

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



**Semi-Annual Report
October 2010 to March 2011**

Submitted to
United States Agency for International Development
Washington, DC

May 16, 2011



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

Copyright 2011. EngenderHealth/Fistula Care. All rights reserved.

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

This publication is made possible by the generous support of the American people through the Office of Maternal and Child Health, U.S. Agency for International Development (USAID), under the terms of associate cooperative agreement GHS-A-00-07-00021-00. The contents are the responsibility of the Fistula Care project and do not necessarily reflect the views of USAID or the United States Government.

Printed in the United States of America. Printed on recycled paper.

CONTENTS

ACRONYMS AND ABBREVIATIONS.....	II
EXECUTIVE SUMMARY.....	I
I. INTRODUCTION.....	2
II. MANAGEMENT ACTIVITIES.....	4
III. GLOBAL ACCOMPLISHMENTS.....	6
RESULT 1: Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.....	6
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.....	12
RESULT 3: Gather, analyze, utilize and report data to improve the quality and performance of fistula services.....	14
RESULT 4: Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.....	20
IV. COUNTRY REPORTS.....	29
BANGLADESH.....	30
DEMOCRATIC REPUBLIC OF CONGO.....	38
ETHIOPIA.....	44
GUINEA.....	52
MALI.....	61
NIGER.....	68
NIGERIA.....	76
RWANDA.....	88
SIERRA LEONE.....	96
UGANDA.....	103
Annex I. USAID Fistula Care Sites and Partners.....	111

ACRONYMS AND ABBREVIATIONS

AMREF	African Medical and Research Foundation
AMTSL	Active Management of the Third Stage of Labor
ANC	Ante Natal Care
AWC	Aberdeen Women’s Centre
CHUK	Central University Hospital of Kigali
COPE®	Client-Oriented, Provider Efficient Services
DHS	Demographic Health Survey
DRC	Democratic Republic of the Congo
ESD	Extending Service Delivery
FC	Fistula Care
FMOH	Federal Ministry of Health
FP	Family Planning
FRS	Fistula Repair Surgery
GFMER	Geneva Foundation for Medical Education and Research
HC	Health Center
HEAL	Health, Education, Community Action, Leadership Development
HHI	Harvard Humanitarian Institute
IEC	Information, Education, Communication
IP	Infection Prevention
MAP	Men As Partners®
MCH	Maternal & Child Health
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Nongovernmental Organization
Ob/Gyn	Obstetrics/Gynecology
OC	Obstetric Care
OFWG	Obstetric Fistula Working Group
OJT	On-the-Job Training
PMP	Program Monitoring Plan
QI	Quality Improvement
RCT	Randomized Controlled Clinical Trial
REF	Reseau pour l’Eradication de la Fistule (Network for the Eradication of Fistula)
RH	Reproductive Health
RLAC	Religious Leader Advocacy Champion
RVF	Recto-vaginal Fistula
TBA	Traditional Birth Attendant
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USAID/W	United States Agency for International Development/Washington
USG	United States Government
VVF	Vesico-vaginal Fistula
WHO	World Health Organization

Executive Summary

This semi annual report presents key accomplishments and activities for the first six months of the fourth year of Fistula Care (October 2010-March 2011). The project is managed by EngenderHealth in collaboration with international and national partners. In FY11 USAID support for fistula repair is being provided through the Fistula Care project and country bilateral projects in 11 countries—Bangladesh, DR Congo, Ethiopia, Guinea, Mali, Niger, Nigeria, Pakistan, Rwanda, Sierra Leone, and Uganda. Key accomplishments under each of the four project results during the October 2010 to March 2011 period included:

Result 1: Strengthened capacity

- 30 facilities providing fistula repair with USAID support. One new site in Nigeria became active in this period. Up to seven additional sites are expected to begin providing fistula repair services with USAID support before the end of the FY.
- 2,137 repairs provided during the 6 month period
- 34 surgeons attended training in fistula repair surgery

Result 2: Enhanced community and facility practices to prevent fistula

- Literature review about the effectiveness and barriers in the use of the partograph produced and shared with USAID/Washington
- 435 providers trained in fistula prevention—family planning, obstetric care, including use of the partograph and improving cesarean surgery skills
- Nearly 500,000 persons reached with prevention messages in seven countries
- Family planning job aides translated into French and posted on the Fistula Care website

Result 3: Use of data for decision making

- Data collection for retrospective cesarean record review study completed in Guinea, Niger and Mali
- Analysis of data from the five country prospective observational study continued
- Data for Decision Making modules were finalized and approved by USAID/W.
- Protocol for the randomized controlled clinical trial on short term catheterization was approved by USAID/W and WHO's Research Program Review Panel

Result 4: Strengthening the environment for fistula

- The technical brief [Making Mobile Phones Work for Women with Fistula: The M-PESA Experience in Kenya and Tanzania](#) (PDF, 2.23 MB) published.
- Ministries of Health in Mali and Uganda are reviewing FC tools and approaches for adaptation for their national programs.

Key Accomplishments with Support from all USAID funding 2005-2011

- 19,917 repairs performed at supported sites in 14 countries in Sub-Saharan Africa and South Asia between January 2005 and March 2011
- Since October 2005 the following training has been accomplished (no. persons trained):
 - Fistula repair surgery: 313[^]
 - Pre & post operative care and fistula counseling: 1,134
 - Family planning services: 498
 - Obstetric care: 1,261
- Randomized clinical control trial on fistula treatment has been developed in collaboration with WHO
- More than two million persons reached with messages about fistula treatment and prevention

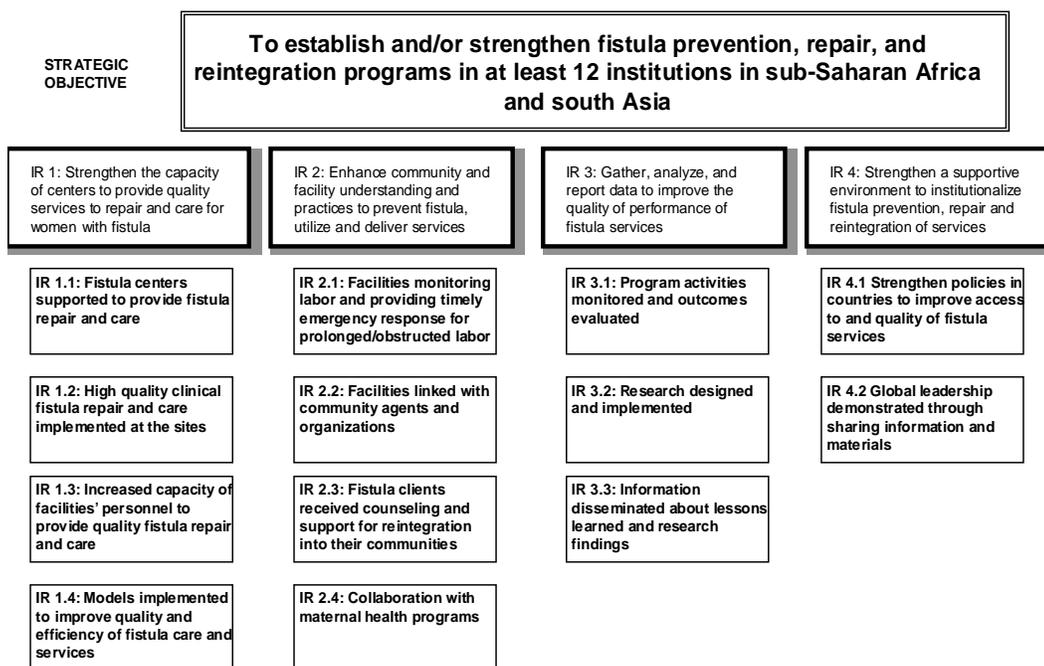
[^]some double counting of surgeons who have attended more than training.

I. INTRODUCTION

This semi annual report presents key accomplishments for the six month period, October 2010-March 2011, for the fourth year of the Fistula Care project, a five-year Associate Cooperative Agreement (No. GHS-A-00-07-00021-00) supported by USAID. The report is organized into three sections: Management Activities, Global Accomplishments (under the project’s four results) and Country Program Activities.

The goal of Fistula Care is to strengthen and increase the number of sites providing fistula services, as well as to support prevention through advocacy, increased attention to the provision of emergency obstetric care, the use of family planning, and to identify ways to support fistula clients post-surgery to reintegrate into their families and communities, if that is their desire and their need. The results framework for the project is shown below in Figure 1.

Figure 1: Fistula Care Results Framework



As of March 31, 2011, USAID funds are supporting the development and implementation of fistula treatment and prevention activities in **11 countries**. Currently, USAID supports a total of **30 treatment sites and 48 prevention only sites**; these sites include those supported directly by the Fistula Care project as well as those supported through other USAID funding mechanisms at the country level; see Table 1. One new treatment site in Nigeria was added in the January-March 2011 period. Fistula Care is working with country partners in DR Congo, Nigeria and Uganda to bring support to an additional seven repair sites this FY. The number of prevention only sites will decline in the next quarter due to programming changes in Nigeria. See Annex 1 for a complete listing of all sites ever supported by USAID by country.

Table 1. Number of Countries Supported by USAID for Fistula Repairs and Prevention by Status, October 1, 2010 thru March 31, 2011

Country	Active Countries	Number of Supported Sites in Active Countries			Number of sites under development ¹	Number Country Programs Completed
		Repair Sites ²	Prevention only Sites	Total Sites		
Bangladesh	X	4	0	4	0	
Dem. Republic Congo *	X	2	0	2	4 (T)	
Ethiopia**	X	2	5	7	0	
Guinea	X	3	6	9	0	
Mali	X	1	4	5	0	
Niger	X	4	2	6	0	
Nigeria	X	7	22 ³	29	1 (T)	
Pakistan [^]	X	0	0	0	1 (T)	
Rwanda	X	4	0	4	2 (P)	
Sierra Leone	X	1	0	1	0	
Uganda	X	2	9	11	1 (T)	
Mercy Ships ^{^^}						
Benin		NS	NS	NS	0	1
Ghana		NS	NS	NS	0	1
Liberia		NS	NS	NS	0	1
Togo		NS	NS	NS	0	1
Total	11	30	48	78	7 (T) 2 (P)	4

*The new USAID/DR Congo bilateral agreement with Management Sciences for Health will include support for fistula repair; those services are expected to be in the April-June 2011 period. FC currently supports two repair sites; FC will begin supporting four additional sites in the next quarter (April to June 2011).

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

[^]USAID/Pakistan funds have been allocated to support one site. Renovations are underway at this site. It is unknown at this time when support for repairs will begin. We are in communication with USAID/Pakistan for updates.

^{^^}Fistula repair and training activities were carried out in four countries aboard the Mercy Ships hospital ships *Anastasis* (Ghana) and *Africa Mercy* (Liberia, Benin, Togo) with USAID support through EngenderHealth funding mechanisms. USAID funding support to Mercy Ships ended in FY10. Trainee follow up for surgeons trained from Benin will be conducted in April 2011.

NS: not currently supported

¹ T=treatment; P=prevention

² All fistula repair sites include one or more prevention interventions such as FP counseling and/or methods, and/or obstetric care services or community outreach about prevention and treatment.

³ The number of prevention only sites in Nigeria will significantly decline in the next quarter. USAID/Nigeria has requested the project to end support to these sites; other USAID partners are likely to continue support to these sites.

II. Management Activities

International Technical Assistance

During the January-March 2011 period, Fistula Care and EngenderHealth staff, and consultants traveled to seven countries to provide technical assistance. Several staff provided support to the Nigeria program to assist in conducting assessments for expansion and other targeted assistance; technical assistance provided in the October –December 2010 period is also summarized below; see Table 2 for details about the technical assistance trips.

Table 2. International Technical Assistance, October 2010 thru March 2011

Country	Purpose	Who
January to -March 2011		
Bangladesh	Conduct medical site visits to supported sites and provide an orientation to two new clinical staff	Dr. Joseph Ruminjo
DR Congo	Meet with staff at St. Joseph's and Mutombo Hospital in Kinshasa to discuss subaward preparation and provide orientation on subawards, review of narrative and budget and reporting templates	Bethany Cole
Guinea	Finalize the of Levels of Care evaluation plan with in-country team; and dissemination of cesarean indications study findings	Renée Fiorentino Ellen Brazier
Guinea	Conduct family planning integration with fistula treatment orientation for FC/Guinea staff, clinical staff at supported sites and with village health committees in Conakry, Kissidougou, and Labe	Betty Farrell
Mali	Conduct Quality Improvement activities and to attend National Fistula Standards Meeting to develop standardized training and data collection tools and job aids for fistula	Dr. Isaac Achwal Mieko McKay
Nigeria	Visit new FC sites to assess their readiness for FP- integration with FC services; to co-facilitate a follow up meeting for FP Coordinators; orient new FP Coordinators from FC supported States	Betty Farrell
Nigeria	Conduct fistula needs assessments at four sites in North, Central and South Nigerian states	Dr. Joseph Ruminjo
Nigeria	Lead the pilot study of adapted UNFPA cost assessment tool in two hospitals in Nigeria	Shipra Srihari (consultant)
Nigeria	Interview candidates for M&E/R Senior Advisor for Nigeria and gather data for a new technical brief about community screening	Evelyn Landry
Rwanda	Conduct a fistula training workshop at Ruhengeri hospital for teams of doctors and nurses from CHUK, Kanombe, Ruhengeri, and Kibogora hospitals	Dr. Julius Kiiru Dr. Weston Khisa (consultants)
Rwanda	Follow up on office management and program support	Mieko McKay
Rwanda	Train teams of Rwandan doctors and nurses in fistula repair and management	Dr. Marietta Mahendeka Dr. Thomas Raassen (consultants)
Rwanda	Conduct medical site visits and counseling training support	Dr. Jeanne Kabagema
Uganda	Conduct COPE trainings at Masaka Reference Hospital	Bethany Cole
October-December 2010		
Bangladesh	Provide support and orient new Fistula Coordinator; make site visits to review workplan activities	Carrie Ngongo
DR Congo	Conduct needs assessments for four new facilities completed.	Isaac Achwal
Mali	Co facilitate a medical monitoring and facilitate supervision	Mieko McKay

Country	Purpose	Who
	workshop for providers from three regions.	Sita Millimono
Niger	Train research teams in data collection methods for the cesarean section retrospective record review study	Renee Fiorentino
Nigeria	Prepare for the inauguration of the new National Fistula Working Group; present findings from the May 2010 environmental scan and review strategic recommendations with USAID/Nigeria.	Karen Beattie
Rwanda	Monitor fistula surgical trainees at Ruhengeri	Isaac Achwal
Uganda	Co facilitate a site assessment for a new fistula repair site and attend a partner's meeting and a Technical Working Group meeting.	Bethany Cole

Subawards. During the first two quarters two subawards were made totaling \$382,406; see Table 3. New subawards or modifications to existing sub-awards are under development for work in Bangladesh, DR Congo, Ethiopia, Mali, Niger, Rwanda, Sierra Leone, and Uganda. The award to FIGO is to support the roll out of the fistula surgeon training curriculum.

Table 3. Sub-awards Issued, October 2010 thru March 2011

Institution	Country	Start Date	End Date	Subaward Number	Total obligated
Awards Made January – March 2011					
FIGO	Sub-Saharan Africa	February 1, 2011	June 30, 2012	FCA-501-01	\$268,964
Awards Made October – December 2010					
CHUK	Rwanda	December 1, 2010	November 30, 2011	FCA-402-01	\$113,442

Other Core Management Activities

Personnel. In March 2011 we hired Ms. Celia Pett as senior medical associate. Ms. Pett, a nurse midwife, is based in the New York office and is working with programs on our prevention and treatment interventions. We are recruiting for a summer intern to assist with monitoring and evaluation activities.

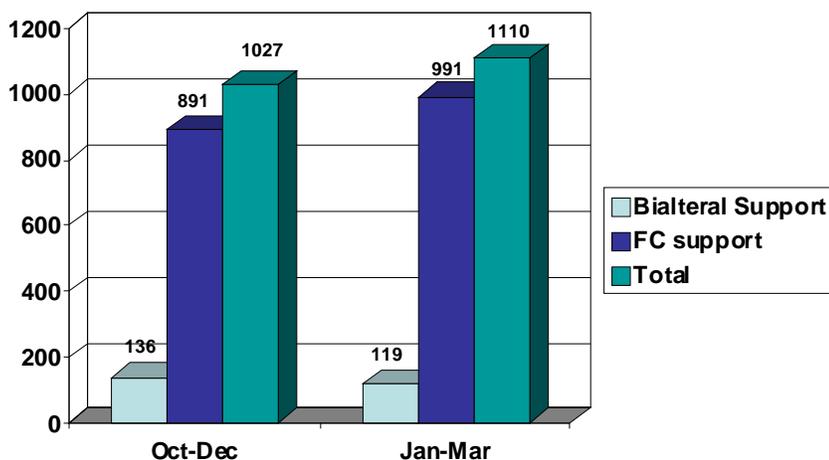
III. Global Accomplishments

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

Fistula Repairs

As mentioned above, since 2005 USAID has supported 19, 917 surgical repairs for women with fistula; see Table 4. There was a decrease in the number repairs performed between this six month reporting period (October 2010-March 2011) and the previous six month period (April-September 2010). The decline is due to cessation of services provided under the DR Congo bilateral Project AXxes in September 2010. There was an 8% increase in the number of repairs reported between October-December 2010 and January-March 2011 quarters; see Figure 2. . The increases were recorded in Guinea, Niger, Nigeria, and Rwanda. Ninety percent (90%) of the repairs conducted this FY have been through Fistula Care partners in 10 countries.

Figure 2. Number of repairs by funding source and quarter, October 2010 - March 2011



In October 2011 we began asking supported repair sites to report to us about their treatment of women with ‘fresh fistula’ using in-dwelling catheterization. Eight sites in five countries reported treating women using this approach; see Table 5. We did not ask sites to report on the outcome of this treatment.

Table 5. Number of women treated by catheterization by Country and Site, October 2010 to March 2011

Country/Site	Number of women with “fresh fistula” treated with catheterization
DR Congo	
HEAL Africa	1
Panzi	1
Ethiopia	
Sekota	2
Nigeria	
Babbar R.	18
Kebbi	8
Maryam Abacha	7
Rwanda	
Kanombe	3
Uganda	
Kitovu	3

Table 4. Number of Women Receiving Fistula Repair Surgery at USAID supported Sites, Country, Site and Year

	FY 04 / 05	FY 05 / 06	FY 06 / 07	FY 07 / 08	FY 08 / 09	FY 10 Oct 09 - Sep 10					FY 11 Oct 10 - Sep 11			Grand Total
Country	Total	Total	Total	Total	Total	Oct-Dec	Jan-Mar	Apr-Jun	July-Sep	Total	Oct-Dec	Jan-Mar	Total	FY 05 – FY 11
Africa Mercy														
Benin	NS	NS	NS	NS	110	21	NS	NS	NS	21	NS	NS	NS	131
Ghana	NS	21	42	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	63
Liberia	NS	NS	NS	59	NS	NS	NS	NS	NS	NS	NS	NS	NS	59
Togo	NS	NS	NS	NS	NS	NS	NS	94	3	97	NS	NS	NS	97
Total	0	21	42	59	110	21	0	94	3	118	0	0	0	350
Bangladesh														
Ad-Din Dhaka	NS	NS	NS	NS	NS	7	5	5	17	34	20	13	33	67
Ad-Din Jessore	NS	NS	NS	NS	NS	0	0	0	2	2	1	0	1	3
Kumudini	7	22	24	57	49	13	11	8	5	37	10	6	16	212
LAMB	4	40	72	52	81	16	22	16	16	70	30	19	49	368
MCH	9	31	23	13	1	NS	NS	NS	NS	NS	0	0	0	77
Total	20	93	119	122	131	36	38	29	40	143	61	38	99	727
DRC⁴														
HEAL Africa	NS	53	215	200	214	40	65	40	65	210	54	30	84	976
Panzi	NS	0	371	134	268	67	57	82	56	262	45	28	73	1,108
Project AXxes	NS	NS	NS	361	442	71	116	171	156	514	0	0	0	1,317
Total	0	53	586	695	924	178	238	293	277	986	99	58	157	3,401
Ethiopia⁵														
Arba Minch	NS	NS	NS	NS	NS	13	n/a	14	NS	27	NS	NS	NS	27
Bahir Dar Ctr	NS	94	470	596	297	98	117	87	81	383	97	79	176	2,016
Mekelle Ctr	NS	NS	NS	n/a	166	38	57	56	26	177	39	40	79	422
Total	0	94	470	596	463	149	174	157	107	587	136	119	255	2,465

⁴ DR Congo bilateral funding in FY06, FY07 and FY08 was to International Rescue Committee and through Project AXxes in FY08, FY09 and FY10.

⁵ All fistula repairs in Ethiopia are funded by USAID/Ethiopia to Hamlin Fistula Hospital.

	FY 04 / 05	FY 05 / 06	FY 06 / 07	FY 07 / 08	FY 08 / 09	FY 10 Oct 09 - Sep 10					FY 11 Oct 10 - Sep 11			Grand Total
Country	Total	Total	Total	Total	Total	Oct-Dec	Jan-Mar	Apr-Jun	July-Sep	Total	Oct-Dec	Jan-Mar	Total	FY 05 – FY 11
Guinea														
Ignace Deen	NS	79	114	63	49	3	8	9	NS	20	NS	NS	NS	325
Jean Paul II	NS	NS	NS	36	88	23	29	50	24	126	37	59	96	346
Kissidougou	NS	120	178	130	148	31	32	39	30	132	51	65	116	824
Labe	NS	NS	NS	NS	31	16	32	39	27	114	25	34	59	204
Total	0	199	292	229	316	73	101	137	81	392	113	158	271	1,699
Mali														
Gao Hospital	NS	NS	NS	NS	46	0	23	0	17	40	27	12	39	125
Total	0	0	0	0	46	0	23	0	17	40	27	12	39	125
Niger														
Dosso	NS	NS	NS	17	15	0	7	12	3	22	6	10	16	70
Lamordé	NS	NS	27	70	84	46	25	20	38	129	39	55	94	404
Maradi	NS	NS	NS	123	59	8	35	15	5	63	12	15	27	272
Tahoua	NS	NS	NS	NS	NS	NS	NS	NS	6	6	6	9	15	21
Tera	NS	NS	NS	3	NS	NS	NS	NS	NS	NS	NS	0	0	3
Total	0	0	27	213	158	54	67	47	52	220	63	89	152	770
Nigeria														
Babbar R.	NS	NS	356	536	331	74	89	135	61	359	39	73	73	1,694
Ebonyi Fistula Center	NS	NS	NS	NS	189	61	70	98	101	330	48	64	112	631
Faridat Yak.	NS	NS	180	150	187	23	29	25	38	115	15	47	62	694
Kebbi	NS	NS	102	122	151	45	58	54	50	207	57	60	117	699
Laure Fistula Ctr.	NS	NS	339	473	337	83	n/a	98	84	265	64	80	144	1,558
Maryam Abacha	NS	NS	104	156	152	64	51	53	32	200	29	39	68	680
Ningi Hospital	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	23	23	23
Other	NS	NS	NS	NS	NS	NS	136	NS	NS	136	NS	NS	NS	159
Total	0	0	1,081	1,437	1,347	350	433	463	366	1,612	252	386	638	6,115

	FY 04 / 05	FY 05 / 06	FY 06 / 07	FY 07 / 08	FY 08 / 09	FY 10 Oct 09 - Sep 10					FY 11 Oct 10 - Sep 11			Grand Total
Country	Total	Total	Total	Total	Total	Oct-Dec	Jan-Mar	Apr-Jun	July-Sep	Total	Oct-Dec	Jan-Mar	Total	FY 05 – FY 11
Rwanda														
CHUK	NS	45	55	36	51	8	40	14	64	126	13	4	17	330
Kanombe	NS	NS	NS	NS	14	11	15	8	14	48	4	13	17	79
Ruhengeri	NS	100	92	47	102	0	40	45	0	85	38	61	99	525
Total	0	145	147	83	167	19	95	67	78	259	55	78	133	934
Sierra Leone														
Aberdeen	NS	NS	272	363	253	38	43	50	35	166	59	40	99	1153
Total	0	0	272	363	253	38	43	50	35	166	59	40	99	1,153
Uganda														
Kagando	NS	79	174	118	85	68	58	9	71	206	122	81	203	865
Kitovu	121	256	227	192	183	36	110	0	97	243	40	51	91	1313
Total	121	335	401	310	268	104	168	9	168	449	162	132	294	2,178
Overall Total	141	940	3,437	4,107	4,183	1,022	1,380	1,346	1,224	4,972	1,027	1,110	2,098	19,917
USAID support thru EngenderHealth	141	793	2381	2816	3278	802	1090	1018	961	3871	891	991	1882	15162
USAID Bilateral Support	0	147	1,056	1,291	905	220	290	328	263	1,101	136	119	255	4,755

n/a: not available

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

**Table 6. Training in Surgical Repair by Country
October 2010 thru March 2011**

Country	Oct-Dec	Jan-March	Apr-Jun	Jul-Sept	FY Total
Number Surgeons Trained for First Time in Fistula Repair					
Bangladesh	1	0			1
DR Congo	1	0			1
Mali	1	1			2
Nigeria	0	1			1
Rwanda	0	3			3
Uganda	0	1			1
Total	3	6			9
Number Surgeons Continuing Training in Fistula Repair					
Bangladesh	1	0			1
DR Congo	7	1			7 ¹
Guinea	0	6			6
Mali	2	3			2 ¹
Niger	0	2			2
Rwanda	4	4			4 ¹
Uganda	2	1			3
Total	16	17			25

Table 7. Number of persons trained by topic, Country October 2010 thru March 2011

	Bangladesh	DR Congo	Ethiopia	Guinea	Mali	Niger	Nigeria	Rwanda	Sierra Leone	Uganda	Total
First fistula repair & care training for surgeons	1	1	0	0	2	0	1	3	0	1	9
Follow up fistula repair & care training for surgeons	1	7	0	6	2	2	0	4	0	3	25
Fistula nursing care /pre post op care	4	14	0	0	25	19	3	20	17	0	102
Infection Prevention	29	0	0	0	0	0	19	0	0	619	667
Quality Assurance	0	0	0	0	17	0	0	0	0	89	106
Fistula Counseling	34	16	0	0	15	0	0	13	0	0	78
FP methods/LAPM methods	14	0	0	0	0	0	0	0	0	0	14
Obstetric care (general)	129	0	0	0	0	0	0	19	12	0	160
---- partograph	85	17	0	0	124	0	0	0	12	0	238
---- C-section	0	0	0	0	0	0	0	0	0	23	23
Fistula Screening and /Prevention for Health workers	0	0	1,383	0	0	0	0	0	0	0	1383
Community Outreach & Advocacy	0	0	1,825	0	0	0	0	0	0	0	1825
Other	32 ⁶	0	0	0	0	0	0	0	0	0	32
Total	329	55	3,208	6	185	21	23	59	29⁷	735	4,650⁸

⁶ Rehabilitation training, blood donation

⁷ In Sierra Leone, the trainings all take place on-the-job and trainees all come from the same pool of nurses/midwives at the center. Therefore, the same trainees are attending multiple trainings.

⁸ Total sums to less than each category added together due to the number of providers from Sierra Leone attending multiple trainings

Other Activities

Women whose fistula is deemed incurable. Fistula Care staff began planning for a consultative meeting on women whose fistula is deemed incurable. We are planning to hold the meeting in September 2011 in collaboration with the Harvard Humanitarian Institute (HHI). HHI has been providing advanced urogynecological training to the staff of Panzi Hospital in the DR Congo. They have assisted us with discussions and considerations about the advisability of urinary diversions in the contexts where fistula is most prevalent. The purpose of the meeting is to identify key elements for the development of guidelines for the diagnosis and management of these women with a focus on clinical (including a review of the role of urinary diversions), social, ethical, socio economic and follow up elements. In addition to fistula surgeons, we will invite representatives of professional associations and WHO, with the goal of having recommendations from the meeting be taken up by these groups and fostered through their own networks. A concept paper will be shared with USAID/W next quarter.

Job Aids for Providers. During the January–March 2011 period, Fistula Care translated into French and posted on the website some of the project-produced job aids to assist with treatment and care:

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

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

Training in Prevention

As shown in Table 7 training in fistula prevention skills—family planning, obstetric care with some specific focus on the partograph and improving cesarean delivery skills—was conducted in six countries for 435 providers.

Partograph

Promotion of the partograph is one of Fistula Care’s four priority facility-based prevention initiatives. During this quarter we finalized and submitted the partograph literature review report to USAID/W (“Use of the Partograph: Effectiveness, Training, Modifications, and Barriers. A Literature Review”; prepared by Karen Levin and Jeanne d’Arc Kabagema). The authors of the report identified more than 80 publications from public health and medical databases for the review including articles, technical manuals, and book chapters. This literature review summarizes the available literature on the use and efficacy of the partograph, training strategies for introducing and effectively implementing use of the partograph, and barriers to partograph use. The report includes recommendations for future research. During the next quarter we will research journals for publication of these findings.

The experience of country programs and the findings from the recent Fistula Care literature review suggest, however, that in low-resource settings, partograph utilization rates and related provider competencies are generally low. Partograph monitoring of labor does not always translate into the emergency actions required when complications arise. A “crowd-sourcing” exercise among 10,000 maternal health stakeholders conducted by the University of Oxford, funded by the Maternal Health Task Force, included questions regarding barriers to partograph use. From preliminary data, it seems that the most common barriers include: clinical guidelines recommending partograph use exist but are not enforced; staff are not trained to use this tool; staff shortages; no clinical guidelines exist; or problems with availability of partograms due to poor/irregular supply. In response to these realities, Fistula Care is partnering with the Maternal Health Task Force to host a meeting that will provide an opportunity to review the current evidence base for partograph effectiveness, to develop feasible strategies to overcome barriers to partograph use, to consider alternative intrapartum monitoring strategies, and to determine operations research needs. Planning for this meeting began this quarter. The meeting will bring together relevant stakeholders including partners, policy makers, and providers from the maternal and newborn health community. This meeting is tentatively scheduled for late 2011.

Family Planning

The total number of supported sites reporting on FP counseling and method provision totals 62 as of March 31, 2011; see country reports for details. During the January-March 2011 period we finalized French translations of job aids for providers about family planning; these items are posted on the French Fistula Care website.

- [Client-Centered Reproductive Health Counseling Following Fistula Repair](#) (PDF, 169 KB) is a poster that gives service providers guidance on counseling women and couples following fistula surgery.

- [Quick Reference Chart for Contraceptive Methods](#) (PDF, 167 KB) is a poster that lists information about family planning methods for the service provider's reference.

Cesarean Delivery Services. As shown in Table 8 the reported institutional cesarean Rates ranged greatly within countries across countries. Sites in Bangladesh report the highest rates. Five sites have rates less than 10% (Tahoua in Niger, GH Kamba, GH Maiyama, Maryam Abacha and Faridat Yakuba in Nigeria). The Dangla centre in Ethiopia opened an emergency obstetric unit in late 2010. This center is equipped and staff have been trained through a collaborative partnership with the Amhara Regional Health Bureau, Hamlin Fistula Ethiopia and Fistula Care partner IntraHealth International.

Table 8. Number of Deliveries & Cesarean Sections Selected Fistula Care Supported Sites, by Country, October 2010 – March 2011

Country, site	Number Deliveries	Number cesarean deliveries	Cesareans as % of all Deliveries
Bangladesh			
Ad-Din Dhaka	4653	3306	71%
Ad-Din Jessore	1657	982	59%
Kumundini	1174	490	42%
LAMB	1773	391	22%
DR Congo			
HEAL	682	88	13%
Panzi	1257	303	24%
Ethiopia			
Dangla	270	34	13%
Guinea			
Kissidougou	526	204	39%
Ignace Deen	1625	489	30%
JP II	256	41	16%
Labe	525	174	33%
Kindia	778	196	25%
Mamou	638	207	32%
Boke	745	127	17%
Faranah	404	90	22%
N'Zerekore	580	250	43%
Mali			
Gao	542	107	20%
Niger			
Dosso	718	194	27%
Issaka Gazobi	2552	1393	55%
Maradi	867	524	60%
Tahoua	1754	76	4%
Tera	324	42	13%
Nigeria			
Faridat Yakuba [^]	324	13	4%
Maryam Abacha	400	27	7%
GH Kamba ^{^^}	191	14	7%
GH Maiyama ^{^^}	116	3	3%
Rwanda			
CHUK	981	469	48%
Kanombe	1083	352	33%
Ruhengeri	2461	610	25%
Sierra Leone			
Aberdeen	457	66	14%
Uganda			
Kitovu	953	364	38%
Kagando	1416	413	29%

[^] Data missing for Jan-Mar 2011

^{^^} Data missing for Oct-Dec 2011

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

Completed, Ongoing and Planned Research

Ongoing Research.

Determinants of Post-Operative Outcomes in Fistula Repair Surgery. Data collection for the study was completed in September 2010. Overall we achieved 102% of the total recruitment in terms of surgeries completed relative to the number originally calculated for the study sample size (1,436) which accounted for an estimated 30% lost to follow-up. Thirty-five women were determined to be ineligible for the study after enrollment, or were difficult cases that needed to be taken care of by surgeons with advanced expertise not available at the time of enrollment. These women were discontinued from the study, but their care continued according to normal procedures at the concerned sites.

As shown in Table 9 a total of 1,389 women with a confirmed urinary or rectovaginal fistula were enrolled, 1,354 had fistula repair surgery and 1,300 returned for the three month follow-up. The follow up rate was excellent, with a total of 96 percent of all women returning at three months.

Table 9. Study Enrollment and Follow-up Rate by Study Site, December 2010

Country	Site	# enrolled with confirmed fistula	# having surgery	# (%) women returning for follow-up
Bangladesh	Kumudini Hospital	88	85	72 (84.7)
	LAMB Hospital	51	50	50 (100.0)
	Memorial Christian Hospital	5	5	5 (100.0)
Guinea	Kissidougou Hospital	261	251	251 (100.0)
Niger	Hôpital Lamordé	74	74	69 (93.2)
	Maradi	97	97	72 (74.2)
Nigeria	Maryam Abatcha Hospital	67	59	55 (93.2)
	Faridat Yakubu Hospital	210	210	210 (100.0)
	Specialist Fistula Center Birnin Kebbi	156	153	148 (96.7)
Uganda	Kagando Hospital	173	165	164 (99.4)
	Kitovu Mission Hospital	207	205	204 (99.5)
Totals		1,389	1,354	1,300 (96.0)

Data entry was completed in New York in January 2011 and analysis is ongoing. During this quarter we completed the first study manuscript, “Factors influencing fistula repair outcomes in developing country settings: a systematic review of the literature”. This manuscript was reviewed and approved for publication by USAID/W in February 2011. We plan to submit the manuscript to *Obstetrics and Gynecology* in June 2011. We are currently working simultaneously on the analyses for, and drafting of, several manuscripts based on the study data.

During the quarter we began planning for a two day meeting to discuss the results. The meeting will be held in the next quarter (May 18-19, 2011) in New York with the co-investigators from each

study site and our colleagues from USAID/W. During this meeting we will review the results, discuss the implications of the study findings and develop plans for dissemination at the country and global level.

Multi-Center Retrospective Review of Data Collection Procedures and Data Quality of Indications for Cesarean Deliveries. As reported last quarter, data collection was completed for the fifth and final country, Niger. During the last quarter dissemination meetings were conducted with partners on the preliminary findings of the record reviews at both study sites in Guinea (Kindia Regional Hospital and Kissidougou Prefectoral Hospital) and the one study site in Mali (Gao Hospital).

In Guinea, feedback was collected from site staff on the acceptability of the absolute/non-absolute classification system. Staff at both sites felt explicit capture and regular review of cesarean indications using such a system to be quite feasible and useful for quality management purposes. Short-term action plans were also elaborated at each site. Full site level reports are in the process of being finalized and translated.

At the Mali dissemination meeting the quality of the data collected was questioned by one surgeon. We are reviewing the expressed concerns and planning is underway to conduct a validation exercise to review the indicators in question in order to finalize and disseminate this report by the fall of 2011.

Niger preliminary findings are being compiled and are on schedule to be shared with in-country partners in the next quarter. We revised the draft reports for Bangladesh based on the two study sites' comments; we expect to finalize these two reports in the next quarter.

During the next quarter we will begin the cross country comparative analysis. We are in the process of reviewing all the recorded indications from the study sites to determine if there are other indications besides obstructed labor/prolonged labor which could be used in determining whether an indicator for 'fistula averted' as a result of cesarean is an appropriate reporting indicator. We will hold a consultative meeting with USAID/W and other interested stakeholders on the findings and to review the proposed idea of a fistula averted indicator later in the year. Following the consultative meeting we will identify a journal for submission of the study findings.

Cost analysis of fistula repair. It is the goal of the Fistula Care project to provide simple tools that support the provision of quality fistula care services. As the backbone of planning, costing is an essential systems strengthening exercise that the project seeks to facilitate by contributing a standardized approach for estimating the direct costs associated with fistula repair. Our intention is to introduce a cost analysis tool to managers of the facilities we support, to assist them with data for decision making about resource allocation. We believe project sites could periodically use such a tool to assess their costs for fistula repair services. UNFPA developed a guide to help managers plan for the provision of fistula prevention and treatment services by estimating the costs for these services. UNFPA agreed that we could pilot the fistula treatment section of the guide.⁹

One limitation of the UNFPA tool is that it does not address management, supervision and overhead operating costs (administrative costs and some operating costs for guards, cleaners,

⁹ *Obstetric Fistula: Prevention and Treatment Resource Requirement Guide* UNFPA. 2008. Work in Progress. DRAFT.

kitchen workers are included). The intention of this study is not to review those indirect costs, but rather focus on the direct costs associated with the provision of fistula services. We believe this assessment of direct costs is an important first step in understanding and planning for service provision. The results of such an assessment could also be used at central/headquarter level with more comprehensive tools, such as the MSH CORE tool or the WHO *Mother-Baby Package Costing Spreadsheet*, which include a review of the indirect costs associated with service delivery.

Specifically, with this study Fistula Care has two primary objectives: 1) to assist FC-supported facilities to identify, allocate and manage resources for the provision of quality fistula care services and 2) to validate the feasibility and usefulness of the fistula treatment module in the UNFPA tool.

During this quarter, consultant, Ms. Shipra Srihari, traveled to Nigeria to carry out a pilot for this study at two Fistula Care supported sites (Faridat Yakuba in Zamfara and South East Regional Fistula Center in Ebonyi). Prior to traveling to Nigeria Ms. Srihari worked with FC staff to modify the UNFPA tool to reflect the standardized Fistula Care equipment and supplies list. Ms. Srihari completed the pilot in February, working with three Nigeria FC staff. The pilot included a patient flow analysis to validate clinical assumptions embedded in the tool. The full pilot report, including direct cost estimates for the two sites by type of surgery (complex v. simple) and recommendations for future use of the tool is in the process of being finalized. A dissemination strategy for the site-specific and overall findings is being discussed, as is potential roll out of the tool to other countries.

Planned Research

Non-inferiority of short-term urethral catheterization following fistula repair surgery. The primary study objective is to examine whether short-term (seven day) urethral catheterization is not inferior to longer-term (14 day) urethral catheterization in terms of incidence of fistula repair breakdown. In the last quarterly report we reported on the successful meeting we conducted with potential study site investigators in December 2010. Following this meeting, where we obtained excellent input from potential collaborators, Fistula Care and WHO used this feedback to finalize the protocol and submitted it to USAID/W for their review and approval in January .2011 The protocol was again revised based on the USAID expert panel review and submitted to WHO's Research Program Review Panel (RP2) for review in February. Based on comments and recommendations from the RP2 panel, the protocol was revised and is scheduled for review by WHO's Ethical Review Committee (ERC) on May 12, 2011. Once we receive this Committee's determination and comments, we will prepare a summary table of the various comments received and how they have been addressed, and share this with USAID/W for their records.

The study will be conducted at multiple centers in Sub-Saharan Africa among 507 women with simple fistula presenting for fistula repair surgery over the course of 16-18 months at each study site. During this period we contacted a total of 15 potential sites in Sub-Saharan Africa in order to identify 8-10 sites for the study. We have submitted the names of ten institutions to WHO's ERC for consideration. Once we have final approval from the ERC we will make our final selection of study sites as well as begin other start up activities (e.g, obtain country approvals from national research councils, hire research assistants and study monitors, finalize data collection tools, develop training materials and organize a three day orientation for all study site investigators).

Other Monitoring, Evaluation and Research Activities

Guinea Levels of Care Evaluation. Following Senior Monitoring, Evaluation and Research Program Associate, Renée Fiorentino and Senior Community Engagement Advisor, Ellen Brazier's January 2011 trip to Guinea, a draft evaluation protocol was submitted and approved by Evelyn Landry after internal review following EngenderHealth's Standard Operating Procedures for Research (the protocol was also shared with USAID/W in February 2011). The protocol is being translated and will be submitted to the Guinea National Research Ethics Committee. Table 11 summarizes the methods detailed in the protocol and the various stakeholder groups from whom data will be collected.

Table 11. Guinea evaluation methods and stakeholder groups

Method	Stakeholder group from whom data will be collected
Facility assessments	<ul style="list-style-type: none"> ○ FC-supported site staff ○ Fistula repair clients (record review)
Household surveys	<ul style="list-style-type: none"> ○ FC-supported community women of reproductive age and their husbands ○ Comparison community women of reproductive age and their husbands
Key Informant interviews	<ul style="list-style-type: none"> ○ FC-supported community leaders ○ Comparison community leaders ○ FC-supported village committee members ○ Comparison community village committee counterparts ○ Post-repair clients at discharge ○ Post-repair clients at 3- and 6-month follow up ○ Program partners (Technical work group members, district and regional health management team representatives, commune government officials, FC-supported site staff, FC staff, host family representatives)

A research firm in Conakry will be hired to carry out the community-level portion of the evaluation and some pieces of the facility portion. Fistula Care global staff will travel to Guinea in May and June of 2011 to provide technical assistance to the research firm and carry out the facility assessments and conduct key informant interviews with partners.

The evaluation is on schedule for dissemination of preliminary findings this FY and a representative of the Ministry of Public Health's Reproductive Health Department has agreed to participate in the study as co-Principal Investigator, to help ensure use of the evaluation findings.

Family Planning/Fistula Integration Evaluation. Planning is underway, including development of a concept paper, for evaluation activities aimed at documenting process, output and outcome of the family planning/fistula integration initiative. In FY12 we intend to carry out:

- A desk review of family planning routine statistics in countries where the FP/fistula integration approach has been introduced (Guinea, Nigeria, Rwanda, Uganda) and country-level analysis of the global prospective study's three month follow interviews with fistula patients about their use of family planning (Bangladesh, Guinea, Niger, Nigeria, Uganda);
- An analysis of data collected through the Guinea Levels of Care evaluation to try to capture quality of family planning messages being conveyed at fistula facilities as well as family planning knowledge, attitudes and practice at community level;

- A case study in one country (to be determined) to include key informant interviews and the launching of prospective client-level data collection using forms tested in the Guinea Levels of Care evaluation.

Development of Community Screening Model for Fistula. In 2010, the USAID/Nigeria Mission invited EngenderHealth to review current and projected USAID and other development partner assistance for fistula prevention, treatment, after-care and reintegration, in the context of the Government of Nigeria’s National Fistula Strategic Framework and its implementation to date. The environmental scan report from this exercise included a key recommendation to develop a strategy to reduce the backlog of women needing fistula repair in defined geographic areas. One of the activities proposed under this strategy is to implement, in partnership with state stakeholders, a community screening exercise to identify the potential back log of women needing fistula repair surgery. The community screening effort will be modeled after the work which was done in Ebonyi State in 2008, where a team of trained clinicians traveled to health facilities throughout the state and performed physical exams on women presenting with complaints of urinary incontinence to determine if the women had a fistula.

Evelyn Landry, Deputy Project Director, traveled to Nigeria in March 2011 to review how the community screening was conducted in Ebonyi. We developed a scope of work for a consultant to develop a pilot to test for community screening model in 1-2 states in Nigeria. We believe this community screening approach has potential applicability in other countries. It may also allow us to assess the number of women with uterine prolapse. We are in the process of identifying the consultant. Field work in Nigeria will likely begin in June or July 2011.

Supported Sites Routine Review of Data. During the first two quarters of the year all but two of the Fistula Care supported repair sites conducted at least one data review meeting and the four pre repair units in Ethiopia conducted review meetings each quarter; see Table 11.

During the January-March period, USAID/W reviewed and approved the *Data for Decision Making Modules* which have been created to assist sites to improve their review and use of data which is routinely collected on fistula treatment and prevention services. This module will be translated into French. English and French versions will be distributed in the next quarter to FC country teams.

Table 11. Number of Meetings held to review data by Country and Site, October 2010 – March 2011

Country	Oct-Dec	Jan-March	Apr-Jun	Jul-Sept	FY Total
Bangladesh					
Kumudini	1	0			1
LAMB	1	0			1
Ad-Din Dhaka Hospital	2	2			4
Ad-Din Jessore Hospital	-	-			-
DR Congo					
HEAL Africa	n/a	n/a			n/a
Panzi	n/a	n/a			n/a
Guinea					
Jean Paul II	0	1			1
Kissidougou	0	1			1
Labé	0	1			1
Ethiopia					

Country	Oct-Dec	Jan-March	Apr-Jun	Jul-Sept	FY Total
Adet HC (pre-repair site)	1	1			2
Dangla HC (pre-repair site)	1	1			2
Woreta HC (pre-repair site)	1	1			2
Sekota (pre-repair site)	1	1			2
Mali					
Gao	1	1			2
Niger					
Dosso	0	1			1
Lamordé	0	1			1
Maradi	0	0			0
Tahoua	0	1			1
Nigeria¹⁰					
Babbar Ruga	0	1			1
Ebonyi Center	0	1			1
Faridat	0	1			1
Kebbi	0	1			1
Laure Fistula Center	0	1			1
Maryam Abacha	0	1			1
Rwanda					
CHUK	1	1			2
Kanombe	1	1			2
Ruhengeri	1	1			2
Sierra Leone					
Aberdeen	3	2			5
Uganda					
Kagando	1	1			2
Kitovu	1	1			2
Total Number of Meetings	17	26			43
Total Number of Sites reporting	14	24			26

n/a: Data not available

¹⁰ In Nigeria there were no site specific meetings however fistula surgeons and nursing staff from each site reviewed data during a two-day fistula network meeting with the FC team.

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

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

Policy and Advocacy

In **Bangladesh** Fistula Care continues to support the work of the Fistula Task Force to finalize the National Strategy on Obstetric Fistula. A consultant is now incorporating suggestions and feedback from stakeholders. The strategy should be finalized by the end of FY.

In **Mali**, the Ministry of Health (MOH), with support from Fistula Care, held a workshop to update the National Policies, Norms and Procedures (PNP) on fistula and to develop national standards and tools, March 22-24, 2011. During this meeting, attended by fistula surgeons and trainers, heads of regional divisions for health and local and international NGOs from the regions of Gao, Mopti, Segou and the District of Bamako, the MOH reviewed and updated the existing 2006 policies and norms; full revision of the policies and norms will be completed in 2012. The MOH adopted and adapted several Fistula Care developed tools:

- Site assessment tool
- Informed consent booklet and consent form
- FP contraceptive methods chart
- FP counseling for recently repaired fistula clients and their partners
- Fistula diagnosis chart
- Counseling training follow-up
- Select indicators from the FC quarterly report

The MOH will disseminate the revised norms and tools in August 2011.

In **Nigeria**, as part of the start up of repair services at Ningi General Hospital in Bauchi State the FC team conducted several advocacy efforts with local officials to gain support for the project. As a result of these efforts, Bauchi State authorities have earmarked 120 million naira for fistula activities in its five year strategic health plan. Other important steps taken by the State toward support of fistula services include the commitment of the MOH to inaugurate a state fistula task force and the posting of additional community health extension workers to the new fistula wards. The First Lady of Bauchi State adopted fistula as her cause.

In November 2010, the FC/Nigeria collaborated with the Federal Ministry of Health (FMOH), UNFPA and other actors to organize a fistula stakeholders meeting in Kaduna. This meeting brought together fistula specialists, representatives of State Ministries of Health and the State Ministry of Women's Affairs, union groups such as the Nigerian Medical Association, Nurses and Midwifery Council, academics, social workers and many others to review and update the expiring National Strategic Framework on the Eradication of Fistula (2005-2010). The strategic review conducted by Fistula Care in collaboration with the FMOH and UNFPA, and in consultation with major stakeholders nationally, was an important resource for this review. This framework was reviewed several times in the last few months and a revised draft will be presented by the National Working Groups on Obstetric Fistula in May 2011.

FC Nigeria staff are in continuing dialogue with the Kebbi, Sokoto, Katsina and Bauchi State Commissioners of the Ministry of Women's Affairs, Commissioners of Health, and Permanent Secretary and Directors about the need to establish state-level multi-sectoral working groups on obstetric fistula. While gains were made in this quarter, the results of the April 2011 national and local elections may impact that progress.

In March 2011, we learned that Mrs. Josephine Elechi, had been selected to receive an African Goodwill Award from African Focus, an American group that seeks to create linkages between the African Diaspora and Africa. Mrs. Elechi will receive the award in May for her work in improving maternal health in Ebonyi State, including support to the South East Regional Fistula Center. Also in this quarter the Federal Ministry of Health made the determination that the state run South East Regional Fistula Center would become the first National Fistula Center supported by the FMOH. The formal hand-over to the Federal Ministry is scheduled to take place in May 2011.

In **Uganda** the MOH has agreed to adopt FC data reporting tools for collecting data on fistula treatment and care in Uganda. These tools will be introduced at the next Fistula Technical Working Group (FTWG) meeting in June 2011. The National Working Group is also considering how the Levels of Care Framework can be applied to the health structure in the country and will include recommendations on what fistula prevention and treatment services should be included at each level of the health system into its National Reproductive Health Guidelines.

Collaborations

FIGO. In March Ms. Karen Beattie, Project Director, met with representatives from FIGO to discuss the requirements for the subaward which will support the roll out of the fistula surgical training manual in up to five countries. FIGO will conduct a "Master Class" on the principles of competency-based training and the use of the training manual for the FIGO expert group, conduct training of trainers activities and introduce the curriculum in up to five centers.

Community of Practice. The project launched a Community of Practice (CoP) for healthcare providers and project implementers working on fistula in the DR Congo in March 2011. A component of the CoP is a virtual message board for posting announcements, conference highlights, cases studies, and other relevant information related to fistula. The goal of the CoP is to provide a space for the fistula community (surgeons, donors, NGOs, etc.) to share information, experiences and lessons learned, (<http://www.fistulacare.org/drc-ofcp/>). The first programmatic posting on March 29th was a discussion about the challenges of estimating fistula prevalence in DR Congo. As of April 1, 2011, 34 persons have registered to participate in the CoP.

Harvard Humanitarian Institute (HHI). In 2010 Fistula Care provided funding to Harvard Humanitarian Initiative to support Panzi Hospital in the DR Congo to train surgeons in advanced surgical repair procedures and help Panzi develop a plan to address the needs of patients with complex fistula or who were deemed incurable. Two teams of urogynecologists from HHI visited Panzi Hospital in FY10 and provided the requested support. In addition HHI teams conducted an assessment to determine how fistula repair services could be expanded in the area. Their report, *Capacity Building for Fistula Repair in Eastern DRC*, includes a detailed analysis of the opportunities and barriers to increasing access to fistula surgery in South Kivu Province. Fistula Care and USAID/DR Congo considered these recommendations and concluded that FC will focus its support on four additional sites: two sites in Kinshasa province and two in North Kivu and Maniema provinces.

Fistula Care will continue to support HHI in this FY to strengthen surgical skills at Panzi Hospital. Fistula Care has encouraged HHI to share this assessment report with other donors.

EngenderHealth Hosts Hamlin Fistula Hospital. In February 2011 Dr. Catherine Hamlin, co-founder of the Addis Ababa Fistula Hospital, recently renamed the Hamlin Fistula Ethiopia Hospital, and Mr. Mark Bennett, Executive Director of Hamlin Hospital, presented an update about their work in Ethiopia—“Moving from Treatment to Prevention: AAFH Past and Plans for the Future”. The meeting was open to and attended by various maternal health professionals from the New York City area.

Raising the Visibility of Fistula with External Audiences

The issues of fistula and prevention were highlighted in several different ways by project staff and partners during the January-March period through presentations at professional conferences, dissemination of lessons learned through the technical brief series, the project newsletter and web site, and the media. A summary of each of these categories is listed below.

Presentations at Professional Conferences. During this quarter Karen Beattie, Project Director, made a presentation, “Fistula: A Worldwide Problem” at the National Council of Women of the United States’ 55th Commission on the Status of Women.

Fistula Care Technical Briefs. The technical brief [Making Mobile Phones Work for Women with Fistula: The M-PESA Experience in Kenya and Tanzania](#) (PDF, 2.23 MB) was completed this quarter by consultant Maggie Bangser. This brief describes the work of the Freedom from Fistula Foundation in Kenya and Comprehensive Community Based Rehabilitation in Tanzania and their innovative combination of mobile banking and community education to provide free fistula treatment to women who need it.

Fistula Care Newsletters and Web Site. This quarter’s newsletter highlighted new publications and program activities in DR Congo, Ethiopia, Nigeria, and Rwanda. The number of subscribers now totals 286. <http://www.fistulacare.org/pages/newsletters/march-2011.php>

During the period of January-March 2011, there were 4,086 visits to the Fistula Care website from 1,121 cities, nearly 500 more visitors and 309 more cities than reported in October-December 2010 period; see Figure 3 for geographic distribution of countries. Over two thirds (68%) of these visits were from people who have never visited the site before. Since the website’s launch, the site has had 22,918 visits.

**Figure 3: Geographic Distribution of Fistula Care website visitors
January – March 2011 (Google Analytics)**



Fistula in the News. During this quarter fistula prevention and treatment issues were highlighted on websites and through print media in a few countries.

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

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

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

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

- *The Nation*, November 29, 2010. [The Nation - Stakeholders review VVF framework](#). This article covers a stakeholders’ meeting about obstetric fistula in Nigeria last November. The piece includes the remarks of Iyeme Efem, program manager for EngenderHealth in Nigeria.
- *AllAfrica.com/Daily Trust*, January 4, 2011. [False Beliefs Still Fuel VVF](#). This article refutes the notion that obstetric fistula is only a problem in the northern Nigerian States. It

mentions some of the Fistula Care project's work to educate the public and media about fistula.

- *The Leadership*, January 17, 2011. [VVF: Giving Voice to Sufferers](#). A Nigerian news source profiles several women who have experienced fistula and have been abandoned by their families. The article explains the different types of fistula, the causes of fistula, and the challenges to providing treatment.
- *Radio Nigeria*, January 24, 2011. [Health Watch Update](#). A Nigerian radio program ran an episode about Fistula Care activities in Nigeria with a special focus on community based organizations in Sokoto, Zamfara, and Kebbi states.
- *The Nation*, February 21, 2011. [VVF: Developing a national framework is strategic](#). This article explains the concept of a National Framework for Fistula. It mentions the Fistula Care project as a key implementer of fistula services.
- *Daily Independent/allAfrica.com*, March 29, 2011. ['2000 living with VVF in Bauchi'](#). This article highlights some Fistula Care activities in Bauchi State to repair women with fistula and raise awareness about the condition.
- *Nigerian Tribune*, March 31, 2011. [Bauchi govt spends N120m on VVF](#). This article is about the commitments of the Bauchi State government and the Fistula Care project to address fistula.

Use of Fistula Care Technical Products at Supported Sites

We are now tracking progress with country programs and the national task forces in their review and possible adoption/adaptation of several technical products produced by the project. Mali and Uganda are in the process of reviewing several tools for incorporation into national programs; see Table 12.

Table 13 summarizes which sites used any Fistula Care developed technical products between October 2010 and March 2011: 59 sites used at least one of the 11 tools listed in Table 13.

TABLE 12. Adoption of FC Tools by National / State Groups

Country	Training Strategy	Monitoring or Supervision for Service Delivery Checklist	Monitoring and Supervision for Training Site	Fistula Death Investigation and Reporting Protocol
Mali	March 2011 MOH has introduced this as a national standard to be used by the country's technical services and health structures.	October 2010 MOH using this as a background document for developing a monitoring tool	March 2011 MOH used this to evaluate surgeons and nurses at each campaign to determine improvement in their knowledge and skills level.	
Uganda	Training strategy presented to the FTWG for harmonization with FIGO training strategy for development of a national training strategy	All of these tools were presented to the FTWG and a sub committee is currently reviewing them to harmonize them with the National Supervision Tools and Guidelines. This also includes the FC Levels of Care Framework.		

Table 13. Use of Fistula Care Technical Tools by Country and Site, October 2010- March 2011

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

Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Death Investigation and Reporting Tool	Fistula Site Assessment Tool	Data for Decision Making Modules (ver.1)	Digital Stories Facilitator's Guide	Fistula Diagnosis Poster and/or Handout	Informed consent for Fistula Services Booklet	Family Planning following Fistula Care
Nigeria											
Babbar R.	X		X								
Ebonyi Center	X										
Faridat Yak.	X		X								
Kebbi	X		X								
Laure Fist. C	-										
Maryam Abacha	X		X								
Ningi General Hospital											
<i>Prevention only sites :</i>											
Bakura General Hospital, Zamfara	X										
Takai Community HC, Kano	X										
Comp. HC, Kano	X										
Tarauni MCH , Kano	X										
Unguku MCH, Kano	X										
Muhammadu A. Wase Specialist Hosp. Kano	X		X								
General Hospital, Arugungu	X		X								
General Hospital	X										

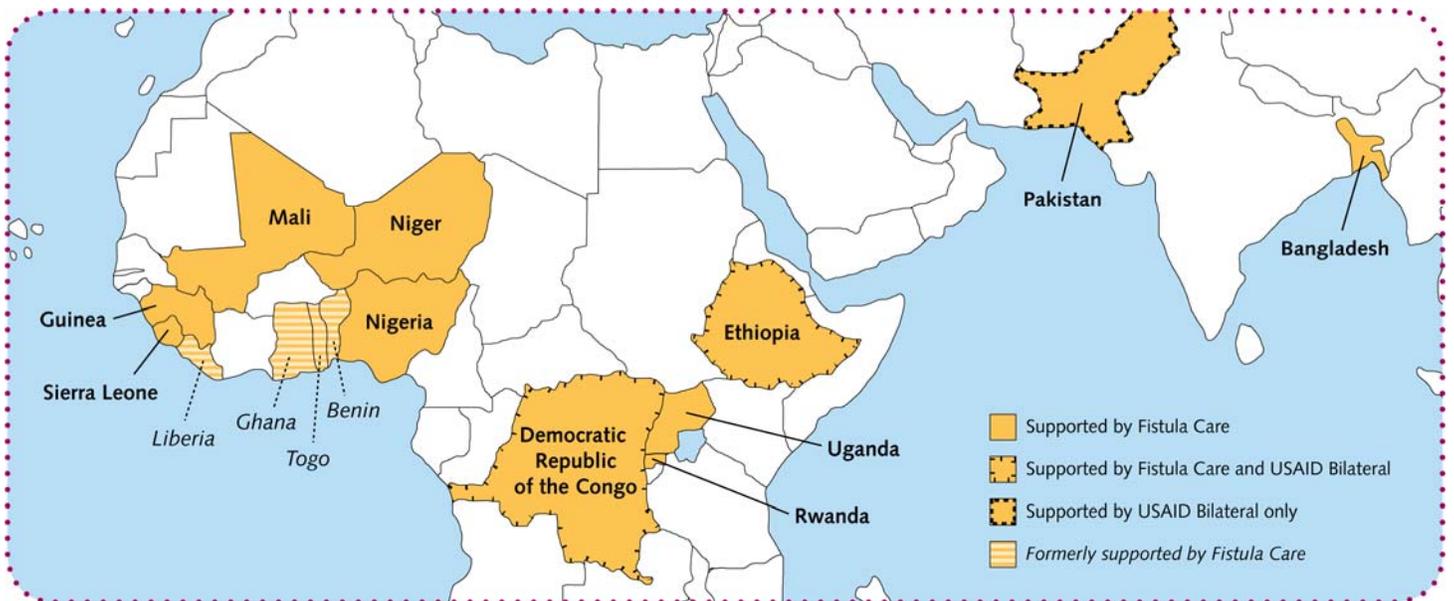
Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Death Investigation and Reporting Tool	Fistula Site Assessment Tool	Data for Decision Making Modules (ver.1)	Digital Stories Facilitator's Guide	Fistula Diagnosis Poster and/or Handout	Informed consent for Fistula Services Booklet	Family Planning following Fistula Care
Dakingari											
General Hospital Maiyama	X		X								
General Hospital Kamba	X										
Bungudu General Hospital, Zamfara	X										
MCCI FP Clinic	X										
Ezangbo Maternity Hospital	X										
Mgbo PHC	X										
Owutu Edda General Hospital	X										
Cottage Hospital	X										
General Hospital,, D/D	X										
Ebonyi State University Teaching Hospital	X										
Iss General Hospital	X										
Jabo PHC	X										
General Hospital, Jega	X										
General Hospital,	X										

Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Death Investigation and Reporting Tool	Fistula Site Assessment Tool	Data for Decision Making Modules (ver.1)	Digital Stories Facilitator's Guide	Fistula Diagnosis Poster and/or Handout	Informed consent for Fistula Services Booklet	Family Planning following Fistula Care
Rabah											
Rwanda											
CHUK	X	X	X					X			
Ruhengeri	X	X	X								
Kanombe	X	X									
Sierra Leone											
Aberdeen	X										
Uganda											
Kagando	X	X		X	X				X	X	X
Kitovu	X	X	X	X					X	X	X
Hoima						X					
Total sites using tools	59	16	11	3	3	2	4	1	6	3	2

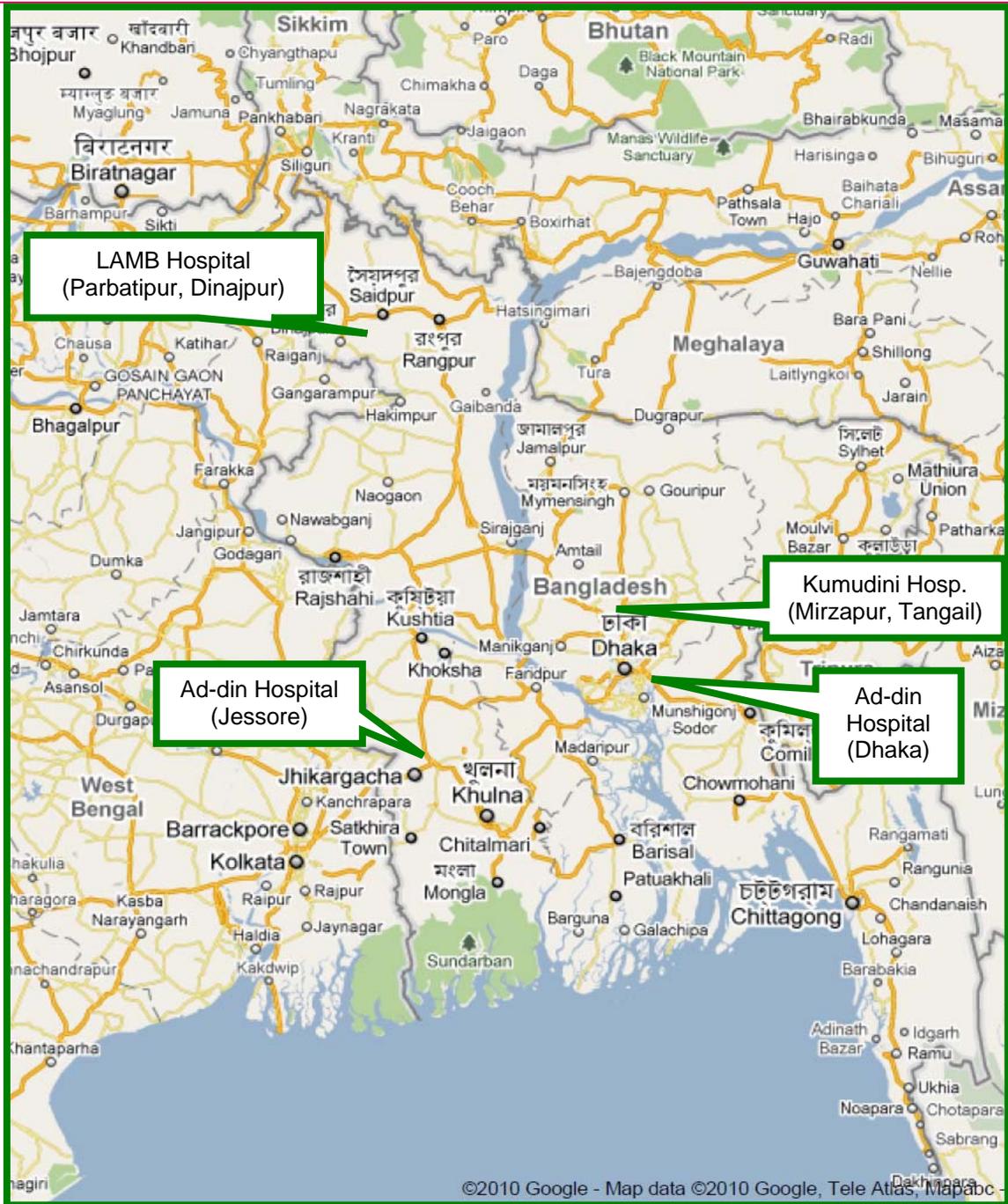
IV. Country Reports

Summarized below are key achievements from the October 2010-March 2011 period for each country currently supported by USAID.

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



BANGLADESH



PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT BANGLADESH	
Reporting Period	FY 10-11: October 2010-March 2011
Characteristic	Description
Start Date	July 2005
Supported Sites	Four private hospitals: <ul style="list-style-type: none"> • Kumudini Hospital (Mirzapur, Tangail) • LAMB Hospital (Parbatipur, Dinajpur) • Ad-din Hospital (Dhaka) • Ad-din Hospital (Jessore).
Background	Kumudini, LAMB and Ad-din Dhaka Hospitals provide routine repair services, while Ad-din Jessore provides periodic outreach repair services. The EngenderHealth Bangladesh office raises small amounts of private funds locally from corporations and individuals to support the treatment expenses for fistula patients. Fistula Care collaborates with the rehabilitation center of the national fistula center. In addition, Dr. Sayeba Akhter, formerly of the National Fistula Center, serves as an ad hoc consultant to the program for training and complex repairs.
Treatment strategies (Result 1)	LAMB and Kumudini periodically bring outside consultants to provide repair services for the most complex cases as well as to mentor junior surgeons and provide training for providers during concentrated outreach services. During this reporting period: <ul style="list-style-type: none"> • LAMB organized one concentrated repair effort in each quarter with support from an expatriate surgeon. There is a backlog of patients waiting for surgery at LAMB and clinicians have offered these women referral to another facility for repair however most prefer to wait and have their surgery at LAMB. • Kumudini also invited an outside expert surgeon to help with complicated cases in the second quarter. • Two surgeons were trained in the first quarter, one receiving first training and one receiving continuing training in fistula repair. Four nurses received training in fistula pre- and post-operative care in the second quarter.
Prevention strategies (Result 2)	The four supported sites provide a range of maternity services, including antenatal care, deliveries, including cesarean sections, and FP services. Sites also carry out community outreach activities with fistula prevention messages. In the first two quarters of FY11: <ul style="list-style-type: none"> • 85 health care workers were trained in primary and basic EmOC, including counseling, partograph use, AMSTL and pre-eclampsia. • Safe delivery protocol development training was conducted for 129 health care staff and 34 individuals were trained in fistula and family planning counseling.
Evaluation & Research (Result 3)	Bangladesh participated in two global research studies—prospective observational study on outcomes of repairs and the retrospective cesarean record review. Both studies were completed in FY10 and analysis and reports are being prepared.
Policy Work (Result 4)	Fistula Care serves as the secretariat for the National Fistula Task Force which is developing a vision for addressing obstetric fistula nationwide. The national strategy is being finalized.

KEY INDICATORS SNAPSHOT BANGLADESH

Reporting Period	FY 10-11: October 2010 – March 2011					
Characteristic	Description					
Indicators		Oct-Dec	Jan Mar	Apr Jun	Jul Sep	Total
Result 1: Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	61	38			99
	% women who had surgery who have closed fistula at discharge	73%	86%			78%
	% women who had surgery who experienced complications	15%	0%			9%
	# Surgeons Trained	2	0			2
	# other trained	225	102			327
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.	# community outreach events	56	16			72
	# persons reached in community outreach	2595	332			2927
	# births	5242	4015			9257
	% of births c section	57%	54%			56%
Result 3: Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	75%	25%			
Result 4: Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	4	4			4
Data Trends and Explanations	<ul style="list-style-type: none"> The decrease in repairs in Q2 is attributed to low level of referrals from other sites and the harvesting season taking place, with women unavailable to seek services. Ad-din Dhaka had a low closed and dry rate due to the many complex fistula cases seen. Many of these women had longstanding fistulas with a lot of scar tissue, making the surgery difficult. In the first quarter, LAMB had a complication rate of 28% (8 cases), which were all minor post-operative complications that were resolved. Outreach efforts were emphasized in the first quarter, but were significantly fewer in the second quarter, as the harvest season had an impact on women's availability in their communities. 					

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

	Ad-Din Dhaka			Ad-Din Jessore			Kumudini			LAMB			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	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	24	19	43	3	0	3	10	6	16	33	31	64	70	56	126
No. requiring FRS	22	17	39	2	0	2	10	6	16	31	31	62	65	54	119
No. receiving FRS	20	13	33	1	0	1	10	6	16	30	19	49	61	38	99
Percent receiving FRS	91%	76%	85%	50%	0%	50%	100%	100%	100%	97%	61%	79%	94%	70%	83%
Type of FRS performed															
----urinary only	17	13	30	1	0	1	10	5	15	29	16	45	57	34	91
----urinary & RVF	2	0	2	0	0	0	0	0	0	0	0	0	2	0	2
----RVF only	1	0	1	0	0	0	0	1	1	1	3	4	2	4	6
For 'Urinary only' or 'Urinary and RVF' repairs															
-----first repair	8	6	14	1	0	1	7	1	8	26	14	40	42	21	63
---- second repair	6	5	11	0	0	0	3	2	5	2	2	4	11	9	20
----- >2	5	2	7	0	0	0	0	2	2	1	0	1	6	4	10
% women with first repair (urinary only)	42%	46%	44%	100%	0%	100%	70%	20%	53%	90%	88%	89%	71%	62%	68%
No. discharged after FRS (urinary only)	11	12	23	1	0	1	10	0	10	28	16	44	50	28	78
No. discharged after FRS (urinary & RVF)	2	0	2	0	0	0	0	0	0	0	0	0	2	0	2
No. discharged after FRS (RVF only)	1	0	1	0	0	0	0	0	0	1	3	4	2	3	5
Total no. discharged after FRS	14	12	26	1	0	1	10	0	10	29	19	48	54	31	85
No. not discharged after FRS	6	7	13	0	0	0	0	6	6	1	0	1	7	13	20
Outcome of FRS (urinary only & urinary/RVF)															
---No. with closed fistula who are dry	7	9	16	0	0	0	7	0	7	24	15	39	38	24	62

	Ad-Din Dhaka			Ad-Din Jessore			Kumudini			LAMB			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	Oct-Dec	Jan-Mar	FY Total
--- No. with closed fistula & stress incontinence	0	1	1	0	0	0	0	0	0	1	0	1	1	1	2
--- No. whose fistula was not closed	6	2	8	1	0	1	3	0	3	3	1	4	13	3	16
% with closed fistula who are dry (urinary only & urinary/RVF)	54%	75%	64%	0%	0%	0%	70%	0%	70%	86%	94%	89%	73%	86%	78%
Outcome of FRS (RVF only)															
---closed and dry	1	0	1	0	0	0	0	0	0	1	3	4	2	3	5
--- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---- incontinent with firm stool	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	100%	0%	100%	0%	0%	0%	0%	0%	0%	100%	100%	100%	100%	100%	100%
No. with complications after FRS	0	0	0	0	0	0	0	0	0	8	0	8	8	0	8
--- Major surgical complications	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
----Anesthesia-related complication	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
--- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	0	0	0	8	0	8	8	0	8
Percent with complications after FRS	0%	0%	0%	0%	0%	0%	0%	0%	0%	28%	0%	17%	15%	0%	9%

**Table BGD 2. Number of Additional Surgeries for Fistula Patients,
October 2010 – March 2011, Bangladesh**

Type Of Surgery	Ad-Din Dhaka			Ad-Din Jessore			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	Oct-Dec	Jan-Mar	FY Total
Removal of bladder stones or foreign bodies in viscera	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1
Colostomy and reversal colostomy	0	0	0	0	0	0	0	0	0	1	1	2	1	1	2
Ureteric reimplantation	0	0	0	0	0	0	0	0	0	2	1	3	2	1	3
Urethral lengthening and other operations for concomitant stress incontinence	2	0	2	0	0	0	0	0	0	0	0	0	2	0	2
3rd / 4th degree perineal tear repairs	0	0	0	0	0	0	2	2	4	0	0	0	2	2	4
Other (specify)	0	1	1	0	0	0	0	0	0	0	0	0	0	1	1
Total Additional Surgeries	2	1	3	0	0	0	2	2	4	4	2	6	8	5	13

**Table BGD 3. Number of Persons Trained by Topic,
October 2010 – March 2011, Bangladesh**

Training Topic	Oct-Dec	Jan-Mar	FY Total
First surgical training in fistula repair	1	0	1
Continuing training in fistula repair	1	0	1
Primary and Basic EmOC (basic counseling, partograph, AMSTL, pre-eclampsia, eclampsia mgmt)	46	39	85
Rehabilitation training	18	0	18
Fistula and Family planning counseling	18	16	34
Safe Delivery Protocol development	129	0	129
Family planning methods	14	0	14
Training in pre- and post-operative fistula care for nurses	0	4	4
Infection prevention	0	29	29
ToT on blood donation	0	14	14
Total	227	102	329

**Table BGD 4. Number of Community Outreach Events and Persons Reached,
October 2010 - March 2011, Bangladesh**

Event Type	Oct-Dec		Jan-Mar		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Community stakeholder orientation on obstetric fistula and family planning	1	40	6	111	7	151
Community orientation of TBAs	2	81	1	40	3	121
Awareness raising with health providers	1	150	0	0	1	150
Awareness raising with pregnant mothers	40	800	8	160	48	960
Orientation for government and NGO officials	10	1375	0	0	10	1375
Orientation for married couples	2	149	1	21	3	170
Total	56	2595	16	332	72	2927

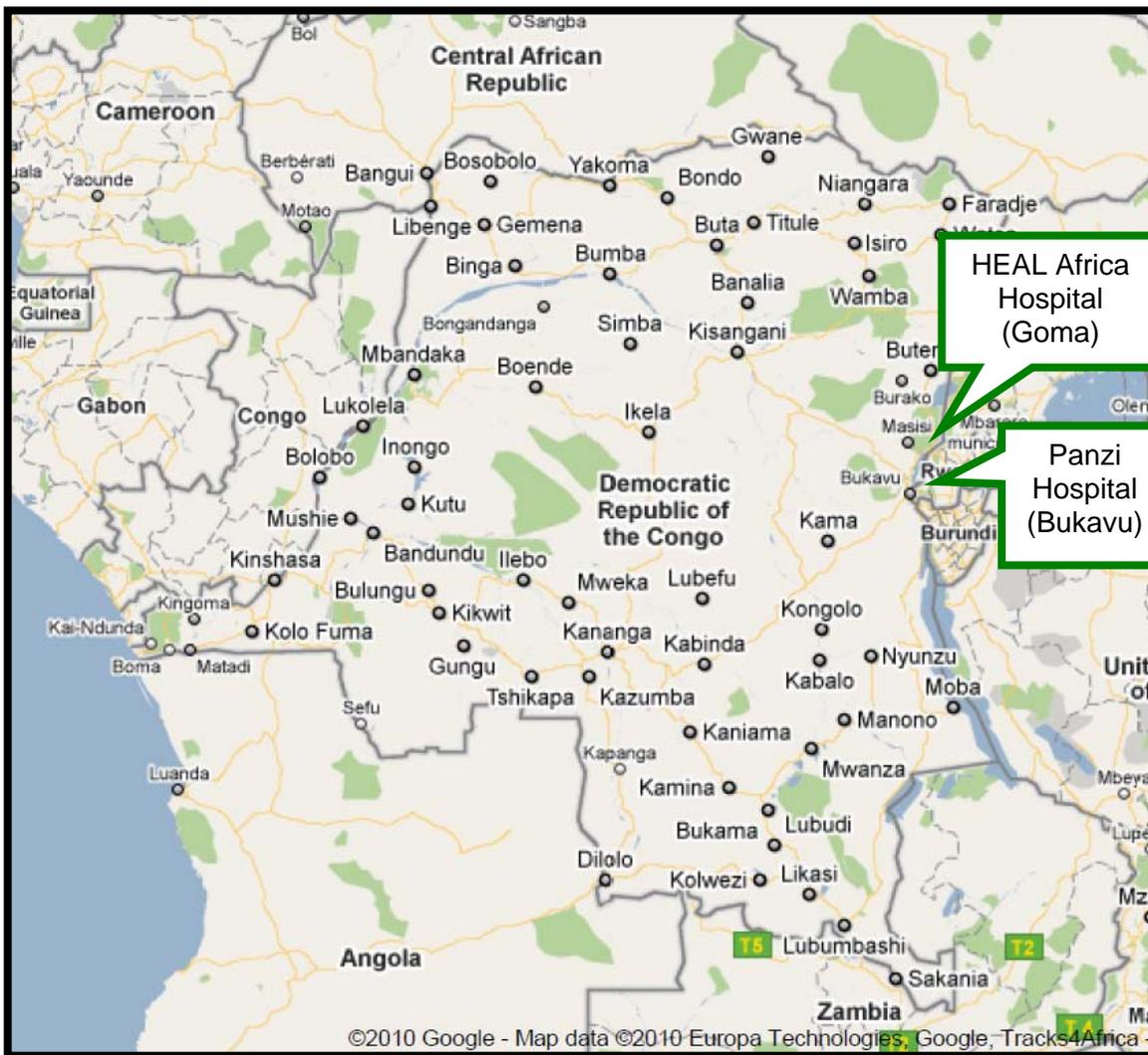
Table BGD 5. Number of FP Clients by Method and Number Counseled about FP, by site. October 2010 – March 2011, Bangladesh.

Fistula FP Methods	Ad-Din Dhaka			Ad-Din Jessore			Kumud			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	Oct-Dec	Jan-Mar	FY Total
Oral Pill	903	677	1580	325	274	599	33	60	93	325	185	510	1586	1196	2782
IUCD	23	15	38	17	12	29	0	0	0	0	0	0	40	27	67
Condom (male)	320	480	800	45	58	103	23	27	50	0	0	0	388	565	953
Condom (female)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Injectable	1250	1746	2996	516	343	859	52	42	94	297	297	594	2115	2428	4543
Implant	0	0	0	0	0	0	0	0	0	28	161	189	28	161	189
Tubal Ligation	82	69	151	37	23	60	47	15	62	34	50	84	200	157	357
Vasectomy	0	0	0	0	0	0	0	1	1	2	0	2	2	1	3
Foaming Tablets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total FP acceptors	2578	2987	5565	940	710	1650	155	145	300	686	693	1379	4359	4535	8894
Total Number of clients counseled about FP methods	2578	3077	5655	940	780	1720	155	145	300	686	693	1379	4359	4695	9054

Table BGD 6. Obstetric Services, by site. October 2010 – March 2011, Bangladesh.

Obstetric Services	Ad-Din Dhaka			Ad-Din Jessore			Kumud			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	Oct-Dec	Jan-Mar	FY Total
Number of vaginal deliveries	756	591	1347	393	282	675	371	313	684	714	668	1382	2234	1854	4088
Number of C sections	1984	1322	3306	540	442	982	267	223	490	217	174	391	3008	2161	5169
Total deliveries	2740	1913	4653	933	724	1657	638	536	1174	931	842	1773	5242	4015	9257
Percent deliveries by C section	72%	69%	71%	58%	61%	59%	42%	42%	42%	23%	21%	22%	57%	54%	56%

DEMOCRATIC REPUBLIC OF CONGO (DRC)



PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT
DEMOCRATIC REPUBLIC OF CONGO

Reporting Period	FY 10-11: October 2010 – March 2011
Characteristic	Description
Start Date	July 2005
Supported Sites	Two private hospitals in eastern DR Congo: <ul style="list-style-type: none"> • HEAL Africa Hospital • Panzi Hospital.
Background	<p>Between July 2005 and September 2008, USAID-funded fistula activities were managed through a bilateral agreement with the International Rescue Committee (IRC). Support through Fistula Care began in February 2009. Between FY 08 and FY10 USAID/DR Congo funded Project AXxes to provide outreach fistula services. The number of repairs supported by the two USAID bilateral agreements are included in Table 4 in the Global Accomplishment section of this report.</p> <p>During this reporting period, USAID/DR Congo asked Fistula Care to help determine what additional technical assistance Panzi Hospital in Bukavu requires. Professor Denis Mukwege would like assistance to help increase the number of women that could be served and training for his colleagues in advanced procedures to address the needs of patients with complex fistula or whose fistula was deemed incurable. The project negotiated technical support for these activities from the Harvard Humanitarian Initiative, a group that has been working in collaboration with Panzi Hospital for a few years. Fistula Care plans to expand to four additional sites in the current year as discussed with the USAID Mission: two in eastern Congo and two in Kinshasa; these sites will become active in the next quarter.</p>
Treatment strategies (Result 1)	Both Panzi and HEAL Africa provide routine fistula repair services, in addition to obstetric and family planning services. During the reporting period: <ul style="list-style-type: none"> • One surgeon at HEAL participated in continuing training in fistula repair, as well as six surgeons trained at Panzi. • One surgeon received first training in repair at Panzi. A training on counseling for traumatic fistula was conducted at HEAL. • Fourteen staff received training in pre- and post-operative care for fistula patients.
Prevention strategies (Result 2)	Both Panzi and HEAL provide family planning services and obstetric services. During the reporting period: <ul style="list-style-type: none"> • Panzi produced fistula related brochures and posters that were distributed during the February 2011 opening of the “City of Joy” in Bukavu. • Panzi carried out community outreach activities and several fistula repairs in Katanga, Kitutu, Chambucha and Nundu utilizing funding from the Fistula Foundation. • Seventeen individuals were trained in partograph training and supervision.
Policy Work (Result 4)	The project launched a Community of Practice (CoP) for healthcare providers and project implementers working on fistula in the DR Congo in March 2011. The goal of the CoP is to provide a space for the fistula community (surgeons, donors, NGOs, etc.) to share information, experiences and lessons learned, (http://www.fistulacare.org/drc-ofcp/).

KEY INDICATORS SNAP SHOT DEMOCRATIC REPUBLIC OF CONGO						
Reporting Period	FY 10-11: October 2010 – March 2011					
Characteristic	Description					
Indicators		Oct-Dec	Jan Mar	Apr Jun	Jul Sep	Total
Result 1: Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	99	58			157
	% women who had surgery who have closed fistula at discharge	81%	84%			82%
	% women who had surgery who experienced complications	3%	0%			2%
	# Surgeons Trained	8	1			8 ¹¹
	# other health trained	16	31			47
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.	# community outreach events	0	0			0
	# persons reached in community outreach	0	0			0
	% labors monitored with partograph					
	# births	877	1062			1939
	% of births c section	19%	21%			20%
Result 3: Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	n/a	n/a			
Result 4: Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	2	2			2
Data Trends and Explanations	<p>During this reporting period:</p> <ul style="list-style-type: none"> HEAL reported a large number of women presenting for screening who did not have fistula, during an outreach effort at the Mgunga/Goma refugee camp. Many women confused fistula with general vaginal discharge. A transition from one subaward to the next resulted in a delay of funding that limited training activities at HEAL in the second quarter. HEAL reported stock outs in condoms, injectables, implants and IUDS, accounting for a decline in number of family planning methods provided 					

¹¹ The same surgeon received training in both the first and second quarter, and is therefore counted only once in the country total of number of surgeons trained.

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

Fistula Treatment Indicators	HEAL			Panzi			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	62	110	172	52	34	86	114	144	258
No. requiring FRS	56	30	86	49	28	77	105	58	163
No. receiving FRS	54	30	84	45	28	73	99	58	157
% receiving FRS	96%	100%	98%	92%	100%	95%	94%	100%	96%
Type of FRS performed									
-- urinary only	50	28	78	43	23	66	93	51	144
-- urinary & RVF	0	0	0	0	1	1	0	1	1
-- RVF only	4	2	6	2	4	6	6	6	12
For 'Urinary only' or 'Urinary and RVF' repairs									
-- first repair	20	21	41	32	12	44	52	33	85
-- second repair	18	2	20	5	6	11	23	8	31
-- >2	12	5	17	6	6	12	18	11	29
% women with first repair (urinary only)	40%	75%	53%	74%	50%	66%	56%	63%	59%
No. discharged after FRS (urinary only)	47	28	75	41	23	64	88	51	139
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0	0	0	0
No. discharged after FRS (RVF only)	3	2	5	2	4	6	5	6	11
Total no. discharged after FRS	50	30	80	43	27	70	93	57	150
No. not discharged after FRS	4	0	4	2	1	3	6	1	7
Outcome of FRS (urinary only & urinary/RVF)									
-- No. with closed fistula who are dry	37	23	60	34	20	54	71	43	114
-- No. with closed fistula & stress incontinence	3	2	5	2	1	3	5	3	8
-- No. whose fistula was not closed	7	3	10	5	2	7	12	5	17
% with closed fistula who are dry (urinary only & urinary/RVF)	79%	82%	80%	83%	87%	84%	81%	84%	82%
Outcome of FRS (RVF only)									
-- closed and dry	3	2	5	2	4	6	5	6	11
-- 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
% with closed and dry fistula (RVF only)	100%	100%	100%						
No. with complications after FRS	3	0	3	0	0	0	3	0	3

Fistula Treatment Indicators	HEAL			Panzi			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
-- 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	3	0	3	0	0	0	3	0	3
% with complications after FRS	6%	0%	4%	0%	0%	0%	3%	0%	2%

Table DRC 2. Number of Additional Surgeries for Fistula Patients, October 2010 – March 2011, DRC

Type Of Surgery	HEAL			Panzi			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
Examination under anesthesia (as a separate, discrete procedure)	5	5	10	7	5	12	12	10	22
Removal of bladder stones or foreign bodies in viscera	3	1	4	1	0	1	4	1	5
Colostomy and reversal colostomy	4	2	6	1	1	2	5	3	8
Ureteric reimplantation	5	2	7	5	0	5	10	2	12
Urethral lengthening and other operations for concomitant stress incontinence	5	2	7	0	0	0	5	2	7
Prolapse IF associated with fistula	1	3	4	0	0	0	1	3	4
3rd / 4 th degree perineal tear repairs	2	1	3	0	1	1	2	2	4
Other (specify)	0	0	0	1	2	3	1	2	3
Total Additional Surgeries	25	16	41	15	9	24	40	25	65

Table DRC 3. Number of Persons Trained by Topic, October 2010 – March 2011, DR Congo

Training Topic	Oct-Dec	Jan-Mar	FY Total
HEAL			
Continuing Training in fistula repair	1	1	1*
Traumatic fistula counseling	16	0	16
Panzi			
First training in fistula repair	1	0	1
Continuing training in fistula repair	6	0	6
Partograph training and supervision	0	17	17
Fistula pre- and post-operative care	0	14	14
Total	24	32	55*

*The same surgeon received continuing training in the first and second quarters, so is only counted once for the FY total.

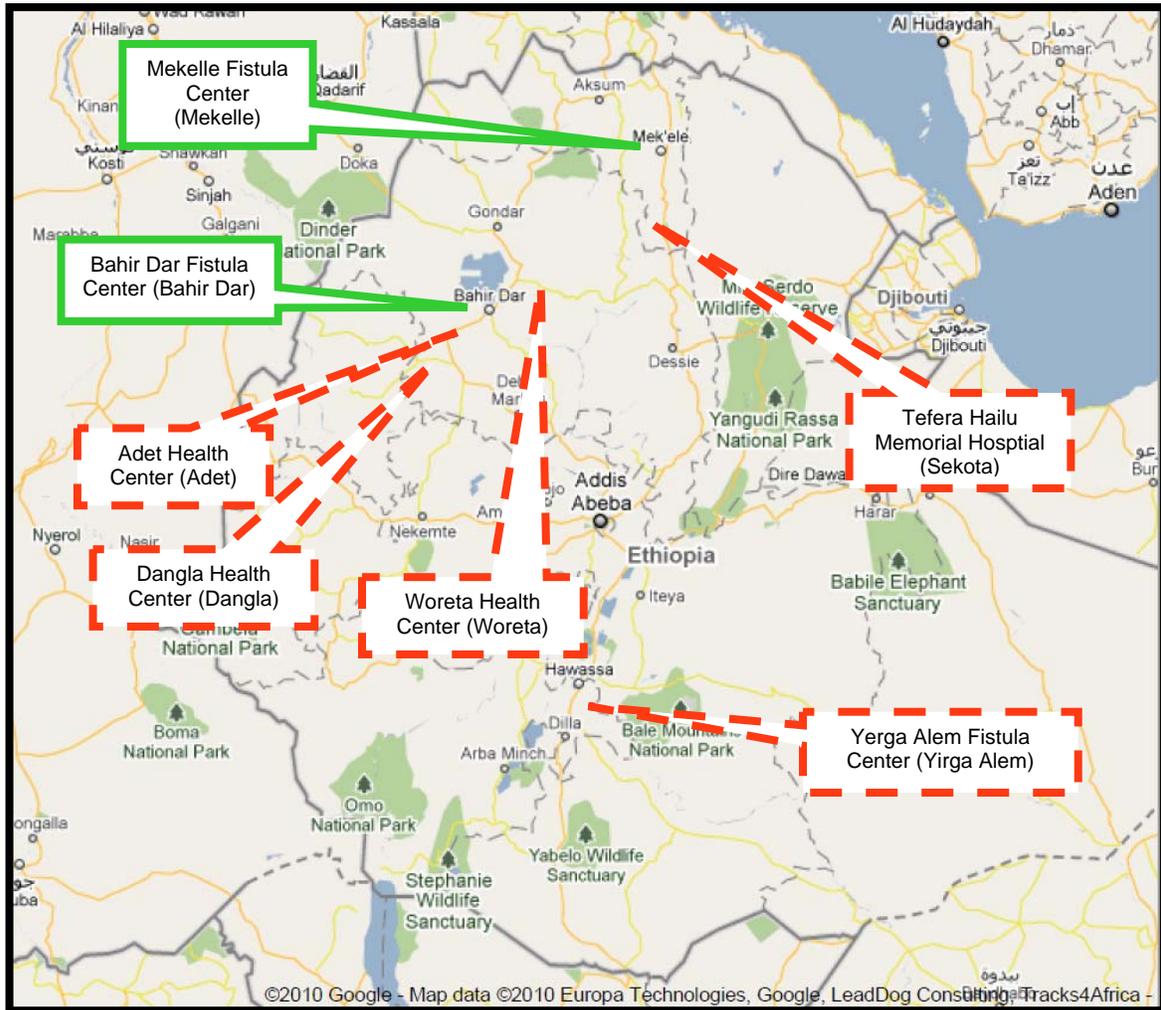
Table DRC 4. Number of FP Clients by Method and Number Counseled about FP, by site, October 2010 – March 2011, DR Congo

Fistula FP Methods	HEAL			Panzi			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
Oral Pill	211	133	344	0	54	54	211	187	398
IUCD	0	1	1	0	8	8	0	9	9
Condom (male)	0	0	0	0	11	11	0	11	11
Condom (female)	0	0	0	0	0	0	0	0	0
Injectable	109	75	184	0	2	2	109	77	186
Implant	0	2	2	28	27	55	28	29	57
Tubal Ligation	1	1	2	19	22	41	20	23	43
Vasectomy	0	0	0	1	0	1	1	0	1
Foaming Tablets	0	0	0	0	0	0	0	0	0
Total FP acceptors	321	212	533	48	124	172	369	336	705
Total Number of clients counseled about FP methods	2701	2000	4701	48	188	236	2749	2188	4937

Table DRC5. Obstetric Services, by site. October 2010 – March 2011, DR Congo

Obstetric Services	HEAL Africa			Panzi			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
Number of vaginal deliveries	296	298	594	415	539	954	711	837	1548
Number of C sections	41	47	88	125	178	303	166	225	391
Total Number of deliveries	337	345	682	540	717	1257	877	1062	1939
Percent deliveries by C section	12%	14%	13%	23%	25%	24%	19%	21%	20%

ETHIOPIA



PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT ETHIOPIA	
Reporting Period	FY 10-11: October 2010 – March 2011
Characteristic	Description
Start Date	2006, under the ACQUIRE Project
Supported Sites	<p>Two sites for repairs and one site for outreach prevention are directly supported directly by USAID/Ethiopia through Hamlin Fistula Ethiopia:</p> <ul style="list-style-type: none"> • Bahir Dar Fistula Center (Amhara Region) for repairs • Mekelle Fistula Center (Tigray Region) for repairs; • Yirga Alem Center (SNNPR) for prevention. <p>Four pre-repair units (PRU) in Amhara Region supported by Fistula Care:</p> <ul style="list-style-type: none"> • Adet Health Center • Dangla Health Center • Tefera Hailu Memorial Hospital (Sekota) • Woreta Health Center
Background	<p>USAID support to Ethiopia began in 2006, with funds provided through the ACQUIRE project to support activities implemented by ACQUIRE partner, IntraHealth International, to collaborate with the Addis Ababa Fistula Hospital (now named Hamlin Fistula Ethiopia) in selected facilities outside of Addis Ababa.</p> <p>In April 2007, the USAID Mission directed funds to IntraHealth International through the Expanding Service Delivery (ESD) Project and continued direct funding to the Addis Ababa Fistula Hospital. ESD funding ended in 2008 and Fistula Care now supports the pre-repair center work implemented by IntraHealth.</p> <p>Fistula Care supports and strengthens four referral/pre-repair units (PRU). Three are located within existing health centers in the Amhara region and refer cases to the Bahir Dar Hamlin Hospital. One PRU is within a hospital in East Amhara and refers to Mekelle Hamlin Hospital. These centers also focus on fistula prevention activities in their surrounding communities.</p>
Treatment strategies (Result 1)	<p>Community volunteers identify and refer fistula patients to the pre-repair units, where patients receive care prior to being referred to the Bahir Dar Fistula Center for surgery. The PRUs provide nutritional support, treatment of infections, pre-repair counseling, transport to the hospital for repair and post-repair visits to ensure that women are well integrated back into their communities. During this reporting period:</p> <ul style="list-style-type: none"> • Pre-repair services began in East Amhara at the Tefera Hailu Memorial Hospital in Sekota in November 2010. The start up of services in Sekota is the first PRU to be integrated within a hospital. • 51 of the 176 women who were referred for care were counseled for HIV. 114 agreed to be tested and two women tested positive. • Fistula Mentors made 110 visits post repair to patients' homes for counseling and social reintegration efforts.
Prevention strategies (Result 2)	<p>Women who have fistula surgery are counseled about family planning post-repair and referred as necessary to the attached health center for methods.</p>

PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT ETHIOPIA

	<p>The Dangla EmOC center provides delivery care, including cesarean delivery. Since opening in September 2010, the Dangla EmOC center has performed 54 cesareans and 7 forceps deliveries. The availability of emergency obstetric services has resulted in an increased flow of cases at Dangla Health Center which is greatly beneficial to the community and adjacent woredas.</p> <p>The Fistula Mentors regularly monitor partograph use at their sites and provide ongoing feedback to the staff. 88% of partographs monitored were completed correctly.</p> <p>Fistula Care trains health workers and community volunteers about fistula, so they can educate and mobilize communities regarding prevention, identification and treatment.</p>
Monitoring and Evaluation (Result 3)	<p>Fistula Mentors held data review meetings with government staff. Fistula Mentors carried out joint supportive supervision visits with government staff 22 health enters in the PRU catchment woredas.</p>

KEY INDICATORS SNAPSHOT ETHIOPIA						
Reporting Period	FY 10-11: October 2010 – March 2011					
Characteristic	Description					
Indicators		Oct- Dec	Jan Mar	Apr Jun	Jul Sep	Total
Result 1: Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	136	119			255
	% women who had surgery who have closed fistula at discharge	74%	63%			68%
	% women who had surgery who experienced complications	0%	2%			1%
	# other health trained	2306	902			3,208
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.	# community outreach events	948	1,332			2,280
	# persons reached in community outreach	146,286	171,839			318,125
	% labors monitored with partograph	89%	87%			88%
	# births	127	143			270
	% of births c section	32%	9%			13%
Result 3: Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	100%	100%			
Result 4: Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	100%	100%			100%
Data Trends and Explanations	<p>The introduction of the Sekota pre-repair unit has resulted in a significant increase in numbers of women screened and diagnosed with fistula.</p> <p>The Dangla EmOC center experienced disruptions in service due to the lack of an Ob/Gyn mentor for the health officers on site. USAID/Ethiopia, IntraHealth and Hamlin Fistula are working on a finding a solution to the problems.</p>					

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

	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
No. seeking FRS	283	256	539	124	148	272	407	404	811
No. requiring FRS	117	106	223	72	69	141	189	175	364
No. receiving FRS	97	79	176	39	40	79	136	119	255
% receiving FRS	83%	75%	79%	54%	58%	56%	72%	68%	70%
Type of FRS performed									
--- urinary only	88	76	164	37	39	76	125	115	240
--- urinary & RVF	0	0	0	0	0	0	0	0	0
--- RVF only	9	3	12	2	1	3	11	4	15
For 'Urinary only' or 'Urinary and RVF' repairs									
--- first repair	69	65	134	23	33	56	92	98	190
--- second repair	13	9	22	9	5	14	22	14	36
--- >2	6	2	8	5	1	6	11	3	14
% women with first repair (urinary only)	78%	86%	82%	62%	85%	74%	74%	85%	79%
No. discharged after FRS (urinary only)	71	73	144	39	34	73	110	107	217
No. discharged after FRS (urinary & RVF)	2	0	2	0	0	0	2	0	2
No. discharged after FRS (RVF only)	7	3	10	3	1	4	10	4	14
Total no. discharged after FRS	80	76	156	42	35	77	122	111	233
No. not discharged after FRS	16	30	46	1	10	11	17	40	57
Outcome of FRS (urinary only & urinary/RVF)									
--- No. with closed fistula who are dry	60	48	108	23	19	42	83	67	150
--- No. with closed fistula & stress incontinence	6	18	24	5	5	10	11	23	34
--- No. whose fistula was not closed	7	7	14	11	10	21	18	17	35
% with closed fistula who are dry (urinary only & urinary/RVF)	82%	66%	74%	59%	56%	58%	74%	63%	68%
Outcome of FRS (RVF only)									
-- closed and dry	7	3	10	3	1	4	10	4	14
-- 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
% with closed and dry	100%	100%	100%	100%	100%	100%	100%	100%	100%

Fistula Treatment Indicators	Bahir Dar Ctr			Mekelle Ctr			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
fistula (RVF only)									
No. with complications after FRS	0	2	2	0	0	0	0	2	2
-- 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	2	2	0	0	0	0	2	2
% with complications after FRS	0%	3%	1%	0%	0%	0%	0%	2%	1%

Table ETH 2. Number of Additional Surgeries for Fistula Patients, October 2010 – March 2011, Ethiopia

Type Of Surgery	Bahir Dar Ctr			Mekelle Ctr			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
Examination under anesthesia (as a separate, discrete procedure)	8	8	16	7	6	13	15	14	29
Removal of bladder stones or foreign bodies in viscera	1	3	4	0	1	1	1	4	5
Urethral lengthening and other operations for concomitant stress incontinence	17	3	20	5	1	6	22	4	26
3rd / 4th degree perineal tear repairs	9	4	13	2	3	5	11	7	18
Other	6	4	10	3	0	3	9	4	13
Total Additional Surgeries	41	22	63	17	11	28	58	33	91

**Table ETH 3. Number of Women seeking, requiring and referred for fistula repair
October 2010 - March 2011, by Pre Repair Centers, Ethiopia**

Fistula Screening	Adet			Dangla			Woreta			Sekota			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total									
No. referred with incontinence	22	18	40	11	20	31	22	24	46	20	39	59	75	101	176
No. diagnosed with fistula	10	7	17	11	17	28	17	20	37	8	21	29	46	65	111
No. referred for 1st FRS	8	6	14	10	16	26	12	23	35	4	17	21	34	62	96
No. Referred for continuing FRS care	6	1	7	0	1	1	1	0	1	3	0	3	10	2	12
Total No. Referred	14	7	21	10	17	27	12	23	35	4	17	21	44	64	108

**Table ETH4. Number Persons Trained by Topic
October 2010 – March 2011, Ethiopia**

Training Topic	Oct-Dec	Jan-Mar	FY Total
Pre Repair Centers Supported Training			
New training for health workers and management	524	158	682
Refresher training for health workers and management	42	41	83
New community volunteer training	849	445	1294
Refresher community volunteer training	46	43	89
Total Pre Repair Centers Supported Training	1461	687	2148
AAFH Supported Training			
Training of Health Workers in referral and prevention	845	215	1060
Total AAFH Supported Training	845	215	1060
Total Trained	2306	902	3208

Table ETH5. Number of Community Outreach Events and Persons Reached by Health Center Catchment Areas, October 2010 – March 2011, Ethiopia

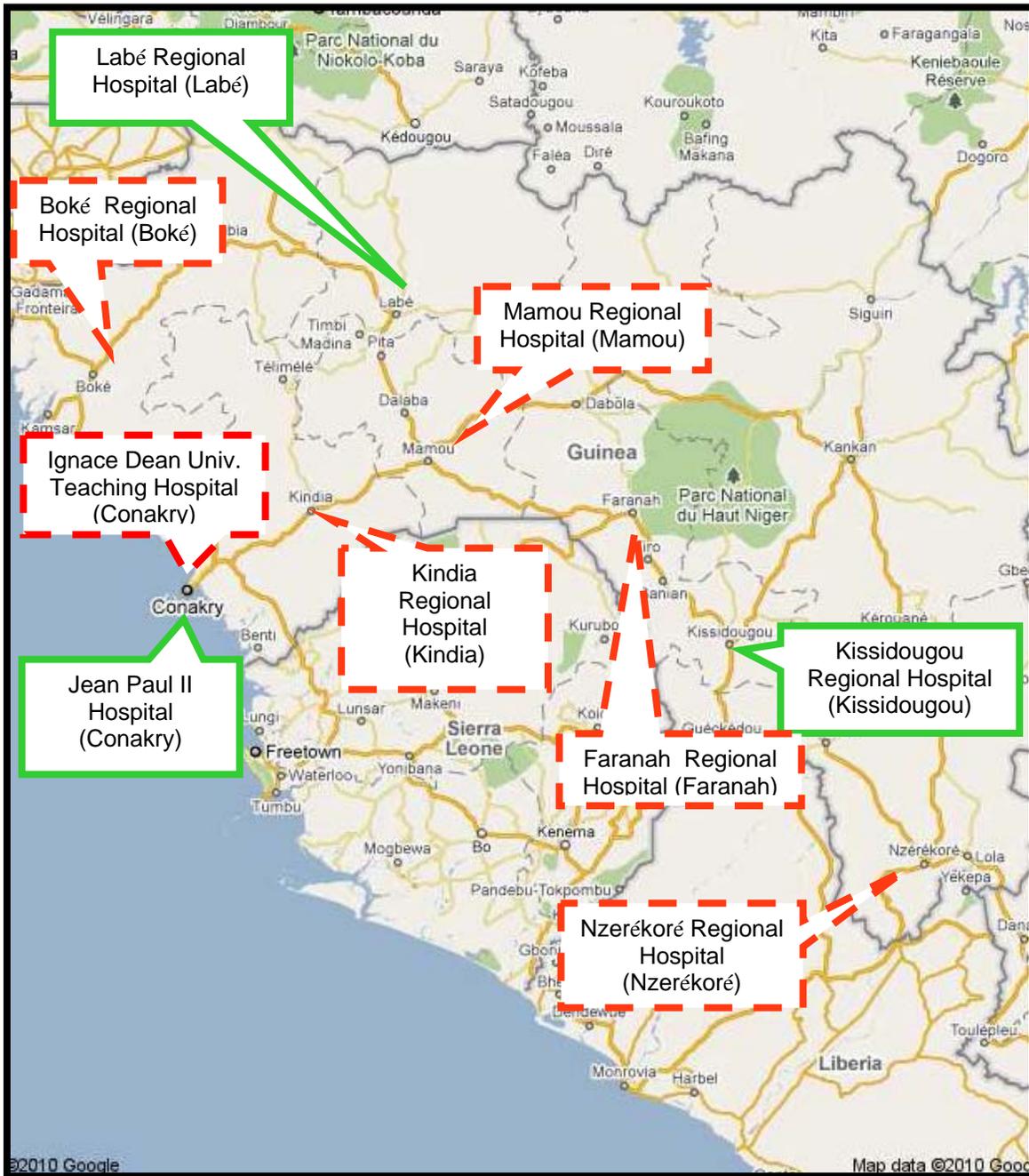
Catchment Areas	Oct-Dec		Jan – Mar		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Pre Repair Centers						
Adet	263	42,374	344	58,732	607	101,106
Dangla	492	75,510	510	75,516	1002	151,026
Woreta	182	26,506	367	29,772	549	56,278
Sekota	11	251	111	7,557	122	7,808
Total Pre Repair Centers	948	144,641	1,332	171,577	2280	316,218
AAFH						
Bahir Dar	n/a	246	n/a	0	n/a	n/a
Tigray	n/a	1052	n/a	152	n/a	n/a
Yirga Alem	n/a	347	n/a	110	n/a	n/a
Total AAFH	n/a	1645	n/a	262	n/a	1907
Total	n/a	146,286	n/a	171,839	2,280	318,125

Table ETH6. Deliveries and Use of the Partograph, Pre Repair Health Centers, October 2010 to March 2011, Ethiopia

Fistula Screening	Adet			Dangla			Woreta			Sekota			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	Oct-Dec	Jan-Mar	FY Total
# women delivered at health center	114	164	278	332	356	688	140	158	298	47	140	187	633	818	1451
Health post	25	54	79	188	149	337	26	48	74	0	31	31	239	282	521
Upgraded health ctr	23	35	58	58	77	135	8	6	14	20	19	39	109	137	246
Health ctr	66	75	141	86	130	216	106	104	210	27	90	117	285	399	684
# women arriving at HC fully dilated (partograph not used)	54	80	134	75	153	228	68	64	132	8	26	34	205	323	528
# labors monitored with partograph	23	30	53	56	67	123	46	36	82	25	77	102	150	210	360
##% of labors monitored with partograph which were done correctly ¹²	19/23 83%	30/30 100%	49/53 92%	54/56 96%	59/67 88%	113/123 92%	40/46 87%	32/36 89%	72/82 88%	20/25 80%	62/77 81%	82/102 80%	133/150 89%	183/210 87%	316/360 88%
# women with obstructed labor referred from HC to regional hospital	16	8	24	2	21	23	14	16	30	0	3	3	32	48	80

¹² 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



PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT GUINEA	
Reporting Period	FY 10-11: October 2010 – March 2011
Characteristic	Description
Start Date	January 2006 under the ACQUIRE Project
Supported Sites	<p>9 Public sector facilities for fistula repair and prevention:</p> <ul style="list-style-type: none"> • <u>Repair</u>: Jean Paul II Maternity Hospital Conakry; District Hospital Kissidougou; Labe Regional Hospital • <u>Prevention</u>: Ignace Deen, National Teaching Hospital, Conakry; Boke Regional Hospital; Kindia Regional Hospital; Mamou Regional Hospital; Farannah Regional Hospital; N'Zerekore Regional Hospital
Background	<p>The program has been actively supported by the USAID /G democracy and good governance strategy. USAID supports 4 of the 5 fistula repair centers in the country (UNFPA supports one center). A description of the program was published as a <i>Technical Brief</i> in 2010 http://www.fistulacare.org/pages/pdf/technical-briefs/Guinea_care_brief_for_web.pdf</p>
Treatment strategies (Result 1)	<p>Fistula Care has a MOU with the Geneva Foundation for Medical Education and Research (GFMER) to support training of fistula surgeons. Surgeons from GFMER travel to Guinea four times a year to lead training sessions. A total of 14 surgeons are continuing their training progressing from simple to more complex repairs. Routine repair services are provided at three hospitals, in addition to the GFMER-assisted sessions. During this reporting period:</p> <ul style="list-style-type: none"> • A total of 5 national sessions, 5 GFMER-assisted sessions, and 2 routine repair sessions were conducted. • At end of March 2011, American Friends of Guinea (AFG) officially launched construction of a waiting house for fistula clients at the Jean Paul II FC-supported site. • 6 surgeons received continuing training in fistula repair.
Prevention strategies (Result 2)	<p>The Levels of Care Framework for fistula services is being implemented with 6 regional hospitals serving as sites for prevention.</p> <p>Guinea has two major community-related activities: The Village Committee activities and the reintegration programs of Kissidougou and Labe. The village committees provide outreach that has resulted in antenatal care visits and community sensitization around issues related to fistula. The reintegration program works with host families to address the social isolation of women living with fistula, providing them with a home upon discharge while they reintegrate into their communities. Private funds from EngenderHealth are used in support of the community outreach activities.</p> <p>During this reporting period:</p> <ul style="list-style-type: none"> • The leaders of the village committees and social immersion coordinators from Labe and Kissidougou met in Conakry to improve their working tools and share experiences. 13 women were hosted by voluntary families in Labe and 11 in Kissidougou (numbers were low due to the volatile situation surrounding the elections).

PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT GUINEA

	<ul style="list-style-type: none"> • Betty Farrell, Senior Technical Advisor on Integration, provided technical support on the integration of FP with fistula prevention and treatment efforts through workshops for site staff and district-level authorities as well as community coordinators. • 21 of the 47 community outreach events held during this period focused on increasing male involvement in fistula awareness through Islamic and Christian leaders, reaching 10,237 individuals. • Kissidougou and Labe village committee outreach efforts reached over 20,000 individuals to raise awareness about fistula prevention and treatment. • Medical monitoring visits were conducted to Boke, Ignace Deen, Kindia, Mamou, Labe, Faranah, Kissidougou and N'Zerekore which included updates on use of the partograph and AMTSL.
<p>Evaluation & Research (Result 3)</p>	<p>Guinea participated in two global research studies—prospective observational study on outcomes of repairs and the retrospective cesarean record review Both studies were completed in FY10 and analysis and reports are being prepared.</p> <p>In depth evaluation of the levels of care strategy as well as the community intervention activities employed by the Guinea program has begun and will continue during the remainder of FY 11.</p>
<p>Policy Work (Result 4)</p>	<p>FC Guinea has supported Democratic Local Governance interventions in Kissidougou and Labe, resulting in increased mobilization of financial resources, increased transparency and community participation in decision making and increased resource allocation towards health services.</p>

KEY INDICATORS SNAPSHOT GUINEA						
Reporting Year	FY 10-11: October 2010 – March 2011					
Characteristic	Description					
Indicators		Oct-Dec	Jan Mar	Apr Jun	Jul Sep	Total
Result 1: Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	113	158			271
	% women who had surgery who have closed fistula at discharge	88%	90%			89%
	% women who had surgery who experienced complications	0%	0%			0%
	# Surgeons Trained	0	6			6
	# other health trained	0	0			0
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.	# community outreach events	17	30			47
	# persons reached in community outreach	13239	19,187			32,426
	# births	2810	3267			6077
	% of births c section	30%	29%			29%
Result 3: Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	0%	100%			
Result 4: Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	100%	100%			100%
Data Trends and Explanations	<ul style="list-style-type: none"> • The Presidential elections were held in Guinea on November 7, 2010. The pre-election period engendered some turbulence throughout the country, and caused delays in implementation of some activities. GFMER experts were not able to travel during this period. • Increases in the number of repairs at JPII and Kissidougou are attributed to improvement of the referral system. • The backlog at JPII and Labe resulted from the effectiveness of campaigns to identify and refer fistula clients in these regions. To address the backlog, clients are divided into small groups after screening and each group is invited to come to a repair site according to a defined appointment. 					

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

Fistula Treatment Indicators	Jean Paul II			Kissi		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	78	121	199	55	91	146
No. requiring FRS	50	101	151	55	65	120
No. receiving FRS	37	59	96	51	65	116
Percent receiving FRS	74%	58%	64%	93%	100%	97%
Type of FRS performed						
----- urinary only	34	56	90	49	58	107
----- urinary & RVF	3	0	3	0	7	7
----- RVF only	0	3	3	2	0	2
For 'Urinary only' or 'Urinary and RVF' repairs						
----- first repair	33	41	74	49	49	98
----- second repair	3	10	13	0	12	12
----- >2	1	5	6	0	4	4
Percent women with first repair (urinary only)	89%	73%	80%	100%	75%	86%
No. discharged after FRS (urinary only)	0	61	61	49	38	87
No. discharged after FRS (urinary & RVF)	0	3	3	2	2	4
No. discharged after FRS (RVF only)	0	0	0	0	0	0
Total no. discharged after FRS	0	64	64	51	40	91
No. not discharged after FRS	37	32	69	0	25	25
Outcome of FRS (urinary only & urinary/RVF)						
----No. with closed fistula who are dry	0	58	58	46	37	83
--- No. with closed fistula & stress incontinence	0	0	0	1	1	2
--- No. whose fistula was not closed	0	6	6	2	2	4
Percent with closed fistula who are dry (urinary only & urinary/RVF)	0%	91%	91%	90%	93%	91%
Outcome of FRS (RVF only)						
---- closed and dry	0	0	0	2	0	2
---- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0
----incontinent with firm stool	0	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	0%	0%	0%	0%	0%	0%
No. with complications after FRS	0	0	0	0	0	0
----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	0	0	0
Percent with complications after FRS	0%	0%	0%	0%	0%	0%

Table GUII, continued

Fistula Treatment Indicators	Labe			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	25	94	119	158	306	464
No. requiring FRS	25	85	110	130	251	381
No. receiving FRS	25	34	59	113	158	271
Percent receiving FRS	100%	40%	54%	87%	63%	71%
Type of FRS performed						
----- urinary only	24	32	56	107	146	253
----- urinary & RVF	1	2	3	4	9	13
----- RVF only	0	0	0	2	3	5
For 'Urinary only' or 'Urinary and RVF' repairs						
----- first repair	14	19	33	96	109	205
----- second repair	7	9	16	10	31	41
----- >2	4	6	10	5	15	20
Percent women with first repair (urinary only)	56%	56%	56%	86%	70%	77%
No. discharged after FRS (urinary only)	9	31	40	58	130	188
No. discharged after FRS (urinary & RVF)	0	3	3	2	8	10
No. discharged after FRS (RVF only)	0	0	0	0	0	0
Total no. discharged after FRS	9	34	43	60	138	198
No. not discharged after FRS	16	16	32	53	73	126
Outcome of FRS (urinary only & urinary/RVF)						
----No. with closed fistula who are dry	7	29	36	53	124	177
----No. with closed fistula & stress incontinence	1	2	3	2	3	5
----No. whose fistula was not closed	1	3	4	3	11	14
Percent with closed fistula who are dry (urinary only & urinary/RVF)	78%	85%	84%	88%	90%	89%
Outcome of FRS (RVF only)						
----closed and dry	0	0	0	2	0	2
----incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0
---- incontinent with firm stool	0	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	0%	0%	0%	0%	0%	0%
No. with complications after FRS	0	0	0	0	0	0
---- 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	0	0	0
Percent with complications after FRS	0%	0%	0%	0%	0%	0%

Table GUI 2. Number of Additional Surgeries for Fistula Patients, October 2010 – March 2011, Guinea

Type Of Surgery	Jean Paul II			Kissi			Labe			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
Examination under anesthesia (as a separate, discrete procedure)	0	0	0	1	0	1	0	0	0	1	0	1
Colostomy and reversal colostomy	0	0	0	0	1	1	0	0	0	0	1	1
Wound resuture	0	0	0	3	0	3	0	0	0	3	0	3
Prolapse IF associated with fistula	0	0	0	1	0	1	0	0	0	1	0	1
3rd / 4th degree perineal tear repairs	0	0	0	2	0	2	0	0	0	2	0	2
Total Additional Surgeries	0	0	0	7	1	8	0	0	0	7	1	8

Table GUI 3. Number of Persons Trained by Topic, October 2010 – March 2011, Guinea

Training Topic	Oct-Dec	Jan-Mar	FY Total
Continuing training in fistula repair for surgeons	0	6	6
Total	0	6	6

Table GUI 4. Safe Motherhood Committee Activities, Kissidougou and Labé Regions by Quarter, October 2010 thru March 2011, Guinea

Safe Motherhood Committee Activities	Oct-Dec ¹³	Jan - Mar	FY Total
#women reached at sensitization meetings	5076	7456	12532
# women attending prenatal			
1 st visit	180	186	366
2 nd visit	196	166	362
3 rd visit	146	146	292
4 th visit	129	122	251
# women receiving Tetanus Toxin			
1 st injection	344	292	636
2 nd injection	438	302	740

¹³ Data for Labe in Q1 is partial

Table GUI 5. Number of Community Outreach Events and Persons Reached, October 2010 - March 2011, Guinea

Event Type	Oct-Dec		Jan-Mar		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Kissidougou village committee outreach	6	5926	6	5667	12	11,593
Labe village committee outreach	6	3541	8	7055	14	10,596
Orientation of religious leaders	5	3772	16	6465	21	10,237
Total	17	13239	30	19,187	47	32,426

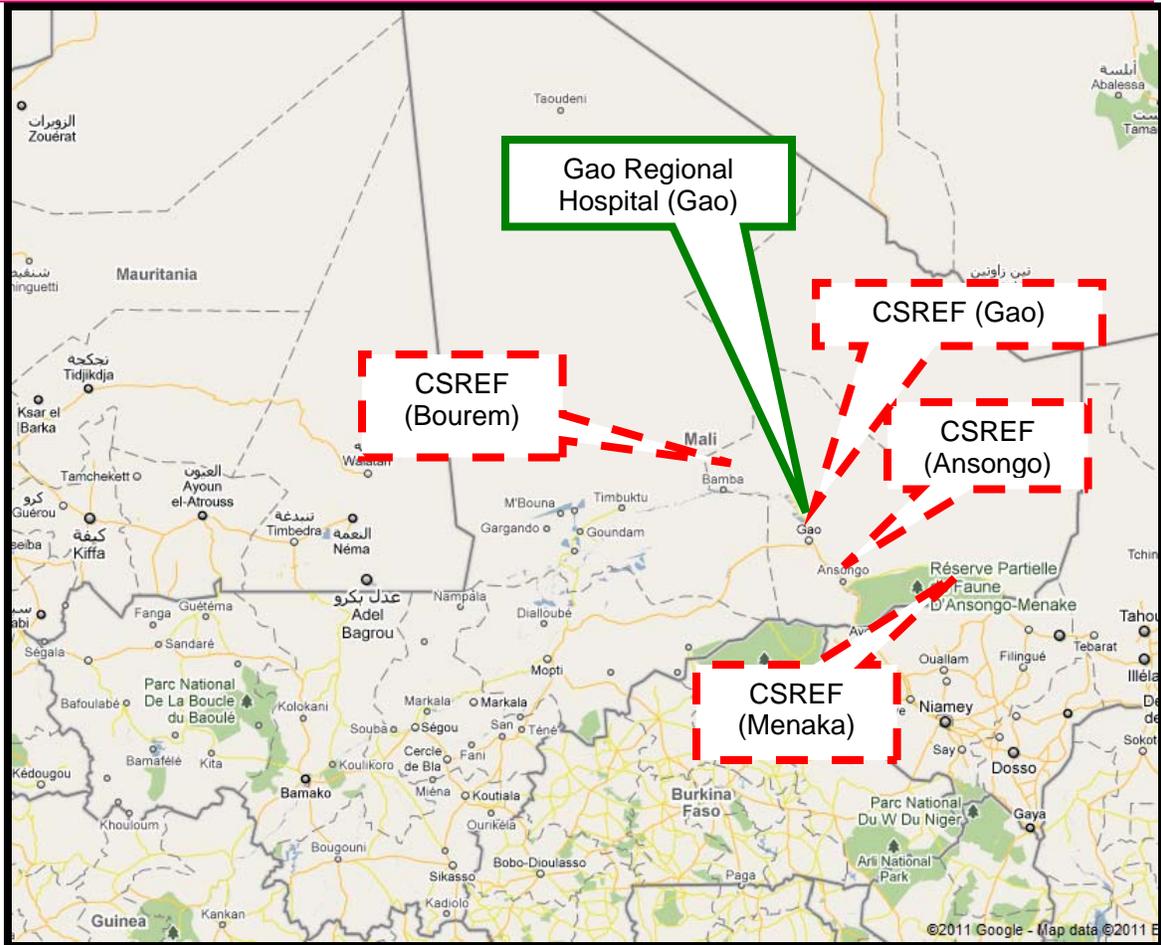
Table GUI 6. Number of FP Clients by Method and Number Counseled About FP, by Site and Quarter. October 2010 – March 2011, Guinea.

	Boke	Faranah	Ignace Deen	Jean Paul II	Kindia	Kissidougou	Labe	Mamou	NZerekore	Country Total
Fistula FP Methods	October 2010 – March 2011									FY Total
Oral Pill	58	19	47	36	18	125	22	5	5	335
IUCD	16	2	22	13	3	12	1	19	26	114
Condom (male)	23	97	0	1	0	0	0	4	0	125
Condom (female)	0	0	0	0	0	0	0	0	0	0
Injectable	41	111	25	53	89	66	19	14	4	422
Implant	0	0	0	0	0	0	0	0	0	0
Tubal Ligation	4	0	15	0	0	8	0	0	0	27
Vasectomy	0	0	0	0	0	0	0	0	0	0
Foaming Tablets	0	0	0	0	0	0	0	0	0	0
Total FP acceptors	142	229	109	103	110	211	42	42	35	1023
Total Number of clients counseled about FP methods	161	397	151	121	267	374	137	85	351	2044

Table GUI 7. Obstetric Services, by site. October 2010 – March 2011, Guinea.

	Boke	Faranah	Ignace Deen	Jean Paul II	Kindia	Kissidougou	Labe	Mamou	NZerekore	Country Total
Obstetric Services	FY Total									
Number of vaginal deliveries	618	314	1136	215	582	322	351	431	330	4299
Number of C sections	127	90	489	41	196	204	174	207	250	1778
Total Number of deliveries	745	404	1625	256	778	526	525	638	580	6077
Percent deliveries by C section	17%	22%	30%	16%	25%	39%	33%	32%	43%	29%

MALI



PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT MALI	
Reporting Period	FY 10-11: October 2010 – March 2011
Characteristic	Description
Start Date	October 2008
Supported Sites	Treatment: Gao Hospital (A regional tertiary referral hospital) Prevention only: Four CSREF (District level referral hospitals) located in Ansongo, Bourem, Gao and Ménaka
Background	The Mali program is implemented by Fistula Care partner IntraHealth, with technical support and project oversight led by EngenderHealth.
Treatment strategies (Result 1)	Although Gao Hospital is the principal site supported by Fistula Care, training in various clinical and quality of care topics has included staff from other fistula care facilities in Mali-- Mopti, Segou and Point G National Teaching Hospital in Bamako. During the reporting period: <ul style="list-style-type: none"> • Two surgeons received first training in fistula repair • Three surgeons received continuing training in fistula repair (one of these surgeons received his first training in the first quarter, and continuing training in the second quarter). • 25 nurses received training in pre- and post-operative fistula care
Prevention strategies (Result 2)	The project partners with GREFFA, a local NGO to support community outreach and recruitment efforts. The project supports the four referral health centers in EmOC training. Family planning and maternity services are provided at Gao Hospital. During this reporting period: <ul style="list-style-type: none"> • A total of 124 reproductive health care staff received training in obstetric skills, including use of the partograph, referral for cesarean and for fistula, as well as family planning. Six of these trainees also received training in fistula diagnosis and catheterization for fistula patients. • 15 health workers received training in fistula counseling. • Four community outreach efforts were held with local authorities in Gao and Ansongo, to raise awareness on the predisposing factors for obstetric fistula and its prevention. These sessions also received local radio station coverage. • Radio interviews were held with FC coordinator and the National Fistula Surgical Training Coordinator, Prof. Ouattara.
Evaluation and Research (Result 3)	Gao Hospital participated in the retrospective record review of cesarean indications study, which was completed in FY10 and analysis and reports are being prepared.
Policy work (Result 4)	Fistula Care provides direct technical assistance to the MOH/Division for Reproductive Health in coordinating the national workplan for fistula and developing norms, protocols and guidelines for fistula services delivery. FC is working to develop a model based on the Levels of Care Framework for service delivery at Gao that can be used to inform national guidelines. The project also works with local government to spearhead a regional steering committee for fistula in Gao.

PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT MALI

During this reporting period:

- The National Obstetric Fistula Strategy was disseminated by the Ministry of Health in December, 2010 via a workshop with representatives from the central, regional and local services of the MOH and the Ministry of Social Development, and technical and financial partners.
- An Obstetric Fistula Standards workshop was held in March to: review the standards used by partners working in fistula, validate training modules and evaluation tools, develop indicators for data collection, and harmonize job aids and protocols for fistula identification and treatment. The MoH will hold a meeting to validate all the materials next quarter, and national dissemination will occur in August 2011.
- A Regional Fistula Technical Committee meeting was held in Gao in January 2011 to discuss activities, resulting in the development of a quarterly action plan for 2011.

KEY INDICATOR SNAPSHOT MALI

Reporting Period	FY 10-11: October 2010 – March 2011					
Characteristic	Description					
Indicators		Oct-Dec	Jan Mar	Apr Jun	Jul Sep	Total
Result 1: Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	27	12			39
	% women who had surgery who have closed fistula at discharge	88%	76%			82%
	% women who had surgery who experienced complications	0%	0%			0%
	# Surgeons Trained	3	4			4
	# other health trained	102	79			181
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.	# community outreach events	2	2			4
	# persons reached in community outreach	55	70			125
	# births	296	246			542
	% of births c section	24%	15%			20%
Result 3: Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	100%	100%			
Result 4: Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	1	1			
Data Trends and Explanations	The biggest ongoing challenge in organizing concentrated repair sessions is the recruitment and case referral from the communities to the fistula repair site, due to the difficulty in accessing these remote areas and the nomadic lifestyle in these communities. There is also deterioration of the roadways after the rainy season. To address this problem, GREFFA is renting a 4x4 vehicle adapted to navigate the difficult terrain and increasing its human resources to travel to the communities and transport the women to the repair facility.					

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

	Gao Regional Hospital		
Fistula Treatment Indicators	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	35	23	58
No. requiring FRS	27	17	44
No. receiving FRS	27	12	39
Percent receiving FRS	100%	71%	89%
Type of FRS performed			
----- urinary only	21	10	31
----- urinary & RVF	2	1	3
----- RVF only	4	1	5
For 'Urinary only' or 'Urinary and RVF' repairs			
----- first repair	18	8	26
----- second repair	5	1	6
----- >2	0	2	2
Percent women with first repair (urinary only)	78%	73%	76%
No. discharged after FRS (urinary only)	17	14	31
No. discharged after FRS (urinary & RVF)	0	3	3
No. discharged after FRS (RVF only)	3	2	5
Total no. discharged after FRS	20	19	39
No. not discharged after FRS	7	0	7
Outcome of FRS (urinary only & urinary/RVF)			
----- No. with closed fistula who are dry	15	13	28
----- No. with closed fistula & stress incontinence	2	3	5
----- No. whose fistula was not closed	0	1	1
Percent with closed fistula who are dry (urinary only & urinary/RVF)	88%	76%	82%
Outcome of FRS (RVF only)			
----- closed and dry	3	2	5
----- incontinent with water stool and /or flatus (gas)	0	0	0
----- incontinent with firm stool	0	0	0
Percent with closed and dry fistula (RVF only)	100%	100%	100%
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
Percent with complications after FRS	0%	0%	0%

Table MAL 2. Number of Additional Surgeries for Fistula Patients, October 2010 – March 2011, Mali

Type Of Surgery	Gao Regional Hospital		
	Oct-Dec	Jan-Mar	FY Total
Examination under anesthesia (as a separate, discrete procedure)	27	12	39
Urethral lengthening and other operations for concomitant stress incontinence	0	2	2
Total Additional Surgeries	27	14	41

Table MAL 3. Number of Persons Trained by Topic, October 2010 – March 2011, Mali

Training Topic	Oct-Dec	Jan-Mar	FY Total
First training for fistula surgeons	1	1	2
Continuing training for fistula surgeons	2	3	2 ¹⁴
Fistula counseling	15	0	15
Obstetric Care (partograph, c-section referral, family planning, fistula referral, catheterization ¹⁵)	60	64	124
Supportive Supervision	17	0	17
Pre- and post-operative fistula care	10	15	25
Total	105	83	185

¹⁴ The surgeon who received first training in Q1, received continuing training in Q2. The same two surgeons received continuing training in Qs 1 and 2. In total 4 surgeons received surgical training during the first two quarters, so that is the number indicated in the total.

¹⁵ 6 individuals were trained in catheterization and c-section for fistula prevention. All others were trained in obstetric care topics listed.

Table MAL 4. Number of Community Outreach Events and Persons Reached, October 2010 – March 2011, 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	2	55	2	70	4	125
Total	2	55	2	70	4	125

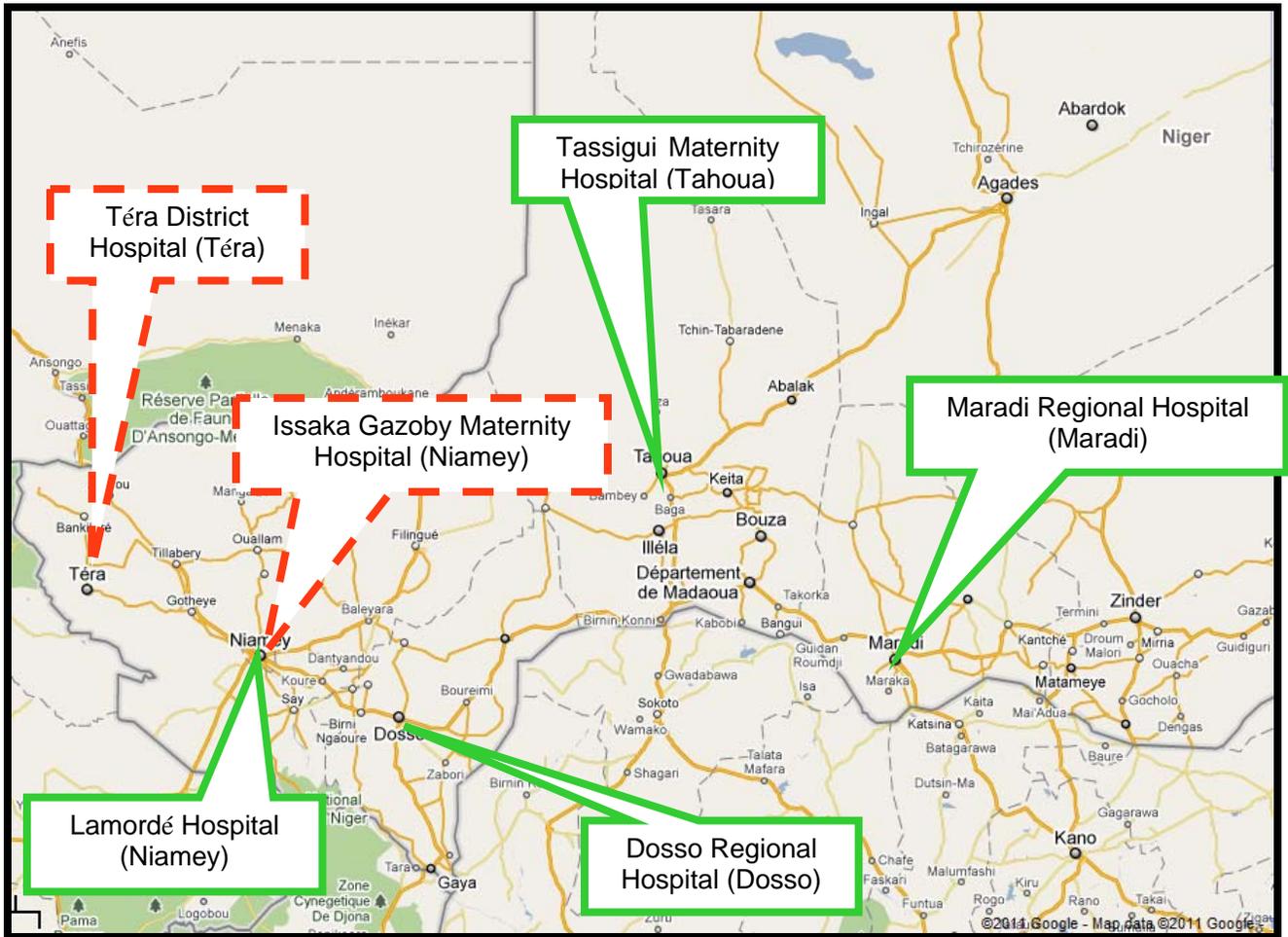
Table MAL 5. Number of FP Clients by Method and Number Counseled about FP, Gao, October 2010 – March 2011, Mali.

Fistula FP Methods	Gao Regional Hospital		
	Oct-Dec	Jan-Mar	FY Total
Oral Pill	1	3	4
IUCD	0	0	0
Condom (male)	0	0	0
Condom (female)	0	0	0
Injectable	26	17	43
Implant	0	14	14
Tubal Ligation	0	0	0
Vasectomy	0	0	0
Foaming Tablets	0	0	0
Total FP acceptors	27	34	61
Total Number of clients counseled about FP methods	61	53	114

Table MAL6. Obstetric Services, by site. October 2010 – March 2011, Mali.

Obstetric Services	Gao Regional Hospital		
	Oct-Dec	Jan-Mar	FY Total
Number of vaginal deliveries	226	209	435
Number of C sections	70	37	107
Total Number of deliveries	296	246	542
Percent deliveries by C section	24%	15%	20%

NIGER



PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT NIGER	
Reporting Period	FY 10-11: October 2010 – March 2011
Characteristic	Description
Start Date	July 2007
Supported Sites	<p>Four public hospitals for fistula treatment:</p> <ul style="list-style-type: none"> • Dosso Regional Hospital • Lamordé National Hospital, Niamey • Maradi Regional Hospital • Tassigui Maternity Hospital (Part of Tahoua Regional Hospital) <p>Two public hospital for prevention</p> <ul style="list-style-type: none"> • Issaka Gazoby Maternity Hospital, Niamey • Téra District Hospital
Background	<p>FC works with the Fistula Eradication Network (Le Réseau Pour l'Eradication des Fistules, REF) which is the national organizing body for fistula prevention, treatment and reintegration work. REF works closely with the Ministries of Health and Social Development, serves as the implementing partner for fistula prevention and treatment in Niger, and manages all activities in Niger with technical support from Fistula Care global staff.</p> <p>Tassigui Maternity Hospital (Tahoua) began providing repairs as a supported site in FY10 and support to Téra District Hospital for prevention activities began in FY11.</p>
Treatment strategies (Result 1)	<p>Lamordé, Maradi, and Dosso all have at least two trained fistula surgeons on staff; Tahoua has one trained surgeon. All four sites offer routine simple repairs; most complex repairs are performed during concentrated efforts when the Lamordé team visits other sites to build capacity and mentor site staff. During this reporting period:</p> <ul style="list-style-type: none"> • Two surgeons received continuing training in fistula repair. • Four nurses were trained in pre-, intra-, and postoperative care alongside the surgeons from their facilities. • On-site training was held in Tahoua to build 15 nurses skills in pre- and postoperative care for fistula patients.
Prevention strategies (Result 2)	<p>All sites provide family planning services. All but Lamordé offer obstetric care. During this quarter REF worked extensively with the FC global team to plan activities that will reinforce the correct use of the partograph at health centers that refer to FC supported sites. This work will be done early in the next quarter.</p>
Evaluation & Research (Result 3)	<p>Niger participated in two global research studies—prospective observational study on outcomes of repairs and the retrospective cesarean record review. Analysis and reports for both studies are being prepared.</p>
Policy Work (Result 4)	<p>A national strategy is in place to guide fistula activities nationwide. REF is planning a coordination meeting in June to bring together stakeholders to coordinate efforts and review progress on the national strategy.</p>

KEY INDICATORS SNAP SHOT NIGER						
Reporting Period	FY 10-11					
Characteristic	Description					
Indicators		Oct-Dec	Jan Mar	Apr Jun	Jul Sep	Total
Result 1: Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	63	89			152
	% women who had surgery who have closed fistula at discharge	79%	80%			80%
	% women who had surgery who experienced complications	0%	0%			0%
	# Surgeons Trained	0	2			2
	# other health trained	15	4			19
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.	# community outreach events	0	0			0
	# persons reached in community outreach	0	0			0
	# births	3188	3027			6215
	% of births c section	36%	36%			36%
Result 3: Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	0%	75%			
Result 4: Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	4	4			4
Data Trends and Explanations	<p>During this reporting period:</p> <ul style="list-style-type: none"> In the first quarter, there was a large increase in repairs compared to the previous period as a result of women being transferred from National Hospital of Niamey to Lamordé, as well as the end of the harvesting/farm work period. In the first quarter, Maradi had very low closed and dry rates; most surgeries were repeat repairs and complex cases. The surgeons on site would benefit from additional training for complex cases and RVF. FC has advised Maradi surgeons to be cautious about the cases they attempt and to refer whenever cases' complexity exceeds their skills. Dosso and Tahoua conducted repairs on women who had not previously had any repairs, while surgeries at Maradi and Lamordé were for women who have had previous surgeries. 					

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

	Dosso ¹⁶			Lamordé			Maradi ¹⁷		
Fistula Treatment Indicators	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	6	14	20	43	85	128	30	19	49
No. requiring FRS	6	14	20	43	83	126	30	19	49
No. receiving FRS	6	10	16	39	55	94	12	15	27
Percent receiving FRS	100%	71%	80%	91%	66%	75%	40%	79%	55%
Type of FRS performed									
----- urinary only	6	10	16	39	51	90	12	15	27
----- urinary & RVF	0	0	0	0	2	2	0	0	0
----- RVF only	0	0	0	0	2	2	0	0	0
For 'Urinary only' or 'Urinary and RVF' repairs									
----- first repair	6	10	16	19	10	29	5	11	16
----- second repair	0	0	0	10	23	33	3	2	5
----- >2	0	0	0	10	20	30	4	2	6
Percent women with first repair (urinary only)	100%	100%	100%	49%	19%	32%	42%	73%	59%
No. discharged after FRS (urinary only)	8	10	18	42	51	93	14	4	18
No. discharged after FRS (urinary & RVF)	0	0	0	0	2	2	0	0	0
No. discharged after FRS (RVF only)	0	0	0	0	2	2	0	0	0
Total no. discharged after FRS	8	10	18	42	55	97	14	4	18
No. not discharged after FRS	0	0	0	2	0	2	0	11	11
Outcome of FRS (urinary only & urinary/RVF)									
----- No. with closed fistula who are dry	8	7	15	37	41	78	5	4	9
----- No. with closed fistula & stress incontinence	0	0	0	2	10	12	0	0	0

¹⁶ A surgeon strike during the second quarter resulted in lower numbers of repairs.

¹⁷ In the first quarter, Maradi had a large backlog due to the surgeons traveling during the quarter. This backlog was reduced in the second quarter through referrals to Lamordé.

	Dosso ¹⁶			Lamordé			Maradi ¹⁷		
Fistula Treatment Indicators	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
----- No. whose fistula was not closed	0	3	3	3	2	5	9	0	9
Percent with closed fistula who are dry (urinary only & urinary/RVF)	100%	70%	83%	88%	77%	82%	36%	100%	50%
Outcome of FRS (RVF only)									
----- closed and dry	0	0	0	0	2	2	0	0	0
----- 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
Percent with closed and dry fistula (RVF only)	0%	0%	0%	0%	100%	100%	0%	0%	0%
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
Percent with complications after FRS	0%	0%	0%	0%	0%	0%	0%	0%	0%

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

	Tahoua ¹⁸			Country Total		
Fistula Treatment Indicators	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	8	15	23	87	133	220
No. requiring FRS	8	15	23	87	131	218
No. receiving FRS	6	9	15	63	89	152
Percent receiving FRS	75%	60%	65%	72%	68%	70%
Type of FRS performed						
----- urinary only	6	9	15	63	85	148
----- urinary & RVF	0	0	0	0	2	2

¹⁸ Tahoua has a backlog because there is only one surgeon available and the surgeons' strike during the second quarter.

Fistula Treatment Indicators	Tahoua ¹⁸			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
----- RVF only	0	0	0	0	2	2
For 'Urinary only' or 'Urinary and RVF' repairs						
----- first repair	6	9	15	36	40	76
----- second repair	0	0	0	13	25	38
----- >2	0	0	0	14	22	36
Percent women with first repair (urinary only)	100%	100%	100%	57%	46%	51%
No. discharged after FRS (urinary only)	3	9	12	67	74	141
No. discharged after FRS (urinary & RVF)	0	0	0	0	2	2
No. discharged after FRS (RVF only)	0	0	0	0	2	2
Total no. discharged after FRS	3	9	12	67	78	145
No. not discharged after FRS	3	3	6	5	14	19
Outcome of FRS (urinary only & urinary/RVF)						
----- No. with closed fistula who are dry	3	9	12	53	61	114
----- No. with closed fistula & stress incontinence	0	0	0	2	10	12
----- No. whose fistula was not closed	0	0	0	12	5	17
Percent with closed fistula who are dry (urinary only & urinary/RVF)	100%	100%	100%	79%	80%	80%
Outcome of FRS (RVF only)						
----- closed and dry	0	0	0	0	2	2
----- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0
----- incontinent with firm stool	0	0	0	0	0	0
Percent with closed and dry fistula (RVF only)	0%	0%	0%	0%	100%	100%
No. with complications after FRS	0	0	0	0	0	0
----- 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	0	0	0
Percent with complications after FRS	0%	0%	0%	0%	0%	0%

Table NGR2. Number of Additional Surgeries for Fistula Patients, October 2010 – March 2011, Niger

Type Of Surgery	Dosso			Lamorde			Maradi			Tahoua			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	Oct-Dec	Jan-Mar	FY Total
Removal of bladder stones or foreign bodies in viscera	0	n/a	0	0	2	2	0	n/a	0	0	n/a	0	0	2	2
Colostomy and reversal colostomy	0	n/a	0	0	2	2	0	n/a	0	0	n/a	0	0	2	2
Urethral lengthening and other operations for concomitant stress incontinence	0	n/a	0	0	3	3	0	n/a	0	0	n/a	0	0	3	3
3rd / 4th degree perineal tear repairs	0	n/a	0	0	3	3	0	n/a	0	0	n/a	0	0	3	3
Other (specify)	0	n/a	0	0	1	1	0	n/a	0	0	n/a	0	0	1	1
Total Additional Surgeries	0	0	0	0	11	11	0	11	11						

Table NGR 3. Number of Persons Trained by Topic, October 2010 – March 2011, Niger

Training Topic	Oct-Dec	Jan-Mar	FY Total
Continuing training in fistula repair for surgeons	0	2	2
Pre- and post-operative care	15	4	19
Total	15	6	21

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

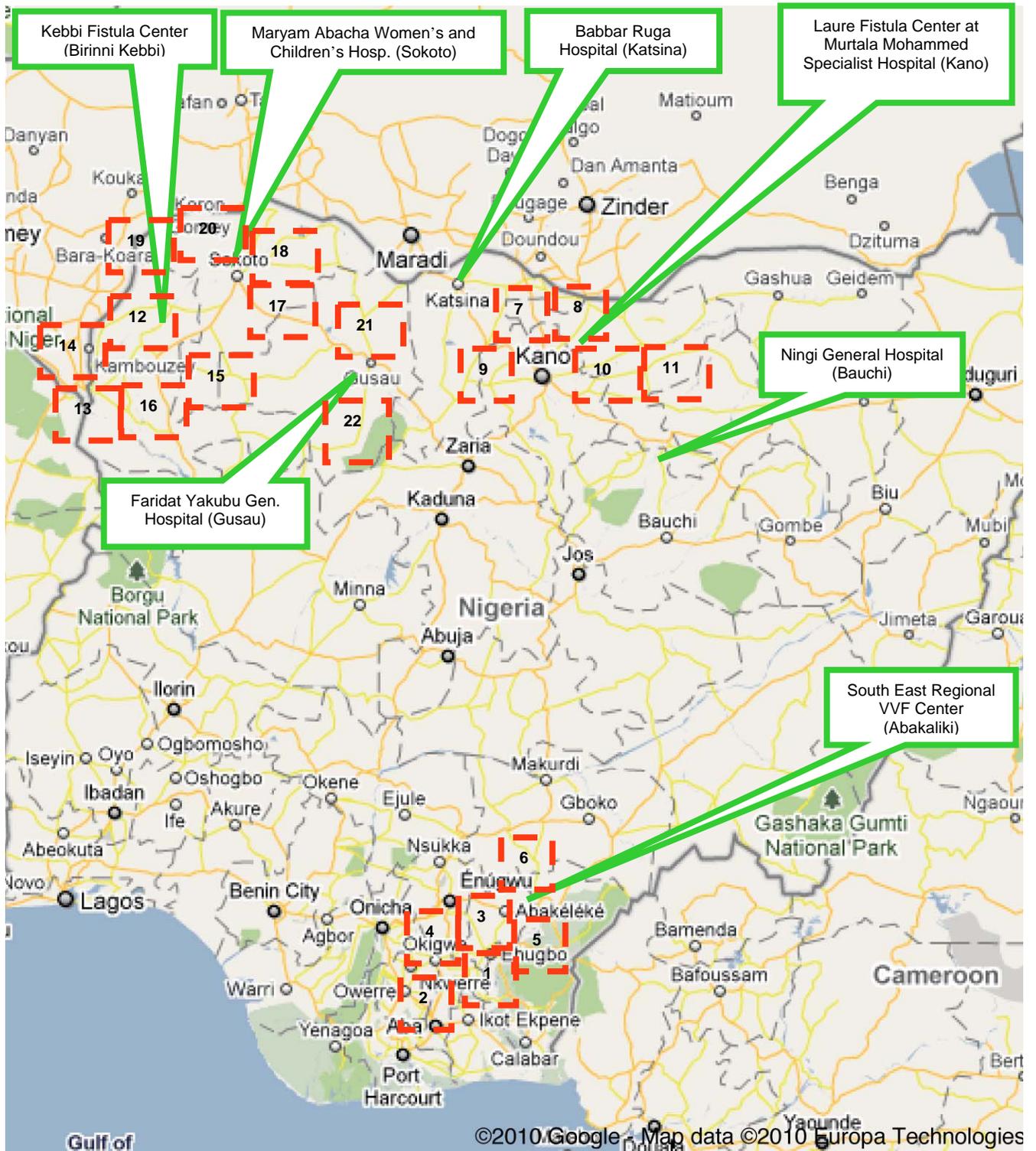
	Dosso	Issaka Gazobi	Lamordé	Maradi	Tahoua ¹⁹	Tera	Country Total
Fistula FP Methods	October 2010 – March 2011						
Oral Pill	277	362	49	290	225	105	1308
IUCD	1	117	0	4	6	0	128
Condom (male)	0	6	0	0	100	9	115
Condom (female)	0	0	0	0	0	0	0
Injectable	61	127	0	142	101	30	461
Implant	0	0	0	117	50	8	175
Tubal Ligation	0	0	0	19	0	0	19
Vasectomy	0	0	0	0	0	0	0
Foaming Tablets	0	0	0	0	0	0	0
Total FP acceptors	339	612	49	572	482	152	2206
Total Number of clients counseled about FP methods	339	613	49	579	677	152	2409

Table NGR5. Obstetric Services, by site. October 2010 – March 2011, Niger.

	Dosso	Issaka Gazobi	Maradi	Tahoua	Tera	Country Total
Obstetric Services	FY Total					
Number of vaginal deliveries	524	1159	343	1678	282	3986
Number of C sections	194	1393	524	76	42	2229
Total Number of deliveries	718	2552	867	1754	324	6215
Percent deliveries by C section	27%	55%	60%	4%	13%	36%

¹⁹ At Tahoua, the relatively high number of condoms distributed is attributed to there being a male health care worker there, instead of a female.

NIGERIA



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

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

PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT NIGERIA	
Reporting Period	FY 10-11: October 2010 – March 2011
Characteristic	Description
Start Date	February 2007
Supported Sites	<p>Fistula Care Nigeria provides support to 29 sites: 7 repair sites and 22 prevention-only sites. See details in Annex A. By state, the totals are:</p> <ul style="list-style-type: none"> • Bauchi State: 1 site (1 repair) • Bauchi 1 site (1 repair) • Ebonyi: 7 sites (1 repair, 6 prevention only) • Kano: 6 sites (1 repair, 5 prevention only) • Katsina 1 site (1 repair) • Kebbi: 6 sites (1 repair, 5 prevention only) • Sokoto: 5 sites (1 repair, 4 prevention only) • Zamfara: 3 sites (1 repair, 3 prevention only)
Background	<p>Fistula Care Nigeria will be eliminating most of the prevention only sites in the next quarter as a result of a change in the USAID mission strategy. Prevention activities will continue to be supported at the repair facilities. FC began support to a new repair site, Ningi in Bauchi State, this quarter. Site assessments were conducted in two other states this quarter; we expect to begin support to one more repair facility this FY. FC Nigeria collaborates with community-based partners such as religious leaders to disseminate fistula prevention messages and reduce stigma of fistula clients and to help reintegrate clients back into their communities post repair.</p>
Treatment strategies (Result 1)	<p>At the seven repair sites, fistula repair services are provided on a routine basis, as well as through pooled repair efforts. Pooled efforts help reduce the backlog of patients waiting for surgery. During this reporting period:</p> <ul style="list-style-type: none"> • Support began to Ningi General Hospital in Bauchi State with a pooled effort in March 2011; 23 repair surgeries conducted. Routine services are now available at the site for simple repairs. • A total of five pooled efforts were held: two in Ebonyi State and one each in Sokoto, Zamfara and Bauchi States. • One surgeon received first training in fistula repair. • Three nurses participated in training on pre- and post-operative management of fistula. • Infection prevention training was provided to 19 health care staff from Sokoto, Katsina, Kebbi, Zamfara and Kano.
Prevention strategies (Result 2)	<p>The 22 prevention only sites prevention received support for family planning service and commodities as part of the program's fistula prevention efforts. During this reporting period:</p> <ul style="list-style-type: none"> • FP services were established at Babbar Ruga Hospital in Katsina and South East Fistula Center in Ebonyi. • Betty Farrell from the FC global team, provided technical assistance to FP/RH coordinators strategize on how to strengthen integration of FP with fistula services. • Fistula prevention messages were aired on Radio Nigeria's <i>Health</i>

PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT NIGERIA

	<p>Watch program and several articles appeared in national and state newspapers about fistula treatment and prevention.</p> <ul style="list-style-type: none"> • A 26 episode radio drama serial on obstetric fistula, “Silent Cries”, is now complete and will be aired in the next quarter. • The Religious Leaders Advocacy Champions (RLAC) continued their work with a focus on antenatal care, birth preparedness and hospital delivery. 33,085 people were reached by the religious leaders during this reporting period. • The drama troupe did five performances on fistula and family planning and five on genital cutting in supported communities in Sokoto, Kebbi and Zamfara States. • The project organized a retreat for religious leaders and community based organizations from Sokoto, Kebbi and Zamfara states to share experiences, challenges and strategies.
<p>Evaluation & Research (Result 3)</p>	<p>FC Nigeria has participated in the global research prospective observational study. The findings from the study are being analyzed. During the reporting period:</p> <ul style="list-style-type: none"> • There were no data review meetings in the first quarter due to the absence of most key staff due to vacation or pilgrimage. A Provider’s Network meeting was held during the second quarter. • Shipra Srihari, consultant, carried out a cost study exercise at two supported sites: Faridat Yakubu and SE Regional VVF Centre. A modified version of a UNFPA costing tool was used to determine the direct cost of fistula repair services, including instruments, equipment, consumables and staff time. A detailed report will be finalized in the third quarter of FY11.
<p>Policy Work (Result 4)</p>	<p>During this reporting period:</p> <ul style="list-style-type: none"> • Bauchi State government earmarked 120 million naira for fistula activities in its five year strategic health plan. The Bauchi State MOH will inaugurate a state fistula task force, has assigned additional community extension health workers to the new fistula wards and the First Lady has adopted fistula as her cause. • In November 2010, the project collaborated with the FMOH, UNFPA and other actors to hold a meeting with key stakeholders to review and update the expiring National Strategic Framework on Eradication of Fistula (2005-2010). A draft revised framework will be reviewed in May 2011. • The National Working Group on Obstetric Fistula was rejuvenated and was inaugurated in February 2011. It will coordinate fistula related affairs in the country, and serve as an advocacy group committed towards fistula prevention, repair and rehabilitation. • Discussion continue at the state level with the State Commissioners of the Ministry of Women’s Affairs, Commissioners of Health, and Permanent Secretary and Directors in Sokoto, Kebbi, Katsina and Bauchi states to advocate for the establishment of state-level multi-sectoral working groups on obstetric fistula. The Katsina State Ministry held a meeting for coordinating partners working in the state on health and related issues to maximize positive outcomes and minimize duplication of efforts.

NOTE for January – March 2011 Data: Immediately following the close of the reporting period Nigeria was undergoing local and national elections. As a result, the USAID/N mission requested implementing partners to limit their activities during this period. Due to these restrictions, we were unable to gather and fully validate some data for the quarter. We have reported the available data below, and will provide any supplemental or corrected data in our third quarter report.

KEY INDICATORS SNAP SHOT NIGERIA						
Reporting Period	FY 10-11: October 2010 – March 2011					
Characteristic	Description					
Indicators		Oct-Dec	Jan Mar	Apr Jun	Jul Sep	Total
Result 1: Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	213	386			599
	% women who had surgery who have closed fistula at discharge	62%	n/a			n/a
	% women who had surgery who experienced complications	0%	n/a			n/a
	# Surgeons Trained	0	1			1
	# other health trained	19	3			22
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.	# community outreach events	85	99			184
	# persons reached in community outreach	114,471	54,853			169,324
	# births	544	487			1031
	% of births c section	4%	8%			6%
Result 3: Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	0%	100%			
Result 4: Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	28	n/a			n/a
Data Trends and Explanations	<ul style="list-style-type: none"> In the first quarter, most of the cases repaired in Ebonyi and Sokoto required more than one surgery due to length of occurrence and the nature of the fistula. This contributed to a relatively low closed and dry rate. In the second quarter, several strikes were held by medical staff in Kebbi, Sokoto and Katsina, resulting in a slow down in availability of routine services. In the first quarter, three facilities (Babbar Ruga, Maryam Abacha and SE VVF Centre) had backlogs above 20%. This was attributed to the absence of key staff due to leaves, vacations and pilgrimages. 					

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

Fistula Treatment Indicators	Babbar Ruga			Faridat Yakuba			Kebbi		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	0	0	0	15	0	15	65	0	65
No. requiring FRS	0	0	0	15	0	15	57	0	57
No. receiving FRS	0	73	73	15	47	62	57	60	117
Percent receiving FRS	0%	0%	0%	100%	0%	413%	100%	0%	205%
Type of FRS performed									
----- urinary only	0	0	0	15	0	15	54	0	54
----- urinary & RVF	0	0	0	0	0	0	0	0	0
----- RVF only	0	0	0	0	0	0	3	0	3
For 'Urinary only' or 'Urinary and RVF' repairs									
----- first repair	0	0	0	12	0	12	35	0	35
----- second repair	0	0	0	3	0	3	8	0	8
----- >2	0	0	0	0	0	0	11	0	11
% women with first repair (urinary only)	0%	0%	0%	80%	0%	80%	65%	0%	65%
No. discharged after FRS (urinary only)	0	0	0	19	0	19	56	0	56
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0	0	0	0
No. discharged after FRS (RVF only)	0	0	0	0	0	0	1	0	1
Total no. discharged after FRS	0	0	0	19	0	19	57	0	57
No. not discharged after FRS	0	0	0	4	0	4	18	0	18
Outcome of FRS (urinary only & urinary/RVF)									
---- No. with closed fistula who are dry	0	0	0	15	0	15	28	0	28
---- No. with closed fistula & stress incontinence	0	0	0	1	0	1	19	0	19
----No. whose fistula was not closed	0	0	0	3	0	3	9	0	9
Percent with closed fistula who are dry (urinary only & urinary/RVF)	0%	0%	0%	79%	0%	79%	50%	0%	50%
Outcome of FRS (RVF only)									
----closed and dry	0	0	0	0	0	0	1	0	1
----incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0

Fistula Treatment Indicators	Babbar Ruga			Faridat Yakuba			Kebbi		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
-----incontinent with firm stool	0	0	0	0	0	0	0	0	0
% with closed and dry fistula (RVF only)	0%	0%	0%	0%	0%	0%	100%	0%	100%
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
Percent with complications after FRS	0%	0%	0%	0%	0%	0%	0%	0%	0%

Table NIGI (continued2)

Fistula Treatment Indicators	Laure Fistula Ctr.			Maryam Abacha			Ningi		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	64	0	64	61	0	61	NS	40	40
No. requiring FRS	64	0	64	55	0	55	NS	39	39
No. receiving FRS	64	80	144	29	39	68	NS	23	23
Percent receiving FRS	100%	0%	225%	53%	0%	124%	0%	59%	59%
Type of FRS performed									
----- urinary only	59	0	59	29	0	29	NS	0	0
----- urinary & RVF	2	0	2	0	0	0	NS	0	0
----- RVF only	3	0	3	0	0	0	NS	0	0
For 'Urinary only' or 'Urinary and RVF' repairs									
----- first repair	55	0	55	22	0	22	NS	0	0
----- second repair	2	0	2	1	0	1	NS	0	0
----- >2	4	0	4	6	0	6	NS	0	0
Percent women with first repair (urinary only)	90%	0%	90%	76%	0%	76%	0%	0%	0%
No. discharged after FRS (urinary only)	45	0	45	39	0	39	NS	0	0

Fistula Treatment Indicators	Laure Fistula Ctr.			Maryam Abacha			Ningi		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. discharged after FRS (urinary & RVF)	0	0	0	0	0	0	NS	0	0
No. discharged after FRS (RVF only)	3	0	3	1	0	1	NS	0	0
Total no. discharged after FRS	48	0	48	40	0	40	NS	0	0
No. not discharged after FRS	16	0	16	11	0	11	NS	0	0
Outcome of FRS (urinary only & urinary/RVF)									
----- No. with closed fistula who are dry	45	0	45	16	0	16	NS	0	0
----- No. with closed fistula & stress incontinence	0	0	0	7	0	7	NS	0	0
----- No. whose fistula was not closed	0	0	0	16	0	16	NS	0	0
% with closed fistula who are dry (urinary only & urinary/RVF)	100%	0%	100%	41%	0%	41%	0%	0%	0%
Outcome of FRS (RVF only)									
----- closed and dry	3	0	3	1	0	1	NS	0	0
----- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	NS	0	0
----- incontinent with firm stool	0	0	0	0	0	0	NS	0	0
Percent with closed and dry fistula (RVF only)	100%	0%	100%	100%	0%	100%	0%	0%	0%
No. with complications after FRS	0	0	0	0	0	0	NS	0	0
----Major surgical complications	0	0	0	0	0	0	NS	0	0
----Anesthesia-related complication	0	0	0	0	0	0	NS	0	0
--- Post-operative complication related to perceived success of surgery	0	0	0	0	0	0	NS	0	0
Percent with complications after FRS	0%	0%	0%	0%	0%	0%	0%	0%	0%

Table NIG1 (continued3)

Fistula Treatment Indicators	Ebonyi Fistula Center			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	72	0	72	277	40	317
No. requiring FRS	67	0	67	258	39	297
No. receiving FRS	48	64	112	213	386	599
Percent receiving FRS	72%	0%	167%	83%	990%	202%
Type of FRS performed						
----- urinary only	42	0	42	199	0	199
----- urinary & RVF	0	0	0	2	0	2
----- RVF only	6	0	6	12	0	12
For 'Urinary only' or 'Urinary and RVF' repairs						
----- first repair	32	0	32	156	0	156
----- second repair	10	0	10	24	0	24
----- >2	0	0	0	21	0	21
Percent women with first repair (urinary only)	76%	0%	76%	78%	0%	78%
No. discharged after FRS (urinary only)	122	0	122	281	0	281
No. discharged after FRS (urinary & RVF)	2	0	2	2	0	2
No. discharged after FRS (RVF only)	10	0	10	15	0	15
Total no. discharged after FRS	134	0	134	298	0	298
No. not discharged after FRS	0	0	0	49	0	49
Outcome of FRS (urinary only & urinary/RVF)						
----- No. with closed fistula who are dry	71	0	71	175	0	175
----- No. with closed fistula & stress incontinence	10	0	10	37	0	37
----- No. whose fistula was not closed	43	0	43	71	0	71
Percent with closed fistula who are dry (urinary only & urinary/RVF)	57%	0%	57%	62%	0%	62%
Outcome of FRS (RVF only)						
----- closed and dry	8	0	8	13	0	13
----- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0

Fistula Treatment Indicators	Ebonyi Fistula Center			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
----- incontinent with firm stool	2	0	2	2	0	2
Percent with closed and dry fistula (RVF only)	80%	0%	80%	87%	0%	87%
No. with complications after FRS	0	0	0	0	0	0
----- 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	0	0	0
Percent with complications after FRS	0%	0%	0%	0%	0%	0%

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

Training Topic	Oct-Dec	Jan-Mar	FY Total
First training in surgical repair for fistula	0	1	1
Infection Prevention	19	0	19
Pre- and post-operative fistula management	0	3	3
Total	19	4	23

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

State	Oct-Dec		Jan-Mar		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Kebbi	25	22,808	n/a	n/a	n/a	n/a
Sokoto	31	23,629	n/a	n/a	n/a	n/a
Zamfara	21	40,507	n/a	n/a	n/a	n/a
Ebonyi	8	27,527	n/a	n/a	n/a	n/a
Total	85	114,471	99*	54,853*	184	169,324

*Only data on the total number of events and persons reached were available for the Jan-Mar 2011 quarter.

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

Obstetric Services	Faridat Yakuba			Kamba General Hospital			Maiyama General Hospital			Maryam Abacha			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	Oct-Dec	Jan-Mar	FY Total
Number of vaginal deliveries	311	n/a	311	0	177	177	0	113	113	213	160	373	524	450	974
Number of C sections	13	n/a	13	0	14	14	0	3	3	7	20	27	20	37	57
Total Number of deliveries	324	n/a	324	0	191	191	0	116	116	220	180	400	544	487	1031
Percent deliveries by C section	4%	n/a	4%	0%	7%	7%	0%	3%	3%	3%	11%	7%	4%	8%	6%

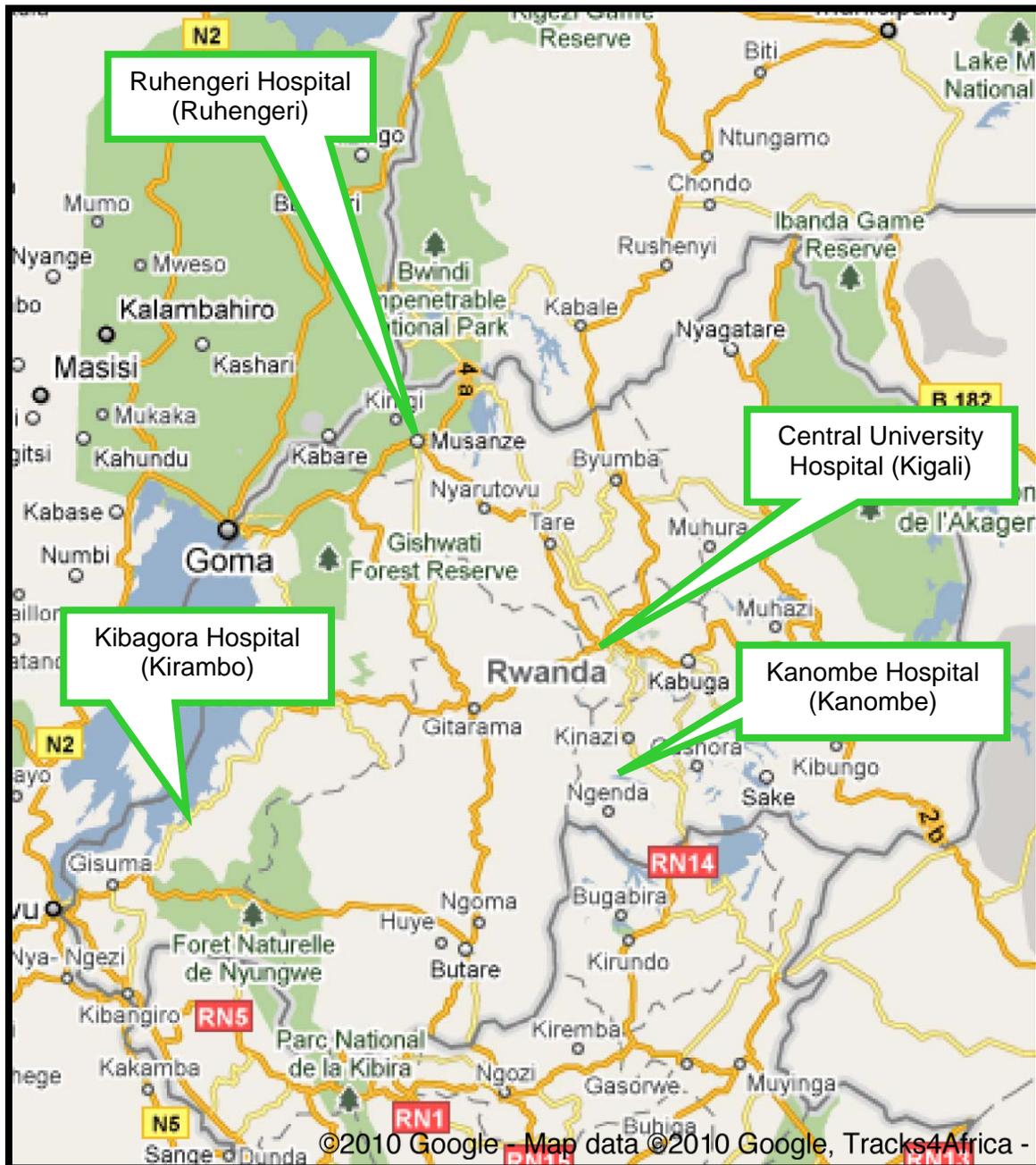
Note: Data on obstetric services is only collected from facilities in Kebbi State and Maryam Abacha Women and Children Hospital in Sokoto. Data from Faridat Yakuba was not available for the Jan-Mar quarter.

Table NIG 5. Number of FP Clients by Method and Number Counseled about FP, by State, October 2010 – March 2011, Nigeria²⁰

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	17	3	20	132	112	244	9	1	10	158	189	347	134	104	238	9	31	40	459	440	899
IUCD	18	9	27	84	74	158	6	1	7	28	17	45	37	20	57	22	15	37	195	136	331
Condom (male)	19	22	41	2	1	3	2	2	4	1	0	1	20	41	61	3	0	3	47	66	113
Condom (female)	0	0	0	1	2	3	0	0	0	0	0	0	2	0	2	0	0	0	3	2	5
Injectable	142	160	302	587	412	999	15	6	21	231	241	472	904	799	1703	276	331	607	2155	1949	4104
Implant	11	8	19	0	0	0	6	0	6	15	41	56	102	86	188	10	12	22	144	147	291
Tubal Ligation	8	0	8	0	0	0	0	0	0	4	4	8	1	0	1	2	0	2	15	4	19
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
Total FP acceptors	215	202	417	806	601	1407	38	10	48	437	492	929	1200	1050	2250	322	389	711	3018	2744	5762
Total Number of clients counseled about FP methods	542	380	922	905	714	1619	92	36	128	673	625	1298	1430	1379	2809	357	459	816	3999	3593	7592

²⁰ FP data for GH Jabo (Sokoto State) and two sites in Kano (Takai and Tarauna)was not collected in the Jan-Mar quarter due to strikes at those facilities.

RWANDA



PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT RWANDA	
Reporting Period	FY 10-11: October 2010 – March 2011
Characteristic	Description
Start Date	March 2006 under ACQUIRE
Supported Sites	Four public sector sites providing fistula repair: <ul style="list-style-type: none"> • Central University Hospital of Kigali (CHUK) • Ruhengeri District Hospital • Kanombe Hospital • Kibogora Hospital
Background	The Rwanda EngenderHealth office opened in 2009. Fistula Care works closely with the MOH and other in country partners to raise the visibility of the fistula program. At the request of the USAID/Rwanda mission, Fistula Care supported the Ministry of Health in a fistula site assessment to increase the availability of fistula services. Based on this assessment, FC will be supporting the following additional sites in FY11: one treatment site (Kibogora) and three prevention sites (Gahini, Kabgayi and Nyamata). The project has already begun training one surgeon and nursing staff in fistula repair and care from Kibogora hospital.
Treatment strategies (Result 1)	<p>The principal focus of FC's work in Rwanda is to increase surgeon capacity through training and strengthening facilities by providing equipment and supplies for fistula repair surgery.</p> <p>The majority of repairs continued to be done through concentrated sessions, though the transition to routine services was initiated in 2009. Currently, routine services are available at CHUK and Kanombe Military Hospital. The surgeon being trained at Ruhengeri has achieved competency to repair simple to medium complex cases and will initiate routine services. The project will continue to support a combined approach of routine services and organized sessions to continue to build capacity while reducing the backload of fistula cases. In this reporting period:</p> <ul style="list-style-type: none"> • Four training sessions were held for surgeons, with a total of three surgeons participating in their first training, and four surgeons receiving continuous training in fistula repair. • 20 nurses attended training in management of pre- and post-operative care • A temporary shelter has been put in place at CHUK to accommodate screening fistula patients during an organized treatment session and two rooms are available for postoperative care. • FC supported the installation of an overhead operating light in the main theater and a mobile light to be used in the maternity theater at Kanombe Hospital.
Prevention strategies (Result 2)	<p>During this reporting period the following staff from Kanombe Hospital were trained in prevention interventions:</p> <ul style="list-style-type: none"> - Emergency obstetrics training for 19 staff - Fistula counseling for 13 nurses from Kanombe and eight of its health centers

PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT RWANDA

<p>Evaluation & Research (Result 3)</p>	<p>FC conducted a medical monitoring visit at Kanombe in February 2011. The visit also include a review of medical waste management. FC medical staff made the following recommendations:</p> <ul style="list-style-type: none"> • Treat water from hospital before allowing it to drain towards the community; • Promote the separation of wastes from the wards up to the incinerator; • Follow up on implementation of infection prevention protocols (e.g.: buckets of different colors in all the wards and displaying infection guidelines on walls); • Protect personnel by immunization including tetanus and hepatitis • Strengthen demand creation, timely transportation and follow up of fistula clients.
<p>Policy Work (Result 4)</p>	<p>Fistula Care is part of the National Safe Motherhood Technical Group (NSMTG) in Rwanda and serves as the chair of the Fistula Steering Committee through the Maternal Health task force.</p> <p>A draft National Fistula Strategy has been developed and is being reviewed by the MOH and the members of the NSMTG. During this reporting period, the project hosted the quarterly Fistula Steering Committee meeting and it was determined that all participating members will work to prepare a national fistula activity workplan.</p>

KEY INDICATORS SNAP SHOT RWANDA

Reporting Period	FY 10-11: October 2010 – March 2011					
Characteristic	Description					
Indicators		Oct-Dec	Jan Mar	Apr Jun	Jul Sep	Total
Result 1: Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	55	78			133
	% women who had surgery who have closed fistula at discharge	77%	84%			80%
	% women who had surgery who experienced complications	2%	0%			1%
	# Surgeons Trained	4	7			7
	# other health trained	29	33			52
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.	# community outreach events	0	0			0
	# persons reached in community outreach	0	0			0
	# births	2473	2052			4525
	% of births c section	32%	31%			32%
Result 3: Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	100%	100%			
Result 4: Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	3	3			3
Data Trends and Explanations	<ul style="list-style-type: none"> • In the Oct-Dec quarter, the main theater at Kanombe underwent renovation, resulting in fewer surgeries for the quarter. • The repair session at Ruhengeri in the Oct-Dec quarter was of a limited duration and had many complicated cases, resulting in a backlog that quarter. Two repair sessions held in the Jan-Mar quarter helped to address this backlog. • Overall, numbers of women presenting for screening were lower than hoped. To address this, all sites will be undertaking mass media campaigns to raise awareness about treatment and encourage women to come for screening. 					

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

	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
No. seeking FRS	10	6	16	8	16	24	79	95	174	97	117	214
No. requiring FRS	8	5	13	5	16	21	61	68	129	74	89	163
No. receiving FRS	13	4	17	4	13	17	38	61	99	55	78	133
Percent receiving FRS	163%	80%	131%	80%	81%	81%	62%	90%	77%	74%	88%	82%
Type of FRS performed												
----- urinary only	13	3	16	3	9	12	38	54	92	54	66	120
----- urinary & RVF	0	0	0	0	1	1	0	0	0	0	1	1
----- RVF only	0	1	1	1	3	4	0	7	7	1	11	12
For 'Urinary only' or 'Urinary and RVF' repairs												
----- first repair	10	3	13	2	8	10	19	26	45	31	37	68
----- second repair	3	0	3	1	1	2	9	16	25	13	17	30
----- >2	0	0	0	0	1	1	10	12	22	10	13	23
Percent women with first repair (urinary only)	77%	100%	81%	67%	80%	77%	50%	48%	49%	57%	55%	56%
No. discharged after FRS (urinary only)	61	3	64	3	9	12	38	54	92	102	66	168
No. discharged after FRS (urinary & RVF)	0	0	0	0	1	1	0	0	0	0	1	1
No. discharged after FRS (RVF only)	0	1	1	1	3	4	0	7	7	1	11	12
Total no. discharged after FRS	61	4	65	4	13	17	38	61	99	103	78	181
No. not discharged after FRS	0	0	0	0	0	0	0	0	0	0	0	0
Outcome of FRS (urinary only & urinary/RVF)												
---No. with closed fistula who are dry	52	3	55	3	7	10	24	46	70	79	56	135
---No. with closed fistula & stress incontinence	5	0	5	0	1	1	9	2	11	14	3	17
---No. whose fistula was not closed	4	0	4	0	2	2	5	6	11	9	8	17

	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
Percent with closed fistula who are dry (urinary only & urinary/RVF)	85%	100%	86%	100%	70%	77%	63%	85%	76%	77%	84%	80%
Outcome of FRS (RVF only)												
---closed and dry	0	1	1	1	3	4	0	7	7	1	11	12
----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
Percent with closed and dry fistula (RVF only)	0%	100%	100%	100%	100%	100%	0%	100%	100%	100%	100%	100%
No. with complications after FRS	0	0	0	0	0	0	2	0	2	2	0	2
--- Major surgical complications	0	0	0	0	0	0	2	0	2	2	0	2
----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
Percent with complications after FRS	0%	0%	0%	0%	0%	0%	5%	0%	2%	2%	0%	1%

Table RWA 2. Number of Additional Surgeries for Fistula Patients, October 2010 – March 2011, Rwanda

Type Of Surgery	CHUK			Kanombe			Ruhengeri			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
Examination under anesthesia (as a separate, discrete procedure)	1	2	3	0	1	1	0	0	0	1	3	4
Colostomy and reversal colostomy	1	0	1	0	0	0	0	0	0	1	0	1
Ureteric reimplantation	1	0	1	0	0	0	0	0	0	1	0	1
3rd / 4th degree perineal tear repairs	2	2	4	0	0	0	0	0	0	2	2	4
Total Additional Surgeries	5	4	9	0	1	1	0	0	0	5	5	10

Table RWA 3. Number of Persons Trained by Topic, October 2010 – March 2011, Rwanda

Training Topic	Oct-Dec	Jan-Mar	FY Total
First surgical training for fistula repair	0	3	3
Continuing surgical training for fistula repair	4*	4	4
Pre- and post-operative fistula care for nurses	10	20**	20
Emergency obstetrics	19	0	19
Fistula counseling	0	13	13
Total	33	40	59

*The same four surgeons participated in multiple trainings during the first and second quarters.

**10 of the 20 nurses receiving training in the Jan-Mar quarter also received training in the Oct-Dec quarter.

Table RWA 4. Number of FP Clients by Method and Number Counseled about FP, by Site, October 2010 – March 2011, Rwanda.²¹

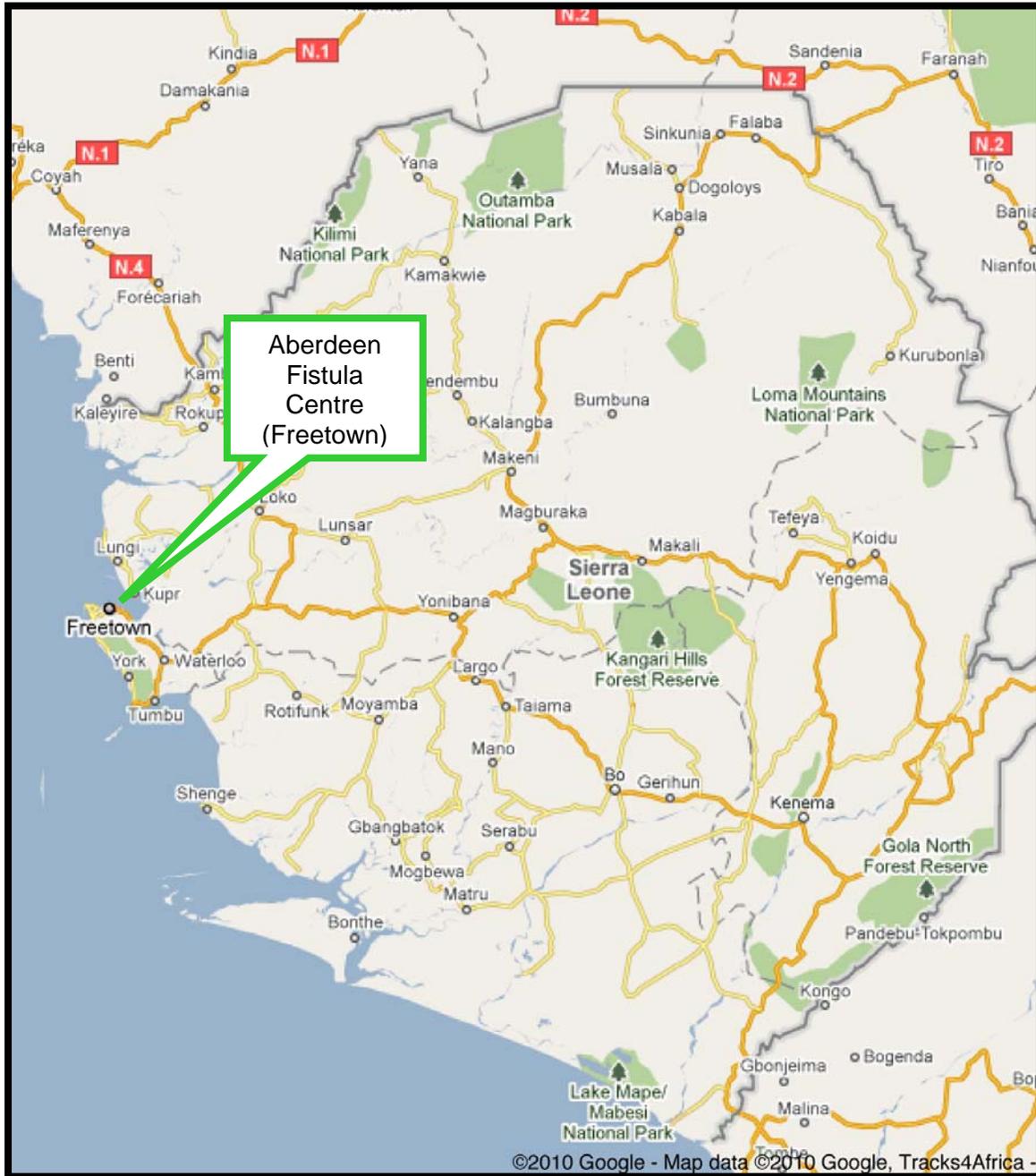
Fistula FP Methods	CHUK			Kanombe			Ruhengeri			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
Oral Pill	2	2	4	0	0	0	124	4	128	126	6	132
IUCD	19	10	29	0	0	0	24	0	24	43	10	53
Condom (male)	0	0	0	0	0	0	33	0	33	33	0	33
Condom (female)	0	0	0	0	0	0	0	0	0	0	0	0
Injectable	1	0	1	0	0	0	297	6	303	298	6	304
Implant	1	13	14	0	0	0	175	2	177	176	15	191
Tubal Ligation	5	0	5	0	7	7	197	5	202	202	12	214
Vasectomy	0	3	3	0	0	0	104	5	109	104	8	112
Foaming Tablets	0	0	0	0	0	0	0	0	0	0	0	0
Total FP acceptors	28	28	56	0	7	7	954	22	976	982	57	1039
Total Number of clients counseled about FP methods	28	28	56	0	7	7	954	22	976	982	57	1039

Table RWA 5. Obstetric Services, by site. October 2010 – March 2011, Rwanda.

Obstetric Services	CHUK			Kanombe			Ruhengeri			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 of vaginal deliveries	268	244	512	530	201	731	886	965	1851	1684	1410	3094
Number of C sections	235	234	469	248	104	352	306	304	610	789	642	1431
Total Number of deliveries	503	478	981	778	305	1083	1192	1269	2461	2473	2052	4525
Percent deliveries by C section	47%	49%	48%	32%	34%	33%	26%	24%	25%	32%	31%	32%

²¹ The Jan-Mar quarter showed a significant decrease in family planning methods provided, compared to the previous quarter which had elevated numbers due to a concentrated outreach effort in the community.

SIERRA LEONE



PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT SIERRA LEONE	
Reporting Period	FY 10-11: October 2010 – March 2011
Characteristic	Description
Start Date	January 2007
Supported Sites	The Aberdeen Women's Centre (AWC, formerly known as the Aberdeen West Africa Fistula Centre).
Background	<p>The AWC was managed by Mercy Ships International through January 1, 2010, at which point Mercy Ships transferred its authority to The Gloag Foundation (TGF) in order to concentrate its efforts on the <i>Africa Mercy</i>, its floating hospital. The Gloag Foundation is a sister organization of the Balcraig Foundation and the Freedom from Fistula Foundation, which is largely funded by Ann Gloag. TGF has implemented fistula programs in Kenya, Liberia, and Malawi. Fistula Care's subaward with the Gloag Foundation began July 1, 2010.</p> <p>The AWC opened in April 2005. Its mission is to provide high quality gynaecological surgeries for childbirth injuries and holistic fistula treatment services. The AWC also operates an outpatient clinic for children and in May 2010 opened a maternity wing. The maternity wing includes 3 delivery areas and 8 antenatal/postnatal beds with an overflow ward of 12 beds that can be used by either department (fistula or obstetrics). There are two functioning theaters for surgery. In recent years, the number of fistula patients identified and treated has decreased. As it is unlikely that the backlog of women needing repair has been adequately addressed, AWC feels this is attributable to poor public awareness and continues to focus on outreach and public education.</p>
Treatment strategies (Result 1)	<p>Fistula surgery is normally provided four days a week by the resident surgeon, Dr. Lewis. A visiting international surgeon provides additional support, especially for complex repairs. Two physiotherapy nurses work with patients in-house. During this reporting period AWC focused on several capacity-building activities:</p> <ul style="list-style-type: none"> • Development of a plan for the placement of doctors from the National College of Medicine participating in a newly developed post graduate medical training program. This program will incorporate fistula repair training as a key component of their rotation. • Held discussions with the Ministry of Health and Sanitation about the need for the ministry to find and release appropriate candidates for training. • In November 2010 began a 10-session in-house course for updating the fistula nurses. Training topics include anatomy and physiology, an orientation to fistula and pre-operative care, long term complications of VVF, and physiotherapy of patients. • In the first two quarters, there were 12 screening trips, each preceded by a local radio broadcast by the screening nurse which included an interactive phone in program.
Prevention strategies (Result 2)	<p>As of December 2010, family planning services are now being provided in-house to patients in both the repair and obstetrics programs. Key accomplishments include:</p> <ul style="list-style-type: none"> • In house advocacy workshops conducted to enable women receiving repairs to become advocates for fistula prevention in their communities when they return home. A total of 95 women participated in these workshops between September 2010 and March 2011.

PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT SIERRA LEONE

	<ul style="list-style-type: none">• On-the-job (OJT) obstetric training for the maternity unit staff in antepartum hemorrhage, preterm and antenatal care, anemia in pregnancy, postoperative pain management, instrumental delivery, midwifery updates, gestation and dating, use of the partograph, pre-eclampsia, neonatal care, cervical tears, and use of magnesium sulphate.• In February 2011, AWC held a competition for the center midwives to present interesting maternity cases with which they had been involved. The midwives with the two most outstanding presentations were chosen to attend the upcoming International Midwifery Conference in Durban, South Africa in June 2011.• Leaflets for Maternity and VVF services were produced and disseminated
Policy work (Result 4)	In November 2010, a new National VVF Strategy Working Group was established, with AWC as a member. AWC is lobbying the Ministry of Health and Sanitation and other NGOs for the establishment of monthly meetings; however this has not as yet been put into action.

KEY INDICATORS SNAP SHOT SIERRA LEONE

Reporting Period	FY 10-11 October 2010-March 2011					
Characteristic	Description					
Indicators		Oct-Dec	Jan Mar	Apr Jun	Jul Sep	Total
Result 1: Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	59	40			99
	% women who had surgery who have closed fistula at discharge	88%	82%			85%
	% women who had surgery who experienced complications	4%	0%			2%
	# Surgeons Trained	0	0			0
	# other health trained	54	115			169
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.	# community outreach events	N/A	N/A			N/A
	# persons reached in community outreach	N/A	N/A			N/A
	# births	236	221			457
	% of births c section	12%	17%			14%
Result 3: Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	100%	100%			
Result 4: Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	1	1			1
Data Trends and Explanations	<p>In the first quarter, Dr. Lewis' availability was limited due to her attendance at the ISOFS conference and compulsory attendance at the annual registration of doctors held by the Ministry of Health.</p> <p>In the second quarter, the number of repairs was lower than anticipated due to a problem with the screening vehicle. A replacement vehicle has been purchased and will be ready for service in May 2011.</p>					

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

Fistula Treatment Indicators	Aberdeen		
	Oct-Dec	Jan-Mar	FY Total
No. seeking FRS	105	76	181
No. requiring FRS	71	40	111
No. receiving FRS	59	40	99
Percent receiving FRS	83%	100%	89%
Type of FRS performed			
----- urinary only	59	40	99
----- urinary & RVF	0	0	0
----- RVF only	0	0	0
For 'Urinary only' or 'Urinary and RVF' repairs			
----- first repair	45	30	75
----- second repair	10	5	15
----- >2	4	5	9
Percent women with first repair (urinary only)	76%	75%	76%
No. discharged after FRS (urinary only)	50	51	101
No. discharged after FRS (urinary & RVF)	0	0	0
No. discharged after FRS (RVF only)	0	0	0
Total no. discharged after FRS	50	51	101
No. not discharged after FRS	16	7	23
Outcome of FRS (urinary only & urinary/RVF)			
----- No. with closed fistula who are dry	44	42	86
----- No. with closed fistula & stress incontinence	6	4	10
----- No. whose fistula was not closed	0	5	5
Percent with closed fistula who are dry (urinary only & urinary/RVF)	88%	82%	85%
Outcome of FRS (RVF only)			
----- closed and dry	0	0	0
----- incontinent with water stool and /or flatus (gas)	0	0	0
----- incontinent with firm stool	0	0	0
Percent with closed and dry fistula (RVF only)	0%	0%	0%
No. with complications after FRS	2	0	2
----- Major surgical complications	0	0	0
----- Anesthesia-related complication	1	0	1
----- Post-operative complication related to perceived success of surgery	1	0	1
Percent with complications after FRS	4%	0%	2%

**Table SRL2. Number of Additional Surgeries for Fistula Patients,
October 2010 – March 2011, Sierra Leone**

Type Of Surgery	Aberdeen		
	Oct-Dec	Jan-Mar	FY Total
Examination under anesthesia (as a separate, discrete procedure)	8	13	21
Removal of bladder stones or foreign bodies in viscera	2	6	8
Ureteric reimplantation	2	0	2
Urethral lengthening and other operations for concomitant stress incontinence	10	17	27
3rd / 4 th degree perineal tear repairs	0	1	1
Other (specify)*	11	4	15
Total Additional Surgeries	33	41	74

*Other surgeries include (Q1) cystoscopy, Kellys plication, ooperectomy, urethral repair, anterior colporalpy, (Q2) cystoscopy, urethral repair.

**Table SRL3. Number of Persons Trained by Topic,
October 2010 – March 2011, Sierra Leone**

Training Topic	Oct-Dec	Jan-Mar	FY Total
OJT sessions for nursing staff by topic*			
General Obstetric Care topics	20	66	86
Partograph	20	0	20
Pre- and post-operative care	14	49	63
Totals	54	115	169

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

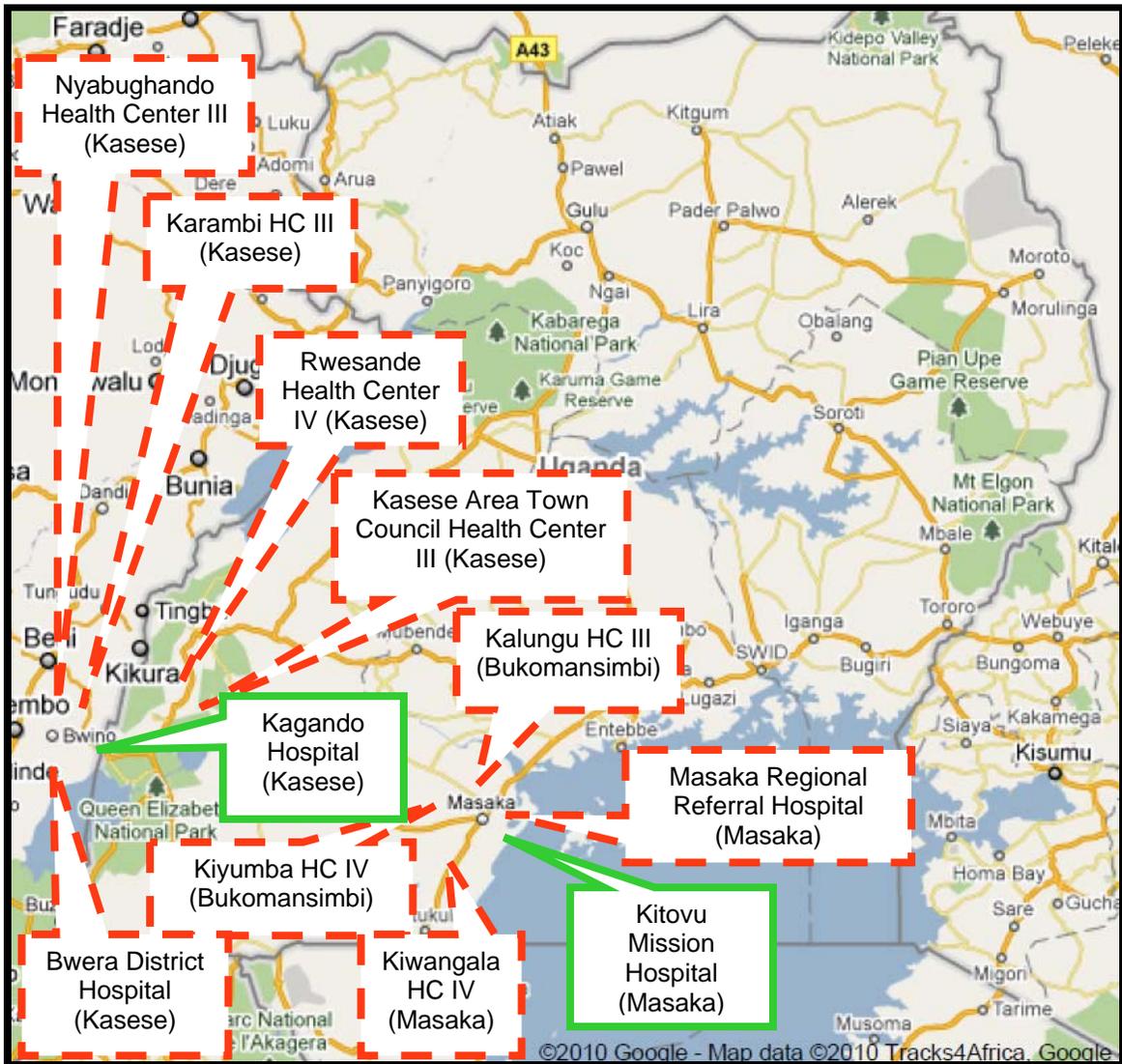
**Table SRL 4. Number of FP Clients by Method and Number Counseled about FP, by site.
October 2010 – March 2011, Sierra Leone**

	Aberdeen		
Fistula FP Methods	Oct-Dec	Jan-Mar	FY Total
Oral Pill	42	30	72
IUCD	0	0	0
Condom (male)	0	0	0
Condom (female)	1	0	1
Injectable	58	61	119
Implant	3	0	3
Tubal Ligation	0	2	2
Vasectomy	0	0	0
Foaming Tablets	0	0	0
Total FP acceptors	104	93	197
Total Number of clients counseled about FP methods	124	55	179

**Table SRL5. Obstetric Services, by site.
October 2010 – March 2011, Sierra Leone.**

	Aberdeen		
Obstetric Services	Oct-Dec	Jan-Mar	FY Total
Number of vaginal deliveries	208	183	391
Number of C sections	28	38	66
Total Number of deliveries	236	221	457
Percent deliveries by C section	12%	17%	14%

UGANDA



PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT UGANDA	
Reporting Period	FY 10-11: October 2010 – March 2011
Characteristic	Description
Start Date	January 2005 under ACQUIRE
Supported Sites	<p>Two private treatment and prevention sites:</p> <ul style="list-style-type: none"> • Kitovu Mission Hospital in Masaka, in collaboration with Masaka Regional Referral Hospital • Kagando Mission Hospital in Kasese, in collaboration with Bwera District Hospital. <p>Nine prevention-only sites (public sector)</p> <ul style="list-style-type: none"> • Masaka area: Masaka RR Hospital, Kiwangala HCIV, Kalungu HC III, and Kiyumba HCIV. • Kasese area: Bwera Hospital, Rwesande HC IV, Karambi HC III, Nyabugando HC III and City Council HC III. <p>In consultation with the MOH, Hoima Hospital (a public sector facility) was identified as a third repair site to be supported by Fistula Care. FC staff carried out a facility assessment in the first quarter. Key findings were discussed with the MOH and implementation at this site will begin next quarter.</p>
Background	Fistula Care supports the public/private partnerships between Kitovu Mission Hospital and Masaka District hospital, and Kagando Hospital and Bwera District Hospital to improve the quality and availability of fistula treatment services. In FY10, in consultation with the MOH, nine health facilities were selected in which to focus support for fistula prevention services. The Fistula Care strategy in Uganda is based on the Levels of Care Framework.
Treatment strategies (Result 1)	<p>During this reporting period:</p> <ul style="list-style-type: none"> • Four surgeons received training in fistula repair; one for first training and three for continuing training. • Five organized repair efforts took place: three at Kagando and two at Kitovu. Visiting expert surgeons were invited to join the teams at Kagando and Kitovu, only those visiting surgeons at Kitovu were supported with FC funds. • Kagando began construction of a new theater with funds from <i>Friends of Kagando</i>; part of the new theater will be dedicated to fistula treatment. • FC Uganda staff conducted fistula counseling training follow up at Kagando, Kitovu and Mabarara; new counseling materials were pretested at the sites. • Infection prevention trainings were held at six facilities in the Masaka region, for a total of 619 health care staff. • A Reintegration Referral Directory for all the sites including resources for social service referrals is under development.
Prevention strategies (Result 2)	<p>FC/Uganda supports prevention activities including FP, EmOC and community outreach at all the supported sites. During this reporting period:</p> <ul style="list-style-type: none"> • Cesarean training was held at Mbarara Regional Referral Hospital and Masaka and Kitovu hospitals for a total of 23 health care staff. • Free radio and TV airtime was obtained and FC staff were guest speakers on three different shows to increase awareness of fistula prevention and treatment as well as mobilizing clients to seek repairs. • The planning process for the mentoring and coaching of staff at six sites in use of the partograph was completed; orientations will begin next quarter for all facility

PROGRAM DESCRIPTION AND ACHIEVEMENT SNAPSHOT UGANDA

	<p>staff and leadership.</p> <ul style="list-style-type: none"> • FC staff conducted an assessment of community mobilization efforts at the two supported repair sites. Recommendations from the assessment include the need for more time allotted to these efforts, more IEC materials, and more efforts to assess whether community members understand the key messages of the efforts. • Several communication products were drafted to assist with increasing fistula awareness including a Q&A booklet, grain sack images, family planning for fistula care booklet, radio spots and posters.
<p>Evaluation & Research (Result 3)</p>	<p>Uganda participated in two global research studies—prospective observational study on outcomes of repairs and the retrospective cesarean record review Both studies were completed in FY10. Findings from the cesarean study were disseminated in FY10. Analysis of findings from the observational study is underway. Activities during this reporting period include:</p> <ul style="list-style-type: none"> • Continued work on two technical briefs to share lessons learned from the Uganda program: Training/mentoring and use of the partograph in supported facilities and progress of the MOH/Fistula Technical Working Group. • FC staff presented fistula maps to the MOH-MCH cluster meeting in February 2011.
<p>Policy Work (Result 4)</p>	<p>The project supports the National Fistula Technical Working Group (FTWG), which is comprised of all stakeholders implementing fistula work in Uganda. The project also initiated the Fistula Partnership Forum in FY10, in collaboration with UNFPA and AMREF. The aim of the Forum is to maximize resources for fistula prevention and treatment. During this reporting period:</p> <ul style="list-style-type: none"> • Fistula partners and FTWG meetings were held. Participants shared experiences, lessons learned and best practices, reviewed FP reporting and financial management requirements and reviewed progress to date. The FTWG meetings focused on finalization of the GIS Fistula service maps, discussion of adoption of the FC medical monitoring tools, finalization of the National Fistula Strategy and review of the ECSA Fistula policy. The National Fistula Strategy has been finalized and the Levels of Care Framework has been adopted into this strategy as the approach for fistula service delivery in Uganda. • Safe Motherhood Day celebrations included exhibitions by FC Uganda in Mityana District. The Minister of State for Primary Health Care visited Kitovu Hospital resulting in assignment of an additional surgeon to the hospital and pledges to increase funding and improve infrastructure. • The MOH has agreed to adopt the FC data collection tools for collecting data on fistula treatment and care in Uganda. These tools will be introduced at the next FTWG meeting in June 2011.

KEY INDICATORS SNAP SHOT UGANDA

Reporting Period	FY 10-11: October 2010 – March 2011					
Characteristic	Description					
Indicators		Oct-Dec	Jan Mar	Apr Jun	Jul Sep	Total
Result 1: Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula.	# Repairs	162	132			294
	% women who had surgery who have closed fistula at discharge	74%	77%			76%
	% women who had surgery who experienced complications	5%	3%			4%
	# Surgeons Trained	2	2			4
	# other health trained	23	708			731
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.	# community outreach events	200	22			222
	# persons reached in community outreach	24,232	4405			28,637
	# births	1292	1077			2369
	% of births c section	28%	38%			33%
Result 3: Gather, analyze, utilize and report data to improve the quality and performance of fistula services.	% sites reviewing reporting quarterly data	100%	100%			
Result 4: Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs.	# of facilities using FC products	100%	100%			100%
Data Trends and Explanations	<ul style="list-style-type: none"> The number of repairs at Kitovu is on the decline. The catchment area may be saturated, and the community mobilization team is limited by language difficulties; this issue is under discussion. In Q1, repairs at Kagando doubled from the previous quarter due to intense community outreach and mobilization efforts. The number of repairs returned to usual levels in the second quarter with fewer community outreach efforts due to limited availability of funds. Closed and dry rates for urinary and urinary/RVF repairs at Kagando averaged 68% for the reporting period. This is due to a number of women who were discharged with a closed fistula but with remaining incontinence, women with multiple repair attempts and women with complicated fistula. 					

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

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
No. seeking FRS	176	96	272	62	73	135	238	169	407
No. requiring FRS	125	85	210	42	51	93	167	136	303
No. receiving FRS	122	81	203	40	51	91	162	132	294
Percent receiving FRS	98%	95%	97%	95%	100%	98%	97%	97%	97%
Type of FRS performed									
----- urinary only	99	58	157	30	39	69	129	97	226
----- urinary & RVF	0	0	0	3	1	4	3	1	4
----- RVF only	23	23	46	7	11	18	30	34	64
For 'Urinary only' or 'Urinary and RVF' repairs									
----- first repair	62	51	113	23	10	33	85	61	146
----- second repair	24	5	29	5	19	24	29	24	53
----- >2	13	2	15	5	11	16	18	13	31
Percent women with first repair (urinary only)	63%	88%	72%	70%	25%	45%	64%	62%	63%
No. discharged after FRS (urinary only)	91	66	157	30	39	69	121	105	226
No. discharged after FRS (urinary & RVF)	0	0	0	3	1	4	3	1	4
No. discharged after FRS (RVF only)	23	23	46	7	11	18	30	34	64
Total no. discharged after FRS	114	89	203	40	51	91	154	140	294
No. not discharged after FRS	11	3	14	0	0	0	11	3	14
Outcome of FRS (urinary only & urinary/RVF)									
----- No. with closed fistula who are dry	63	44	107	29	38	67	92	82	174
----- No. with closed fistula & stress incontinence	9	9	18	2	2	4	11	11	22
----- No. whose fistula was not closed	19	13	32	2	0	2	21	13	34
Percent with closed fistula who are dry (urinary only & urinary/RVF)	69%	67%	68%	88%	95%	92%	74%	77%	76%
Outcome of FRS (RVF only)									
----- closed and dry	22	23	45	7	11	18	29	34	63
----- incontinent with water stool and /or flatus (gas)	0	0	0	0	0	0	0	0	0

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
----- incontinent with firm stool	1	0	1	0	0	0	1	0	1
Percent with closed and dry fistula (RVF only)	96%	100%	98%	100%	100%	100%	97%	100%	98%
No. with complications after FRS	7	4	11	0	0	0	7	4	11
----- Major surgical complications	0	1	1	0	0	0	0	1	1
----- Anesthesia-related complication	5	3	8	0	0	0	5	3	8
----- Post-operative complication related to perceived success of surgery	2	0	2	0	0	0	2	0	2
Percent with complications after FRS	6%	4%	5%	0%	0%	0%	5%	3%	4%

Table UGA 2. Number of Additional Surgeries for Fistula Patients, October 2010 – March 2011, Uganda

Type Of Surgery	Kagando			Kitovu			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
Examination under anesthesia (as a separate, discrete procedure)	4	3	7	2	5	7	6	8	14
Removal of bladder stones or foreign bodies in viscera	1	0	1	0	2	2	1	2	3
Colostomy and reversal colostomy	3	0	3	0	2	2	3	2	5
Ureteric reimplantation	8	3	11	3	0	3	11	3	14
Urethral lengthening and other operations for concomitant stress incontinence	2	0	2	1	7	8	3	7	10
Prolapse IF associated with fistula	1	0	1	0	0	0	1	0	1
3rd / 4th degree perineal tear repairs	1	0	1	0	0	0	1	0	1
Other (specify)	4	3	7	11	6	17	15	9	24
Total Additional Surgeries	24	9	33	17	22	39	41	31	72

Table UGA 3. Number of Persons Trained by Topic, October 2010 – March 2011, Uganda

Training Topic	Oct-Dec	Jan-Mar	FY Total
First surgical training in fistula repair	0	1	1
Continuing surgical training in fistula repair	2	1	3
C-section training	23	0	23
Infection Prevention training	0	619	619
COPE	0	89	89
Total	25	710	735

Table UGA 4. Community Outreach Efforts and Numbers Reached. October 2010 – March 2011, Uganda

Event Type	Oct-Dec		Jan-Mar		FY Total	
	Events	Persons Reached	Events	Persons Reached	Events	Persons Reached
Outreach to community members	176	22,977	20	4,361	196	27,338
Outreach to religious leaders	20	1,215	1	40	21	1,255
Outreach to health workers	4	40	1	4	5	44
Total	200	24,232	22	4405	222	28,637

Table UGA 5. Number of Clients by Method and Number counseled about FP, by Site. October 2010 – March 2011, Uganda

	Bwera	Kagando	Kalungu	Karambi	Kitovu	Kiwangala	Kiyumba	Masaka RRH	Nyabugando	Rwesande	Town Council HC III	Country Total
Fistula FP Methods	Oct-Mar	Oct-Mar	Oct-Mar	Oct-Mar	Oct-Mar	Oct-Mar	Oct-Mar	Oct-Mar	Oct-Mar	Oct-Mar	Oct-Mar	Oct-Mar
Oral Pill	98	43	40	28	0	82	36	144	26	44	43	584
IUCD	0	0	0	0	0	4	0	9	0	0	0	13
Condom (male)	2	6	0	6	0	8	4	3	18	3	10	60
Condom (female)	0	0	0	0	0	0	0	0	0	0	0	0
Injectable	1096	199	146	179	0	380	82	347	90	91	211	2821
Implant	162	0	0	13	0	47	1	34	0	102	0	359
Tubal Ligation	2	2	0	0	0	17	0	0	0	18	0	39
Vasectomy	4	1	0	0	0	0	0	0	0	0	0	5
Foaming Tablets	0	0	0	0	0	0	0	0	0	0	0	0
Total FP acceptors	1364	251	186	226	0	538	123	537	134	258	264	3881
Total Number of clients counseled about FP methods	1371	249	119	150	266	403	146	416	60	277	288	3745

Table UGA 6. Obstetric Services, by Site. October 2010 – March 2011, Uganda.

Obstetric Services	Kagando			Kitovu			Country Total		
	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total	Oct-Dec	Jan-Mar	FY Total
Number of vaginal deliveries	634	369	1003	291	298	589	925	667	1592
Number of C sections	196	217	413	171	193	364	367	410	777
Total Number of deliveries	830	586	1416	462	491	953	1292	1077	2369
Percent deliveries by C section	24%	37%	29%	37%	39%	38%	28%	38%	33%

Annex I. USAID Fistula Care Sites and Partners

As of March 31, 2011, sites ever supported through EngenderHealth or USAID bilateral projects and planned expansion for FY 10/11 by Country

Country	Supported Sites	Type of Facility (NGO, FBO or public)	Current Repair sites ²²	Current Prevention only sites	In development ²³	No longer supported ²⁴
Bangladesh	Ad-Din Hospital, Dhaka	NGO	X			
	Kumudini Hospital	NGO	X			
	LAMB Hospital	FBO	X			
	Memorial Christian Hosp. ²⁵	FBO				X
	Ad-Din Hospital, Jessore	NGO	X			
Benin	Mercy Ships - <i>Africa Mercy</i> ²⁶	FBO				X
DR Congo ²⁷	HEAL Africa Hospital, Goma	FBO	X			
	Panzi Hospital, Bukavu	FBO	X			
	Project AXxes (USAID Bilateral)	Public				X
	Imagerie des Grands Lacs – Beni	FBO			X (T)	
	Maternite Sans Risque – Kindu	FBO			X (T)	
	St. Joseph's Hospital, Kinshasa	FBO			X (T)	
	Biamba Marie Mutombo Hospital, Kinshasa	NGO			X (T)	
Ethiopia ²⁸	Arba Minch Hospital (USAID Bilateral)	FBO				X
	Bahir Dar Fistula Center (USAID Bilateral)	FBO	X			
	Mekelle Fistula Center (USAID Bilateral)	FBO	X			
	Yirga Alem Fistula Center (USAID Bilateral)	Public		X		
	Adet Health Center	Public		X		
	Dangla Health Center	Public		X		
	Woreta Health Center	Public		X		
	Tefera Hailu Hospital, Sekota	Public		X		

²² 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 delivery). The exception is the *Africa Mercy*.

²³ (T): treatment for fistula repair; (P): prevention only

²⁴ We count Mercy Ships hospital ships (*Anastasis* and *Africa Mercy*) as one supported site.

²⁵ 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.

²⁶ In partnership with Mercy Ships, their floating hospital moves between ports approximately once a year. Fistula services and training are provided while the ship is based in country. The partnership with Mercy Ships ended in September 2010. In Benin, fistula services are provided at some UNFPA supported sites.

²⁷ At the request of USAID/DR Congo, proposed support to DOCS in Goma was cancelled due to the site's proximity to other fistula repair centers in the area.

²⁸ USAID/Ethiopia supports repair and prevention activities at 3 Hamlin Fistula Ethiopia facilities (Bahir Dar, Mekelle, and Yirga Alem); in FY10 USAID/Ethiopia provided funds to Hamlin Fistula Ethiopia to support repairs at Arba Minch Hospital, a site supported by the Norwegian Church.

Country	Supported Sites	Type of Facility (NGO, FBO or public)	Current Repair sites ²²	Current Prevention only sites	In development ²³	No longer supported ²⁴
Ghana	Mercy Ships – <i>Anastasis</i> ²⁹	FBO				X
Guinea	Ignace Deen University Teaching Hospital ³⁰	Public		X		
	Jean Paul II Hospital, Conakry	Public	X			
	Kissidougou District Hospital	Public	X			
	Labé Regional Hospital	Public	X			
	Boké Regional Hospital	Public		X		
	Kindia Regional Hospital	Public		X		
	Nzerekore Regional Hospital	Public		X		
	Mamou Regional Hospital	Public		X		
	Faranah Regional Hospital	Public		X		
Liberia	Mercy Ships - <i>Africa Mercy</i> ³¹	FBO				X
Mali ³²	Gao Regional Hospital	Public	X			
	Ansongo District Hospital	Public		X		
	Bourem District Hospital	Public		X		
	Ménaka District Hospital	Public		X		
	Gao District Hospital	Public		X		
Niger	Dosso Regional Hospital	Public	X			
	Lamordé Hospital (Niamey)	Public	X			
	Maradi Regional Hospital	Public	X			
	Tassigui Maternity Hospital (Tahoua)	Public	X			
	Issaka Gazoby Maternity Hospital (Niamey)	Public		X		
	Téra District Hospital	Public		X		
Nigeria	Babbar Ruga Hospital (Katsina)	Public	X			
	South East Regional VVF Center (Ebonyi)	Public	X			
	Faridat Yakubu General Hospital (Zamfara)	Public	X			
	Kebbi Fistula Center (Kebbi)	Public	X			
	Laure Fistula Center at Murtala Mohammed Specialist Hospital (Kano)	Public	X			
	Maryam Abacha Women's and Children's Hospital (Sokoto)	Public	X			

²⁹ See previous note about partnership with Mercy Ships.

³⁰ In FY 10/11 Ignace Deen will no longer be supported to provide fistula repair services due to limited space. It will be supported for prevention activities. Trained surgeons from Ignace Deen will be used for surgical sessions at other sites in Guinea on a periodic basis.

³¹ Services are now available in Liberia through the JFK Memorial Hospital supported by the Gloag Foundation.

³² Fistula Care provides counseling training to fistula treatment sites in Bamako, Segou, and Mopti to strengthen the quality of services.

Country	Supported Sites	Type of Facility (NGO, FBO or public)	Current Repair sites ²²	Current Prevention only sites	In development ²³	No longer supported ²⁴
	Ningi Hospital (Bauchi)	Public	x			
	Cross Rivers State				X (P)	
	TBD				X (T)	
	Owutuedda General Hospital (Ebonyi)	Public		X		
	Cottage Hospital, (Ebonyi)	Public		X		
	Ebonyi State University Teaching Hospital	Public		X		
	Ezangbo Maternity Hospital (Ebonyi)	Public		X		
	Mother and Child Care Initiative FP Clinic (Ebonyi)	Public		X		
	Mgbo Primary Health Center (Ebonyi)	Public		X		
	Comprehensive Health Center, Kumbotso (Kano)	Public		X		
	Takai Community/NYSC Health Center, Takai (Kano)	Public		X		
	Tarauni MCH Clinic (Kano)	Public		X		
	Unguku MCH Clinic (Kano)	Public		X		
	Muhammadu Abdullahi Wase Hospital (Kano)	Public		X		
	Jega General Hospital, (Kebbi)	Public		X		
	Kamba General Hospital (Kebbi)	Public		X		
	Maiyama General Hospital (Kebbi)	Public		X		
	Argungum General Hospital (Kebbi)	Public		X		
	Dakingari Primary Health Center (Kebbi)	Public		X		
	D/D General Hospital (Sokoto)	Public		X		
	Rabah General Hospital (Sokoto)	Public		X		
	Iss General Hospital (Sokoto)	Public		X		
	Jabo Primary Health Center (Sokoto)	Public		X		
	Bakura General Hospital (Zamfara)	Public		X		
	Bungudu General Hospital (Zamfara)	Public		X		
Pakistan	Jinnah Postgraduate Medical College (JPMC), Karachi	Public			X (T)	
Rwanda	Central University Hospital, Kigali (CHUK)	Public	X			
	Kanombe Hospital	Public	X			
	Ruhengeri Hospital	Public	X			
	Kabgayi Hospital	FBO			X (P)	
	Gahini Hospital	FBO			X (P)	
	Kibogora Hospital	FBO	X			
Sierra Leone	Aberdeen Women's Centre	NGO	X			
Togo	Africa Mercy ³³	FBO				X
Uganda	Kagando Mission Hospital	FBO	X			

³³ See previous note about Mercy Ships.

Country	Supported Sites	Type of Facility (NGO, FBO or public)	Current Repair sites ²²	Current Prevention only sites	In development ²³	No longer supported ²⁴
	Kitovu Mission Hospital	FBO	X			
	Hoima Hospital	Public			X (T)	
	Kasese area City Council HC III	Public		X		
	Bwera District Hospital (Kasese)	Public		X		
	Rwesande HCIV (Kasese)	Public		X		
	Karambi HC III (Kasese)	Public		X		
	Nyabugando HC III (Kasese)	Public		X		
	Masaka Regional Hospital	Public		X		
	Kiwangala HCIV (Masaka)	Public		X		
	Kalungu HC III (Masaka)	Public		X		
	Kiyumba HC IV (Masaka)	Public		X		
	Total		30	48	7T 2 P	4 sites in 6 countries