

Fistula Care *Plus*

Associate Cooperative Agreement
AID-OAA-A14-00013

Annual Report
October 1, 2016 to September 30, 2017

Managing Partner: EngenderHealth; Associate
Partners: The Population Council, Dimagi,
Direct Relief, Fistula Foundation, Maternal
Health Task Force, TERREWODE

Submitted to
**United States Agency
for International Development**
Washington, D.C.

November 30, 2017

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

Copyright 2017. EngenderHealth/Fistula Care *Plus*. All rights reserved.

Fistula Care *Plus* (FC+)
c/o EngenderHealth
440 Ninth Avenue
New York, NY 10001 U.S.A.
Telephone: 212-561-8000
Fax: 212-561-8067
E-mail: 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 cooperative agreement AID-OAA-A14-00013. The contents are the responsibility of the Fistula Care *Plus* project and do not necessarily reflect the views of USAID or the United States Government.



EXECUTIVE SUMMARY

The annual report presents key accomplishments and activities for the fourth fiscal year (October 1, 2016 to September 30, 2017) of Fistula Care *Plus* (FC+). EngenderHealth manages the project in collaboration with international and national partners. During FY 16/17, USAID supported fistula treatment and prevention services through the FC+ project in **five** countries—Bangladesh, the Democratic Republic of the Congo (DRC), Niger, Nigeria, and Uganda. FC+ is finalizing plans to add Mozambique as a supported country in FY 17/18, in collaboration with Focus Fistula. USAID also supports fistula activities in DRC, Ethiopia, Guinea, Mali, Pakistan, and Tanzania through bilateral funding. EngenderHealth also implements fistula prevention and care activities in Guinea with funds from other sources, including the Jhpiego-implemented, USAID-funded Health Services Delivery (HSD) project.

Key accomplishments during the October 1, 2016 to September 30, 2017 period included:

Objective 1: Strengthened enabling environment

- Technical Consultation on cesarean section safety and quality co-convened with Maternal Health Task Force
- Public Private Partnerships established with LABORIE, Inc. to strengthen urodynamics capacity and services and Gradian Health systems to improve anesthesia quality of care
- FC+/Royal College of Obstetricians and Gynecologists working group established to develop integrated female pelvic medicine training manual
- National guideline on catheterization for fistula treatment and prevention launched in Nigeria
- FC+ supported sites reviewed by Fistula Foundation for potential sustainability support following end of FC+
- Eight sites received Direct Relief Fistula Repair Module distribution
- Successful inauguration of College of Obstetricians and Gynecologists (OBGYN) within East, Central and Southern Africa (ECSA) through FC+ facilitated collaboration between ECSA Association of OBGYN and College of Surgeons of ECSA
- South Asia and West Africa regional obstetric fistula working groups established

Objective 2: Enhanced community understanding and practices

- 850 community volunteers/educators trained in tools and approaches to raise awareness regarding fistula prevention and repair
- Community stakeholders, including adolescent groups, religious leaders, village committees in Uganda and Nigeria; cured fistula patients, schoolgirls and married couples in Bangladesh; and community relais in Niger, trained and supported for outreach and awareness-raising activities
- 33,425 in-person community awareness-raising activities/events conducted by program partners, reaching 557,186 participants
- Mass media awareness-raising efforts reached an estimated 15 million people
- Completion of Gender 101 trainings and development of action plans for all country programs

Objective 3: Reduced transportation, communications, and financial barriers

- Pilot testing and launch of interactive voice response (IVR) hotline for fistula screening and referral
- Development and dissemination of job aids for screening for primary health facility workers and community agents for fistula screening and referral
- Development and launch of transportation partners and vouchers system
- Initiation of Fistula Treatment Barrier Reduction Intervention in Nigeria and Uganda, incorporating IVR, job aid, and transportation voucher elements; as of September 30, 2017, 26 positively screened

women in the intervention areas have used the transportation voucher to reach fistula treatment centers.

- Findings of Nigeria formative research for Fistula Treatment Barrier Reduction Intervention presented to national, state, and local stakeholders, along with overview of planned intervention
- Findings of Nigeria Communications Needs Assessment applied to update communications strategy and materials in Nigeria

Objective 4: Strengthened provider and health facility capacity

- 33 sites supported by FC+ for fistula treatment and prevention activities; 17 sites supported through other USAID bilateral support
- 3,250 surgical fistula repairs and 294 non-surgical repairs supported through FC+; 1,515 surgical repairs and 32 non-surgical repairs supported by other bilateral USAID programs; this has brought the total USAID-supported surgical fistula repairs since 2005 to 49,320 and the total EngenderHealth-supported surgical fistula repairs to 38,994
- 252 sites supported by FC+ for prevention-only activities, as well as 500 former Targeted States High Impact Project (TSHIP) sites in Nigeria where FC+ provides temporary data collection; 45 sites supported through other USAID bilateral support
- 423,736 family planning (FP) counseling sessions provided at supported sites (205,048 at FC+ supported sites, and 218,688 through former TSHIP sites), with FP services resulting in 263,206 Couple Years of Protection (170,019 through FC+ sites and 93,187 through former TSHIP sites)
- 24 surgeons trained in fistula repair; four surgeons trained in pelvic organ prolapse repair
- 1,391 health system personnel trained in non-surgical fistula repair and prevention topics
- Rapid clinical assessment of family planning in DRC, Nigeria and Uganda resulting in programmatic efforts towards long-acting reversible contraceptives training (Uganda) and development of a pre-service curriculum for nurses and midwives on non-surgical treatment of fistula (Nigeria)

Objective 5: Strengthened evidence base

- Presentation of 34 panel presentations and posters and several plenary sessions disseminating research and program evidence at 2016 IOFWG and ISOFS meetings
- Fistula Community of Practice webinars hosted on gender-based violence and fistula, and client needs post-repair
- Panel at International Confederation of Midwives Congress held on neglected aspects of care for women who have experienced prolonged/obstructed labor
- Global survey of intrapartum and postpartum practices related to prolonged/obstructed labor and bladder care management launched, with responses from 174 participants from 34 countries as of September 30, 2017
- 92% of all supported sites regularly reviewing and utilizing data for decision making
- HMIS process documentation data collection completed in two countries (Nigeria and Uganda) and underway in three countries (Bangladesh, Guinea, and Niger)
- FC+/Nigeria efforts to sustainably improve national data collection and quality resulted in improvement in HMIS FP reporting rates from less than 50% to 98% and availability of fistula etiology data from 56% to 77%