

Promoting Maternal Health and Preventing Obstetric Fistula

Training for Community Engagement



Introduction to Training

- Welcome and opening remarks (5 minutes)
- Introductions, expectations and training objectives (20 minutes)
- Workshop schedule and administrative issues (10 minutes)
- Workshop “ground rules” and roles (10 minutes)
- Training pretest (15 minutes)

Training Objectives

1. **Increase your knowledge about maternal health** and prevention of maternal death & injury focusing on fistula
2. **Strengthen your communication skills** for promoting and monitoring maternal health in your communities
3. **Orient you to a set of tools** to help you raise awareness about maternal health, FP and obstetric fistula and monitor women's use of services in your communities
4. **Capacitate you to serve as a community health worker** in the FC+ barrier intervention where you will facilitate community-level fistula screenings through a mobile hotline and arrange free travel for fistula clients to access treatment

Overview of FC+

- Fistula Care Plus is the successor project to Fistula Care which was launched in Nigeria in 2007 and re-awarded in 2013
- To strengthen health system capacity for fistula prevention, detection, treatment, and reintegration in priority countries

Relationship Between...



USAID -

FUNDER

FISTULA CARE PLUS -

INTERVENTION

ENGENDERHEALTH -

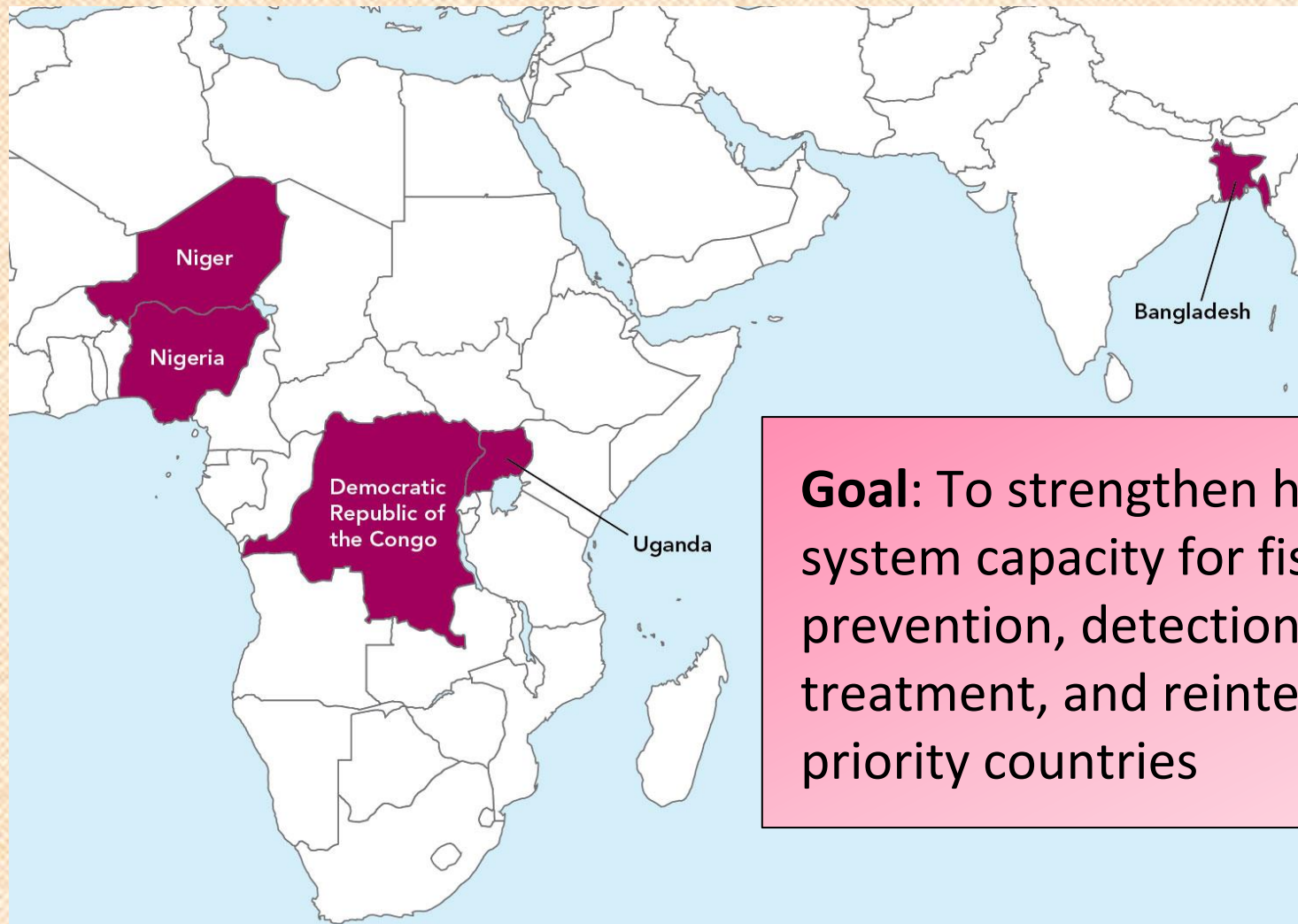
IMPLEMENTER

CBO -

COMMUNITY PARTNER



Countries of Focus



Goal: To strengthen health system capacity for fistula prevention, detection, treatment, and reintegration in priority countries

FC+ Objectives

Goal: To strengthen health system capacity for fistula prevention, detection, treatment, and reintegration in priority countries in Sub-Saharan Africa and South Asia

Obj. 1: Strengthened enabling environment to institutionalize fistula prevention, treatment, and reintegration in the public and private sectors

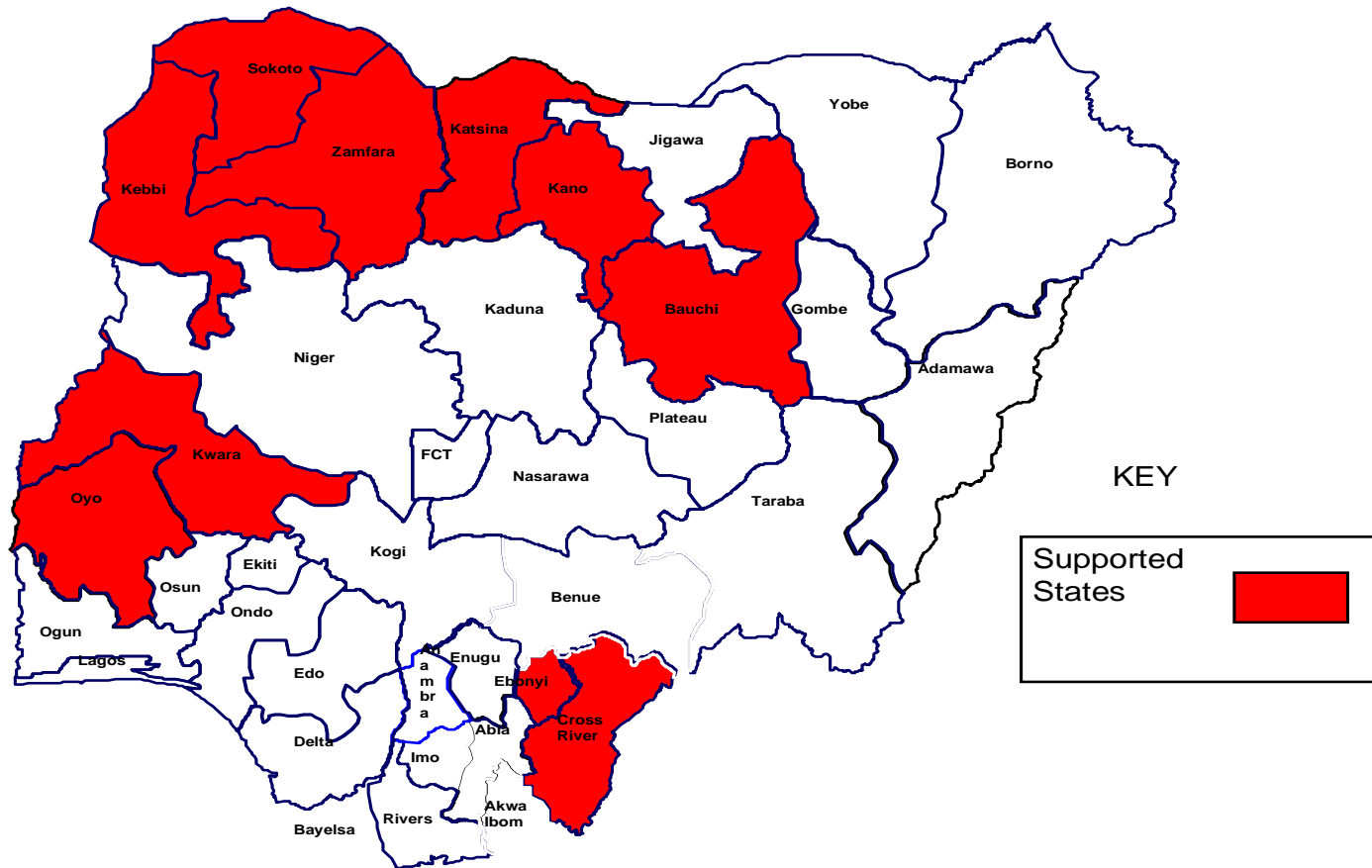
Obj. 2: Enhanced community understanding and practices to prevent fistula, improve access to fistula treatment, reduce stigma, and support reintegration of women and girls with fistula

Obj. 3: Reduced transportation, communication s, and financial barriers to accessing preventive care, detection, treatment, and reintegration support

Obj.4: Strengthened provider and health facility capacity to provide and sustain quality services for fistula prevention, detection, and treatment

Obj. 5: Strengthened evidence base for approaches to improve fistula care and scaled up application of standard monitoring and evaluation (M&E) indicators for prevention and treatment

FC+ in Nigeria – Supported States



Role of Community Health Workers (CHWs)



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Ward Development Committees (WDCs)

- Committee of **indigenous community members** set up at the ward health level to mobilize **political commitment to health service delivery** as requisite for social development

Composed of:

- A Ward/Clan Head
- Elected Chairman
- Secretary
- Village chairman/community development committees
- School headmaster
- Senior agricultural extension worker
- Community development officer
- Occupational groups
- NGOs, religious/women's/youth groups, patent medicine chairmen, store dealers, traditional healers
- Facility heads

Roles and Responsibilities of the Volunteers/CHWs

- Community mobilization
- Health promotion and education
- Home visits with pregnant women and new mothers
- Screen potential fistula clients using a mobile-based hotline
- Case management for positively screened women
- Community information management
- Disease surveillance

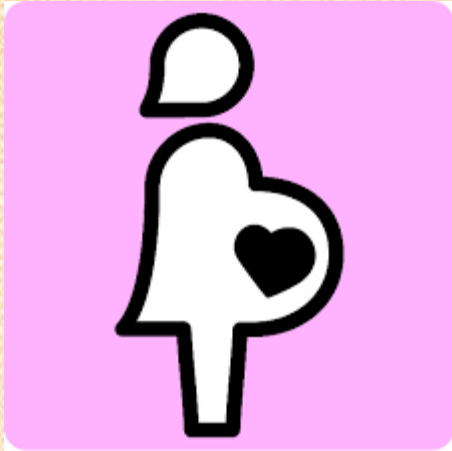
Maternal Health & the 3 Delays



Session Objectives

- At the end of the session, you should be able to:
 - ✓ Identify serious danger signs during pregnancy, delivery, and the period after delivery
 - ✓ Explain “three delays” that contribute to maternal death and disability
 - ✓ Explain reasons for home births and their consequences
 - ✓ Explain birth preparedness and list essential birth preparations
 - ✓ Explain importance of monitoring pregnancy/maternal health care-seeking at community level

What is Maternal Health?



Maternal health refers to a “state of complete **PHYSICAL, MENTAL AND SOCIAL well-being** and not merely the absence of disease or infirmity" **throughout pregnancy, childbirth** and the **six-week (42 days) period after delivery**

What is Maternal Mortality / Death?

Death of a woman:

- while **pregnant, during childbirth** or **within 42 days (6 weeks)** after being pregnant,
- irrespective of duration and site of pregnancy,
- from any cause related to or aggravated by pregnancy or its management,
- but not from accidental or incidental causes.

Recognizing the Danger Signs

Danger signs are **warnings** something has occurred that is not normal **during pregnancy, childbirth** and the **period after** and could **harm the health of the woman, her baby, or both.**

What are some danger signs?

LET'S BRAINSTORM!

1. What are some of the danger signs for maternal death and/or injury **while a woman is pregnant?**
2. What are some of the danger signs for maternal death and/or injury **during childbirth?**
3. What are some of the danger signs for maternal death and/or injury **during the six-weeks after being pregnant?**

During Pregnancy

- Bleeding from the vagina
- Strong abdominal pain
- Fever – persistent headache
- Severe weakness or tiredness, pale lips, tongue, and palms
- Pallor of the eyes and/or the palms of the hands
- Swelling of the face, hands and/or feet
- Baby stops moving
- Leakage of fluid
- Convulsions (fits)



During Childbirth

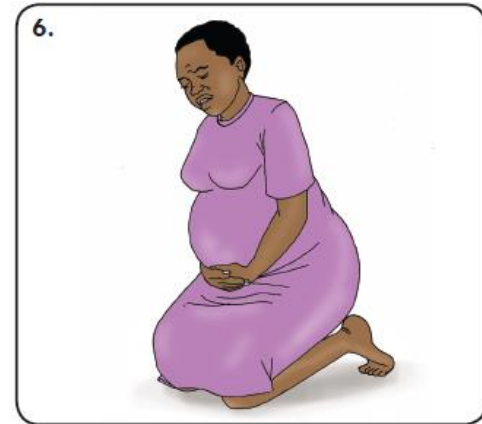
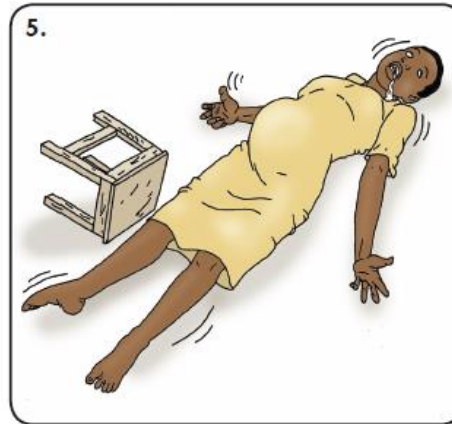
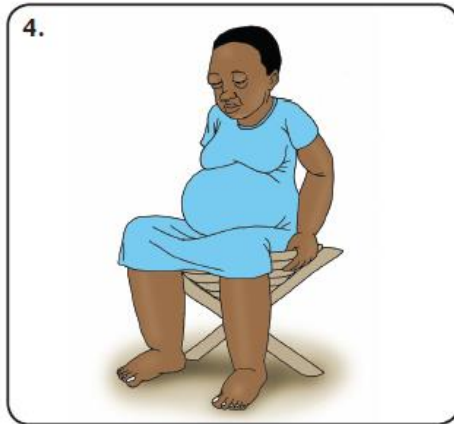
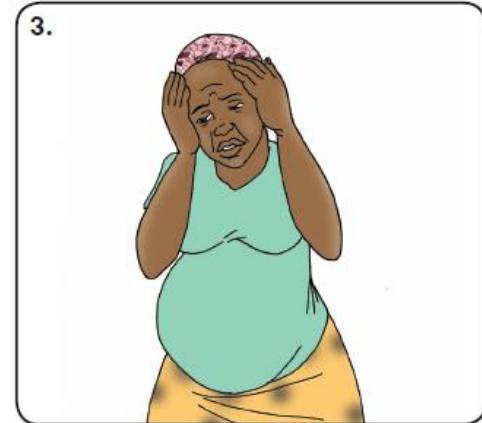
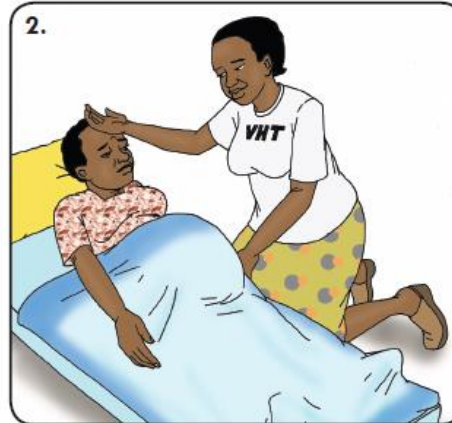
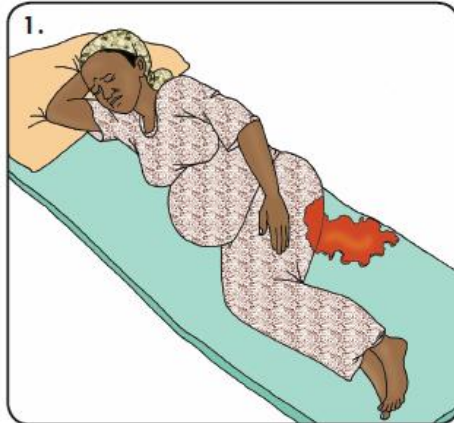
- Bleeding from the vagina
- Labor that lasts more than 12 hours
- Appearance of the umbilical cord or any part of the baby before the head
- Labor before the 8th month of pregnancy
- Water breaking but labor not starting within 8-12 hours
- Strong contractions lasting for > 12-24 hours
- Convulsion
- Incomplete delivery of the placenta
- Womb coming out with the placenta



Six Weeks After Being Pregnant

- Heavy bleeding or more than 2 or 3 pads soaked in 20-30 minutes
- Fever and too weak to get out of bed
- Persistent headaches
- Bad-smelling vaginal discharge
- Convulsions
- Fast or difficult breathing
- Breasts swollen, red or tender breasts, or sore nipple that interfere with breastfeeding
- Leakage of urine and or feces
- Severe abdominal pain

Recognizing the Dangers



Understanding the 3 Delays

1. Delays in recognizing complications and deciding to **seek care**



2. Delays in **reaching a health facility** where care is available



3. Delays in **receiving care** at the health facility

Case Study & Discussion – Mrs. X's death (2B)



Why the Delays?

Home & Community:

- Cultural factors
 - Beliefs, habits & perception about reproductive health
 - Women have limited mobility & decision making
- Ignorance / lack of information
- Limited education
- Poverty
- Lack of infrastructure
- No Vehicles, bad roads, transport cost
- Distant functional health facilities

Health Facilities:

- Funding (govt. priorities, political/civil corruption)
- Poor management of health facilities
- Inadequately & under-trained health personnel
- Delay in diagnosis – due to lack of organization, negligence, outdated clinical guidelines
- Attitude of health workers
- Lack of essential medications, equipment, and supplies

Obstetric Fistula



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Session objectives

By the end of the session, participants will be able to:

- Explain the term obstetric fistula and its causes
- List the ways of preventing and treating fistula
- Name and identify the fistula treatment center

What is a Fistula?



Occurrence of **abnormal hole** between the bladder or rectum and the vagina characterized by continuous and uncontrollable **leakage of urine and/or feces**, usually following childbirth

Causes of Fistula

Obstetric

- Caused by **prolonged or obstructed** labor (P/OL), without timely medical intervention or C-section

Iatrogenic

- Caused unintentionally **by health care providers during surgical interventions**, when the bladder may accidentally be cut, resulting in a hole or abnormal opening through which urine leaks

Traumatic

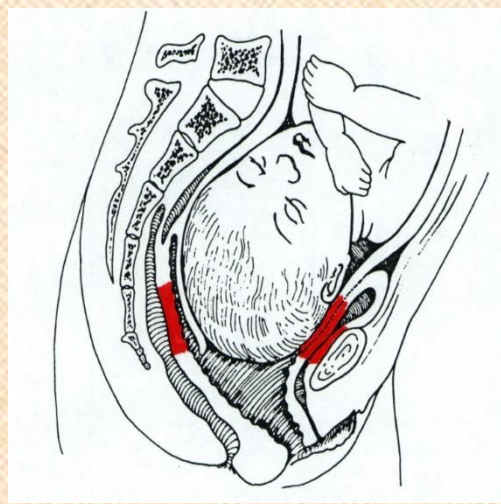
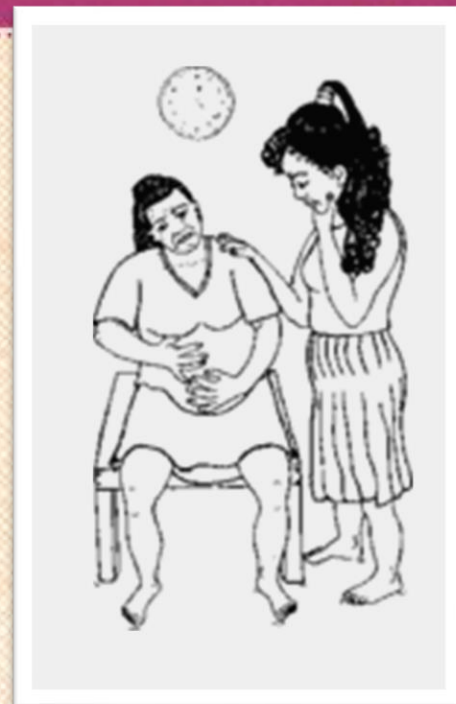
- Condition that can occur as the **result of sexual violence/rape**, often in conflict and post-conflict settings

Occasionally, women also develop fistulas from other causes, including:

- Cancer or cancer treatment
- Harmful traditional practices, such as FGM, Gurya removal or Gishiri cut

Prolonged and Obstructed Labor (P/OL)

- **Prolonged labor** means lasting more than 12 hours
 - Woman is in active labor, but baby is not coming
 - On average, women who develop obstetric fistula were in labor for 3.8 days
- **Obstructed labor** is when the baby is physically blocked and usually occurs at pelvic brim because:
 - Woman's pelvis is too small or poorly developed
 - Infant is too big or is poorly positioned



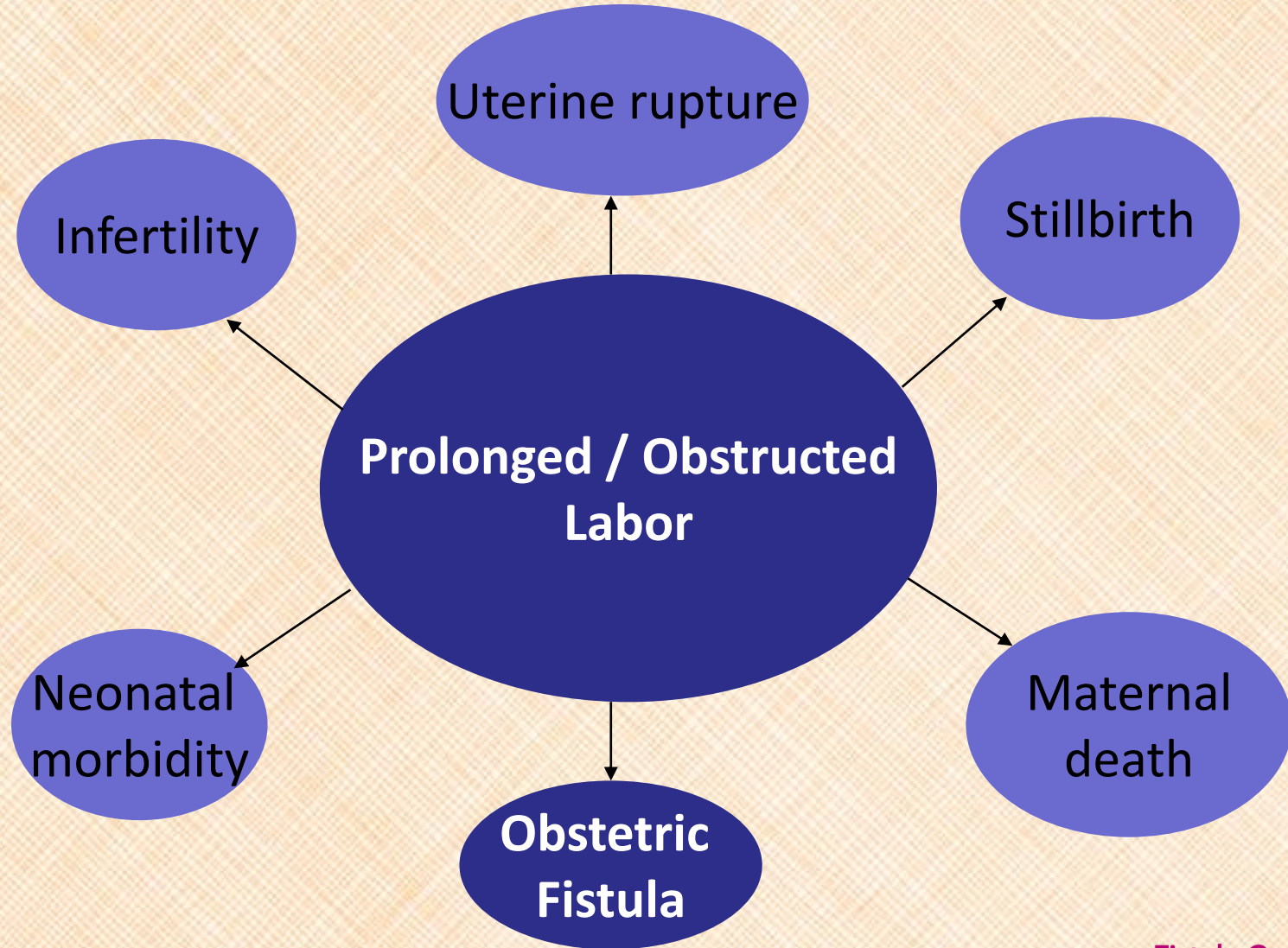
- Baby may come with other parts other than head and/or baby is dead
- Mother is in danger if an emergency C-section is not done

Prolonged / Obstructed Labor (P/OL)

- Obstetric fistula typically becomes noticeable after several days (usually 1-2 weeks) postpartum
- Estimated 6.5 million women in the world have obstructed labor each year (2-15 cases/1000 births)
 - Approximately 2-5% of these women will develop obstetric fistula.
 - P/OL is responsible for 8% of all maternal deaths



Prolonged / Obstructed Labor → Obstetric Fistula



Types of Fistula

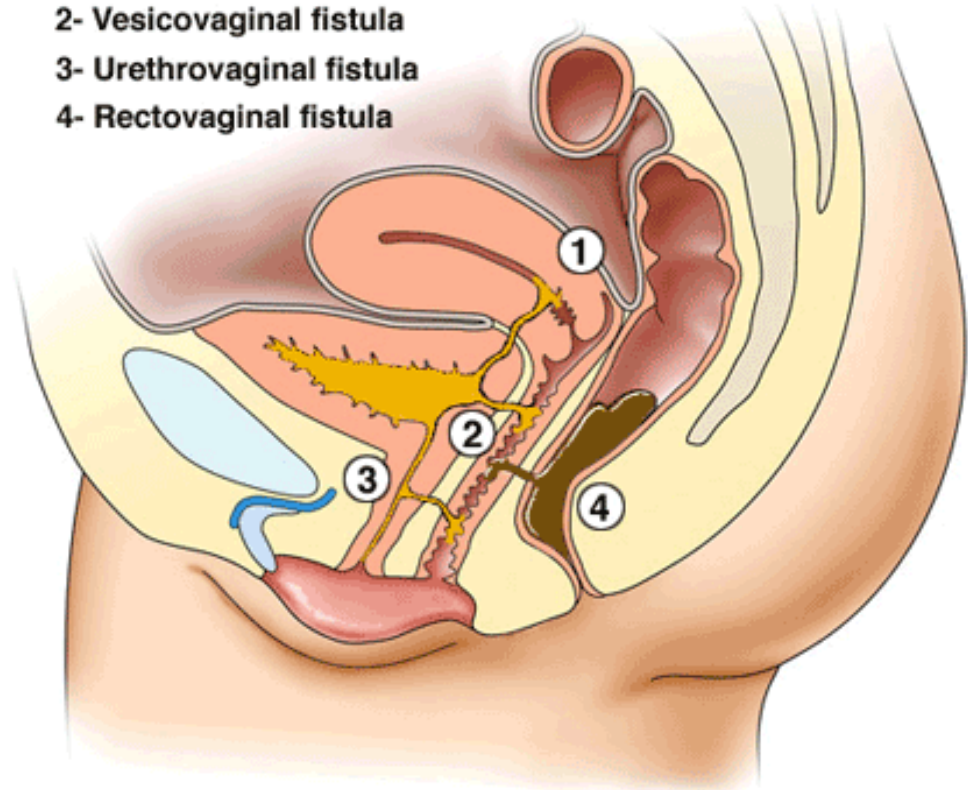
Vesicovaginal
(VVF)

Rectovaginal
(RVF)

Urethrovaginal

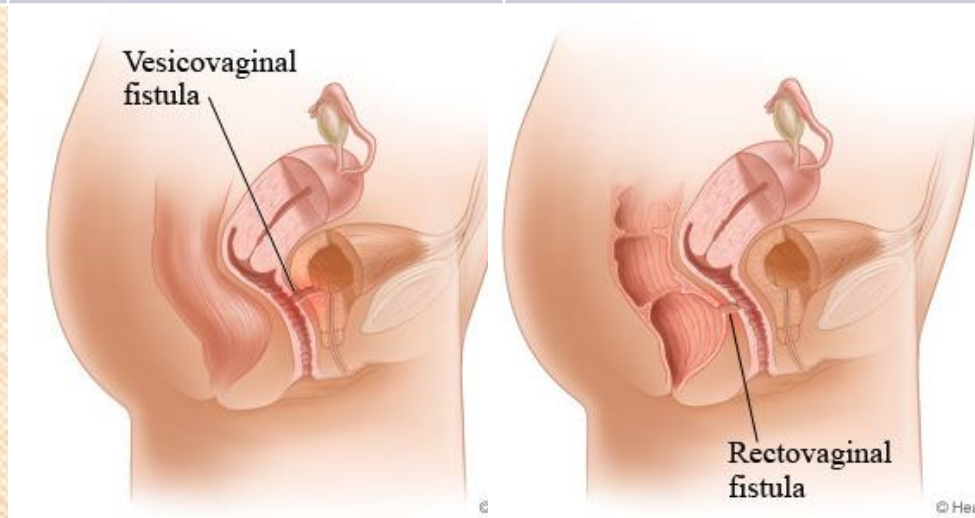
Vesicouterine

- 1- Vesicouterine fistula
- 2- Vesicovaginal fistula
- 3- Urethrovaginal fistula
- 4- Rectovaginal fistula



VVFs & RVFs

	Vesico-Vaginal Fistula (VVF)	Recto-Vaginal Fistula (RVF)	Combined VVF & RVF
Definition:	Abnormal opening between bladder and/or urethra and vagina	Abnormal opening between rectum and vagina	Abnormal opening between both bladder/urethra and rectum connected to vagina
Results in:	Results in uncontrolled, continuous leakage of urine through the vagina	Results in intermittent passage of stool and / or flatus through the vagina	Leaks both urine & stool
Occurrence:	About 85% of fistula clients have isolated VVF	Isolated RVF occurrence is rare	Seen in about 10-15% of cases



What are the Consequences of Fistula?

Loss of baby

Divorce

Unemployment

Loss of dignity

Stigma &
discrimination

Depression

Suicidal
tendency

Who is Most Affected?

- Uneducated, poor women living in the villages are most affected
- Young (<20 yrs, 30-60%)
- Short stature
- Primiparous (first timers)
- Limited access to emergency obstetric care
- Often multiple lesions in younger age groups



Underlying Causes of Fistula & P/OL

Low literacy

Poverty

Low awareness of
available treatment

Poor health seeking
behavior

Cost of
transportation to
seek care

Delays in reaching
health facilities

Cultural / religious
beliefs & practices

Poor quality of
maternal health
services &
emergency obstetric
care

Poor health
infrastructure

Can Fistula be Treated?



- Most cases of fistula can be repaired by specially **trained surgeons**. The majority of women who receive correct medical treatment stop leaking.
- **Catheter treatment** can also either prevent or heal fistula and can be provided by trained health care workers at primary clinics.

Can Fistula be Prevented?



Almost all obstetric fistula can be prevented if women have **access to skilled maternity care during pregnancy and childbirth.**



REMEMBER: PREVENTION IS ALWAYS THE BEST OPTION!

Other Important Actions to Prevent Fistula

Use child spacing to avoid risky, early pregnancy

Delay girls' marriage and pregnancy until they are at least 18 years old

Ensure that girls complete school to help them avoid early marriage and pregnancy

Promote nutritious diets for girl children, so that their bodies grow well

Empower women to make decisions about their own reproductive health and well-being

A Way Forward



Discussion: Nakku's Story (2F)

- Explore factors preventing delivery at health facility



- share resource 2c

Questions?



Birth Preparedness



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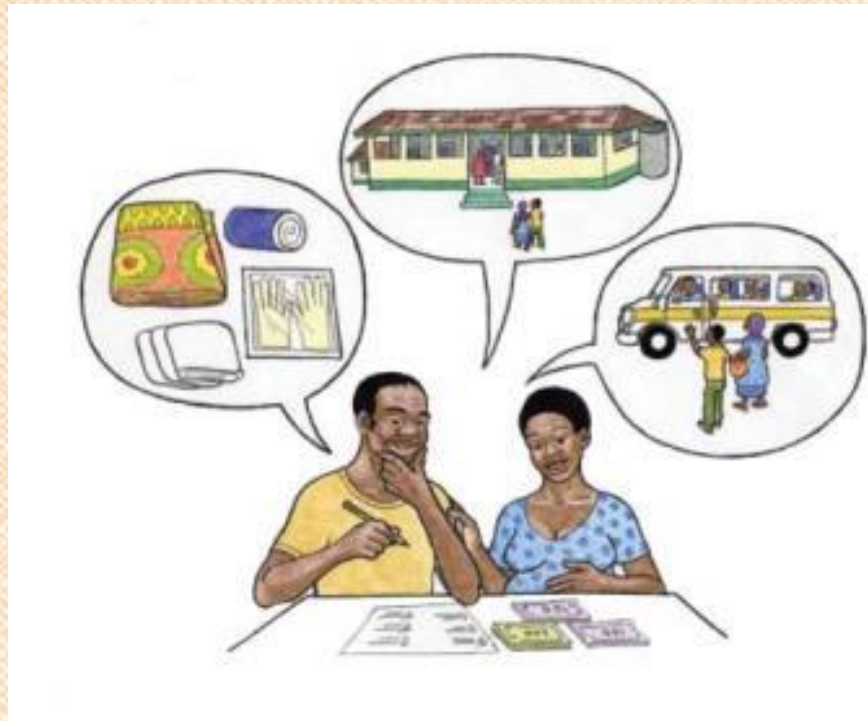
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Session objectives

- At the end of the session, you should be able to:
 - ✓ Define birth preparedness and list essential birth preparations
 - ✓ Cite the causes and consequences of non-preparation for childbirth
 - ✓ Explain the importance of involving male partners in maternal health

Brainstorming

1. How do we prepare for birth?
2. What are some causes and consequences of failure to prepare for birth?



Birth Preparedness

Birth Preparedness and Complication Readiness (BP/CR) is the process of **planning** for normal birth and anticipating **actions** needed in case of an **emergency**

Why BP/CR?

- It helps to address all the “3 delays”
- It helps to plan for any complications that may develop at any time during delivery without any warning
- It enhances healthy pregnancy and delivery
- It encourages shared responsibility between the husband and wife

1. Discuss and decide where to give birth

As soon as a woman becomes pregnant, she and her partner should begin to discuss and agree together about the safest place for delivery.



2. Discuss what items will be needed for the delivery and for the newborn baby

- Ask for advice during antenatal care what items will be needed during delivery.
- Find out how much these items will cost.
- Buy the items before hand.



3. Plan for Transport

- Make a plan for how you will reach the health center during labor—whether it is during the day or during the night.
- What form of transport will you use? How much will it cost?



4. Plan for Emergencies

- Ask for advice during antenatal care about where to go if you have complications.
- Discuss with your partner how to get there and how much money would be required for transport.
- Identify a blood donor in case of need.



5. Set aside money for delivery

- Taking into account the items needed for delivery, the cost of transport, and any emergency needs.
- Make a plan with your partner how to save the money needed for delivery.
- Set aside some money every month.



6. Plan for a check-up for the mother and baby in the first week after delivery to be sure that both are healthy.

- If either the mother or baby is unwell, seek care immediately.



- Share resource (3A)

Questions?



Addressing Gender to Improve Sexual and Reproductive Health Outcomes

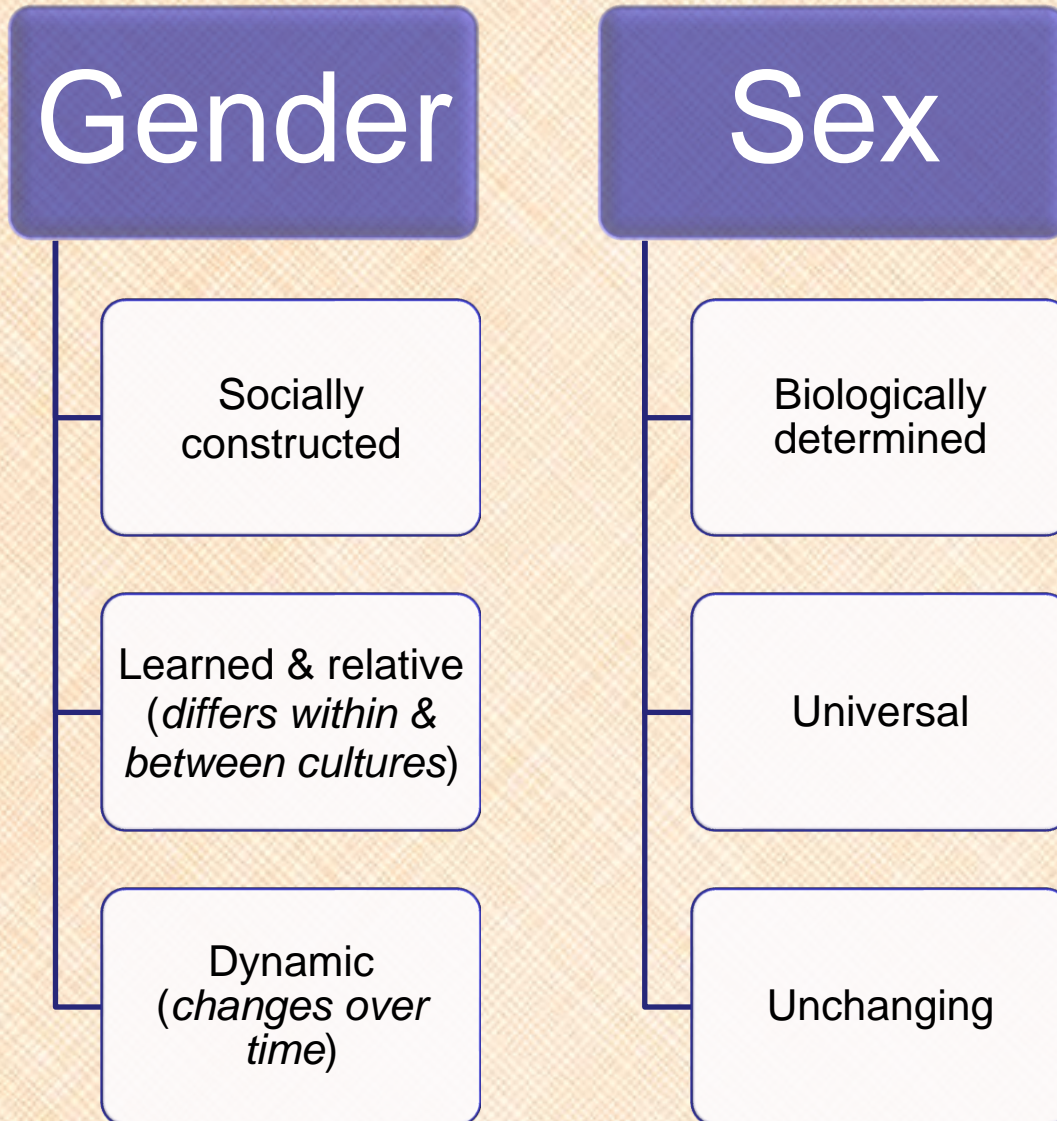
Gender Mainstreaming in Nigeria



Discussion: Understanding Gender



Gender and Sex



Gender Socialization

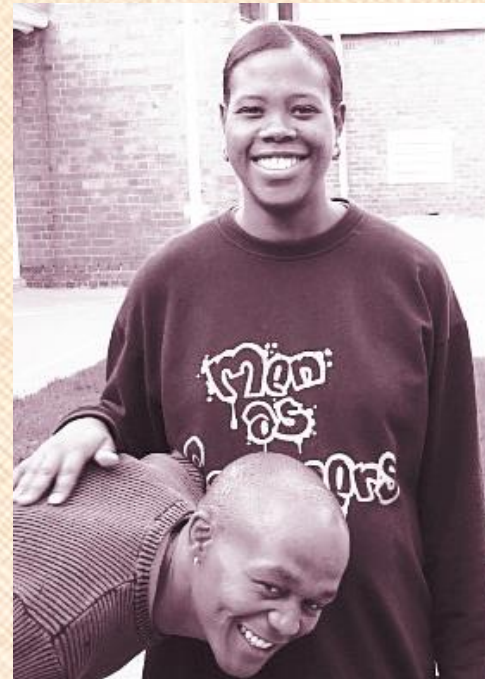
- Children of different sexes are socialized and shaped into their gender roles.
- It begins the moment we are born by the agencies of socialization:
 - Family
 - School
 - Peers
 - Religion
 - Media



Brainstorming & Discussion: Gender Roles

What are a man's roles related to birth and child rearing?

What are a woman's roles related to birth and child rearing?



Gender Equity & Equality

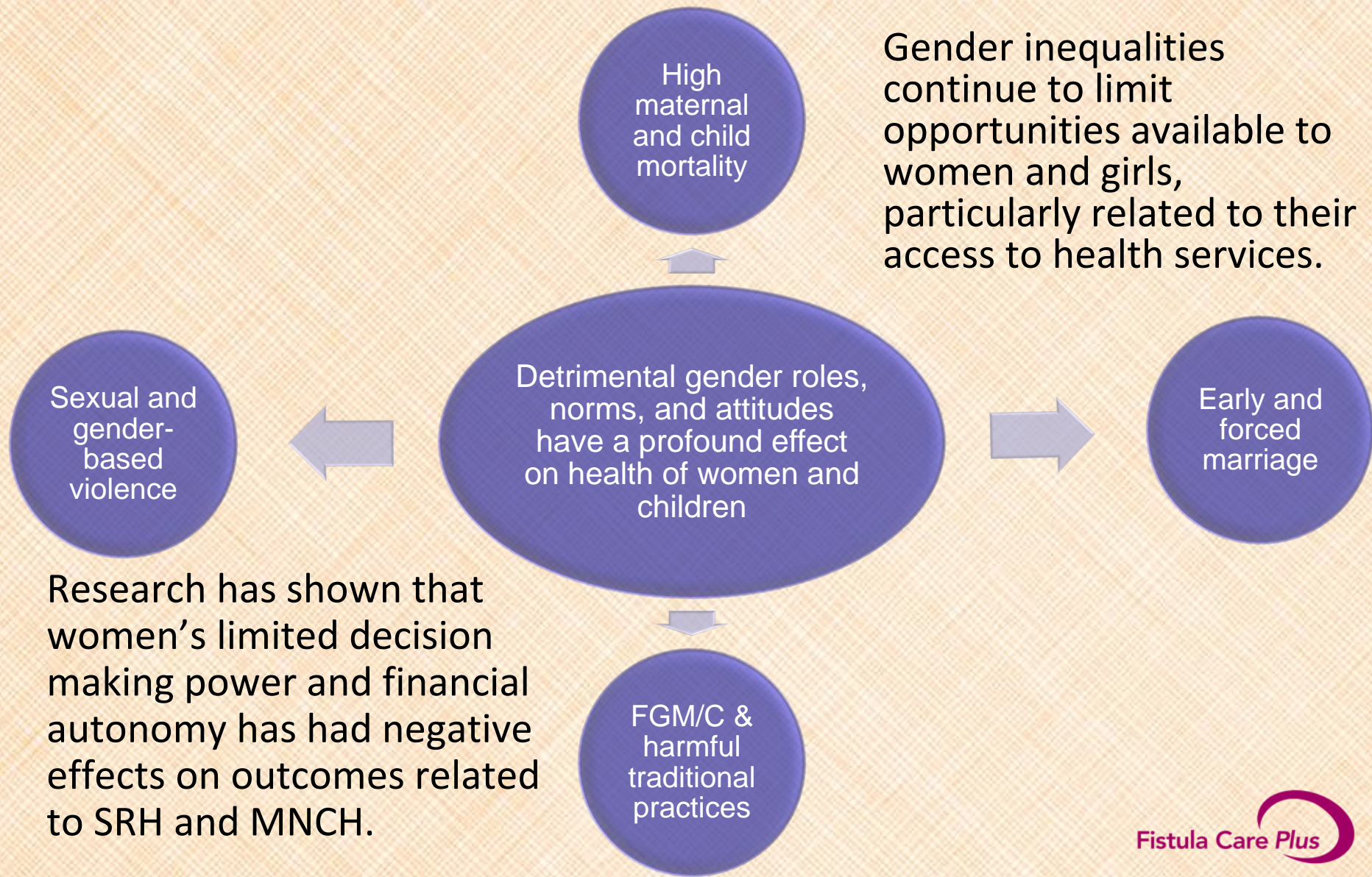
Gender Equity

- Process of being fair to women and men.
- Gender equity leads to gender equality
 - E.g., an affirmative action policy that promotes increased number of female doctors leads to gender equality

Gender Equality

- Men and women enjoy the same status
- Men and women share the same opportunities for realizing their human rights and potential to contribute to and benefit from all spheres of society (economic, political, social, cultural)

Gender & Sexual and Reproductive Health Outcomes



Gender Norms and Obstetric Fistula

Gender Norms

- Women need approval from men to seek healthcare
- Men control resources
- Women who deliver in the hospital are weak

Health Behaviors

- Women cannot access/use FP, sexual or maternal health
- Women seek service of traditional birth attendant

Health Outcomes

- Prolonged/obstructed labor
- Still birth
- Maternal death
- Obstetric fistula
- Prolapse or other morbidities
- Unintended pregnancy

Gender and Fistula

Genital fistula results from a **lack of attention and allocation of resources** to the basic and emergency **needs of women and girls**.

Manifestations of **gender inequality** that often **lead to fistula** include:

- Low health literacy
- Poor nutrition
- Gender disparities in educational opportunities
- Early marriage
- Limited agency for deciding care-seeking behaviors
- Lack of access to family planning or maternal, newborn, and child health (MNCH) services, including emergency obstetric care
- Low quality of care once service is attained

FC+ Gender Approach

FC+ ensures that programming is at least **gender sensitive**, and strives to implement **gender transformative** approaches when feasible.



FC+ addresses **underlying causes of fistula** that are **linked to gender inequality** and **respond to negative gender attitudes and norms** that result in **barriers to women's access** to maternal health services.

FC+ projects seek to:

- Address gender-based barriers to accessing services
- Address providers' gendered attitudes which can affect service provision
- Improve health communication (and avoid promoting negative gender norms/stereotypes)
- Engage men as clients, partners and agents of change

FC+ Engages CBOs

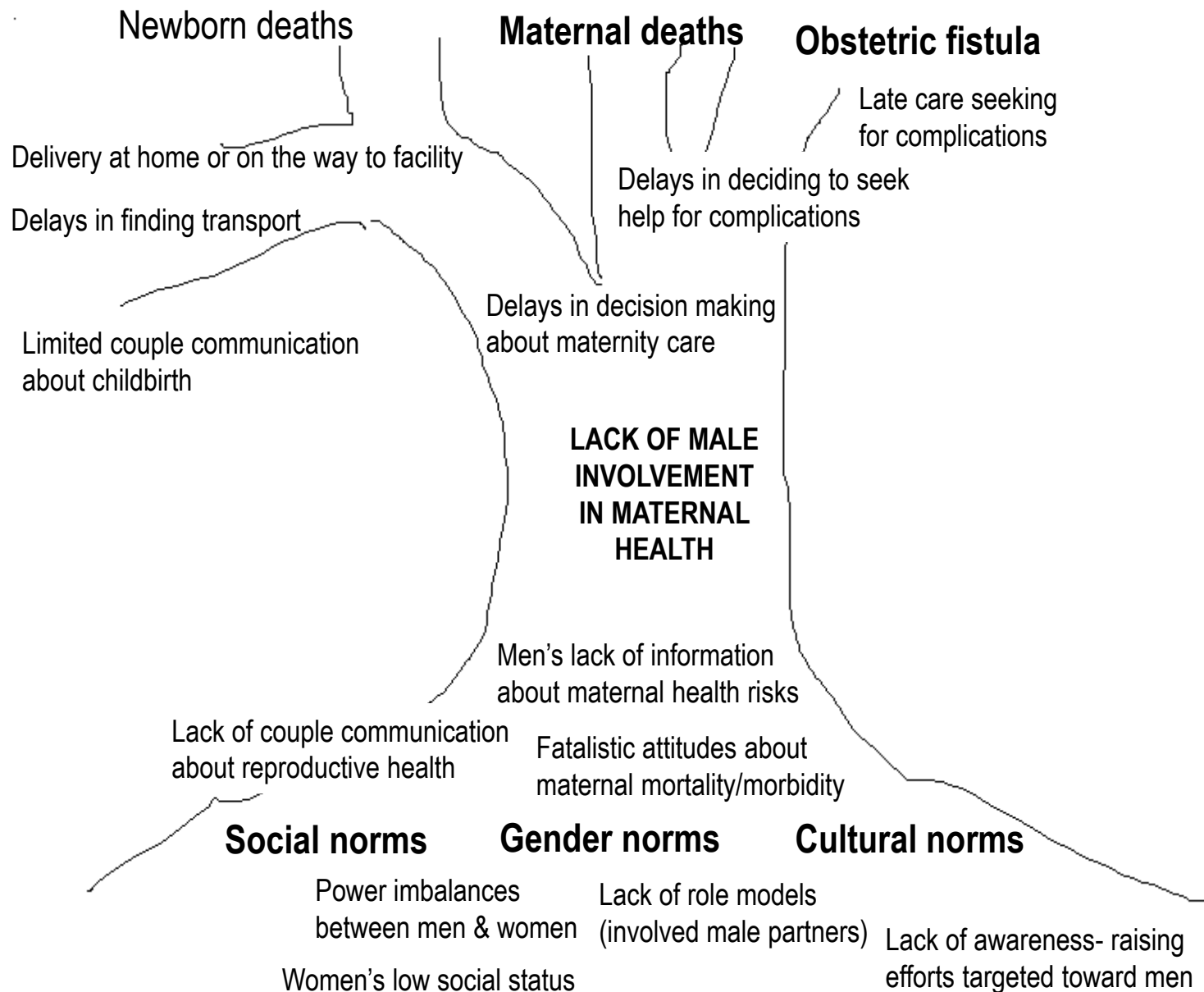
FC+ works with CBOs to establish and strengthen community-level committees and structures in promoting maternal health and maternal health care-seeking, to help reduce women's risks of pregnancy & childbirth.



Activity: Nasiche's Story (3D)

Problem Tree

Problem Tree – Lack of Male Involvement



Male Involvement in Maternal and Child Health

- Men's role in prevention and treatment of fistula
- Men's role in ANC attendance and skilled delivery
- Men's role in prevention of prolonged obstructed labor
- Men's role in Safer Motherhood
- Men's role in reintegration of fistula clients



Other Ways to Involve Men

- Organize counseling sessions for couples
- Focus group discussion or one-on-one counseling of men
- Promotion of behavior change messages at congregations
- Community education by traditional & religious leaders

Thank You



Family Planning & Child Spacing



At the end of the session, you should be able to:

- ✓ Define family planning (FP) and understand its importance
- ✓ Describe methods that can be used by women and men; and their side effects, advantages and disadvantages
- ✓ Address common FP myths and misconceptions and provide basic information about FP to community members

Key Messages for Family Planning (FP)

- FP is an important health measures that couples and countries can practice to **reduce maternal and infant mortality and morbidity**
 - **Prevention of unwanted pregnancies and birth spacing** by at least two years has a profound effect on reducing maternal and child mortality



- Risk of death from pregnancy and childbirth is far greater than risk of death from contraceptive use

Why is Family Planning Important?



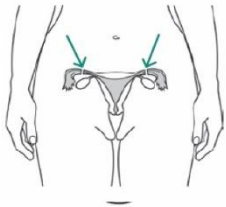
Family planning is the means for a couple to have children **when** they choose, to have **as many as they want**, to **space births**, or to **decide not to have any more** children.

- **DELAYERS:** wants to delay the first birth
- **SPACERS:** wants to wait at least two years before having another birth
- **LIMITERS:** does not want to have any more children

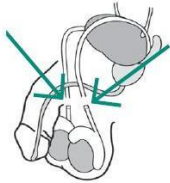
Types of Family Planning Methods

Permanent

Tubal
Ligation

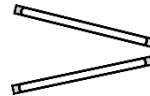


Vasectomy



Long-Acting (3-12 years)

Implants



IUD

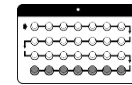


Short-Acting

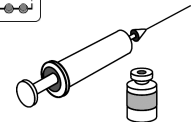
LAM



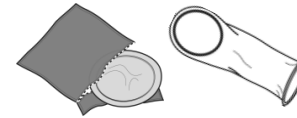
Pills



Injectibles

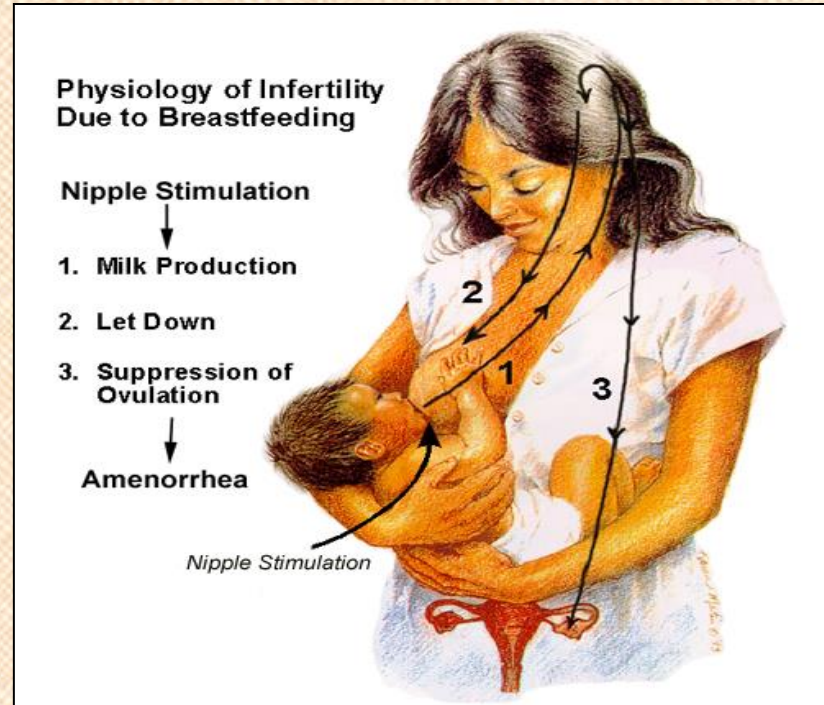


Condoms



Lactational Amenorrhea Method (LAM)

LAM is a **temporary natural, contraceptive method** that uses a pattern of breastfeeding to suppress ovulation and prevent pregnancy.



Benefits of LAM

For the Mother

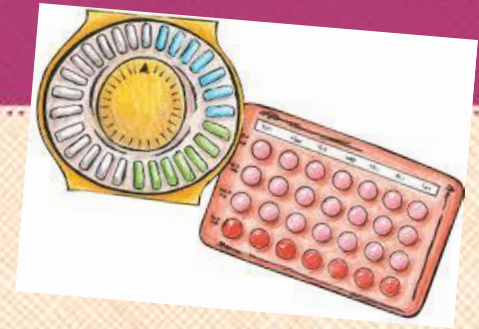
- Prevents birth-to-pregnancy intervals within first 6 months
- More than 98% effective
- Provides health benefits for mother
- Can start immediately postpartum
- Allows time for decision on adoption of other FP method



For the Child

- Improves infant growth & development
- Enhances infant's immune system (*less diarrhea and acute respiratory infections*)
- Source of clean water & salts
- Source of Vitamin A, proteins, iron, minerals & essential fatty acids

Pill & Mini-Pill

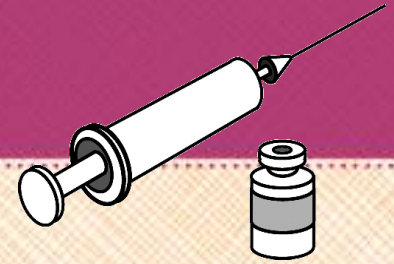


- ***When can start?*** 6 months after giving birth
- ***How often to take?*** 1 pill at same time every day
- ***When to return to provider?*** to obtain supply
- ***If you miss one?*** use a condom & follow instructions from provider
- ***Safe for women who are breastfeeding?*** yes, beginning 6 months after delivery
- Does **not protect** against sexually transmitted infections (STIs), including HIV
- ***Possible side effects:***
 - Headaches/dizziness, breast tenderness, or weight change (usually lessen or stop within the first few months)
 - Irregular monthly bleeding
 - For breastfeeding women, delayed return of monthly bleeding

***** Refer a woman to the facility if she:**

- Misses one or more pills & wants to know what to do
- Is uncomfortable with side effects
- Has specific questions about how the method works

Injectable: Depo Provera & Noristerat



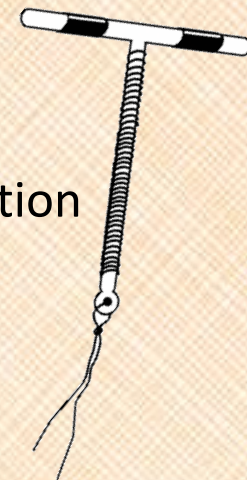
- ***When can start?*** 6 weeks after giving birth
- ***When to return to provider for injection?*** Noristerat– 2 months; Depo– 3 months
- ***If late:*** Injection can be as much as 4 weeks late for Depo. Client should come back even if later
- ***Safe for women who are breastfeeding?*** Only after 6 weeks after delivery
- Does ***not protect*** against STIs, including HIV
- ***Possible side effects:***
 - Irregular or no monthly bleeding (*usually irregular bleeding for the first several months and then no monthly bleeding*)
 - Delayed return to fertility after stopping method, about 4 months longer than with most other methods
 - Gradual weight gain

***** Refer a woman to the facility if she:**

- If she is late with next injectable
- Is uncomfortable with side effects
- Has specific questions about how the method works

Intrauterine device (IUD)

- ***When can be inserted?*** 48 hours or 4 weeks after delivery
- ***How long can it last?*** up to 12 years
- ***When to return to provider?*** for post-insertion visit, removal or insertion
- ***Safe for women who are breastfeeding?*** yes
- Does **not protect** against STIs, including HIV
- **Possible side effects:**
 - Bleeding or spotting 3-6 months after insertion
 - Cramping for a few days after insertion
 - Changes in bleeding patterns (*prolonged & heavy monthly bleeding, more cramps /pain especially in 1st 3-6 months*)



*** Refer a woman to a provider if she:

- Needs to go for 3-6 week post-insertion visit
- Has specific questions about how the method works
- Wants IUD removed or inserted
- Has increased or severe lower abdomen pain, pain during sex, unusual vaginal discharge, fever, chills, nausea or vomiting
- Thinks IUD slipped out
- Misses a period and thinks she is pregnant

Condoms

Male



- Most are made of thin latex rubber
 - If you or partner has a allergic reaction to latex rubber, do not use latex condoms
- Some are coated with lubricant and/or spermicide
- Protects against pregnancy and STIs, including HIV

How to use:

- Before having sex, place the condom over erect penis
- You must use a new condom for each act of sex
- Requires partner's cooperation

Female



- Sheath made of a transparent film with flexible rings at both ends
- Protects against pregnancy and STIs, including HIV
- Preserves feeling of sex for men and women

How to use:

- Before having sex, place female condom into your vagina, fitting loosely inside
- You must use a new condom for each act of sex
- Requires partner's cooperation

Withdrawal / Coitus Interruptus (CI)

- Traditional family planning method are **better than no method at all!**
- Man completely removes his penis from the vagina, and away from the external genitalia of the female partner, before he ejaculates
 - Prevents sperm from entering the vagina, thereby preventing contact between spermatozoa and the ovum
- Effectiveness is about 75-81% with typical users; however, when used perfectly, effectiveness can be as high as 95%
- CI is more appropriate for are couples:
 - Who are highly motivated and able to do this effectively
 - With religious or other reasons for not using modern methods
 - Who need contraception immediately and have entered into a sexual act without alternative methods available
 - Who need a temporary method while waiting to start another method
 - Who have intercourse infrequently

Withdrawal / CI

Advantages

- If used correctly, does not affect breastfeeding and is always available for primary use or use as a back-up method
- Involves no economic cost or chemical use
- No health risks associated directly with CI

Disadvantages

- Does not protect against STIs - *Men and women who are at high risk of STI/HIV should use a condom with each act of intercourse*
- Not reliable - *some sperm may have already entered into the woman's vagina*
- Relies on a man's self-control
- May reduce pleasure of intercourse

Healthy Timing and Spacing of Pregnancy

- Healthy Timing and Spacing of Pregnancy refers to the **time between birth and the next pregnancy**



- Remember to save lives, parents should **wait until their baby is two years** old before they try to get pregnant again

Benefits of Healthy Timing and Spacing of Pregnancy

- Improves the health of mother and child
- Reduces chance that newborns, infants and children under five years will
- Reduces chance that babies are born too early, too small, or with a low birth weight
- Reduces chance of problems during the next pregnancy
- Allows mothers to breastfeed for two full years
- Gives couples two years to prepare for next pregnancy
- Helps each co-wife have healthy and productive children!

Counseling Points for Healthy Timing and Spacing of Pregnancy

- Practice healthy spacing of pregnancies by waiting at least two years after the birth of your last child or six months after a miscarriage to become pregnant again for health of mother and baby
- For breast feeding mothers, use contraceptive methods that have no effect on breastfeeding
 - Many options available for both breastfeeding and none breastfeeding mothers

Remember

Wait at least two years before trying to become pregnant again for your health and that of your baby.

Wait at least six months after a miscarriage before trying to become pregnant again for your health and that of your baby.

Use contraceptive methods that have no effect on breastfeeding for a breastfeeding baby and mother. There are many options available to breastfeeding women (e.g. - LAM, progestin only pills, IUD, condom).

Address Beliefs and Misconceptions

What do you say to a mother who says.....?

- *“I do not want to space because I am concerned about inheritance.”*
- *“My husband and I space our children naturally, because my husband does strenuous work which weakens his sperm.”*
- *“I know I can only become pregnant 3 years after my last delivery, from previous experience.”*
- *“I am afraid to resume sexual relationship while breastfeeding, because it may harm my baby.”*
- *“I will not be able to get pregnant again when I want to if I use family planning.”*

Effective Communication and Key Messages



Qualities of a Good Communicator

- Welcoming
- Respectful, polite and courteous
- Attentive/observant to reactions and people's sentiments
- Being a good listener— *listening closely to what people say*
- Flexible
- Engaging (*probe*)
- Enthusiastic and positive— *has a good attitude and is enthusiastic about topic*
- Knowledgeable— *knows what he/she is talking about*
- Well-organized
- Sensitive and aware
- Patient
- Available and approachable
- Plans what to communicate and how
- Confident
- Clear and precise
- Motivating



Prevention

ANC

- Attending ANC at least 4 times during pregnancy can identify health issues, prevent complications, and prepare women for skilled delivery.

Birth Preparedness

- Prepare for your birth: plan for hospital delivery, arrange transport, and save for emergencies.

Hospital Delivery/ Skilled Birth Attendance

- Delivery in the hospital is not a sign of weakness, it is a sign of wisdom in order to save the lives of mothers and babies.
- We do not discourage faith, but for safe delivery, have your baby with a skilled birth attendant.

Prolonged Obstructed Labor

- If you are pregnant and have regular abdominal pains, you may be in labor, visit a hospital immediately.

Child Spacing

- Child spacing services are free and safe, visit your nearest clinic.
- Child spacing reduces unplanned pregnancies, enhances healthy babies and family wellbeing.
- Child spacing does not limit population, it enhances healthy mothers and babies.
- Healthy spacing of pregnancies reduces the chance that newborns are born too soon, too small or with low birth weight.
- Healthy spacing of pregnancies allows men time to prepare themselves emotionally, as well as save money for the next child, if they choose to have one.
- Discuss and choose a method with your partner, child spacing is a joint responsibility.

Fistula Prevention and Treatment

- Fistula is not caused by witchcrafts and infidelity, it is mainly caused by long and difficult labor.
- Prolonged difficult labor can result in fistula, go to the hospital as soon as you are in labor.
- Early marriage & delivery can lead to serious complications during pregnancy and labor including fistula. So avoid it!
- Fistula can be treated and the repair is free.
- Treatment sites information.
- Repaired fistula clients are not different from any woman, they can conceive and deliver again.

Rehabilitation and Reintegration

- Fistula is not contagious.
- You don't get fistula through physical contact or other interaction with fistula clients, so support them.
- Fistula can be treated. Support your wife and family, do not divorce her because she has fistula.

Respectful maternal care

- Treat your patient with compassion and respect. They deserve it!
- Health care is humane. Treat your patient with empathy.

FC+ Community Engagement Approaches



Advocacy

Advocacy is a process of engaging individual or groups who have influence on issues that impact the community.

- **Objective**
- To draw the attention of influential individual or group to important Fistula issues that affect wellbeing of the community.
- To gain the support and commitment of influential individual or groups to improve services and the uptake of Fistula interventions.

Expected outcome

- Influential individuals or groups become knowledgeable on current situation on FC+ intervention.
- Commitment from the Individual or groups to improve on the FP and fistula prevention situations.

Advocacy

Steps:

1. Identify an issue or problem to be addressed.
2. Analyze and research the issue
3. Develop goals and objectives for your advocacy work.
4. Identify targets: (advocacy targets are either individuals with power and influence that can make a difference on the advocacy issue (e.g community and opinion leaders, or groups and institutions that have power to make policy (e.g law makers)).
5. Develop messages and identify channels (method) of communication.
6. Identify resources: Depending on alternative strategies chosen, resources need to be identified.
7. CBOs to support WDC in the development of action plan.
8. Implement the plan.
9. Review implementation of the action plan.

Community Dialogue

- Community dialogue aims at establishing a good line of communication within the community and involves them in decision-making. It also helps to improve the skills of the community to identify problems and suggest possible solutions through a consultative process.

Objectives:

- To create a forum for reaching a consensus on health issues

Expected outcome:

- Agreed plan of action on addressing issues identified

Notes

- Facilitator must be conversant with the Community Dialogue Guide
- Take attendance during the meeting
- Leverage educational and IEC materials and share to participants at the end of the meeting to take home and share with their neighbors.

Community Dialogue Steps:

- WDC/CBO to articulate the issue on project intervention area (maternal health, ANC, fistula, FP, FGC/M,) in the community
- WDC/CBO to identify a facilitator and a resource person knowledgeable on FC+ intervention
- Agree on the date and venue for the dialogue
- Invite targeted audience (between 20, but not more than 40 persons)
- Ask participants to introduce themselves
- Facilitator creates awareness as regards the problem of Fistula within the community
- Using the Community Dialogue Guide, ask the participants to give their own perception of the situation
- The resource person and the facilitator take time to clarify the perceptions
- The participants with support of the facilitators and Resource person should Jointly assess the current Fistula situation using data from the community
- Decide on the most suitable options
- Set objectives as regards the identified issue on Fistula control
- Agree on a consensus for action
- Develop an Action Plan and assign responsibilities
- Jointly agree on when to provide feedback

Home Visits

- Home visits are important component of community engagement. They help reinforce messages and address myths and misconceptions

Steps

- Greet the household members in local language
- Introduce yourself and why you are in the house
- Wait to be asked to sit down
- Discuss project intervention messages using the job aids (IPC chart)
- Thank the member(s) of the Household

Notes

- If the households members are not at home mark for revisit
- Encourage pregnant women to go for ANC and hospital delivery

[illegible]

[illegible]

[illegible]

Action Plan

S/N	Activity	Persons responsible	Timeline	Follow up date/ other assumptions

Attendance Sheet

 USAID <small>FROM THE AMERICAN PEOPLE</small>		 Fistula Care Plus		 EngenderHealth <small>for a better life</small>	
PARTICIPANTS ATTENDANCE SHEET					
TITLE OF ACTIVITY:.....			PROJECT OBJECTIVE NO:.....		
VENUE:.....					
START DATE:.....			END DATE:.....		
NAME OF ACTIVITY MANAGER:.....					
S/No	Name of Participant	Sex	Sign	Date	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Client Mobilization

CLIENTS MOBILIZATION REGISTER

Name of CBO:

State:

Month/ Year:

(1) S/N	(2) Name of Client <small>Upper Space: Surname Lower Spac: Othernames</small>	(3) Age (Yrs)	(4) Community Name (Include descriptive address)	(5) State/LGA	(6) Phone Number	(7) Symptoms <small>(Mark X where applicable)</small>			Number of previous repairs	(8) Fistula Service provided?	
						Leaking urine	Leaking stool	Vagina protrusion		Yes	No
	<div> <div>Name of volunteer/staff:</div> <div>Designation:</div> </div>										

Client Mobilization

- Does she leak urine / feces uncontrollably from the vagina?
- Did the leakage begin soon after child birth?
- Did the labor last more than 24 hours?
- Was the childbirth assisted with instruments or by C-section?
- Did the baby die during or shortly after birth
- If the leakage did not follow childbirth, did leakage begin soon after any of the following?
 - Female Genital Cutting
 - Obstetric / Gynecological Surgery for Ruptured uterus, Fibroids
 - Rape or Sexual assault
- If most of the answers are yes
Refer and call CBO

Role of Participants in the Fistula Treatment Barrier Reduction Intervention Study



Objective of the Fistula Treatment Barrier Reduction Intervention



To test a **comprehensive information, screening, and referral intervention** aimed at **reducing barriers** (awareness, transportation, and financial) that impede women's **access to fistula diagnostic and treatment services**

Intervention catchment area: Ikwo LGA, Ebonyi & Katsina LGA, Katsina

Primary Health Care (PHC) Screening and Referral

Providers at selected wards and PHCs and private facilities trained on fistula case identification, counseling, and referral



- Objective of trainings: To *strengthen the capacity of health care workers* (doctors, midwives, clinical nurses and CHEWs) to:
 - Engage the knowledge and skills required to provide *quality essential and emergency obstetric care* that prevents maternal and neonatal mortality and morbidities (e.g. obstetric fistula)
 - Reliably *identify and refer potential clients with genital fistula* for either early institution of catheter OR to VVF Hospital, Abakaliki for diagnosis and surgical treatment.

Introduction to Fistula Screening Hotline

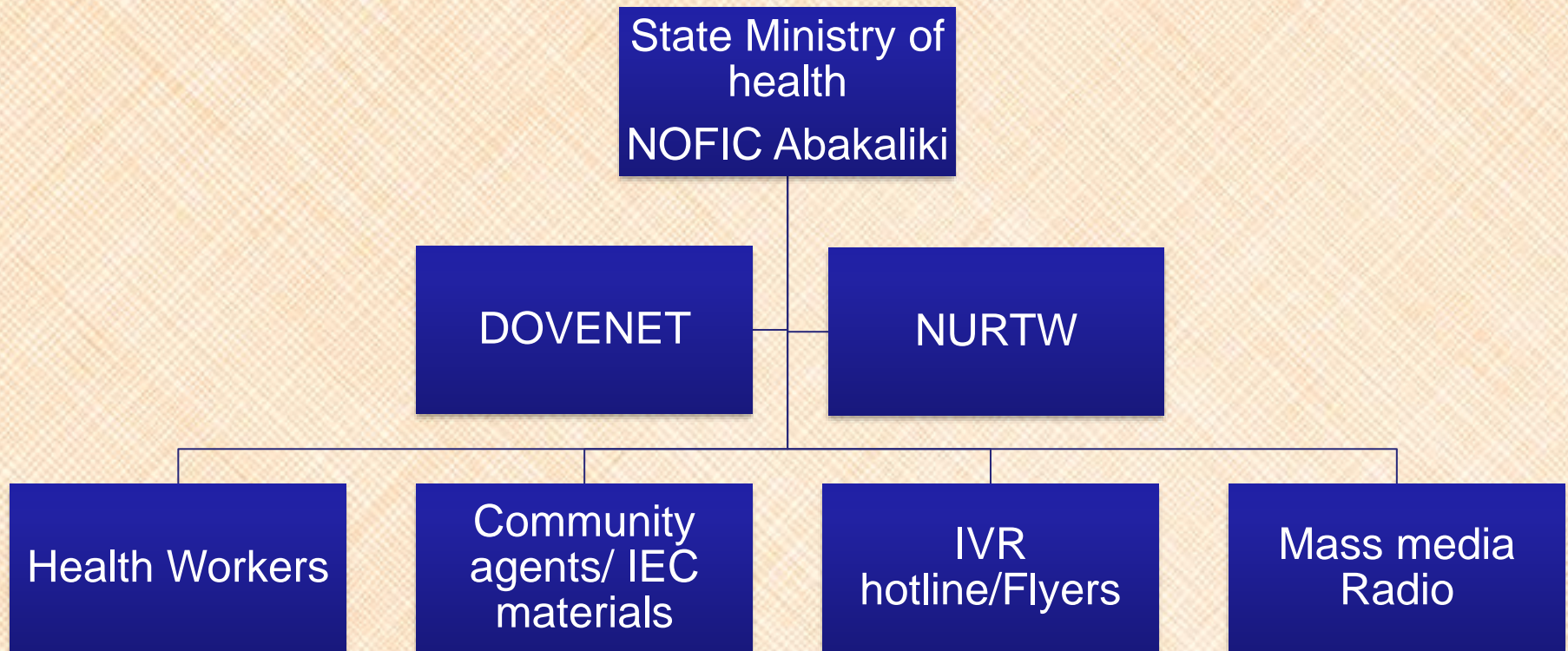


Participants to test hotline

08139861008

The Fistula Screening Hotline uses Interactive Voice Response (IVR) to screen women through their mobile phones and collects basic information about their condition.

Study Partners



Role of Health Workers in Intervention

Screen potential fistula clients using the IVR hotline (mobile phone)



Refer positively screened clients for catheter treatment or to VVF Hospital, Abakaliki for diagnosis & surgical treatment

Facilitate free transport for patient (& companion) to VVF Hospital, Abakaliki using voucher mechanism with NURTW driver

NURTW Transportation Voucher Mechanism


DOVENET provides secure Transport Vouchers to Volunteers quarterly

Volunteer sends SMS to Voucher Hotline (hotline number boldly inscribed on voucher) with Voucher code and client name


Volunteer call/SMS NURTW number provided to request transportation service with details of address and time

NURTW Transportation Voucher Mechanism

Volunteer gives client white copy and yellow of Voucher to submit at VVF Hospital Abakaliki



Client submits white and yellow copy of the Voucher to authorized person at VVF Hospital Abakaliki



Authorized person at Abakaliki retains white copy of the Transport Voucher and CBO picks up the yellow copy

NURTW Transportation Voucher Mechanism

NURTW agent submits blue copy of Voucher to the contractor's record keeper on arrival at Abakaliki

Authorized person at Abakaliki calls DOVENET to request transportation service when fistula client is ready to return home in Ikwo LGA

DOVENET provides NURTW driver with blue copy of Voucher and sends SMS with Voucher code and client name to hotline (# inscribed on Voucher) retaining the white copy

Transport Voucher



Fistula Free Transport Voucher

Date:

1A256B

Issuer's signature

Fistula Free Transport Voucher

Date:

1A256B

Issuer's signature

To the client: this voucher can be used by only an identified fistula client. The Voucher offers you free transportation to and fro the National Obstetric Fistula Centre, Abakaliki, to enable you access treatment.

To the Driver: FC+ will redeem this voucher provided it has been accepted as payment for transporting a fistula client to the National Obstetric Fistula Centre, Abakaliki. Offer is limited to 1 voucher per client & accompanying relative per transaction. Please submit all vouchers to secretary of your transport union at the NURTW state office within 1 week of transaction

SMS EngenderHealth on: 0703 306 1923



7b Ona Crescent,
off Lake Chad Crescent,
Maitama, Abuja, Nigeria.



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off Lake Chad Crescent,
Maitama, Abuja, Nigeria.



Contacts persons for the study

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STATE

FOMWAN

TRANSPORT

NOFIC

Flyer

Layin kar ta kwana na
tantance matsalar yoyon fitsari
0813 986 1008

yi
flashin
din number
kawai



**Zauna cikin koshin lafiya.
Kira numban a yau.**

Zuwa asibiti kyauta • Bincike kyauta ne
Akin ma kyauta ne



USAID
UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

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FistulaCare Plus

Job Aid

Do you currently experience constant leakage of urine or feces from your vagina during the day and night even when you are not urinating or trying to urinate?

YES

1. Ask woman to participate in hotline screening using your mobile phone.
2. Explain that after the call, you will help arrange free transportation to a treatment facility, where she can be diagnosed and treated.

NO

Thank woman and tell her to refer any women she knows with these symptoms to the fistula screening hotline.

Conclusion

- Action planning (Group work)
- Post test
- Evaluation