Towards a Fistula-Free Future:
15 Years of Breakthroughs and Program Impact
March 8, 2021
9AM EST • 2PM GMT
Kate Crawford
USAID
<table>
<thead>
<tr>
<th>Years</th>
<th>EngenderHealth’s History with Obstetric Fistula</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002-2007</td>
<td>Research on Fistula in Tanzania and Uganda, with Women’s Dignity Project, funded by DFID</td>
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<tr>
<td>2003-2007</td>
<td>Establish fistula prevention and treatment services in four countries with WDP &amp; UNFPA, funded by the Gates Foundation</td>
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<td>2004-2005</td>
<td>Establish fistula treatment and prevention services in 2 countries, USAID/ACQUIRE and USAID/AWARE</td>
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<td>2005-2007</td>
<td>Expand fistula services to 11 countries and 2 regional programs, USAID/ACQUIRE</td>
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<td>2007-2013</td>
<td>Establish and/or strengthen fistula prevention, repair and reintegration in at least 12 institutions in Sub-Saharan Africa and South Asia, USAID/Fistula Care</td>
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<tr>
<td>2013-2021</td>
<td>Fistula Prevention and Repair Project, USAID/Fistula Care Plus</td>
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</tbody>
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Preventing Fistula Incidence and Recurrence

- Integration of family planning and contraceptive counseling
  - 1,850,232 counseling sessions held and 994,777 CYP
- Improvements in access to skilled birth attendance and EMOC
  - Strengthening partograph use
  - Studies on c-section indications and trends in low-resource settings
- Advocating for improved use of catheterization for prevention of fistula
- Assessment of associations between self-reported fistula symptoms and GBV
- 1,125 facilities supported for prevention-only services
- More than 64,000,000 individuals reached through in-person outreach and mass media
- Development of tools, job aids, and curricula to support prevention
Expanding Access to Treatment

- Increased capacity for fistula care
  - 394 surgeons trained
  - 32,127 health clinicians trained in prevention and treatment-related topics
  - 83 facilities supported for prevention and treatment in 15 countries

- More than 57,500 fistula repairs supported by USAID
  - EngenderHealth supported 45,241 surgical and non-surgical repairs
  - USAID bilaterals supported 12,408 surgical and non-surgical repairs

- Strengthened evidence base
  - Shorter duration catheterization post-repair leading to WHO guidance
  - Addressing barriers to treatment
Outcomes for Surgical Fistula Repairs

- Closed & continent (77%)
- Closed & incontinent (10%)
- Not closed (13%)
Capacity Building for Obstetric Fistula

Planning
> Need
> Strategies
> Organization of services

Resources
> Financial
> Human
> Infrastructure
> Equipment

Evaluation
> Follow-up
> Results

Leadership, policies, standards

Training Models:
- Individualized/expert driven
- Residency training
- On-site training/other

Competency-based training and mentorship

Training of Providers

Supervision systems

> Strengthened training systems
> More providers performing to standard

Increased access to quality fistula services
Training Resources to Support Fistula Services

Global Competency-Based Fistula Surgery Training Manual

The Prevention and Management of Obstetric Fistula: A Curriculum for Nurses and Midwives

Guidelines on Urethral Catheterization for Prevention and Management of Obstetric Fistula in Nigeria
> https://fistulacare.org/blog/2017/02/nigeria-launches-guidelines/

Counseling the obstetric fistula client

Implementing Physical Rehabilitation Services into Comprehensive Fistula and Maternity Care: A Training Guide for Health Workers
> https://www.themamas.world/training-guide

Safe Surgery Toolkit
> https://fistulacare.org/surgical-safety-toolkit/
Partnership for Impact

Bangladesh
Benin
DR Congo*
Ethiopia*
Ghana
Guinea*
Liberia
Mali*
Mozambique
Niger
Nigeria
Rwanda*
Sierra Leone
Tanzania*
Togo
Uganda

* Indicates bilateral funding
Partnership for Impact

Award Partners
- Population Council
- Direct Relief International
- Maternal Health Task Force

Additional Partners
- Global standard setting institutions (WHO, FIGO, IUGA, ICS)
- Global fistula actors (UNFPA, ISOFS)
- Regional professional associations and fistula advocacy groups (ECSACOG, WACS)
- Complementary USAID initiatives (Bilaterals, MNCSP)
- Maternal health actors
Partnership for Impact

Research Partners
- Population Council
- WHO
- London School of Hygiene and Tropical Medicine
- UCSF/Terrewode
- Harvard Program in Global Surgery and Social Change

Public Private Partnerships
- Laborie – urodynamics unit, supplies (DRC), workshops, and surgeon training
- Gradian – non-profit sales of universal anesthesia machines (Nigeria and Uganda), training, and support
- Bioteque – pessary procurement in DRC
Selected Lessons and Trends

- Shift to routine care
- Increasing use of standardized tools and approaches to address the fistula continuum of care
- Advancing non-surgical care: Guidelines on Urethral Catheterization for Prevention and Management of Obstetric Fistula
- A shared language: A Consensus-based Terminology Report for Female Pelvic Floor Fistula
- Improved and shared national level documentation and measurement
  - Standardized client registers
  - HMIS improvements
Holistic Care
A Prevention Mindset

Cesarean Section Safety and Quality in Low-Resource Settings: Report of a Technical Consultation
July 27–28, 2017

Image: A female healthcare professional is interacting with a patient, possibly discussing fistula care.

Graph: Project-Supported Fistula Repairs
- FY13/14 to FY18/19
- % of Supported Repairs
- Countries: Bangladesh, DRC, Mozambique, Niger, Nigeria, Uganda

Legend:
- Bangladesh
- DRC
- Mozambique
- Niger
- Nigeria
- Uganda

Project-Supported Fistula Repairs

FY13/14: Bangladesh: 5%, DRC: 2%, Mozambique: 1%, Niger: 3%, Nigeria: 4%, Uganda: 2%
FY14/15: Bangladesh: 10%, DRC: 7%, Mozambique: 5%, Niger: 5%, Nigeria: 4%, Uganda: 3%
FY15/16: Bangladesh: 25%, DRC: 15%, Mozambique: 10%, Niger: 6%, Nigeria: 4%, Uganda: 3%
FY16/17: Bangladesh: 35%, DRC: 20%, Mozambique: 15%, Niger: 7%, Nigeria: 3%, Uganda: 3%
FY17/18: Bangladesh: 40%, DRC: 25%, Mozambique: 20%, Niger: 8%, Nigeria: 4%, Uganda: 4%
FY18/19: Bangladesh: 45%, DRC: 30%, Mozambique: 25%, Niger: 9%, Nigeria: 5%, Uganda: 5%
Oladosu Ojengbede
Vandana Tripathi
Karen Beattie
National Strategic Framework for Fistula in Nigeria: 2019-2023

Goals

- 30% reduction in incidence
- 30% reduction in prevalence
- 30% of women treated will receive rehabilitation care

<table>
<thead>
<tr>
<th>Priority</th>
<th>Amount (in 000 NGN)</th>
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<tbody>
<tr>
<td>Prevention</td>
<td>9,453,583</td>
</tr>
<tr>
<td>Treatment</td>
<td>3,982,755</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>2,974,063</td>
</tr>
<tr>
<td>Communication</td>
<td>470,860</td>
</tr>
<tr>
<td>Research</td>
<td>1,114,316</td>
</tr>
<tr>
<td>Leadership &amp; Governance</td>
<td>128,944</td>
</tr>
<tr>
<td>Monitoring &amp; Evaluation</td>
<td>257,116</td>
</tr>
<tr>
<td>Grand Total</td>
<td>18,381,637</td>
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Impact of National Strategies

- FMOH and States budget line item established
- Increased access to emergency obstetric care to prevent fistula
- Expansion to 19 fistula centers nationwide in the public sector and dedication of three national centers
- Pooled effort campaigns to expand services and training
- Provision of resources and skills acquisition training for women post-surgery

Between 2014 and 2017:
- More than 8,000 surgeries were performed
- More than 1,100 women benefited from resources and skills acquisition training
Nigeria’s Vision

> To become a country free of obstetric fistula

> Challenges that remain:
  
  o With 150,000 prevalent cases, it will take 83 years to clear the backlog unless we urgently accelerate the rate of repair
  
  o Fragmentation across states and partners with limited buy-in
  
  o No national database for obstetric fistula
  
  o The cost of treatment in some state teaching hospitals or faith-based hospitals is unaffordable for many patients
  
  o Addressing the challenge of iatrogenic fistula
Barriers Along the Fistula Care Pathway

Source: Sripad et al., Population Council
Community-Based Solutions

Fistula-related symptom recording form

House Hold # ................................................
Name ......................................................: Care of ..............................................
Relationship ..............................................:Father .............................................
Village .....................................................: Upazilla ...........................................
District ....................................................
National Id no ............................................: Mobile No ...........................................

Please circle responses as appropriate

1. Does she experience leaking of urine or feces or both through birth canal all the time, during sleep and right even when she is not trying to urinate or defecate? 
Yes / No

2. If yes to question #1, did the leaking start after she delivered a baby or had a still birth? 
Yes / No

3. If yes to question #1, did the leaking start after any operation in the lower abdomen (C-section, Hysterectomy, Laparoscopic surgery etc.)? 
Yes / No

4. Did she ever experience a delivery which resulted in a tear of the vagina extending up to the anus? 
Yes / No

* If the answers to questions #1 then refer the patient for examination to see if she has genital fistula.
* If the answer to question #4 is ‘yes’ then refer the patient to check if she has complete perineal tear.

Where she is referred to ...........................................................................................................

Signature of SSBK : ........................................ Designation : ........................................ Date : ........................................
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Vandana Tripathi
Karen Beattie
Erin Mielke
USAID