented to testing. All results were negative. Some of the women who declined testing reported that they already knew their HIV status.

*Family Planning Counseling.* A total of 77 post-repair women were counseled about family planning, 38 in the first quarter and 39 in the second quarter.

*Reintegration.* In addition to prevention and care, reintegration is an important focus of the work of the fistula mentors at the pre repair centers. The fistula mentors perform post-repair visits to patients' homes to provide counseling to the patient and her family on nutrition, family planning, personal hygiene, and social reintegration in the community normally within a few months after surgery. During the October to March period they visited a total of 100 women who have undergone fistula repair surgery. Additionally, community core team members visit women post surgery with similar messages and made a total of 72 visits to post-repaired women in their homes during the six month reporting period.

**Table ETH1. Number of Women seeking, requiring and referred for fistula repair October 2009 - March 2010, by Pre Repair Centers, Ethiopia**

Fistula Screening	Adet			Dangla			Woreta			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. referred with incontinence	23	17	40	19	19	38	21	25	46	74	61	135
No. diagnosed with fistula	11	10	21	19	14	33	21	19	40	51	43	94
No. referred for 1st FRS	13	10	23	17	16	33	11	25	36	41	51	92
No. Referred for continuing FRS care <sup>5</sup>	4	2	6	9	0	9	18	0	18	31	2	33
Total No. Referred	17	12	29	26	16	42	29	25	54	72	53	125

**Fistula Repairs.** During the October –December 2009 period, USAID/Ethiopia support for repairs began at Arba Minch Hospital. During the October-March period a total of 323 repairs were conducted at the three fistula repair sites; see Table ETH2.

<sup>5</sup> In Oct-Dec period includes women who were referred and transported back to Bahir Dar for post surgery follow up. Subsequent quarters only includes women referred back for a second follow up surgery.

**Table ETH2. Clinical Indicators by Site, October 2009 - March 2010, Ethiopia**

	Arba Minch			Bahir Dar Ctr			Mekelle Ctr			Country Total		
<b>Fistula Treatment Indicators</b>	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	n/a	n/a	0	293	263	556	124	150	274	417	413	830
No. requiring FRS	n/a	n/a	0	194	181	375	66	105	171	260	286	546
<b>No. receiving FRS</b>	<b>13</b>	<b>n/a</b>	<b>13</b>	<b>98</b>	<b>117</b>	<b>215</b>	<b>38</b>	<b>57</b>	<b>95</b>	<b>149</b>	<b>174</b>	<b>323</b>
<b>Percent receiving FRS</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>51%</b>	<b>65%</b>	<b>57%</b>	<b>58%</b>	<b>54%</b>	<b>56%</b>	<b>57%</b>	<b>61%</b>	<b>59%</b>
<b>Type of FRS performed</b>												
----- urinary only	13	n/a	13	86	106	192	31	55	86	130	161	291
----- urinary & RVF	0	n/a	0	4	2	6	3	1	4	7	3	10
----- RVF only	0	n/a	0	8	9	17	4	1	5	12	10	22
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>												
----- first repair	13	n/a	13	78	101	179	34	50	84	125	151	276
----- second repair	0	n/a	0	12	7	19	0	4	4	12	11	23
----- >2	0	n/a	0	0	0	0	0	2	2	0	2	2
<b>Percent women with first repair (urinary only)</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	<b>87%</b>	<b>94%</b>	<b>90%</b>	<b>100%</b>	<b>89%</b>	<b>93%</b>	<b>91%</b>	<b>92%</b>	<b>92%</b>
No. discharged after FRS (urinary only)	11	n/a	11	66	106	172	32	57	89	109	163	272
No. discharged after FRS (urinary & RVF)	0	n/a	0	3	4	7	0	4	4	3	8	11
No. discharged after FRS (RVF only)	0	n/a	0	4	4	8	2	3	5	6	7	13
<b>Total no. discharged after FRS</b>	<b>11</b>	<b>n/a</b>	<b>11</b>	<b>73</b>	<b>114</b>	<b>187</b>	<b>34</b>	<b>64</b>	<b>98</b>	<b>118</b>	<b>178</b>	<b>296</b>
No. not discharged after FRS	2	n/a	2	27	21	48	18	6	24	47	27	74
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>												
-No. with closed fistula who are dry	8	n/a	8	51	88	139	27	47	74	86	135	221
- No. with closed fistula & stress incontinence	1	n/a	1	13	19	32	0	0	0	14	19	33
-- No. whose fistula was not closed	2	n/a	2	5	3	8	5	14	19	12	17	29

	Arba Minch			Bahir Dar Ctr			Mekelle Ctr			Country Total		
Fistula Treatment Indicators	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>73%</b>	<b>0%</b>	<b>73%</b>	<b>74%</b>	<b>80%</b>	<b>78%</b>	<b>84%</b>	<b>77%</b>	<b>80%</b>	<b>77%</b>	<b>79%</b>	<b>78%</b>
<b>Outcome of FRS (RVF only)</b>												
-- closed and dry	0	n/a	0	4	4	8	2	3	5	6	7	13
-- incontinent with water stool and/or flatus (gas)	0	n/a	0	0	0	0	0	0	0	0	0	0
-- incontinent with firm stool	0	n/a	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>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
No. with complications after FRS	0	n/a	0	0	12	12	0	0	0	0	12	12
-- Major surgical complications	0	n/a	0	0	0	0	0	0	0	0	0	0
-- Anesthesia-related complication	0	n/a	0	0	0	0	0	0	0	0	0	0
-- Post-operative complication related to perceived success of surgery	0	n/a	0	0	12	12	0	0	0	0	12	12
<b>Percent with complications after FRS</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>11%</b>	<b>6%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>7%</b>	<b>4%</b>

Data for Arba Minch for the second quarter were not yet received at the time of this report. Data will be reported in the next quarterly report. .

In addition to the fistula repairs, some women required additional surgeries. Table ETH3 lists the additional surgeries required during the October to March reporting periods. Just over half of all the additional surgeries were urethral lengthening and other operations for concomitant stress incontinence (n=99).

**Table ETH 3. Number of Additional Surgeries for Fistula Patients, October 2009 – March 2010, Ethiopia**

	Oct-Dec	Jan – March	FY Total
<b>Type of Surgery by Site</b>			
<b>Bahir Dar</b>			
Urethral lengthening and other operations for concomitant stress incontinence	41	32	73
Examination under anesthesia	4	6	10
Removal of bladder stones or foreign bodies in the viscera	1	3	4
3 <sup>rd</sup> /4 <sup>th</sup> degree perineal tears	10	14	24
Other	13	11	24
<b>Total Bahir Dar</b>	<b>69</b>	<b>66</b>	<b>135</b>
<b>Mekelle</b>			
Examination under anesthesia	9	6	15
Urethral lengthening and other operations for concomitant stress incontinence	13	13	26
3 <sup>rd</sup> /4 <sup>th</sup> degree perineal tears	5	4	9
Prolapse associated with fistula	0	1	1
Other	2	0	2
<b>Total Mekelle</b>	<b>29</b>	<b>24</b>	<b>53</b>
<b>Total</b>	<b>98</b>	<b>90</b>	<b>188</b>

**Training for Prevention.** The Pre Repair Center fistula mentors and the AAFH continue to provide new and refresher trainings at the facility level on obstetric fistula prevention and referral. Fistula mentors focused their training activities on health extension workers, community based reproductive health agents (CBRHAs), staff of Women’s affairs and women’s associations and community leaders who were successful at mobilizing the community in identifying and referring women with incontinence to the pre-repair centers. During the October-March period the fistula mentors trained a total 455 new health workers and conducted refresher training for 184 providers during the Oct-December period; see Table ETH4.

In addition to training of health workers, the mentors also conducted refresher training for 501 community volunteers and trained 465 new community volunteers. Community volunteers are educated on factors that contribute to fistula including the importance of encouraging women to seek ANC services and deliver at the health facility. They also receive education on HIV prevention and family planning. These volunteers included women’s associations, CBRHAs and other health facility and community members.

AAFH trained a total of 1,156 providers-- health extension workers (HEWs), health officers, nurses and midwives—were trained in the October to March period. The focus of the training is on safe motherhood delivery, fistula identification, care, referral and treatment from 6 selected woredas in the Amhara Tigray and SNNP regions. Following the training, the health extension workers and the traditional birth attendants were given birth delivery kits to assist them for safe motherhood delivery. A total of 7,363 safe delivery kits were distributed (3,355 in October-December 2009 quarter and 2,890 in the January-March 2010 quarter).

**Table ETH4.Number Persons Trained by Topic  
October 2009 – March 2010, Ethiopia**

Training Topic	Oct- Dec	Jan- Mar	FY Total
<b>Pre Repair Centers Supported Training</b>			
New training for health workers and management	281	174	455
Refresher training for health workers and management	184	0	184
Refresher community volunteer training	501	0	501
New community volunteer training	150	315	465
<b>Total Pre Repair Centers Supported Training</b>	<b>1,116</b>	<b>489</b>	<b>1,605</b>
<b>AAFH Supported Training</b>			
Training of Health Workers in referral and prevention	527	629	1,156
<b>Total AAFH Supported Training</b>	<b>527</b>	<b>629</b>	<b>1,156</b>
<b>Total Trained</b>	<b>1,643</b>	<b>1,118</b>	<b>2,761</b>

**Community Outreach.** The three pre repair centers and AAFH supported hospitals continued to provide outreach activities in selected woredas to educate communities about fistula prevention and care. During the October to March period more than 1,600 events took place reaching nearly 225,000 persons; see Table ETH5.

**Table ETH5.Number of Community Outreach Events and Persons Reached by  
Health Center Catchment Areas, October 2009 – March 2010, Ethiopia**

Catchment Areas	Oct-Dec		Jan – Mar		FY Total	
	Events*	Persons Reached	Events	Persons Reached	Events	Persons Reached
<b>Pre Repair Centers</b>						
Adet	274	33,329	246	33,742	520	67,071
Dangla	339	55,802	394	63,391	733	119,193
Woreta	123	10,848	232	22,888	355	33,736
<b>Total Pre Repair Centers</b>	<b>736</b>	<b>99,979</b>	<b>872</b>	<b>120,021</b>	<b>1,608</b>	<b>220,000</b>
<b>AAFH</b>						
Bahir Dar	n/a	1,555	n/a	679	n/a	2,234
Tigray	n/a	400	n/a	332	n/a	732

Catchment Areas	Oct-Dec		Jan – Mar		FY Total	
	Events*	Persons Reached	Events	Persons Reached	Events	Persons Reached
Yirga Alem	n/a	1,400	n/a	226	n/a	1,626
<b>Total AAFH</b>	<b>n/a</b>	<b>3,355</b>	<b>n/a</b>	<b>1,239</b>	<b>n/a</b>	<b>4,594</b>
<b>Total</b>	<b>736</b>	<b>103,334</b>	<b>872</b>	<b>121,260</b>	<b>1,608</b>	<b>224,594</b>

\*number of events for AAFH supported sites is not available (n/a)

## Obstetrics.

*Dangla Emergency Obstetric Care Center.* In October 2009, the Dangla Center was finally equipped by the Addis Ababa Fistula Hospital. This was a big accomplishment since the center had been sitting empty for a year. Unfortunately, the center is not yet functioning. One problem was that the Regional Health Bureau lacks funding to support the center's daily operations. During the January to March period USAID/Ethiopia approved support to the Dangla EmOC in the form of paying an anesthetist's per diem, purchasing some equipment and supplies, and paying for the monthly fuel to run the generator. These costs were anticipated to be covered by the Regional Health Bureau, but Fistula Care will cover them through September 2010 to facilitate the opening of the center. While waiting for the Fistula Care subaward modification, the center experienced some setbacks in that the ob/gyn assigned to the center by Addis Ababa Fistula Hospital resigned. No replacement has been found. AAFH is looking for other options for filling this position. In the meantime the following has been secured for the center:

- The Dangla Health Office has arranged offices for the mentor and anesthetist.
- AAFH has supplied the center with the necessary drug supplies.
- Payment has been made for the main power and is procurement of a generator is underway.

Once a new ob/gyn has been identified, the center will be able to start providing services immediately.

*Monitoring Labors at Health Centers with the Partograph.* Fistula mentors have been providing on the job training to staff in the health center maternity units in the use of the partograph. The fistula mentors routinely review the partographs at the health centers to assess their completeness and accuracy. Deliveries at the health post are not monitored with partograph due to the lack of skilled birth attendants at these facilities. Additionally, health workers at the newly upgraded health centers (formerly health posts) have not yet been trained in use of the partograph. They are also reporting a heavy workload and lack of skilled nurses and midwives. The mentors plan to conduct on-the-job training for all technical staff and conduct continuous monitoring of these health facilities on using partograph.

During the October to March period a total of 398 women in the pre repair unit catchment areas delivered at one of the three health centers. Among these deliveries a total of 195 labors were monitored using the partograph; a total of 205 labors were not monitored with the partograph: 193 women arrived fully dilated; the remaining 12 were not monitored. Among the 195 labors which were monitored with the partograph, the proportion which were completed correctly ranged from 36 % to 100% with variations by health center across

the two quarters (see Table ETH6). The mentors were not able to report any significant reasons for the non-compliance issues besides the chronic issues of staff shortage and turnover, staff engagement in other activities, and their overall lack of commitment to partograph use. They continue to work with the department heads at the health centers to monitor this issue and conduct training as necessary. Fistula Care is working on a simple monitoring check list tool that the mentors can utilize in order to standardize the review process.

**Table ETH6. Deliveries and Use of the Partograph, Pre Repair Health Centers, October 2009 to March 2010, Ethiopia**

Fistula Screening	Adet			Dangla			Woreta			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
Number women delivered at health center												
Health center	51	65	116	59	68	127	70	85	155	180	218	398
Health post	47	37	84	83	151	234	76	120	196	206	308	514
Upgraded health center	0	8	8	0	0	0	35	27	62	35	35	70
Number women arriving at HC fully dilated (partograph not used)	21	34	55	19	33	52	40	46	86	80	113	193
Number labors monitored with partograph	30	25	55	40	34	74	28	38	66	98	97	195
Number/percent of labors monitored with partograph which were done correctly <sup>6</sup>	29/ 96%	9/ 36%	38/ 69%	40/ 100%	25/ 73%	65/ 88%	21/ 75%	28/ 74%	49/ 74%	90/ 92%	62/ 64%	152/ 78%
Number women with obstructed labor referred from HC to regional hospital	14	17	31	10	7	17	10	10	20	34	34	68

<sup>6</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

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### Program Background

**Service start up:** January 2006.

**Service sites:** Four public hospitals for fistula repair and five prevention sites:

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

Labé Regional Hospital was added in FY 08/09 as were the three Level 1 sites of Boke, Kindia, and Mamou. Faranah and N'Zerekore Regional Hospitals have been added as Level 1 (prevention) sites in 2010.

### Key Accomplishments October 2009-March 2010

During the first quarter, Guinea experienced political upheaval. The ensuing security situation impeded the ability of the Guinea office to carry out many of their planned activities.

In the first quarter, the Fistula Care Project in Guinea signed an MOU with the USAID bilateral project Extending Service Delivery (ESD) to ensure the availability and accessibility of family planning services at FC supported sites. ESD will ensure the availability of contraceptive methods at Ignace Deen, Jean Paul II, the regional hospitals of Faranah and N'Zerekore and the Kissidougou District hospital and they will also provide training in distribution of FP as well as oral contraceptives, condoms and natural FP methods to Village Safe Motherhood committee members in Kissidougou; FC project will support training and provide the same methods for Safe Motherhood committee members outside of ESD intervention zones (regional hospitals of Kindia, Labe, Mamou and Boke). ESD will also provide tools to the FC sites to support contraceptive logistical management, FP consultations and FP activity reports. In an effort further the integration of FP and FC services, the Fistula Care project will reinforce family planning units in all project supported sites, train health providers in contraceptive technology and FP. Fistula Care will integrate FP in the training modules for the Village Safe Motherhood committees. The FC project will also support the revitalization of the availability and demand for the IUCD in all of the project sites.

**Fistula Repairs.** During the first two quarters of the fiscal year, 174 women received fistula repairs at the four supported sites in Guinea. Nearly all were urinary-only repairs, and 65% of all women were receiving their first repair. Of the 152 women with urinary-only or urinary/RVF repairs discharged after surgery, 85% were closed and dry. Table GUI1 provides detailed information on the clinical indicators, by site.

Jean Paul II (JPII) and Labe both are experiencing backlogs of women waiting for repair. With the increased community awareness about the services available, a greater number of women are seeking care despite limited bed capacity. Actions have been taken to ensure that level I sites will only refer women to repair sites when there is room for them to undergo surgery.

Very few additional surgeries were performed during the quarters. See Table GUI2 for the surgeries that were performed.

**Table GUII. Fistula Repair Clinical Indicators, by Site and Quarter, October 2009 thru March 2010, Guinea**

Fistula Treatment Indicators	Ignace Deen			Jean Paul II			Kissidougou		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	3	8	11	51	51	102	32	37	69
No. requiring FRS	3	8	11	45	44	89	32	37	69
<b>No. receiving FRS</b>	<b>3</b>	<b>8</b>	<b>11</b>	<b>23</b>	<b>29</b>	<b>52</b>	<b>31</b>	<b>32</b>	<b>63</b>
<b>Percent receiving FRS</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>51%</b>	<b>66%</b>	<b>58%</b>	<b>97%</b>	<b>86%</b>	<b>91%</b>
<b>Type of FRS performed</b>									
-- urinary only	2	8	10	23	22	45	29	30	59
-- urinary & RVF	1	0	1	0	0	0	1	1	2
-- RVF only	0	0	0	0	7	7	1	1	2
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>									
-- first repair	0	3	3	5	17	22	26	23	49
-- second repair	2	4	6	12	8	20	3	5	8
-- >2	1	1	2	6	4	10	1	3	4
<b>Percent women with first repair (urinary only)</b>	<b>0%</b>	<b>38%</b>	<b>27%</b>	<b>22%</b>	<b>77%</b>	<b>49%</b>	<b>87%</b>	<b>74%</b>	<b>80%</b>
No. discharged after FRS (urinary only)	2	8	10	23	22	45	45	19	64
No. discharged after FRS (urinary & RVF)	1	0	1	0	0	0	0	1	1
No. discharged after FRS (RVF only)	0	0	0	0	7	7	1	1	2
<b>Total no. discharged after FRS</b>	<b>3</b>	<b>8</b>	<b>11</b>	<b>23</b>	<b>29</b>	<b>52</b>	<b>46</b>	<b>21</b>	<b>67</b>
No. not discharged after FRS	0	0	0	0	0	0	1	12	13
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>									
-- No. with closed fistula who are dry	2	7	9	19	22	41	36	17	53
-- No. with closed fistula & stress incontinence	0	0	0	1	0	1	4	1	5
-- No. whose fistula was not closed	1	1	2	3	0	3	5	2	7
<b>Percent with closed fistula who are dry</b>	<b>67%</b>	<b>88%</b>	<b>82%</b>	<b>83%</b>	<b>100%</b>	<b>91%</b>	<b>80%</b>	<b>85%</b>	<b>82%</b>

	Ignace Deen			Jean Paul II			Kissidougou		
Fistula Treatment Indicators	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
(urinary only & urinary/RVF)									
<b>Outcome of FRS (RVF only)</b>									
-- closed and dry	0	0	0	0	2	2	1	1	2
-- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0
-- incontinent with firm stool	0	0	0	0	5	5	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>29%</b>	<b>29%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
No. with complications after FRS	0	0	0	0	0	0	1	0	1
-- Major surgical complications	0	0	0	0	0	0	0	0	0
----- Anesthesia-related complication	0	0	0	0	0	0	0	0	0
-- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	1	0	1
<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>2%</b>	<b>0%</b>	<b>1%</b>

Table GUII, continued

	Labe			Country Total		
Fistula Treatment Indicators	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	23	81	104	109	177	286
No. requiring FRS	23	78	101	103	167	270
<b>No. receiving FRS</b>	<b>16</b>	<b>32</b>	<b>48</b>	<b>73</b>	<b>101</b>	<b>174</b>
<b>Percent receiving FRS</b>	<b>70%</b>	<b>41%</b>	<b>48%</b>	<b>71%</b>	<b>60%</b>	<b>64%</b>
<b>Type of FRS performed</b>						
-- urinary only	15	32	47	69	92	161
-- urinary & RVF	1	0	1	3	1	4
-- RVF only	0	0	0	1	8	9
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>						
----- first repair	11	22	33	42	65	107
----- second repair	5	8	13	22	25	47
----- >2	0	2	2	8	10	18
<b>Percent women with first repair (urinary only)</b>	<b>69%</b>	<b>69%</b>	<b>69%</b>	<b>58%</b>	<b>70%</b>	<b>65%</b>
No. discharged after FRS (urinary only)	15	16	31	85	65	150

Fistula Treatment Indicators	Labe			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. discharged after FRS (urinary & RVF)	0	0	0	1	1	2
No. discharged after FRS (RVF only)	1	0	1	2	8	10
<b>Total no. discharged after FRS</b>	<b>16</b>	<b>16</b>	<b>32</b>	<b>88</b>	<b>74</b>	<b>162</b>
No. not discharged after FRS	0	16	16	1	28	29
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>						
-- No. with closed fistula who are dry	13	13	26	70	59	129
-- No. with closed fistula & stress incontinence	0	0	0	5	1	6
-- No. whose fistula was not closed	3	3	6	12	6	18
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>87%</b>	<b>81%</b>	<b>84%</b>	<b>81%</b>	<b>89%</b>	<b>85%</b>
<b>Outcome of FRS (RVF only)</b>						
--closed and dry	1	0	1	2	3	5
-- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0
-- incontinent with firm stool	0	0	0	0	5	5
<b>Percent with closed and dry fistula (RVF only)</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>	<b>38%</b>	<b>50%</b>
No. with complications after FRS	0	0	0	1	0	1
-- Major surgical complications	0	0	0	0	0	0
-- Anesthesia-related complication	0	0	0	0	0	0
-- Post-operative complication related to perceived success of surgery	0	0	0	1	0	1
<b>Percent with complications after FRS</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>0%</b>	<b>1%</b>

**Table GUI 2. Number of Additional Surgeries for Fistula Patients, October 2009 – March 2010, Guinea**

Type of Surgery by Site	Oct-Dec	Jan – March	FY Total
<b>Jean Paul II</b>			
Urethral lengthening and other operations for concomitant stress incontinence	0	1	1
<b>Ignace Deen</b>			
Colostomy and reversal colostomy	1	0	1
<b>Labé</b>			
None	0	0	0
<b>Kissidougou</b>			
None	0	0	0
<b>Total</b>	<b>1</b>	<b>1</b>	<b>2</b>

**Training.** During the first quarter, 11 providers from Kindia, Mamou and Boke attended a training session on EmOC, AMTSL, catheterization and partograph. During the second quarter, additional trainings were conducted for providers from Faranah, Jean Paul II, Labe, N'Zerekore and Kissidougou. There were also follow up trainings for the providers at Kindia, Mamou, JP II and Faranah. Quality improvement training in EmOC was conducted in Kissidougou.

Training on community based distribution of contraception was provided to selected members of the village committees of Labe and Kissidougou by ESD, as part of their MOU with Fistula Care. Table GUI3 provides information on numbers of persons trained, by topic.

**Table GUI 3. Number of Persons Trained by Topic, October 2009 – March 2010, Guinea**

Training Topic	Oct-Dec	Jan-Mar	FY Total
Continuing surgical training for fistula repair	0	5	5
Training and supervision in EmOC, AMTSL, catheterization and partograph	11	46	57
Quality Improvement for EmOC (Kissidougou)	0	16	16
Training on community based distribution of contraception (Labe and Kissidougou)	0	61	61
<b>Total</b>	<b>11</b>	<b>128</b>	<b>139</b>

**Quality Improvement.** Fistula Care medical associates conducted medical monitoring visits at Labe and Kissidougou in the second quarter.

**Prevention.** The village safe motherhood committees in Kissidougou and Labe continued their work, reaching over 11,000 women through sensitization meetings. Over 500 women attended their first prenatal visit. Details on the activities of the Safe Motherhood Committees are provided below in Table GUI4. In addition, brochures, IEC/BCC aids and posters about prevention for the community were all produced during the first quarter.

**Table GUI 4. Safe Motherhood Committee Activities, Kissidougou and Labé Regions by Quarter, October 2009 thru March 2010, Guinea**

Safe Motherhood Committee Activities	Oct-Dec	Jan - Mar	FY Total
#women reached at sensitization meetings	5155	6116	11,271
# women attending prenatal			
1 <sup>st</sup> visit	360	153	513
2 <sup>nd</sup> visit	347	191	538
3 <sup>rd</sup> visit	242	156	398
4 <sup>th</sup> visit	162	153	315
# women receiving Tetanus Toxin			
1 <sup>st</sup> injection	424	288	712
2 <sup>nd</sup> injection	355	350	705

**Community Outreach.** Over 23,000 people were reached through community outreach activities conducted during the first two quarters. The village Safe Motherhood Committees in Kissidougou and Labe conducted training sessions for new members that included danger signs of pregnancy and delivery, fistula prevention, use of media supports and management tools, etc

In the first quarter, 10 religious leaders were oriented to fistula prevention as part of a larger men as partners (MAP) program. They will in turn organize sensitization sessions during religious sermons at 58 mosques and 14 churches in Kissidougou.

As part of the social immersion program, in the first quarter, 25 women who had fistula surgery were hosted by voluntary families in Kissidougou and conducted sensitization meetings reaching 512 community members. In the second quarter, 16 fistula patients were hosted, and conducted meetings reaching 827 people. A summary of all the community outreach events and the number of persons reached can be found in Table GUI5.

**Table GUI 5. Number of Community Outreach Events and Persons Reached, October 2009 - March 2010, Guinea**

Event Type	Oct-Dec		Jan-Mar		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Kissidougou village committee outreach	3	5685	4	5939	7	11,624
Labe village committee outreach	3	5243	4	6197	7	11,440
Orientation of religious leaders	1	10	0	0	1	10
<b>Total</b>	<b>7</b>	<b>10,938</b>	<b>8</b>	<b>12,136</b>	<b>15</b>	<b>23,074</b>

**Family Planning.** In the first two quarters, 944 people received family planning methods. Injectables were the most popular method, followed by oral pills, male condoms and IUCDs. Information on family planning methods provided, by site, is provided in Table GUI6.

**Table GUI 6. Number of FP Clients by Method and Number Counseled About FP, by Site and Quarter. October 2009 – March 2010, Guinea.**

Fistula FP Methods	Boke	Ignace Deen	Jean Paul II	Kindia	Kissi	Labé	Mamou	Faranah	NZerekore	Country Total
Oral Pill	25	44	22	7	54	5	11	19	8	195
IUCD	17	103	3	3	10	5	11	1	1	154
Condom (male)	143	0	8	0	0	0	0	4	13	168
Condom (female)	2	0	0	0	0	0	0	0	0	2
Injectable	52	83	67	65	56	17	10	51	6	407
Implant	0	0	0	0	0	0	0	0	0	0
Tubal Ligation	9	0	0	0	9	0	0	0	0	18
Vasectomy	0	0	0	0	0	0	0	0	0	0
<b>Total FP acceptors</b>	<b>248</b>	<b>230</b>	<b>100</b>	<b>75</b>	<b>129</b>	<b>27</b>	<b>32</b>	<b>75</b>	<b>28</b>	<b>944</b>
Total Number of clients counseled about FP methods	278	176	164	266	247	91	75	137	123	1557

**Obstetrics.** Information on obstetric services can be found in Table GUI 7. A total of 5,432 deliveries took place in the first two quarters, of which just under 34% were C-sections.

**Table GUI 7. Obstetric Services, by site. October 2009 – March 2010, Guinea.**

	Kissidougou			Ignace Deen			JP II			Labe		
	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total
Number of vaginal deliveries	99	96	195	694	591	1285	118	131	249	148	156	304
Number of C-sections	121	124	245	372	303	675	13	21	34	63	64	127
Total number of deliveries	220	220	440	1066	894	1960	131	152	283	211	220	431
Percent deliveries by C-section	55%	56%	56%	35%	34%	34%	10%	142%	121%	30%	29%	297%

**Table GUI 7. Obstetric Services, by site. October 2009 – March 2010, Guinea.  
(Continued)**

	Kindia			Mamou			Boke			Faranah		
	Oct-Dec	Jan-Mar	Total									
Number of vaginal deliveries	261	n/a	261	226	197	423	214	248	462	62	116	178
Number of C-sections	81	n/a	81	126	129	255	94	96	190	45	41	86
Total number of deliveries	342	n/a	342	352	326	678	308	344	652	107	157	264
Percent deliveries by C-section	234%	n/a	24%	36%	39%	3981%	302%	278%	29.9%	42.2%	26.2%	338%

**Table GUI 7. Obstetric Services, by site. October 2009 – March 2010, Guinea.  
(Continued)**

	N'Zerekore			Country Total		
	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total
Number of vaginal deliveries	n/a	231	231	1822	1766	3588
Number of C-sections	n/a	151	151	915	929	1844
Total number of deliveries	n/a	382	382	2737	2695	5432
Percent deliveries by C-section	n/a	39.2%	39.5%	33.3%	34.5%	34.9%

**Policy.** In the second quarter, Fistula Care staff briefed the newly appointed Minister of Women and National Solidarity, Ms. Nanfadima Magassouba, on the activities of the Fistula Care Project.

## MALI

### Program Background

**Service start date:** October 2008

**Sites:** Gao Regional Hospital

The fistula project in Mali is implemented by IntraHealth as a partner on the Fistula Care Project. Technical support and project oversight is provided by EngenderHealth. Although Gao Hospital is the principal site supported by Fistula Care, quality of fistula services training has included staff from other facilities providing fistula services in Mopti, Segou and Point G National Teaching Hospital in Bamako. Additionally, the Fistula Care Project is supporting the following referral health centers (CSRef) in Gao in EmOC training: Ansongo, Bourem, Menaka and Gao CSRef.

### Key Accomplishments October 2009-March 2010

No activities were implemented during the first quarter in Mali because the workplan and budget were not yet finalized for this fiscal year. Therefore, with the delays in release of funds, no repairs were conducted during the gap. The SOW is now in place and the next scheduled repair session will be held June 28<sup>th</sup>- July 10<sup>th</sup>, 2010.

**Fistula Repairs.** Outcome data is reported for the 14 women who were discharged from the hospital during the first quarter (they had had surgery in the July-September 2009 period), while no repairs took place during the October-December 2009 quarterly period. During the second quarter, 23 women received fistula repairs. The majority were urinary repairs, and nearly half of the women had already received at least one repair prior to their current surgery. There were no complications reported and 93% of women discharged were closed and dry. Table MAL1 presents additional information on repairs performed during the second quarter, as well as outcome information for women discharged during the first quarter.

Only 3 additional surgeries were performed during the second quarter, all of which were ureteric re-implantations. Table MAL2 presents this information below.

**Table MAL I. Fistula Repair Clinical Indicators by Site and Quarter, October 2009 - March 2010, Mali**

Fistula Treatment Indicators	Gao Regional Hospital		
	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	0	36	36
No. requiring FRS	0	23	23
<b>No. receiving FRS</b>	<b>0</b>	<b>23</b>	<b>23</b>
<b>Percent receiving FRS</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>
<b>Type of FRS performed</b>			
----- urinary only	0	18	18
----- urinary & RVF	0	3	3
----- RVF only	0	2	2
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>			

	Gao Regional Hospital		
Fistula Treatment Indicators	Oct-Dec	Jan-Mar	FY Total
----- first repair	0	11	11
----- second repair	0	9	9
----- >2	0	1	1
<b>Percent women with first repair (urinary only)</b>	<b>0%</b>	<b>52%</b>	<b>52%</b>
No. discharged after FRS (urinary only)	12	0	12
No. discharged after FRS (urinary & RVF)	2	0	2
No. discharged after FRS (RVF only)	0	0	0
<b>Total no. discharged after FRS</b>	<b>14</b>	<b>0</b>	<b>14</b>
No. not discharged after FRS	0	23	23
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>			
----- No. with closed fistula who are dry	13	0	13
----- No. with closed fistula & stress incontinence	1	0	1
----- No. whose fistula was not closed	0	0	0
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>93%</b>	<b>0%</b>	<b>93%</b>
<b>Outcome of FRS (RVF only)</b>			
----- closed and dry	0	0	0
----- incontinent with water stool and /or flatus (gas)	0	0	0
----- incontinent with firm stool	0	0	0
<b>Percent with closed and dry fistula (RVF only)</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
No. with complications after FRS	0	0	0
----- Major surgical complications	0	0	0
----- Anesthesia-related complication	0	0	0
----- Post-operative complication related to perceived success of surgery	0	0	0
<b>Percent with complications after FRS</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

**Table MAL 2. Number of Additional Surgeries for Fistula Patients, October 2009 – March 2010, Mali**

	Oct-Dec	Jan – March	FY Total
<b>Type of Surgery by Site</b>			
<b>GAO Hospital</b>			
Ureteric re-implantation	0	3	3
<b>Total</b>	<b>0</b>	<b>3</b>	<b>3</b>

**Training.** Two surgeons received continuing training in fistula repair during the second quarter. Additionally, training in fistula counseling was held for 17 nurses and 1 physician. Table MAL3 provides information on persons trained, by topic.

**Table MAL 3. Number of Persons Trained by Topic, October 2009 – March 2010, Mali**

Training Topic	Oct-Dec	Jan-Mar	FY Total
Continuing training for fistula surgeons	0	2	2
Fistula counseling	0	18	18
<b>Total</b>	<b>0</b>	<b>20</b>	<b>20</b>

**Prevention.** During the second quarter, three radio messages were broadcast, in 3 languages, for 15 days to raise awareness within the community on the causes and the prevention of fistula, in addition to the availability of treatment.

**Community Outreach.** GREFFA is an implementing partner in Mali, responsible for community outreach and recruitment efforts. As they seek out cases in more and more remote areas across the Circles of Gao and Menaka, the security risks grow and pose a challenge for GREFFA, in addition to the usual difficulties of reaching nomadic groups on poor roads or paths. Information on community outreach and awareness raising events is presented in Table MAL4, below.

**Table MAL 4. Number of Community Outreach Events and Persons Reached, October 2009 – March 2010, Mali**

Event Type	Oct-Dec		Jan-Mar		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Information and awareness-raising sessions in the Cercles of Gao, Bourem, Ansongo and Menaka	0	0	50	1419	50	1419
Presentation of annual assessment of the DRS and Hospital, amendment and validation of the 2011 workplan of these two structures.	0	0	1	200	1	200
Development of a 2011 regional fistula action plan, evaluation of 2009 regional fistula activities, and assessment of progress made.	0	0	1	30	1	30
<b>Total</b>	<b>0</b>	<b>0</b>	<b>52</b>	<b>1649</b>	<b>52</b>	<b>1649</b>

**Family Planning.** A total of 114 people received family planning methods during the second quarter, with injectables making up the vast majority of methods distributed. Additional information on family planning methods is provided in Table MAL5.

**Table MAL 5. Number of FP Clients by Method and Number Counseled about FP, Gao, October 2009 – March 2010, Mali.**

<b>Fistula FP Methods</b>	<b>FY Total</b>
Oral Pill	10
IUCD	2
Condom (male)	0
Injectable	102
Implant	0
Tubal Ligation	0
Vasectomy	0
<b>Total FP acceptors</b>	<b>114</b>
Total Number of clients counseled about FP methods	116

**Obstetrics.** Obstetric data is available for both the first and second quarters of this fiscal year. A total of 501 deliveries occurred, of which 27.2% were C-sections. Additional detail is found below in Table MAL6.

**Table MAL6. Obstetric Services, by site. October 2009 – March 2010, Mali.**

	<b>Gao Hospital</b>		
	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>Total</b>
Number of vaginal deliveries	188	177	365
Number of C-sections	60	76	136
Total number of deliveries	248	253	501
Percent deliveries by C-section	24.2%	30.0%	27.2%

## MERCY SHIPS

### Program Background

**Service start date:** Subaward to Mercy Ships granted in July 2008.

**Sites:** Mercy Ship's *Africa Mercy* hospital ship, docked in Benin during calendar year 2009.

Mercy Ships' last subaward concluded at the end of December 2009. Therefore there is no data reported from the ship for the second quarter of this fiscal year. The ship moved to Togo in early 2010. Fistula Care will support training and repairs on board the ship during between April and September 2010.

### Key Accomplishments October -December 2009

**Fistula Repairs.** A total of 21 repairs were performed in the first quarter of the fiscal year. No repairs were performed in the second quarter. After a period in dry dock, the *Africa Mercy* moved to Togo in February 2010. A new Fistula Care subaward for training and repairs will begin in the next quarter. Information on repairs can be found in table MS1.

Seven additional surgeries were performed during the first quarter, primarily urethral lengthening. The details for the surgeries can be found below in Table MS2.

**Table MS1. Clinical Indicators by Site, October 2009 – March 2010,  
aboard the *Africa Mercy* in Benin**

	Benin	
	Oct-Dec	FY Total
<b>Fistula Treatment Indicators</b>		
No. seeking FRS	37	37
No. requiring FRS	29	29
<b>No. receiving FRS</b>	<b>21</b>	<b>21</b>
<b>Percent receiving FRS</b>	<b>72%</b>	<b>72%</b>
<b>Type of FRS performed</b>		
----- urinary only	21	21
----- urinary & RVF	0	0
----- RVF only	0	0
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>		
----- first repair	14	14
----- second repair	1	1
----- >2	6	6
<b>Percent women with first repair (urinary only)</b>	<b>67%</b>	<b>67%</b>
No. discharged after FRS (urinary only)	21	21
No. discharged after FRS (urinary & RVF)	0	0
No. discharged after FRS (RVF only)	0	0
<b>Total no. discharged after FRS</b>	<b>21</b>	<b>21</b>
No. not discharged after FRS	0	0

Fistula Treatment Indicators	Benin	
	Oct-Dec	FY Total
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>		
----- No. with closed fistula who are dry	13	13
----- No. with closed fistula & stress incontinence	6	6
----- No. whose fistula was not closed	2	2
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>62%</b>	<b>62%</b>
<b>Outcome of FRS (RVF only)</b>		
----- closed and dry	0	0
----- incontinent with water stool and /or flatus (gas)	0	0
----- incontinent with firm stool	0	0
<b>Percent with closed and dry fistula (RVF only)</b>	<b>0%</b>	<b>0%</b>
No. with complications after FRS	7	7
----- Major surgical complications	0	0
----- Anesthesia-related complication	0	0
----- Post-operative complication related to perceived success of surgery	7	7
<b>Percent with complications after FRS</b>	<b>33%</b>	<b>33%</b>

**Table MS 2. Number of Additional Surgeries for Fistula Patients, October 2009 – March 2010, Benin**

	Oct-Dec	Jan – March	FY Total
<b>Type of Surgery by Site</b>			
<b>Africa Mercy: Benin</b>			
Ureteral reimplanataion	2	0	2
Urethelial lengthening and other operations for concomitant stress incontinence	4	0	4
Other (Medial thigh flap)	1	0	1
<b>Total</b>	<b>7</b>	<b>0</b>	<b>7</b>

**Training.** In the first quarter, one surgeon from Sierra Leone and one surgeon from Uganda received continuing training board the *Africa Mercy*, and both are now competent to perform complex repairs. Details on these trainings are reported in the relevant country sections. No other trainings were conducted.

### Program Background

**Service start up:** July 2007

**Sites:** Four public hospitals:

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

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

### Key Accomplishments October 2009-March 2010

**Fistula Repairs.** A total of 121 women received fistula repairs in the first half of the fiscal year. Only one site, Dosso, is experiencing a significant backlog, due to the level of difficulty of the repairs and the need to wait for a visiting surgeon who is capable of performing complex repairs. The vast majority of repairs were urinary repairs, and nearly half were women who had already received at least 2 prior repairs. The level of complexity of the surgeries and number of women receiving previous repairs were noted in regard to the high rate of women who were discharged at Lamordé and Maradi with fistula that were not closed and dry.

In the first quarter, Lamordé had an increase in cases due to a large number of cases transferred from the National Hospital of Niamey. At Maradi, there was a lack of surgical aides available due to a push by the hospital to achieve other planned activities by the end of 2009, which had a negative impact on the number of repairs performed. Additionally, several complicated cases had to wait for the return of a surgeon capable of complex repairs. Dosso was also hindered by lack of available surgical aides due to a push to complete other activities prior to the end of the year. Two women left the hospital after a lengthy waiting period without surgery and two were referred to Lamordé. Those remaining were repaired in the next quarter. To address the lack of surgical aides, four health workers were placed at Dosso to fulfill the same role the surgical aides had previously carried out. More information on the fistula repairs carried out in the first two quarters can be found in Table NGR1.

**Table NGRI. Clinical Indicators by Site, October 2009-March 2010, Niger**

	Dosso			Lamordé			Maradi			Country Total		
<b>Fistula Treatment Indicators</b>	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	7	16	23	49	32	81	13	30	43	69	78	147
No. requiring FRS	7	12	19	42	31	73	13	30	43	62	73	135
<b>No. receiving FRS</b>	<b>0</b>	<b>7</b>	<b>7</b>	<b>46</b>	<b>25</b>	<b>71</b>	<b>8</b>	<b>35</b>	<b>43</b>	<b>54</b>	<b>67</b>	<b>121</b>
<b>Percent receiving FRS</b>	<b>0%</b>	<b>58%</b>	<b>37%</b>	<b>110%</b>	<b>81%</b>	<b>97%</b>	<b>62%</b>	<b>117%</b>	<b>100%</b>	<b>87%</b>	<b>92%</b>	<b>90%</b>
<b>Type of FRS performed</b>												
urinary only	0	6	6	44	24	68	8	35	43	52	65	117
urinary & RVF	0	0	0	0	0	0	0	0	0	0	0	0
RVF only	0	1	1	2	1	3	0	0	0	2	2	4
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>												
first repair	0	3	3	17	12	29	4	13	17	21	28	49
second repair	0	2	2	8	4	12	1	3	4	9	9	18
>2	0	1	1	19	8	27	3	19	22	22	28	50
<b>Percent women with first repair (urinary only)</b>	<b>0%</b>	<b>50%</b>	<b>50%</b>	<b>39%</b>	<b>50%</b>	<b>43%</b>	<b>50%</b>	<b>37%</b>	<b>40%</b>	<b>40%</b>	<b>43%</b>	<b>42%</b>
No. discharged after FRS (urinary only)	0	6	6	42	22	64	4	28	32	46	56	102
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0	0	0	0	0	0	0
No. discharged after FRS (RVF only)	0	1	1	2	1	3	0	0	0	2	2	4
<b>Total no. discharged after FRS</b>	<b>0</b>	<b>7</b>	<b>7</b>	<b>44</b>	<b>23</b>	<b>67</b>	<b>4</b>	<b>28</b>	<b>32</b>	<b>48</b>	<b>58</b>	<b>106</b>
No. not discharged after FRS	0	0	0	2	4	6	4	11	15	6	15	21
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>												
No. with closed fistula who are dry	0	4	4	23	16	39	2	8	10	25	28	53
No. with closed fistula & stress incontinence	0	0	0	7	5	12	1	0	1	8	5	13
No. whose fistula was not closed	0	2	2	12	1	13	1	20	21	13	23	36

	Dosso			Lamordé			Maradi			Country Total		
Fistula Treatment Indicators	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>0%</b>	<b>67%</b>	<b>67%</b>	<b>55%</b>	<b>73%</b>	<b>61%</b>	<b>50%</b>	<b>29%</b>	<b>31%</b>	<b>54%</b>	<b>50%</b>	<b>52%</b>
<b>Outcome of FRS (RVF only)</b>												
closed and dry	0	0	0	2	1	3	0	0	0	2	1	3
incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0	0	0	0
incontinent with firm stool	0	1	1	0	0	0	0	0	0	0	1	1
<b>Percent with closed and dry fistula (RVF only)</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>100%</b>	<b>50%</b>	<b>75%</b>
No. with complications after FRS	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
Anesthesia-related complication	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
<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>

A total of 108 additional surgeries were reported in the first half of the fiscal year. This data is inflated due to an error in reporting in which wound re-sutures and use of anesthesia during routine fistula repair were mistakenly included in the data. Table NGR2 provides additional information.

**Table NGR2. Number of Additional Surgeries for Fistula Patients, October 2009 – March 2010, Niger**

	Oct-Dec	Jan – March	FY Total
<b>Type of Surgery by Site</b>			
<b>Lamordé</b>			
Examination under anesthesia	46*	0	46
Colostomy and reversal colostomy	2	0	2
Wound re-suture	46*	0	46
<b>Maradi</b>			
Urethral lengthening and other operations for concomitant stress incontinence	3	0	3
Ureteric re-implantation	3	0	3
Wound re-suture	8	0	8
<b>Dosso</b>			
No surgeries	0	0	0
<b>Total</b>	<b>108</b>	<b>0</b>	<b>108</b>

\*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 solely those that were additional procedures. Beginning with January 2010, data reported uses the correct definitions.

**Training.** During the first quarter, three surgeons were trained by Dr. Sanda Ganda and team at Lamordé Hospital. Additionally, three training sessions on infection prevention were conducted, with 20 providers trained at each site (Lamordé, Maradi and Dosso). Family planning training was held in Maradi and a quality assurance workshop was conducted at Dosso. No trainings were conducted during the second quarter.

**Table NGR 3. Number of Persons Trained by Topic, October 2009 – March 2010, Niger**

Training Topic	Oct-Dec	Jan-Mar	FY Total
Infection prevention (Lamorde, Maradi and Dosso)	60	0	60
First surgical training for fistula repair	3	0	3
Family planning (Maradi)	10	0	10
Quality assurance (Dosso)	19	0	19
<b>Total</b>	<b>92</b>	<b>0</b>	<b>92</b>

**Prevention.** A picture book on fistula awareness and prevention was produced in the first quarter of the fiscal year.

**Community Outreach.** In the first quarter, community meetings were held in 15 villages in Dosso with health agents, local organizations and the general community to discuss issues related to obstetric care. A workshop to discuss community self assessment was done in Maradi to help the community to identify their own health problems, prioritize them and then search for solutions to solve them. This workshop was then carried out in Dosso in the second quarter of the year. Outreach information is presented below, in Table NGR4.

**Table NGR4. Number of Community Outreach Events and Persons Reached, October 2009 - March 2010, Niger**

Event Type	Oct-Dec		Jan-Mar		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Dosso	15	1563	3	101	18	1664
Maradi	3	108	0	0	3	108
<b>Total</b>	<b>18</b>	<b>1671</b>	<b>3</b>	<b>101</b>	<b>21</b>	<b>1772</b>

**Family Planning.** A total of 1,684 people received family planning methods in the first two quarters of the year. The most common methods dispensed were the oral pill, followed by implants, IUCDs and injectables. Lamordé has experienced a downward trend in provision of family planning methods as the provider responsible at the site has been transferred elsewhere. Table NGR5 provides family planning information, by site.

**Table NGR5. Number of FP Clients by Method and Number Counseled about FP, by Site. October 2009 – March 2010, Niger**

FP Methods	Dosso	Issaka Gazobi	Lamordé	Maradi	Country Total
Oral Pill	244	350	80	278	952
IUCD	1	198	0	75	274
Condom (male)	0	0	0	0	0
Injectable	33	0	67	58	158
Implant	0	225	0	74	299
Tubal Ligation	0	0	1	0	1
<b>Total FP acceptors</b>	<b>278</b>	<b>773</b>	<b>148</b>	<b>485</b>	<b>1684</b>
Total Number of clients counseled about FP methods	278	773	148	491	1690

**Obstetrics.** Information on the total number of obstetric deliveries and the percentage of deliveries by C-section can be found in table NGR6. The very high C-section rate at Issaka Gazobi is due to the role of the hospital as a National Reference Center. Only the most complicated pregnancy cases are referred there so it is expected that the C-section rate would be significantly above the norm. Maradi also functions as a reference center for its region, and its numbers fluctuate based on referrals.

**Table NGR6. Obstetric Services, by site. October 2009 – March 2010, Niger.**

	Dosso			Issaka Gazobi			Lamordé			Maradi		
	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total
Number of vaginal deliveries	469	357	826	148	318	466	n/a	n/a	n/a	180	334	514
Number of C-sections	68	85	153	743	628	1371	n/a	n/a	n/a	208	215	423
Total number of deliveries	537	442	979	891	946	1837	n/a	n/a	n/a	388	549	937
Percent deliveries by C-section	13%	19%	16%	84%	66%	75%	n/a	n/a	n/a	54%	39%	45%

## NIGERIA

### Program Background

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

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

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

**Prevention only sites:** In addition to the sites above, a total of 22 sites received support from Fistula Care to provide FP services. The prevention-only sites currently supported include the following, organized by state:

<b>Ebonyi State</b>	<b>Kano State</b>	<b>Kebbi State</b>	<b>Sokoto State</b>	<b>Zamfara State</b>
Ebonyi State University Teaching Hospital	Comprehensive Health Center, Kumbotso	Argungum General Hospital	D/D General Hospital	Bakura General Hospita
Ezangbo Maternity Hospital	Muhammadu Abdullahi Wase Hospital	Dakingari Primary Health Cente	Iss General Hospital	Bungudu General Hospital
Mother and Child Care Initiative FP Clinic	Takai Community/NYSC Health Center, Takai	Kamba General Hospital	Jabo Primary Health Center	
Cottage Hospital	Tarauni MCH Clinic	Maiyama General Hospital	Rabah General Hospital	
Mgbo Primary Health Center	Unguku MCH Clinic	Jega General Hospital		
Owutuedda General Hospital				

Five of the six fistula repair centers provide fistula repair services at least twice a week and have sufficient bed capacity to have anywhere from 14 to 50 patients admitted. Three facilities have one operating theater (Faridat, Laure Fistula Center and Maryam Abacha); Babbar Ruga and Kebbi have two and Ebonyi three. Four of the six sites have at least two

surgeons to provide routine services, only Ebonyi and Kebbi have one surgeon. Plans are underway to get at least one more surgeon assigned or trained to these facilities.

Plans are underway to expand to a seventh state Bauchi State. A site has been identified and preparations are under to supply and equip the facility as well as to organize training.

### **Key Accomplishments October 2009-March 2010**

**Fistula Repairs.** In the first two quarters of the year, 647 women received repairs at the six supported sites in Nigeria. Data for Laure Fistula Center in Kano was not yet available for the second quarter, and will be forthcoming in the next quarterly report. The vast majority of women across all sites received urinary only repairs, and 66% were receiving their first repair. Details on clinical indicators tracked by all the repair sites can be found in Table NIG1. Fistula Care has supplied high quality theater consumables to all the supported repair sites. It is hoped that this effort will fully supplement the often inadequate provisions provided by the state government.

Two facilities had backlogs in the second quarter. At Babbar Ruga, the backlog was attributed to the absence of the main surgeon, Dr. Kees due to medical reasons. He will be back providing surgeries in the third quarter and a pooled effort has already been scheduled to alleviate the backlog. At SE Regional VVF Center (Ebonyi), the facility began routine services in the first quarter of the year, after previously only providing scheduled pooled efforts. With the current system, women arrive at the facility and are screened, but those needing repairs need to return during scheduled surgery times. Training is underway to ensure greater surgical capacity at the site. There has been an influx of clients from neighboring states.

Pooled repair efforts were scheduled at three sites (SE Regional VVF Center – Ebonyi, Maryam Abatcha – Sokoto, and Gesse VVF – Birnin Kebbi) during the quarter to reduce backlogs at all the sites as well as providing training opportunities for surgeons. No additional surgeries were reported for any of the repair sites.

Table NIGI. Clinical Indicators by Site, October 2009 – March 2010, Nigeria

	Babbar Ruga			Faridat			Kebbi		
<b>Fistula Treatment Indicators</b>	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	91	112	203	23	29	52	45	65	110
No. requiring FRS	77	112	189	23	29	52	45	65	110
<b>No. receiving FRS</b>	<b>74</b>	<b>89</b>	<b>163</b>	<b>23</b>	<b>29</b>	<b>52</b>	<b>45</b>	<b>58</b>	<b>103</b>
<b>Percent receiving FRS</b>	<b>96%</b>	<b>79%</b>	<b>86%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>89%</b>	<b>94%</b>
<b>Type of FRS performed</b>									
-- urinary only	65	84	149	23	28	51	43	54	97
-- urinary & RVF	6	4	10	0	0	0	1	2	3
--- RVF only	3	1	4	0	1	1	1	2	3
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>									
--- first repair	59	69	128	12	22	34	27	31	58
--- second repair	8	14	22	6	6	12	13	13	26
--- >2	4	5	9	5	0	5	4	12	16
<b>Percent women with first repair (urinary only)</b>	<b>83%</b>	<b>78%</b>	<b>81%</b>	<b>52%</b>	<b>79%</b>	<b>67%</b>	<b>61%</b>	<b>55%</b>	<b>58%</b>
No. discharged after FRS (urinary only)	62	78	140	32	22	54	30	44	74
No. discharged after FRS (urinary & RVF)	6	5	11	0	0	0	1	2	3
No. discharged after FRS (RVF only)	3	1	4	0	1	1	0	2	2
<b>Total no. discharged after FRS</b>	<b>71</b>	<b>84</b>	<b>155</b>	<b>32</b>	<b>23</b>	<b>55</b>	<b>31</b>	<b>48</b>	<b>79</b>
No. not discharged after FRS	13	18	31	4	10	14	14	24	38
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>									
-- No. with closed fistula who are dry	55	77	132	24	20	44	28	29	57
-- No. with closed fistula & stress incontinence	13	6	19	5	0	5	3	15	18
--No. whose fistula was not closed	0	0	0	3	2	5	0	2	2
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>81%</b>	<b>93%</b>	<b>87%</b>	<b>75%</b>	<b>91%</b>	<b>81%</b>	<b>90%</b>	<b>63%</b>	<b>74%</b>

	Babbar Ruga			Faridat			Kebbi		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
<b>Fistula Treatment Indicators</b>									
<b>Outcome of FRS (RVF only)</b>									
-- closed and dry	2	1	3	0	1	1	0	2	2
---incontinent with water stool and /or flatus (gas)	1	0	1	0	0	0	0	0	0
-- incontinent with firm stool	0	0	0	0	0	0	0	0	0
<b>Percent with closed and dry fistula (RVF only)</b>	<b>67%</b>	<b>100%</b>	<b>75%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>
No. with complications after FRS	0	0	0	0	0	0	0	0	0
-- Major surgical complications	0	0	0	0	0	0	0	0	0
--Anesthesia-related complication	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
<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>

Table NIGI (continued2)

	Laure Fistula Ctr.			Maryam Abacha		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
<b>Fistula Treatment Indicators</b>						
No. seeking FRS	159	n/a	159	42	57	99
No. requiring FRS	100	n/a	100	42	45	87
<b>No. receiving FRS</b>	<b>83</b>	<b>n/a</b>	<b>83</b>	<b>64</b>	<b>51</b>	<b>115</b>
<b>Percent receiving FRS</b>	<b>83%</b>	<b>0%</b>	<b>83%</b>	<b>152%</b>	<b>113%</b>	<b>132%</b>
<b>Type of FRS performed</b>						
-- urinary only	70	n/a	70	62	51	113
--urinary & RVF	2	n/a	2	1	0	1
-- RVF only	11	n/a	11	1	0	1
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>						

	Laure Fistula Ctr.			Maryam Abacha		
<b>Fistula Treatment Indicators</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>FY Total</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>FY Total</b>
--first repair	39	n/a	39	13	30	43
--second repair	23	n/a	23	27	9	36
-- >2	10	n/a	10	23	12	35
<b>Percent women with first repair (urinary only)</b>	<b>54%</b>	<b>0%</b>	<b>54%</b>	<b>21%</b>	<b>59%</b>	<b>38%</b>
No. discharged after FRS (urinary only)	52	n/a	52	38	43	81
No. discharged after FRS (urinary & RVF)	1	n/a	1	1	0	1
No. discharged after FRS (RVF only)	2	n/a	2	1	1	2
<b>Total no. discharged after FRS</b>	<b>55</b>	<b>n/a</b>	<b>55</b>	<b>40</b>	<b>44</b>	<b>84</b>
No. not discharged after FRS	31	n/a	31	34	38	72
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>						
--- No. with closed fistula who are dry	40	n/a	40	18	10	28
--- No. with closed fistula & stress incontinence	12	n/a	12	12	23	35
-- No. whose fistula was not closed	1	n/a	1	9	10	19
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>75%</b>	<b>0%</b>	<b>75%</b>	<b>46%</b>	<b>23%</b>	<b>34%</b>
<b>Outcome of FRS (RVF only)</b>						
--closed and dry	2	n/a	2	1	1	2
--incontinent with water stool and /or flatus (gas)	0	n/a	0	0	0	0
--incontinent with firm stool	0	n/a	0	0	0	0
<b>Percent with closed and dry fistula (RVF only)</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
No. with complications after FRS	0	n/a	0	0	0	0
---Major surgical complications	0	n/a	0	0	0	0
-- Anesthesia-related complication	0	n/a	0	0	0	0
-- Post-operative complication related to perceived success of surgery	0	n/a	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>

Table NIGI (continued3)

	Ebonyi Fistula Center			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
<b>Fistula Treatment Indicators</b>						
No. seeking FRS	103	73	176	463	336	799
No. requiring FRS	103	92	195	390	343	733
<b>No. receiving FRS</b>	<b>61</b>	<b>70</b>	<b>131</b>	<b>350</b>	<b>297</b>	<b>647</b>
<b>Percent receiving FRS</b>	<b>59%</b>	<b>76%</b>	<b>67%</b>	<b>90%</b>	<b>87%</b>	<b>88%</b>
<b>Type of FRS performed</b>						
-- urinary only	60	68	128	323	285	608
-- urinary & RVF	0	2	2	10	8	18
-- RVF only	1	0	1	17	4	21
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>						
-- first repair	57	54	111	207	206	413
-- second repair	2	9	11	79	51	130
-- >2	1	7	8	47	36	83
<b>Percent women with first repair (urinary only)</b>	<b>95%</b>	<b>77%</b>	<b>85%</b>	<b>62%</b>	<b>70%</b>	<b>66%</b>
No. discharged after FRS (urinary only)	60	59	119	274	246	520
No. discharged after FRS (urinary & RVF)	0	1	1	9	8	17
No. discharged after FRS (RVF only)	1	0	1	7	5	12
<b>Total no. discharged after FRS</b>	<b>61</b>	<b>60</b>	<b>121</b>	<b>290</b>	<b>259</b>	<b>549</b>
No. not discharged after FRS	0	10	10	96	100	196
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>						
--No. with closed fistula who are dry	34	26	60	199	162	361
-- No. with closed fistula & stress incontinence	17	17	34	62	61	123
--No. whose fistula was not closed	9	17	26	22	31	53
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>57%</b>	<b>43%</b>	<b>50%</b>	<b>70%</b>	<b>64%</b>	<b>67%</b>

	Ebonyi Fistula Center			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
<b>Fistula Treatment Indicators</b>						
<b>Outcome of FRS (RVF only)</b>						
-- closed and dry	1	0	1	6	5	11
--incontinent with water stool and /or flatus (gas)	0	0	0	1	0	1
--incontinent with firm stool	0	0	0	0	0	0
<b>Percent with closed and dry fistula (RVF only)</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>	<b>86%</b>	<b>100%</b>	<b>92%</b>
No. with complications after FRS	5	0	5	5	0	5
-- Major surgical complications	5	0	5	5	0	5
---Anesthesia-related complication	0	0	0	0	0	0
-- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0
<b>Percent with complications after FRS</b>	<b>8%</b>	<b>0%</b>	<b>4%</b>	<b>2%</b>	<b>0%</b>	<b>1%</b>

**Training.** During the first quarter, three doctors received their first training in surgical repair for fistula at Kebbi Hospital. Additionally, three nurses were trained in pre and postoperative management of fistula clients. A team of community engagement specialists from EngenderHealth conducted community engagement training for staff of the project as well as partners in community mobilization: 14 representatives of CBOs and 6 clerics from Sokoto, Kebbi and Zamfara States attended the training which focused on MAP and implementation and strategies for community involvement. Fifteen health facility staff working in Sokoto, Kebbi and Zamfara States were trained in Basic Obstetric Care.

In the second quarter, Dr. Steve Arrowsmith provided mentoring and coaching in a master training session for Dr. Sunday Adeoye from SE Regional VVF Center (Ebonyi). In addition, he provided continuing training for four additional surgeons at the Center. It is hoped that the Center will now be better able to provide routine repair services to meet the needs of Ebonyi and neighboring states. Table NIG2 presents the number of persons trained, by topic for the first quarters of the year.

**Table NIG2. Number of Persons Trained by Topic, October 2009 – March 2010, Nigeria**

Training Topic	Oct-Dec	Jan-Mar	FY Total
First training in surgical repair for fistula (Kebbi)	3	0	3
Continuing training in surgical repair for fistula (Ebonyi)	0	5	5
Pre- and postoperative Care	3	0	3
Basic obstetric care	15	0	15
MAP and community engagement	20	0	20
Training of family planning providers on data collection and use	7	4	11
Training for traditional and religious leaders on maternal health issues	46	0	46
<b>Total</b>	<b>94</b>	<b>9</b>	<b>103</b>

**Quarterly Retreat Meetings.** The FC Project Nigeria organized and conducted quarterly meetings for partners from supported sites. Participants were drawn from a wide range of facility-based partners and officials of respective ministries of health. The invited partners exchanged stories on the successes and challenges facing their facilities and shared experiences. The engagement strategies used by the Ebonyi State team were shared, and a presentation was made on the maternal mortality and morbidity monitoring law which attracted the attention of many state representatives also in attendance. Fistula monitoring and performance data were reviewed and discussed.

**Prevention.** During the second quarter, over 22,000 fistula related IEC materials were printed, including posters, handbills, and pamphlets. An additional 65,000 materials were produced highlighting family planning messages. Monthly radio slots on the Health Watch program of Radio Nigeria continue to be utilized to broadcast fistula-related messages. Recent topics included the situation of obstetric fistula and available interventions, the

importance of antenatal care and information on the maternal mortality and morbidity monitoring law and what it seeks to achieve. A radio jingle was also developed and aired to advertise the availability of free repairs in Ebonyi. And finally, to prioritize fistula issues to the public, the project partnered with ten journalists covering health issues in both print and electronic media in efforts to increase media reportage.

**Community Outreach.** Religious Leaders Advocacy Champions (RLAC) from Sokoto, Kebbi and Zamfara States conducted community outreach activities in over 30 communities, which included using sermons and relevant sections of the Koran to focus on stigma reduction, relevance of regular ANC attendance, hospital delivery and child spacing. In addition, Community Action Teams (CATs) received training and in turn spread their message to their communities about the availability of fistula repair services, the need for ANC and hospital delivery, etc. Specific messages about female genital cutting were incorporated. Workshops with TBAs were conducted to emphasize the prevention of long labors and the need for early referral to appropriate health facilities. Table NIG3 provides details on the number of community outreach events conducted and the number of persons reached during the first two quarters.

In addition to efforts of the religious leaders to prevent fistula through preaching, FC also utilizes drama troupes to send messages about fistula prevention, care and support, stigma reduction, child spacing and reintegration of repaired fistula clients back into their communities through drama presentations. Over 15,000 people were reached through these dramatic presentations.

In the first quarter, 46 participants from Ebonyi State attended a workshop for traditional leaders to increase knowledge of key maternal health issues, policy, fistula prevention, family planning, and child spacing. This is an attempt to replicate the great success this approach has found in the North (Sokoto, Kebbi and Zamfara).

In the second quarter, community based organizations (CBOs) in Zamfara held brainstorming sessions focused on Men as Partners (MAP) and supporting women. Kebbi CBOs also engaged Imams and religious leaders in a sensitization workshop.

**Table NIG3. Number of Community Outreach Events and Persons Reached by State, October 2009 – March 2010, Nigeria**

State	Oct-Dec		Jan-Mar		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Kebbi	21	6645	26	16400	47	23045
Sokoto	22	6873	27	17388	49	24261
Zamfara	31	6108	22	17900	53	24008
Ebonyi	4	16087	4	12925	8	29012
<b>Total</b>	<b>78</b>	<b>35,713</b>	<b>79</b>	<b>64,613</b>	<b>157</b>	<b>100,326</b>

**Obstetrics.** Of the 1,045 deliveries reported by the two supported sites that also handle obstetric care, only 8.1% were C-sections. Table NIG4 provides site specific data, by quarter.

**Table NIG4. Obstetric Services, by site. October 2009 – March 2010, Nigeria.**

	Faridat General Hospital			Maryam Abacha			TOTAL		
	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total
Number of vaginal deliveries	254	192	446	308	206	514	562	398	960
Number of C-sections	37	36	73	11	1	12	48	37	85
Total number of deliveries	291	228	519	319	207	526	610	435	1045
Percent deliveries by C-section	12.7%	15.8%	14.1%	3.4%	0.5%	2.3%	7.9%	8.5%	8.1%

**Family Planning.** During the first two quarters, data from a total of 21 sites (6 repair centers and 21 prevention only sites) reported on family planning services; see Table NI5 below (the data in this table has been aggregated by state). A total of 4,287 people received family planning methods, and 5,781 received family planning counseling. The most popular methods provided were injectables, followed by the oral pill and IUCD. Table NIG5 presents all the family planning data available for the supported sites.

**Policy and dissemination.** There were many policy-related activities carried out in the first two quarters of the fiscal year. Presentations included Irelioluwa Sutton presenting on “Need for Data/Use of Data for Decision Making” at a 2- Day dissemination and tool development workshop on Maternal and Child Mortality and Morbidity; October 8-9, 2009 in Ebonyi, Nigeria; Ebere Okeke presented on “Program Support”; Theresa Effa and Iyeme Efem presented on “A Strategy for Influencing Policy Decisions For Sustainable Health Programs”; and Halima Abdullahi presented on “Understanding the Practice of FGC” at the 5<sup>th</sup> Annual International Sustainable Development Conference: Abuja, Nigeria on November 9-12, 2009. The Deputy Country Project, Dr. Adamu Isah, presented at FIGO on “Network of Clinical Providers Improves Management of Obstetric Fistula Treatment Programs” on October 4-9 in South Africa.

Three partner surgeons and one staff member attended ISOFS, and the Nigeria team presented on a rare clinical condition called “Youssef’s Syndrome” which has the same clinical manifestation as fistula but can be managed by contraception on November 25-27, 2009 in Nairobi, Kenya.

**Table NIG 5. Number of FP Clients by Method and Number Counseled about FP, by State, October 2009 – March 2010, Nigeria**

FP Methods	Ebonyi State			Kano State			Katsina State			Kebbi State			Sokoto State			Zamfara State			Total		
	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total
Oral Pill	6	7	13	208	212	420	2	17	19	140	236	376	70	47	117	37	38	75	463	557	1020
IUCD	0	0	0	127	71	198	0	1	1	12	9	21	26	20	46	29	18	47	194	119	313
Condom (male)	0	0	0	5	5	10	0	7	7	0	1	1	1	0	1	0	0	0	6	13	19
Condom (female)	0	0	0	2	4	6	0	1	1	0	0	0	0	0	0	0	0	0	2	5	7
Injectable	88	81	169	454	652	1106	2	16	18	192	223	415	264	323	587	259	312	571	1259	1607	2866
Implant	0	0	0	0	0	0	0	1	1	11	15	26	3	8	11	7	12	19	21	36	57
Tubal Ligation	0	0	0	0	0	0	0	0	0	1	4	5	0	0	0	0	0	0	1	4	5
Vasectomy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Foaming Tablets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total FP acceptors</b>	<b>94</b>	<b>88</b>	<b>182</b>	<b>796</b>	<b>944</b>	<b>1740</b>	<b>4</b>	<b>43</b>	<b>47</b>	<b>356</b>	<b>488</b>	<b>844</b>	<b>364</b>	<b>398</b>	<b>762</b>	<b>332</b>	<b>380</b>	<b>712</b>	<b>1946</b>	<b>2341</b>	<b>4287</b>
Total Number of clients counseled about FP methods	155	146	301	812	1044	1856	8	54	62	674	924	1598	574	613	1187	332	445	777	2555	3226	5781

The efforts to engage journalists around fistula-related issues were mentioned earlier in the report, and in the first quarter FC held a 2 day media round table with journalists from different media organizations to raise awareness of fistula and highlight challenges to fistula management and prevention as well as how to lessen stigma. A total of 18 journalists attended, and a few days after the even, stories on fistula appeared in four separate daily newspapers, as well as a story being aired over the Radio Nigeria Network News.

FC encouraged the Senate Committee on Health to visit some of the projects' supported facilities and a 5 day visit took place to four fistula facilities in Sokoto, Kebbi, Zamfara and Ebonyi states in October 2009. A major outcome of this activity was the pledge made by the Senate chair to create a budget line specifically for Fistula intervention in the budget in 2010. The budget now awaits approval by the President.

The Mother and Child Care Initiative in Ebonyi, in collaboration with FC, UNICEF and UNFPA, organized a 2 day dissemination and tool development workshop for 102 members of the Ebonyi state level multi-sector Maternal Mortality and Morbidity Monitoring committee. This included representatives of religious and traditional institutions as well as civil society organizations, the legislature and line ministries in Health and Development. The project is working towards finalizing data capturing tools and training in their use.

In the second quarter, FC collaborated with the Government of Ebonyi State to perform a "Public Presentation of the Maternal Mortality and Morbidity Monitoring Law". This event was hosted by the Governor of Ebonyi State and the USAID/Nigeria mission director as Special Guest of Honor. Also in the second quarter, FC participated in the dissemination of the 2008 Nigeria DHS report in Ebonyi State.

## RWANDA

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### Program Background

**Service start up:** March 2006

**Service sites:** Activities in Rwanda are focused on three public sites:

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

In the third quarter of FY 08/09, Fistula Care opened a project office in Kigali, Rwanda. The office is now staffed and operative, and has raised the visibility of the fistula program and strengthened the project's image with the USAID mission and the MOH as a dedicated program making a valuable contribution. Although we have supported Kanombe for training, repairs and provided equipment since the start of this FY, the subaward is still pending approval from USAID/W. The surgeon at Kanombe has received additional training from Dr. Kees Waaldijk, supported by Fistula Care, and began providing repairs in the last quarter of FY 08/09. Fistula Care developed a subaward this last quarter to begin providing full support for fistula activities at Kanombe. As mentioned in the global section of this report, the subaward is currently pending due to US government regulations concerning support to military supported facilities. Fistula Care has already provided documentation from Kanombe Hospital that all services are provided with informed consent and are voluntary. In addition, Kanombe has provided certification that the facility is primarily supported the MOH funds. The project is currently waiting for USAID to determine if a waiver or further documentation will be needed for the approval of this subaward.

### Key Accomplishments October 2009-March 2010

Sub-awards to Kanombe and Ruhengeri Hospital have been written, with concurrence given by the USAID country office and forwarded to Washington for approval.

**Fistula Repairs.** In the first two quarters of the fiscal year, 114 fistula repairs were performed in Rwanda. In the first quarter, there were no repairs in Ruhengeri, due to no scheduled repair session for that period. In addition, Kanombe currently only has one operating room available for both fistula repair and c-sections. A second space has been identified and renovated for fistula repair surgery. Some additional renovations will be needed to properly install operating theater lighting. In addition, the hospital administration has identified an additional space for fistula patients during the pre and post operative periods that will also need minor renovations. To address that, Kanombe is in the process of specifying a separate room specifically for fistula repair. The number of repairs increased dramatically at CHUK and Ruhengeri between the first and second quarters, due to their ability to organize specific repair sessions during the second quarter. CHUK has a high level of backlog, due to the limited availability of the surgeon there as he is currently pursuing postgraduate studies in Ob/Gyn. Discussions have been held with CHUK and they have identified a building to be renovated by Fistula Care for pre- and post-operative care fistula clients.

**Table RWA 1. Clinical Indicators by Site, October 2009 – March 2010, Rwanda**

	CHUK			Kanombe			Ruhengeri			Country Total		
<b>Fistula Treatment Indicators</b>	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	15	165	180	16	17	33	0	52	52	31	234	265
No. requiring FRS	11	114	125	11	17	28	0	52	52	22	183	205
<b>No. receiving FRS</b>	<b>8</b>	<b>40</b>	<b>48</b>	<b>11</b>	<b>15</b>	<b>26</b>	<b>0</b>	<b>40</b>	<b>40</b>	<b>19</b>	<b>95</b>	<b>114</b>
<b>Percent receiving FRS</b>	<b>73%</b>	<b>35%</b>	<b>38%</b>	<b>100%</b>	<b>88%</b>	<b>93%</b>	<b>0%</b>	<b>77%</b>	<b>77%</b>	<b>86%</b>	<b>52%</b>	<b>56%</b>
<b>Type of FRS performed</b>												
urinary only	6	37	43	10	12	22	0	39	39	16	88	104
-urinary & RVF	0	3	3	0	0	0	0	0	0	0	3	3
RVF only	2	0	2	1	3	4	0	1	1	3	4	7
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>												
first repair	4	36	40	9	10	19	0	17	17	13	63	76
second repair	0	4	4	0	2	2	0	18	18	0	24	24
>2	2	0	2	1	0	1	0	4	4	3	4	7
<b>Percent women with first repair (urinary only)</b>	<b>67%</b>	<b>90%</b>	<b>87%</b>	<b>90%</b>	<b>83%</b>	<b>86%</b>	<b>0%</b>	<b>44%</b>	<b>44%</b>	<b>81%</b>	<b>69%</b>	<b>71%</b>
No. discharged after FRS (urinary only)	6	37	43	10	12	22	0	0	0	16	49	65
No. discharged after FRS (urinary & RVF)	0	3	3	0	0	0	0	0	0	0	3	3
No. discharged after FRS (RVF only)	2	0	2	1	3	4	0	0	0	3	3	6
<b>Total no. discharged after FRS</b>	<b>8</b>	<b>40</b>	<b>48</b>	<b>11</b>	<b>15</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19</b>	<b>55</b>	<b>74</b>
No. not discharged after FRS	0	0	0	0	0	0	0	40	40	0	40	40
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>												
No. with closed fistula who are dry	5	33	38	8	10	18	0	0	0	13	43	56
No. with closed fistula & stress incontinence	0	3	3	0	0	0	0	0	0	0	3	3
No. whose fistula was not closed	1	4	5	2	2	4	0	0	0	3	6	9

	CHUK			Kanombe			Ruhengeri			Country Total		
Fistula Treatment Indicators	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	83%	83%	83%	80%	83%	82%	0%	0%	0%	81%	83%	82%
<b>Outcome of FRS (RVF only)</b>												
closed and dry	2	0	2	0	3	3	0	0	0	2	3	5
incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0	0	0	0
incontinent with firm stool	0	0	0	1	0	1	0	0	0	1	0	1
<b>Percent with closed and dry fistula (RVF only)</b>	100%	0%	100%	0%	100%	75%	0%	0%	0%	67%	100%	83%
No. with complications after FRS	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
---- Anesthesia-related complication	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
<b>Percent with complications after FRS</b>	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

During the second quarter, four complete new fistula repair kits were donated to Kanombe Hospital, two additional complete fistula repair kits and additional scissors for the old kits were donated to CHUK, and one additional complete fistula repair kit and additional scissors to replace the broken down or unserviceable ones in the old kits were donated to Ruhengeri Hospital. Additionally, it was observed during CHUK and Ruhengeri trainings and later in medical monitoring that there are some supplies such as ureteric catheters, and some sutures that sites are not able to find in country in Rwanda. Investigations are being made to put in place a system to procure these items centrally in Kenya and supplied to all relevant sites.

The majority of women at CHUK and Kanombe were receiving their first repairs, while just under half received first repairs at Ruhengeri. All 40 women repaired at Ruhengeri in the second quarter were not yet discharged at the end of the quarter, due to the scheduling of the repair session so no outcome data for those cases are available. Over 80% of the total number of women discharged were closed and dry at time of discharge. Table RWA1 provides additional detail on the clinical indicators tracked at all sites.

Very few additional surgeries were performed during the two quarters, details are provided in Table RWA2.

**Table RWA 2. Number of Additional Surgeries for Fistula Patients, October 2009 – March 2010, Rwanda**

	Oct-Dec	Jan – March	FY Total
<b>Type of Surgery by Site</b>			
<b>CHUK</b>			
3 <sup>rd</sup> /4 <sup>th</sup> degree perineal tear	1	2	3
Examination under anesthesia	0	3	3
<b>Kanombe</b>			
Biopsy	1	0	1
Examination under anesthesia	0	2	2
Ureteric reimplantation	0	1	1
<b>Ruhengeri</b>			
Removal of bladder stones or foreign bodies in viscera	0	2	2
<b>Total</b>	<b>2</b>	<b>10</b>	<b>12</b>

**Training.** During the second quarter, a team of four surgeons received first and continuing surgical training in fistula repair. The first training occurred in January at CHUK, and the second in March in Ruhengeri. In addition, 12 nurses were trained at each of those sessions. Training information is presented in Table RWA3.

**Table RWA 3. Number of Persons Trained by Topic, October 2009 – March 2010, Rwanda**

Training Topic	Oct-Dec	Jan-Mar	FY Total
First surgical training for fistula repair	0	4	4
Continuing surgical training for fistula repair	0	4*	4*
Pre- and post-operative fistula care for nurses	0	24	24
<b>Total</b>	<b>0</b>	<b>28</b>	<b>28</b>

\* The same surgeons received both first training and continuing training during the quarter. Therefore, they are only counted once towards the number of persons training.

**Assessment for expansion.** 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 in the various regions of Rwanda. A team composed of Dr. Isaac Achwal and Dr. Jeanne Kabagema of FC, Dr. Ferdinand from the MOH, and the MCH taskforce conducted the assessment at Nyamata Mission Hospital in Eastern Province, University Hospital Center of Butare (CHUB) in the Southern Province and Kibogora Mission Hospital in the Western Province. Findings from this assessment are being written up and will be shared in the third quarter.

**Family Planning.** Over 500 people received family planning methods during the first two quarters. The most popular method is the injectable, followed by the oral pill. Information on number of individuals counseled is unavailable for all sites, as a system to record this information is not yet in place. Table RWA4 provides all available family planning information for the sites.

**Table RWA 4. Number of FP Clients by Method and Number Counseled about FP, by Site. October 2009 – March 2010, Rwanda.**

Fistula FP Methods	CHUK Total	Ruhengeri Total	Kanombe Total	Country Total
Oral Pill	0	6	183	189
IUCD	0	0	0	0
Condom (male)	0	1	0	1
Condom (female)	0	0	0	0
Injectable	0	15	260	275
Implant	0	10	3	13
Tubal Ligation	16	12	5	33
Vasectomy	2	4	0	6
<b>Total FP acceptors</b>	<b>18</b>	<b>48</b>	<b>451</b>	<b>517</b>
Total Number of clients counseled about FP methods: Not reported				

**Obstetrics.** Of the 4,749 deliveries recorded at the three supported sites during the first half of the year, 33.6% were C-section deliveries. Additional obstetric information is included in Table RWA5.

**Table RWA 5. Obstetric Services, by site. October 2009 – March 2010, Rwanda.**

	CHUK			Kanombe			Ruhengeri			Total		
	Oct-Dec	Jan-Mar	Total									
Number of vaginal deliveries	277	221	498	510	493	1003	842	810	1652	1629	1524	3153
Number of C-sections	263	261	524	235	268	503	297	272	569	795	801	1596
Total number of deliveries	540	482	1022	745	761	1506	1139	1082	2221	2424	2325	4749
Percent deliveries by C-section	48.70 %	54.15 %	51.27 %	31.54 %	35.22 %	33.40 %	26.08 %	25.14 %	25.62 %	32.80 %	34.45 %	33.61 %

**Policy.** During the first quarter, a national stakeholders in MCH meeting was held in Kigali in December 2009, with suggestions and recommendations made on how fistula care activities should be integrated into other maternal health services.

The Ministry of Health is currently reviewing a draft strategy developed by Fistula Care. A meeting will be held in the coming months to finalize the draft.

## SIERRA LEONE

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### Program Background

**Service start up:** January 2007

**Service sites:** Aberdeen West African Fistula Center

Mercy Ships established this land based facility in 2005 in partnership with National Petroleum, the Addax & Oryx Foundation and with the collaboration of the Aberdeen community. Mercy Ships International has recently handed over the management of “Mercy Ships Sierra Leone” and the Aberdeen West Africa Fistula Center to the Gloag Foundation. Negotiations are underway for a subaward to the Gloag Foundation to resume support for the Aberdeen Fistula Center, which continues to provide fistula repairs and will soon begin to provide emergency obstetric care in a newly established maternity wing. The maternity wing is housed in the pre fistula surgery hostel and will open in April 2010. The maternity wing will be staffed by 10 nurses and has 14 beds for pre natal/delivery and 12 post delivery beds. EngenderHealth has been working closely with Mercy Ships and the Gloag Foundation for the past six months on this transition and developing a new scope of work to support fistula repairs at the center. Although there has been no direct funding to support services, the staff at the Aberdeen Center has continued to provide reports to Fistula Care about the work.

Fistula surgery is normally provided four days a week by the resident surgeon, Dr. Alyona Lewis. In addition there is usually one visiting international surgeon each quarter to provide additional support, especially in complex repairs. The Aberdeen Fistula Center is a stand-alone facility that is well equipped and staffed. The Fistula Center does not provide FP services, however they have partnered with Marie Stopes International who has come to center regularly to provide FP services to those patients who request the services. However in recent months the frequency of these visits has declined and the center is considering offering FP services.

### Key Accomplishments October 2009-March 2010

Plans continue to establish an Obstetric Unit at the Mercy Ships Fistula Centre. The grand opening of the unit is scheduled for April 29<sup>th</sup>, 2010. At this time, four international midwives have committed to work, teach and train local midwives to provide safe maternal and neonatal care before, during and post delivery.

**Fistula Repairs.** In the first two quarters of the fiscal year, 81 women were repaired at the Fistula Centre. Nearly all were urinary only repairs, and the majority were undergoing their first repair. Success rates were good with 86% of women discharged being closed and dry. Table SRL1 provides additional detail on clinical indicators.

A total of 46 additional surgeries were performed in both quarters. Details on the types of surgeries performed can be found in Table SRL2.

**Table SRLI. Clinical Indicators, Aberdeen Center, by Quarter,  
October 2009-March 2010**

	Aberdeen Fistula Centre		
<b>Fistula Treatment Indicators</b>	<b>Oct-Dec</b>	<b>Jan-Mar</b>	<b>FY Total</b>
No. seeking FRS	42	69	111
No. requiring FRS	34	46	80
<b>No. receiving FRS</b>	<b>38</b>	<b>43</b>	<b>81</b>
<b>Percent receiving FRS</b>	<b>112%</b>	<b>93%</b>	<b>101%</b>
<b>Type of FRS performed</b>			
----- urinary only	36	43	79
----- urinary & RVF	2	0	2
----- RVF only	0	0	0
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>			
----- first repair	28	33	61
----- second repair	10	6	16
----- >2	0	4	4
<b>Percent women with first repair (urinary only)</b>	<b>74%</b>	<b>77%</b>	<b>75%</b>
No. discharged after FRS (urinary only)	49	23	72
No. discharged after FRS (urinary & RVF)	2	0	2
No. discharged after FRS (RVF only)	1	0	1
<b>Total no. discharged after FRS</b>	<b>52</b>	<b>23</b>	<b>75</b>
No. not discharged after FRS	0	20	20
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>			
----- No. with closed fistula who are dry	44	20	64
----- No. with closed fistula & stress incontinence	2	2	4
----- No. whose fistula was not closed	5	1	6
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>86%</b>	<b>87%</b>	<b>86%</b>
<b>Outcome of FRS (RVF only)</b>			
----- closed and dry	1	0	1
----- incontinent with water stool and /or flatus (gas)	0	0	0
----- incontinent with firm stool	0	0	0
<b>Percent with closed and dry fistula (RVF only)</b>	<b>100%</b>	<b>0%</b>	<b>100%</b>
No. with complications after FRS	2	0	2
----- Major surgical complications	1	0	1
----- Anesthesia-related complication	0	0	0
----- Post-operative complication related to perceived success of surgery	1	0	1
<b>Percent with complications after FRS</b>	<b>4%</b>	<b>0%</b>	<b>3%</b>

**Table SRL2. Number of Additional Surgeries for Fistula Patients, October 2009 – March 2010, Sierra Leone**

Type of Surgery	Oct-Dec	Jan – March	FY Total
Examination under anesthesia	3	6	9
Removal of bladder stones or foreign bodies in viscera	1	1	2
Ureteric implantation	3	1	4
Urethral lengthening and other operations for concomitant stress incontinence	8	11	19
3 <sup>rd</sup> /4 <sup>th</sup> degree perineal tear repairs	3	2	5
Prolapse associated with fistula	0	1	1
Other	5	1	6
<b>Total</b>	<b>23</b>	<b>23</b>	<b>46</b>

**Training.** In the first quarter, Dr. Lewis continued her surgical repair training on board the *Africa Mercy* and is now qualified to perform complex repairs. Several on the job training sessions took place in the second quarter, focusing on maternity and fistula issues. These sessions were included since the nurses will be involved with postnatal care when the maternity unit opens in April. Table SRL3 provides information on the number of persons trained, by topic.

**Table SRL3. Number of Persons Trained by Topic, October 2009 – March 2010, Sierra Leone**

Training Topic	Oct-Dec	Jan-Mar	FY Total
Training in Fistula Repair (continuing training)	1	0	1
<b>OJT sessions for nursing staff by topic</b>			
Adult CPR/Catheter/ Stent Care	0	21	21
Postnatal Care	0	20	20
Infant and Child CPR	0	14	14
Febrile Seizures	0	10	10
<b>Totals</b>	<b>1</b>	<b>65</b>	<b>66</b>

**Community Outreach.** Mercy Ships screening teams were up-country twice in the first quarter and three times in the second quarter because they are beginning to see an increase in patients referring themselves to the centre. This may be because many of these women are repeat surgeries and there was a surgeon present who was capable of attempting the more difficult procedures.

Media continues to be an effective tool for providing information about fistula treatment. . Prior to screening teams departure, radio stations in the locality are notified that screening will take place and the visit is announced starting 2 weeks prior to arrival.

**Family Planning.** Family planning numbers have been very low at the site, due to the absence of agreed upon assistance from Marie Stopes to provide family planning services at the site. The site is now looking into setting up its own program, but this may take some time to establish. The available family planning data is presented below, in Table SRL4.

**Table SRL 4. Number of FP Clients by Method and Number Counseled about FP, by site. October 2009 – March 2010, Sierra Leone**

<b>Fistula FP Methods</b>	<b>Country Total</b>
Oral Pill	0
IUCD	0
Condom (male)	0
Condom (female)	0
Injectable	8
Implant	0
Tubal Ligation	6
Vasectomy	0
<b>Total FP acceptors</b>	<b>14</b>
Total Number of clients counseled about FP methods	29

## UGANDA

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### Program Background

**Service start-up:** January 2005

**Service Sites:**

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

In addition, there are 8 supported prevention-only sites:

- Masaka area: Masaka Regional Hospital, Kiwangala Health Center (HC) IV, Kalungu HC III, and Kiyumba HCIV.
- Kasese area: Bwera Hospital, Rwesande HCIV, Karambi HC III, and City Council HC111.

### Key Accomplishments October 2009-March 2010

**Fistula Repairs.** In the first two quarters of the fiscal year, 272 women received fistula repairs at the two supported sites in Uganda. There is no substantial backlog of clients waiting for surgery. The majority of women were receiving their first repairs, and 77% of all urinary repairs were closed and dry upon discharge. Table UGA1 provides detailed information on clinical indicators tracked at both sites. The high rate of urinary incontinence for urinary repairs at Kagando in the second quarter was attributed to many of these being second repairs. Due to the timing of the Kagando repair session, many women were not yet discharged at the end of the second quarter.

In the first quarter, Kitovu had a substantial decrease in repairs from the previous quarter, attributed to women being unable to afford the high cost of transport. In the last quarter of FY09, Kitovu internally mobilized resources to pick women up from a common place but this was not possible in the first quarter. Kitovu would like to change the cost per patient in order to adequately cover these transportation costs. In contrast, Kagando saw an increase in surgeries due to an organized fistula repair event, which involved outreach activities to mobilize women funded by Kagando hospital. In the second quarter, Kitovu greatly increased the number of women seeking and receiving repairs due to an increase in community mobilization. Kagando experienced a slight decrease attributable to less effective community mobilization. Due to a subagreement amendment being not yet finalized, Kagando did not have funds for outreach.

Many complicated cases were referred to the scheduled repair session at Kitovu in the second quarter, but the surgeons were not able to perform such complex surgeries. Those cases have been referred to return in August when a more experienced surgeon will be present. A total of 56 additional surgeries were performed in the first two quarters, the details of which are provided in table UGA2.

**Table UGA I. Clinical Indicators by Site, October 2009 – March 2010, Uganda**

	Kagando			Kitovu			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
<b>Fistula Treatment Indicators</b>									
No. seeking FRS	99	89	188	60	144	204	159	233	392
No. requiring FRS	79	69	148	37	117	154	116	186	302
<b>No. receiving FRS</b>	<b>68</b>	<b>58</b>	<b>126</b>	<b>36</b>	<b>110</b>	<b>146</b>	<b>104</b>	<b>168</b>	<b>272</b>
<b>Percent receiving FRS</b>	<b>86%</b>	<b>84%</b>	<b>85%</b>	<b>97%</b>	<b>94%</b>	<b>95%</b>	<b>90%</b>	<b>90%</b>	<b>90%</b>
<b>Type of FRS performed</b>									
----- urinary only	67	55	122	31	94	125	98	149	247
----- urinary & RVF	0	1	1	1	2	3	1	3	4
----- RVF only	1	2	3	4	14	18	5	16	21
<b>For 'Urinary only' or 'Urinary and RVF' repairs</b>									
----- first repair	47	29	76	26	86	112	73	115	188
----- second repair	14	15	29	4	6	10	18	21	39
----- >2	6	12	18	2	4	6	8	16	24
<b>Percent women with first repair (urinary only)</b>	<b>70%</b>	<b>52%</b>	<b>62%</b>	<b>81%</b>	<b>90%</b>	<b>88%</b>	<b>74%</b>	<b>76%</b>	<b>75%</b>
No. discharged after FRS (urinary only)	67	27	94	31	94	125	98	121	219
No. discharged after FRS (urinary & RVF)	0	0	0	1	2	3	1	2	3
No. discharged after FRS (RVF only)	1	2	3	4	14	18	5	16	21
<b>Total no. discharged after FRS</b>	<b>68</b>	<b>29</b>	<b>97</b>	<b>36</b>	<b>110</b>	<b>146</b>	<b>104</b>	<b>139</b>	<b>243</b>
No. not discharged after FRS	1	29	30	0	0	0	1	29	30
<b>Outcome of FRS (urinary only &amp; urinary/RVF)</b>									
----- No. with closed fistula who are dry	42	16	58	28	85	113	70	101	171
----- No. with closed fistula & stress incontinence	11	9	20	4	11	15	15	20	35
----- No. whose fistula was not closed	14	2	16	0	0	0	14	2	16
<b>Percent with closed fistula who are dry (urinary only &amp; urinary/RVF)</b>	<b>63%</b>	<b>59%</b>	<b>62%</b>	<b>88%</b>	<b>89%</b>	<b>88%</b>	<b>71%</b>	<b>82%</b>	<b>77%</b>
<b>Outcome of FRS (RVF only)</b>									

Fistula Treatment Indicators	Kagando			Kitovu			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
----- closed and dry	1	2	3	4	14	18	5	16	21
----- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0
----- incontinent with firm stool	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>						
No. with complications after FRS	4	1	5	0	1	1	4	2	6
----- Major surgical complications	2	1	3	0	0	0	2	1	3
----- Anesthesia-related complication	2	0	2	0	0	0	2	0	2
----- Post-operative complication related to perceived success of surgery	0	0	0	0	1	1	0	1	1
<b>Percent with complications after FRS</b>	<b>6%</b>	<b>3%</b>	<b>5%</b>	<b>0%</b>	<b>1%</b>	<b>1%</b>	<b>4%</b>	<b>1%</b>	<b>2%</b>

**Table UGA 2. Number of Additional Surgeries for Fistula Patients, October 2009 – March 2010, Uganda**

	Oct-Dec	Jan – March	FY Total
<b>Type of Surgery by Site</b>			
<b>Kagando Hospital</b>			
Examination under anesthesia	4	1	5
Colostomy and reversal colostomy	3	1	4
Ureteric reimplantation	3	3	6
Urethral lengthening and other operations for concomitant stress incontinence	0	1	1
3 <sup>rd</sup> /4 <sup>th</sup> degree perineal tear repairs	4	3	7
Removal of bladder stones or foreign bodies in viscera	0	1	1
Wound resuture	0	2	2
Other	0	3	3
<b>Kitovu Hospital</b>			
Examination under anesthesia	2	4	6
Colostomy and reversal colostomy	1	0	1
Ureteric reimplantation	3	3	6
Urethral lengthening and other operations for concomitant stress incontinence	4	5	9
3 <sup>rd</sup> /4 <sup>th</sup> degree perineal tear repairs	4	0	4
Vaginal Hysterectomy	0	1	1
<b>Total</b>	<b>28</b>	<b>28</b>	<b>56</b>

**Training.** In the first quarter, an AMREF surgeon conducted surgical training for 5 trainees: one surgeon receiving first repair training, one receiving continuing training, one anesthetist and two nurses. At the scheduled repair session in Kitovu, 6 trainees were trained: one surgeon in continuing repair, 1 anesthetist and four nurses. One experienced surgeon and one nurse from Kagando attended a training of trainers course in fistula repair on the *Africa Mery* in October. In the second quarter, trainings occurred during the scheduled training sessions in Kitovu and Kagando, with 2 surgeons receiving first repair training, 3 surgeons receiving continuing training (2 of which had also received continuing training in the first quarter) and twelve nurses and anesthetists participating in pre- and post-operative care. Dr. Steve Arrowsmith, trainer on the *Africa Mery*, visited in March to provide follow up coaching and support to the surgeon at Kagando.

In the second quarter, trainings on EmOC (including partograph use and immediate catheterization) and family planning were carried out. Additional information on all trainings taking place, and the number of persons trained, are presented in table UGA3.

**Table UGA 3. Number of Persons Trained by Topic, October 2009 – March 2010, Uganda**

Training Topic	Oct-Dec	Jan-Mar	FY Total
First surgical training in fistula repair	1	2	3
Continuing surgical training in fistula repair	3	3*	4
Pre- and post-operative care for fistula repair	8	12	20
Quality Improvement (Kitovu)	28	0	28
Facilitative Supervision (Kitovu)	22	0	22
EmOC: Partograph and immediate catheterization (Kasese)	0	22	22
Family Planning Orientation (Kitovu and Kasese)	0	37	37
Family Planning Update (Kagando)	0	15	15
<b>Total</b>	<b>62</b>	<b>91</b>	<b>151*</b>

\*Two of the continuing training surgeons in the second quarter also received training in the first quarter, so are only counted once in the total number of persons trained.

**Quality Improvement.** In the first quarter, a COPE quality improvement exercise was conducted at Kitovu involving 28 hospital staff from all departments in the facility (see Table UGA3). In a follow up visit, it was found that much of the action plan had already begun to be implemented.

A workshop in facilitative supervision was conducted for 15 Kitovu Hospital staff, 5 district safe motherhood supervisors and the head of Obstetrics at Masaka Regional Referral Hospital. In the second quarter, medical monitoring visits took place at Kitovu and Kagando.

During the second quarter, treatment and prevention equipment for fistula supported facilities were received, including repair kits, delivery kits and c-section kits. It is hoped that next quarter operating beds and lights will also be delivered to the supported facilities. To support the development of a facility-based reintegration model, interviews of health care providers and fistula clients (new and former clients) were conducted at Kagando and Kitovu Hospitals. Additional interviews will be carried out in the third quarter and analysis is forthcoming.

**Prevention.** In the first quarter, materials were distributed to supported sites to promote family planning, antenatal and postnatal care. Plans to implement training in EmOC for service providers involving the districts surrounding Masaka started at the end of the second quarter with the involvement of the MOH. The Senior Medical Associate conducted an assessment to prepare for the next EmOC training for Masaka and surrounding districts which will be implemented in the third quarter.

In January, a Family Planning Stakeholder's Meeting was held in Kasese to inform district leaders in Kasese about family planning. Attendees included leadership from Kagando, Bwera hospitals; FP clinic at Kagando, local chairpersons, and representation from District Health Management Team. The stakeholders were very receptive to FP however, the nursing/midwifery staff were concerned that introducing FP would encourage sexual activity before healing. One of the challenges is that clients referred through Bwera rarely return to Kagando for follow-up and so the opportunity for FP counseling and method provision is lost if it is not done at Kagando. The staff in Kagando's fistula

unit committed to explore with the Kagando FP to see how best the FP needs of repaired women could be met. A similar event is being planned for Kitovu catchment area.

**Family Planning.** During the first two quarters, 101 people received family planning methods from Kagando Hospital. The two most popular methods are injectables and oral pills. Kitovu Hospital only counsels about natural family planning methods. Information on family planning methods and counseling are presented in table UGA4. In this quarter we observed that the number of clients counseled for FP is lower than the number of clients receiving FP. This may be due to either a lack of counseling FP method receivers, or weaknesses in their data FP collection. In the next quarter (April - June) we are planning to work with the appropriate staff at Kagando in order to improve the quality of data collection for Family Planning.

**Table UGA 4. Number of Clients by Method and Number counseled about FP, by Site. October 2009 – March 2010, Uganda**

Fistula FP Methods	Kagando FY Total	Kitovu FY Total	Country FY Total
Oral Pill	42	0	42
IUCD	0	0	0
Condom (male)	0	0	0
Condom (female)	0	0	0
Injectable	44	0	44
Implant	0	0	0
Tubal Ligation	15	0	15
Vasectomy	0	0	0
Foaming Tablets	0	0	0
<b>Total FP acceptors</b>	<b>101</b>	<b>0</b>	<b>101</b>
Total Number of clients counseled about FP methods	82	142	224

**Obstetrics.** Of the 2,530 deliveries recorded at the two supported sites during the first two quarters, 37.5% were C-sections. Additional data on deliveries is provided below in Table UGA5.

**Table UGA 5. Obstetric Services, by Site. October 2009 – March 2010, Uganda.**

	Kagando			Kitovu			Total		
	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total	Oct-Dec	Jan-Mar	Total
Number of vaginal deliveries	369	399	768	327	486	813	696	885	1581
Number of C-sections	298	275	573	168	208	376	466	483	949
Total number of deliveries	667	674	1341	495	694	1189	1162	1368	2530
Percent deliveries by C-section	44.7%	40.8%	42.7%	33.9%	30.0%	31.6%	40.1%	35.3%	37.5%

**Policy.** In the first quarter, the process of developing the National Fistula Strategy, with support from UNFPA began. A situational assessment and a draft National Strategy were prepared. During the second quarter, Dr. Isaac Achwal, Senior Medical Associate for FC, served as a resource person for UNFPA's writing of Uganda's National Fistula Strategy. It is hoped that the strategy will be finalized and presented in the third quarter.

Fistula Care participated in the National Safe Motherhood Day Celebrations that were held in Mayuge District in October 2009.

## Annex A. USAID's Fistula Program Sites and Partners

As of May 2010 – Fistula repair sites ever supported through EngenderHealth or USAID bilateral projects

Country	Supported Sites	Type of Facility (NGO, FBO or public)	Current Repair sites <sup>7</sup>	Current Prevention only sites	In development	No longer supported <sup>8</sup>
Bangladesh	Ad-Din Hospital, Dhaka	NGO	1			
	Kumudini Hospital	NGO	1			
	Lamb Hospital	FBO	1			
	Memorial Christian Hospital <sup>9</sup>	FBO				1
	Ad-Din Hospital, Jessore	NGO	1			
Benin	Mercy Ships - <i>Africa Mercy</i> <sup>10</sup>	FBO				1
DRC	HEAL Africa Hospital. Goma	FBO	1			
	Panzi Hospital, Bukavu	FBO	1			
	Ldoja Hospital (Kasai Occidental) <sup>11</sup>	Public	1			
	Kole Hospital (Kasai Occidental)	Public	1			
	Kabongo Hospital (Haut Lomani)	Public	1			
	Kolwezi Hospital (Katanga)	Public	1			
Ethiopia	Adet Health Center	Public		1		
	Arba Minch Hospital	Public	1			
	Bahir Dar Fistula Center	FBO	1			
	Dangla Health Center	Public		1		
	Mekelle Fistula Center	FBO	1			
	Woreta Health Center	Public		1		
	Yirga Alem Fistula Center	Public		1		
	Tefera Hailu Hospital, Sekota	Public				1 – prevention
Ghana	Mercy Ships – <i>Anastasis</i> <sup>12</sup>	FBO				1
Guinea	Ignace Deen University Teaching Hospital	Public	1			
	Jean Paul II Hospital	Public	1			

<sup>7</sup> Most repair sites include one or more fistula prevention interventions such as family planning information and/or services or provision of maternity services (e.g., monitoring of deliveries with the partograph, cesarean surgery). The exception is the *Africa Mercy*.

<sup>8</sup> USAID continues to fund Mercy Ships, but we consider the country site no longer supported when the ship leaves the dock in a given country.

<sup>9</sup> The fistula surgeon from this faith-based hospital returned to the United States and they decided not to proceed with fistula services at this site.

<sup>10</sup> In partnership with Mercy Ships, their floating hospital between moves ports approximately once a year. Fistula services and training are provided while the ship is based in country. Other fistula services, supported by UNFPA, are available in Benin.

<sup>11</sup> These four sites in the D.R. Congo receive periodic visits from visiting surgeons to conduct fistula repairs.

<sup>12</sup> See previous note about partnership with Mercy Ships.

Country	Supported Sites	Type of Facility (NGO, FBO or public)	Current Repair sites <sup>7</sup>	Current Prevention only sites	In development	No longer supported <sup>8</sup>
	Kissidougou District Hospital	Public	1			
	Labé Regional Hospital	Public	1			
	Boké	Public		1		
	Kindia	Public		1		
	Nzerekore	Public		1		
	Mamou	Public		1		
	Faranah	Public		1		
Liberia	Mercy Ships - <i>Africa Mercy</i> <sup>13</sup>	FBO				1
Mali <sup>14</sup>	Gao Regional Hospital	Public	1			
Niger	Dosso Regional Hospital	Public	1			
	Lamordé Hospital (Niamey)	Public	1			
	Maradi Regional Hospital	Public	1			
	Téra District Hospital	Public			1 - treatment	
	Issaka Gazoby Maternity Hospital	Public		1		
Nigeria	Babbar Ruga Hospital (Katsina)	Public	1			
	South East Regional VVF Center (Ebonyi)	Public	1			
	Faridat Yakubu General Hospital (Zamfara)	Public	1			
	Kebbi Fistula Center (Kebbi)	Public	1			
	Laure Fistula Center at Murtala Mohammed Specialist Hospital (Kano)	Public	1			
	Maryam Abacha Women's and Children's Hospital (Sokoto)	Public	1			
	Bayara Hospital (Bauchi)	Public			1 (treatment)	
22 add'l prevention sites	Owutuedda General Hospital (Ebonyi)	Public		1		
	Cottage Hospital, (Ebonyi)	Public		1		
	Ebonyi State University Teaching Hospital	Public		1		
	Ezangbo Maternity Hospital (Ebonyi)	Public		1		

<sup>13</sup> Services are now available in Liberia through the JFK Memorial Hospital supported by the Glog Foundation.

<sup>14</sup> Four sites where prevention services and referral for treatment will be available are under development for next fiscal year. In addition, we are providing 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>7</sup>	Current Prevention only sites	In development	No longer supported <sup>8</sup>
	Mother and Child Care Initiative FP Clinic (Ebonyi)	Public		1		
	Mgbo Primary Health Center (Ebonyi)	Public		1		
	Comprehensive Health Center, Kumbotso (Kano)	Public		1		
	Takai Community/NYSC Health Center, Takai (Kano)	Public		1		
	Tarauni MCH Clinic (Kano)	Public		1		
	Unguku MCH Clinic (Kano)	Public		1		
	Muhammadu Abdullahi Wase Hospital (Kano)	Public		1		
	Jega General Hospital, (Kebbi)	Public		1		
	Kamba General Hospital (Kebbi)	Public		1		
	Maiyama General Hospital (Kebbi)	Public		1		
	Argungum General Hospital (Kebbi)	Public		1		
	Dakingari Primary Health Center (Kebbi)	Public		1		
	D/D General Hospital (Sokoto)	Public		1		
	Rabah General Hospital (Sokoto)	Public		1		
	Iss General Hospital (Sokoto)	Public		1		
	Jabo Primary Health Center (Sokoto)	Public		1		
	Bakura General Hospital (Zamfara)	Public		1		
	Bungudu General Hospital (Zamfara)	Public		1		
Rwanda	Central University Hospital, Kigali (CHUK)	Public	1			
	Kanombe Hospital	Public	1			
	Ruhengeri Hospital	Public	1			
	Kabgayi Hospital	FBO			1	
	Gahini Hospital	FBO			1	
	TBD				1 - treatment ;	
Sierra Leone	Aberdeen Fistula Center –	NGO	1			
Togo	Africa Mercy	FBO	1			

Country	Supported Sites	Type of Facility (NGO, FBO or public)	Current Repair sites <sup>7</sup>	Current Prevention only sites	In development	No longer supported <sup>8</sup>
Uganda	Kagando Mission Hospital	FBO	1			
	Kitovu Mission Hospital	FBO	1			
	Kiyumba HCIV (Kassee area)	Public		1		
	Kasese area City Council HC111.	Public		1		
	Bwera Hospital	Public		1		
	Rwesande HCIV:	Public		1		
	Karambi HC III	Public		1		
	Masaka RR Hospital	Public		1		
	Kiwangala HCIV	Public		1		
	Kalungu HC III	Public		1		
	<b>Total</b>		<b>34</b>	<b>39</b>	<b>6</b>	<b>4</b>