Fistula Care Plus

Associate Cooperative Agreement AID-OAA-A14-00013

Annual Report October 1, 2017 to September 30, 2018

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, 2018

EngenderHealth 505 9th St. NW, Suite 601 Washington, DC 20004 Telephone: (202) 902 2000 Fax: (202) 783 0281

E-mail: lromanzi@engenderhealth.org

Copyright 2018. EngenderHealth/Fistula Cai

Fistula Care *Plus* (FC+) c/o EngenderHealth 505 9th St. NW, Suite 601 Washington, DC 20004 Telephone: (202) 902 2000 Fax: (202) 783 0281 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 fifth fiscal year (October 1, 2017 to September 30, 2018) of Fistula Care *Plus* (FC+). EngenderHealth manages the project in collaboration with international and national partners. During FY 17/18, USAID supported fistula treatment and prevention services through the FC+ project in **six** countries—Bangladesh, the Democratic Republic of the Congo (DRC), Mozambique, Niger, Nigeria, and Uganda. USAID also supports fistula activities in DRC, Ethiopia, Guinea, Mali, Pakistan, and Rwanda through bilateral funding. EngenderHealth 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, 2017 to September 30, 2018 period included:

Objective 1: Strengthened enabling environment

- Publication of WHO recommendation on shorter-duration bladder catheterization following surgical repair of fistula, based on Fistula Care project randomized controlled trial results
- Progress on fistula strategy development in Bangladesh, DRC, Nigeria, Uganda, and West Africa
- Cesarean section technical consultation report publication and action agenda dissemination
- Support to and participation in meetings of regional colleges of surgeons in East, Southern and Central Africa (COSECSA) and West and Central Africa (WACS)
- Support to the formation and launch of the ECSA College of Obstetrics and Gynecology (ECSACOG) that will strengthen regional standards for OBGYN education and credentialing
- Safe surgery advocacy and National Surgical, Obstetric and Anesthesia Plans (NSOAP) advancement, including presentation and participation at WHO Global Initiative for Emergency and Essential Surgical Care (GIEESC) and World Health Assembly meetings
- International Day to End Obstetric Fistula events held globally on May 23, 2018
- South Asian Group on Fistula and Related Morbidities advocacy coalition dedicated to accelerating the 2016 UN Secretary General's call to action to "End fistula within a generation", embodied in the March 2017 Kathmandu Call for Action 2017
- West and Central Africa Task Force for the Elimination of Fistula advocacy coalition dedicated to accelerating the 2016 UN Secretary General's call to action to "End fistula within a generation", embodied in the 2018 Banjul Call to action for a Fistula Free ECOWAS Region
- Collaborations between Department of Urology at University of Kinshasa (DRC) and Wake Forest Institute for Regenerative Medicine (USA) to explore a way forward to provide regenerative medicine therapies for Congolese women suffering complex fistula and/or complex co-morbidities, such as women with "closed/incontinent" fistula treatment outcomes and WDI.
- Support for ongoing collaboration between the American College of Obstetrics and Gynecology, the Uganda academic OBGYN education sector, and the Uganda Ministry of Health

Objective 2: Enhanced community understanding and practices

- 749 community volunteers/educators trained in tools and approaches to raise awareness regarding fistula prevention and repair
- Community stakeholders, including religious leaders, village committees in Uganda and Nigeria; schoolgirls in Bangladesh; and community volunteers in Niger, trained and supported for outreach and awareness-raising activities
- 17,678 in-person community awareness-raising activities/events conducted by program partners, reaching 681,597 participants
- Mass media awareness-raising efforts reached an estimated 20.9 million people

Objective 3: Reduced transportation, communications, and financial barriers

- Findings of Uganda formative research for the Fistula Treatment Barrier Reduction Intervention presented to national, state, and local stakeholders
- Implementation of the Intervention in Nigeria and Uganda
- Midline process evaluation of Intervention with Population Council, with implementation of appropriate course corrections
- Endline data collection for the Intervention in Nigeria and Uganda
- Publication of technical briefs, manuscript, and other dissemination events related to formative research and resulting Intervention

Objective 4: Strengthened provider and health facility capacity

- 37 sites supported by FC+ for fistula treatment and prevention activities; 12 sites supported through other USAID bilateral funding
- 3,104 surgical fistula repairs and 162 non-surgical repairs supported through FC+; 1,071 surgical repairs and two non-surgical repairs supported by other bilateral USAID programs; this has brought the total USAID-supported surgical fistula repairs since 2005 to 53,495 and the total EngenderHealth-supported surgical fistula repairs to 42,320
- 210 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; 217 sites supported through other USAID bilateral support
- 456,930 family planning (FP) counseling sessions provided at supported sites (233,840 at FC+ supported sites, and 223,090 through former TSHIP sites), with FP services resulting in 315,229 Couple Years of Protection (197,273 through FC+ sites and 117,956 through former TSHIP sites)
- 23 surgeons trained in fistula repair
- 1,289 health system personnel trained in non-surgical fistula repair and prevention topics

Objective 5: Strengthened evidence base

- Two Fistula Community of Practice webinars held: 1) Cesarean section safety and quality in low resource settings: Highlights from a global technical consultation; 2) Global survey of skilled birth attendants on intra- and post-partum bladder care and management of prolonged/obstructed labor
- Convening of a satellite session on cesarean section safety and quality at the 2017 Fourth Global Forum on Human Resources for Health and presentation of three posters disseminating research and program evidence at the 2018 First Africa Forum on Quality and Safety in Healthcare
- Acceptance of 15 oral presentations and one panels at the 2018 FIGO World Congress and one satellite panel at the Health Systems Research Symposium
- FC+ and American College of Obstetrics and Gynecology (ACOG) collaboration on monitoring and evaluation of ACOG's Essential Training in Operative Obstetrics (ETOO) program.
- Publication of five peer-review articles on fistula, pelvic organ prolapse (POP), and cesarean section services in low-resource settings
- Publication of 11 blog posts highlighting FC+ and partner programmatic experience
- Completion of knowledge generation activities in Uganda: 1) Study with TERREWODE to evaluate effectiveness of intervention for women with fistula deemed incurable and 2) documentation of Aflateen PLUS intervention to build reproductive health and other life skills among adolescents and youth
- HMIS process documentation data collection completed in four countries (Bangladesh, Nigeria, Uganda, and Guinea)