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

Annual Report
October 2008 to September 2009

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ACRONYMS AND ABBREVIATIONS

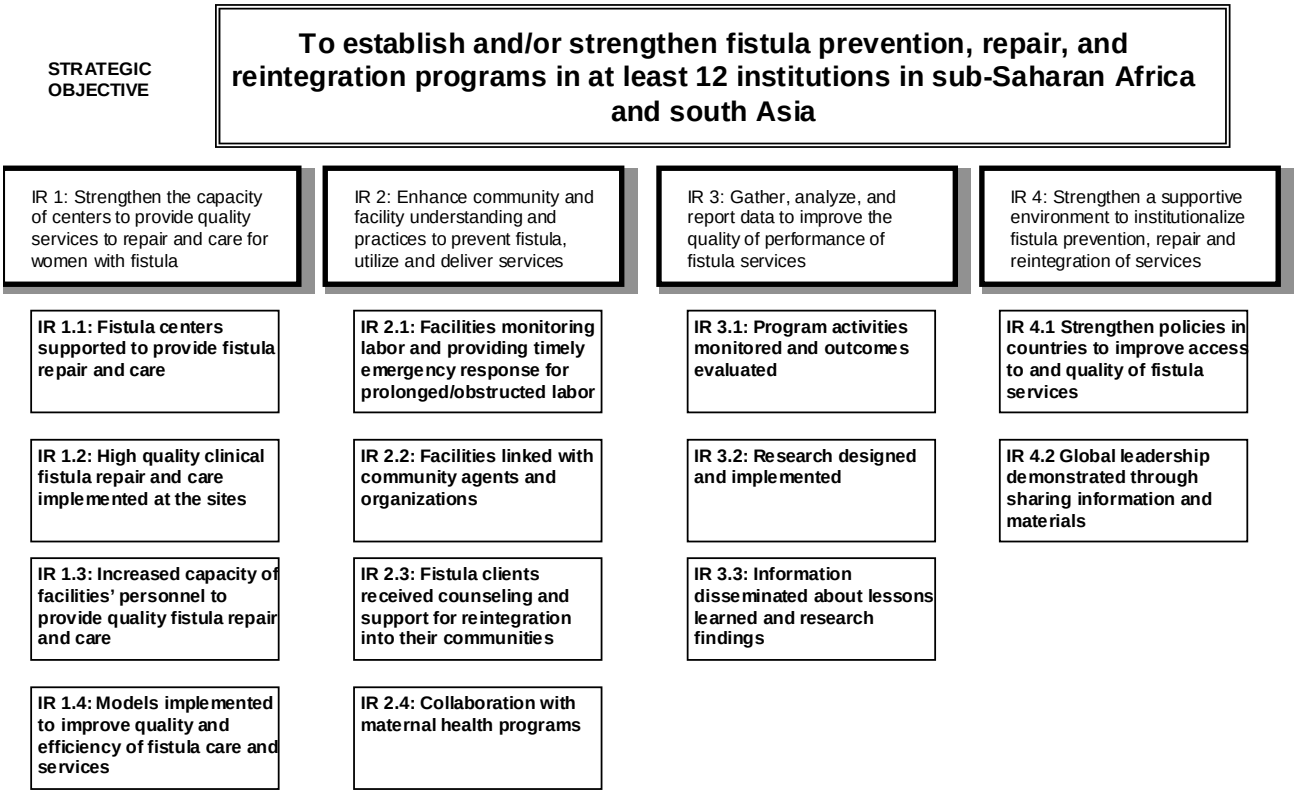
AAFH	Addis Ababa Fistula Hospital
AMREF	African Medical and Research Foundation
AMTSL	Active Management of the Third Stage of Labor
CBO	Community--Based Organization
CHUK	Central University Hospital of Kigali
COPE®	Client-Oriented, Provider Efficient Services
DRC	Democratic Republic of the Congo
ECSA	East, Central and Southern African Health Community
ECSACON	East, Central and Southern African College of Nursing
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
IP	Infection Prevention
MAP	Men As Partners®
MCH	Maternal & Child Health
M&E	Monitoring and Evaluation
MIS	Management Information System
MOH	Ministry of Health
MSF	Médecins Sans Frontières
NGO	Nongovernmental Organization
OAA	Office of Assistance and Acquisitions
Ob/Gyn	Obstetrics/Gynecology
OC	Obstetric Care
OFWG	Obstetric Fistula Working Group
OJT	On-the-Job Training
PMP	Program Monitoring Plan
QI	Quality Improvement
RCQHC	Regional Centre for Quality of Health Care
RCT	Randomized Controlled Clinical Trial
REF	Network for the Eradication of Fistula
RH	Reproductive Health
RVF	Recto-vaginal Fistula
SUNFPA	United Nations Population Fund
USG	United States Government
VVF	Vesico-vaginal Fistula
WHO	World Health Organization

I. INTRODUCTION

This annual report represents a summary of accomplishments for the second year (October 1, 2008-September 30, 2009) of the Fistula Care Project, a five-year Associate Cooperative Agreement (No. GHS-A-00-07-00021-00) supported by USAID.

USAID support to EngenderHealth for fistula services began in 2004 under the ACQUIRE Project. The scope of work under the ACQUIRE project was primarily focused on training of surgeons in fistula surgery and strengthening the capacity of sites to provide quality fistula surgery. With the award of the Fistula Care (FC) project, the scope of work has been expanded to include a focus on prevention activities. The goal of the Fistula Care project is to increase and strengthen 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



This report focuses on Fistula Care's inputs, outputs and, in certain cases, results of key interventions from global leadership and country programs. In FY 08/09 the project was implemented with a range of partners in 11 countries: the public sector in Ethiopia, Guinea, Mali, Niger, Nigeria, Rwanda; private and mission hospitals in Bangladesh, the DRC, Ethiopia, Sierra Leone and Uganda; and via national and international NGO partners (REF, IntraHealth International, and Mercy Ships).

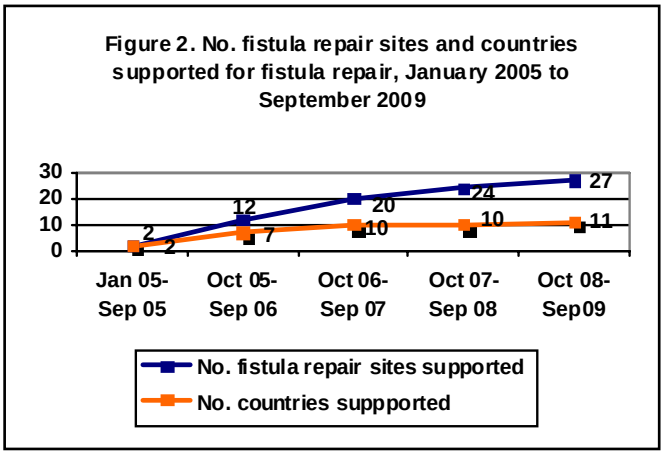
As of September 30, 2009, USAID is now supporting fistula treatment and prevention activities in **44 sites** in **11 countries;** see Table 1 and Figure 2 below. Memorial Christian Hospital in Bangladesh was dropped in January 2009 due to the hospital's inability to find a surgeon who could be posted at the site. Data from MCH is included in this annual report where appropriate.

The annual report is organized into four sections: Performance Data, Global Accomplishments by Results, Country Reports, and Management.

Table 1. Number of Countries Supported by USAID for Fistula Repairs and Prevention by Status, September 30,2009

Country	Currently Active	Number of Sites in Active Countries			Number Programs Completed
		# Repair[1] Sites	# Prevention only Sites	Total # Supported Sites	
Bangladesh	X	3[2]	0	2	
Benin*	X	1	0	1	
Dem. Republic Congo (DRC)	X	2	0	2	
Ethiopia	X	2	4	6	
Ghana*		NS	NS	NS	X
Guinea	X	4	3	7	
Liberia*		NS	NS	NS	X
Mali	X	1	0	1	
Niger	X	3	1	4	
Nigeria	X	6	10	16	
Rwanda	X	2	0	2	
Sierra Leone	X	1	0	1	
Uganda	X	2	0	2	
Total	**11**	**27**	**18**	**44**	**2**

*Fistula repair activities were carried out in these countries aboard the Mercy Ships hospital ships *Anastasis* (Ghana) and *Africa Mercy* (Liberia and Benin) while docked in those countries. The Africa Mercy will move to Togo in early 2010 and Fistula Care will not support surgery except through training.
NS: not supported by USAID funds



[1] All but seven of the fistula repair sites include one or more prevention intervention such as family planning, provision and/or obstetric care services (either basic emergency obstetric care or comprehensive emergency obstetric care) or community outreach about prevention and treatment.
[2] One site dropped in January 2009.

II. Fistula Care Annual Performance

Fistula Care had several discussions with USAID about development of a performance management plan (PMP) during the first year of the project; the PMP was approved in October 2008. A total of 15 core indicators were identified, organized by the four project results. Table 2 below shows the Fistula Care accomplishments for the year compared to the proposed benchmarks and includes proposed benchmarks for FY 09/10.

During FY 08/09, we did not meet our planned benchmarks for six indicators. Two key indicators in support of the strategic objective were not achieved—number of supported sites and number of repairs. Reasons for the lower than expected performance are outlined below. In addition to the explanations we have provided below, we must also consider the capacity of the sites which are being supported for fistula repair. As shown in Annex 1, more than one third (n=9) of the 25 fistula repair centers do not provide surgery at least once per week[3]. Eight of these nine sites are busy general hospitals with some limited capacities to provide daily/weekly repair services—limited number of operating theaters, inadequate number of trained nursing staff for pre-, intra- and post-operative care, and limited number of trained surgeons.[4] While we are working to strengthen the capacity of each facility to provide quality services, it is possible that the performance at these sites may have reached a plateau unless more resources (such as operating theaters, trained surgeons, patient beds) are increased. In addition while some sites provide surgery weekly, there is limited bed capacity. For example, at Kagando the hospital has one operating theater to serve the entire hospital. Kagando is a busy hospital and recently has been providing more services such as cesarean sections due to the lack of staff at the nearby government district hospital. This has surely put a strain on the capacity of the site to provide more fistula repairs.

We did not measure two of the four maternity related indicators due to delayed implementation of activities to strengthen these services. Outlined below is a brief discussion of the project's overall accomplishments versus planned benchmarks for each result. Further details about these indicators are described in the Global Accomplishments section of the report. Summary details about these benchmarks and achievements are in Annex 2, organized by country.

Result 1: Strengthened capacity

Five indicators, including two at the strategic objective (SO) level.

Supported Sites (SO). While the project added three new sites for fistula repair this FY (Labé Regional Hospital in Guinea, Gao Regional Hospital in Mali and Ebonyi Fistula Center in Nigeria) and six prevention sites (for family planning and/or obstetric care (OC)), our plans to expand to additional sites for fistula repair and prevention in Bangladesh, Ethiopia, Niger, Rwanda and Uganda were hampered by administrative and programming delays. For example we had planned for a large expansion to 18 prevention sites in Uganda, however limited funding will restrict this expansion in FY 09/10 to only six sites. Additionally it now generally takes more than three months to process subawards through EngenderHealth's own contractual process and through the Office of Assistance

[3] Mercy Ships Africa Mercy is excluded from this review.

[4] Ebonyi VVF center is a dedicated fistula repair center however it is limited now by number of trained surgeons. FC is working with the center to identify and train more surgeons.

and Acquisitions in Washington. IO&P funding would have accounted for some expansion, however these funds were not received until September 2009.

Fistula Care staff carried out site assessments in Bangladesh, DRC, Guinea, Mali, Nigeria, Rwanda and Uganda as part of the expansion process. Four additional sites for fistula repair have been identified (two in Bangladesh; one in Rwanda and one in Uganda) which will become active sometime in the first two quarters of FY 09/10. Expansion to one additional site in Nigeria is still under discussion with USAID/Nigeria.

Table 2: Fistula Care Achievements and Benchmarks (Corrected February 1, 2010)

	Base-line[5] 06/07	FY 07/08	FY 07/08	FY 08/09	FY 08/09	FY 09/10
	Actual	**Planned**	**Actual**	**Planned**	**Actual**	**Planned**
SO: To establish and/or strengthen fistula prevention, repair & reintegration programs in at least 12 institutions in Sub-Saharan Africa & south Asia						
1. Total # of sites supported	23	37	37	68	**45**	**70**
▪ **Fistula Repair Sites**	**23**	**25**	**24**	**33**	**27**	**32**
Fistula repair only	n/a	9	10	12	**7**	**8**
Fistula repair and FP	n/a	16	14	2	**2**	**4**
Fistula repair & OC	n/a	n/a	n/a	2	**2**	**3**
Fistula repair , OC, FP	n/a	n/a	n/a	17	**16**	**17**
▪ Non Repair Sites	n/a	12	12	35	18	38
FP only	n/a	12	12	3	**12**	**16**
OC only	n/a	n/a	n/a	18	**0**	**7**
OC & FP	n/a	n/a	n/a	13	**5**	**14**
Community outreach for prevention[6]	n/a	n/a	1	1	**1**	**1**
2. # of women receiving fistula repair surgery at USAID supported site	**3,437**[7]	3,882	**3,746**[8]	5,075	**3,741**	**4,250**[9]
IR 1. Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula						
3. % of women who received fistula surgery who have a closed fistula & are dry upon discharge	**98%**	75%	**83%**	75%	**75%**	**75%**
4. % of women who had fistula surgery who experienced complications	**9%**	≤20%	**5%**	<20%	**3%**	**<20%**
5. # of people trained, by type of training	603	1,800	4,858[10]	5,000[11]	**5,531**[12]	**3,050**[13]

[5] Baseline year of FY 06-07 was funded by the ACQUIRE Project. ACQUIRE funds continued to be used in selected countries in the first year of the project (Oct 07-Sept 08).

[6] Yirgam Center in SNNP in Ethiopia. Supported by USAID/Ethiopia funds.

[7] Updated based on revised data from USAID/Ethiopia support to AAFH for performance at Bahir Dar Fistula Hospital.

[8] Updated with revised data from Ethiopia for Bahir Dar and Mekelle Hospitals

[9] 14 percent projected increase

[10] 84% for training of community volunteers;

[11] 80% of the projected benchmark is for training of community volunteers in Ethiopia. Total projected training for community volunteers was 4,000; training in other topics was projected to 1,000.

[12] Of this training total, 77% were trainings for community volunteers and health workers in Ethiopia. A total of 3,509 community volunteers were trained (64% of training total) and 727 health workers and administrators were trained (13% of training total) in fistula prevention and referral. Over half of the community volunteers were receiving refresher trainings.

	Base-line[5] 06/07	FY 07/08	FY 07/08	FY 08/09	FY 08/09	FY 09/10
	Actual	**Planned**	**Actual**	**Planned**	**Actual**	**Planned**
IR 2. Enhance community and facility understanding and practices to prevent fistula, utilize and deliver services for emergency obstetric care, and support women's reintegration						
6. # of community outreach events about fistula prevention	513	625	1,323[14]	1,500	**4,113**	**5,000**
7. # of persons reached in outreach events about fistula prevention	239,675	350,000	442,534	500,000	**720,058**	**750,000**
8. % of all labors with partographs correctly completed & managed according to protocol	NA	NA	NA	80%	**NA**	**80%**
9. Number of births at FC supported sites	NA	NA	NA	NA[15]	**30,002**	**NA**
10. Number/Percent of births that were by c section at FC supported sites	NA	NA	NA	NA[6]	**34%**	**NA**
11. Number/Percent of c-sections that that were a result of obstructed labor or prolonged labor	NA	NA	NA	NA[6]	**NA**	**NA**
IR 3. Gather, analyze and report data to improve the quality and performance of fistula services						
12. % of supported sites reporting and reviewing quarterly fistula monitoring data for improving fistula services[16]	NA	45%	48%	**80%**	**20% met 4x; 83% met at least 1x**	**80%**
13. # of evaluation & research studies completed	0	1	0	**3**	**1**	**2**
IR 4. Strengthen a supportive environment to institutionalize fistula prevention, repair and reintegration programs						
14. Number of countries receiving support from Fistula Care where governments or supported facilities have revised/adopted/initiated policies for fistula prevention or treatment	NA	TBD	4	**5**	**6**	**7**
15. Number of facilities using Fistula Care technical products, by product, for improving fistula treatment and prevention services.	NA	TBD	26	**68**	**36 sites using 9 tools**	**70**

NA=not applicable
TBD=to be determined

Fistula Repairs (SO). The benchmark for the number of repairs was based on past performance and the planned expansion of sites that was not fully achieved in FY 08/09. There was an overall decline in performance between fiscal years 07/08 and 08/09 and in our planned benchmark. The number of

[13] These estimates include substantial planned training in Guinea (25% of projected training); estimates were made prior to the recent political unrest and programming is likely to be a slower implementation that planned.
[14] Data on number of events is missing from Guinea for all quarters; from Ethiopia pre-repair centers missing for three quarters; for Ethiopia/AAFH missing for all quarters.
[15] We will not set benchmarks for indicators 9, 10 and 11. We will report on actual achievement by those sites we are supporting to improve delivery and c section services.
[16] Fistula repair sites are counted here as well as three pre-repair centers in Ethiopia.

repairs performed in FY 08/09 was 8% less than the previous year and was 26% less than our projected benchmark. As show in Table 3 below (section III), four countries had an increase in the number of repairs (Bangladesh, DRC, Guinea and Rwanda), while four countries had a decline (Niger, Nigeria, Sierra Leone and Uganda). During preparation of this report we also discovered that the data reported from Ethiopia for previous years includes not only fistula repairs, but other related surgeries; therefore the data from Ethiopia is over reported for the previous years; data for FY 08/09 conforms to the standard FC reporting on clinical indicators. The reasons for the decline in performance and/or overall lower performance than projected include:

- *Bangladesh.* One site ceased to provide fistula services when the expatriate surgeon returned to the U.S. for health reasons. No other surgeon was available to continue with those services. While overall performance was higher this year than last year, it is partly due to periodic visits to LAMB by visiting surgeons for complicated repairs. Kumudini experienced a shortage of available surgeons when the primary surgeon resigned. An assessment was conducted in December 2008 to identify two additional sites that will become operational in early FY 09/10[17].

- *Guinea.* A political coup at the end of 2008 resulted in slower implementation for a period of time. None of the supported sites are providing routine (weekly) fistula repair; they all provide quarterly repair camps.

- *Niger.* A long close-out process under AWARE caused delays in awarding a new subaward to REF, our managing partner in Niger, and resulted in low performance the first quarter. One treatment site (Maradi Regional Hospital) underwent extensive renovations during the fourth quarter and did not provide any non-emergency services. The one prevention-focused site (Issaka Gazobi Maternity Hospital) was designated to become a fistula repair site this year, but it is a busy maternity and recently concluded that it does not have the personnel, space, or administrative coordination to introduce fistula repair services. This facility will continue to refer patients to Lamordé and will receive support to strengthen prevention services. Discussions are underway about identifying another site to provide repairs.

- *Nigeria.* The overall performance was lower by 6% compared to FY 07/08 despite adding one new site. Reasons for the lower performance included extended leaves by surgeons from Faridat, Kebbi and Maryam Abacha for religious holidays in the first and fourth quarters; the appointment of one senior surgeon as the commissioner of health (Faridat), and extended absence of the chief surgeon at Babbar Rugar who also performs surgery at the Laure Fistula Center in Kano. In Kano, there are two other centers for fistula repairs which have, in the past year, been supported by other international organizations, who organize periodic camps for fistula repairs. The surgeons from the Laure Center have been working at these camps, taking away time from their work at the center. These surgeons are drawn to working at these camps because of payments provided by the international organizing groups.

- *Rwanda.* While overall performance was higher in FY 08/09 then in FY 07/08, we had projected even higher performance. The operating block at CHUK was under construction with severe delays in completion. As a consequence, the main teaching hospital was reduced

[17] The subaward was submitted to New York in June, to OAA in late August and approved in November 2009)

to providing all services in two theaters in the maternity wing, resulting in a limit on the number of non-emergency surgeries that could be conducted. No repair camps were held for two quarters at Ruhengeri hospital. Two repair camps were planned in collaboration with other donors, however both were cancelled. The first camp was cancelled due to the illness of the primary surgeon and the second, two weeks prior to the scheduled camp, because UNFPA declined to support the required medicines. FC has now negotiated with the MOH to cover those costs and the camps will be scheduled in early 2010. Kanombe Hospital began providing repairs in the fourth quarter of FY08/09 with a surgeon trained through FC, and will be an officially supported site in FY 09/10. Repairs performed at Kanombe have been included in the report on repairs.

- *Sierra Leone.* The management of the Aberdeen West African Fistula Center is undergoing a transition which has resulted in the departure of one surgeon, leaving the center with just one surgeon. With the relocation of the one other fistula hospital in country from Freetown to a city in the Northeast (Bo), the number of referrals for fistula repair from referring NGOs is lower. The referring NGOs prefer to send women to the facility in Bo which provides easier access for women in need of care.

- *Uganda.* Kitovu hospital has no fistula surgeon posted at the hospital. All repairs are done during quarterly organized camps with visiting surgeons. One quarter did not have a repair camp due to the extended leave of the fistula program manager Dr. Maura Lynch. Delays in issuing new subawards following the close out of the Uganda ACQUIRE resulted in reduced levels of support at both sites. The subaward to Kagando was delayed and limited the ability of the site to mobilize community outreach activities and provide services.

Fistula Surgical Outcomes. The overall percentage of women who were discharged with a closed and dry fistula was 75%; the reported complications rate was three percent.

Training. During this FY nearly 3,000 persons attended training in one or more aspects of fistula care, prevention and management. In addition, over 2,000 community outreach workers were trained in prevention and treatment messages. The total number trained was 5,531, 10% higher than projected. Details about the training activities are discussed below under Result 1 (Table 5).

Result 2: Enhanced community and facility practices to prevent fistula

Includes six indicators.

Community Outreach. Community outreach activities exceeded the planned benchmark. Bangladesh, Ethiopia, Guinea, Niger, Nigeria all carried out community outreach activities to raise awareness about fistula treatment and prevention. See individual country reports for details (Section IV).

Maternity Related Services. No benchmarks will be set for three of the four indicators: number of deliveries, number of cesarean deliveries, and percentage of cesareans performed as a result of prolonged/obstructed labor. For partograph monitoring, we expect that 80% of all labors would be monitored with the partograph. We will report on these indicators only in those sites where we are working to strengthen cesarean delivery services and/or use of the partograph. We agreed with USAID/W we would determine the feasibility of collecting/reporting on the proportion of cesareans

for reasons of obstructed/prolonged labor by conducting a record review study. The implementation of this study was delayed until the final month of FY 08/09.

As noted above we collected information on the number of deliveries and cesarean sections from 20 sites, see details below in Section III, Result 2.

In FY 08/09 technical assistance to address improving maternity services and Fistula Care's specific focus interventions—catheterization following cesarean delivery, correct use of the partograph, and improved cesarean surgery—were delayed in most countries. Activities to address these interventions began in the last quarter of this FY:

- *Bangladesh* conducted training on maternity service management.
- In the *DRC*, a training was held about c-section and partograph use.
- In *Guinea*, the FC staff began the development of training modules for catheterization, partograph and c sections; these modules will be introduced next year.
- In *Uganda*, nurses were trained in partograph use and catheterization.

We have incorporated review of partographs into the medical monitoring checklist tool. This was not implemented in FY 08/09, but we expect to begin monitoring this indicator once technical support has started in FY 09/10.

Result 3: Use of data for decision making

We have two indicators to measure how the project is performing for this result: number of evaluation and research studies completed and routine review of quarterly fistula monitoring data for improving services. For FY 08/09 we projected completing three studies, however only one study was completed: the qualitative review of clinical practices of fistula treatment. The second planned study—cesarean record review study—was approved late in the FY; field work began in September in Uganda. The third planned study—cost analysis—was not approved in the FY.

Twenty supported fistula repair sites and three pre-repair sites met at least once during the FY to review monitoring indicators during FY 08/09 (25/30 sites; 83%)[18]. Three repair sites (Kumudini, Kitovu and Kagando) and the three pre repair centers in Ethiopia met once each quarter (6/30 sites; 20%)

Result 4: Strengthening the environment for fistula

The two indicators for strengthening the environment for fistula are: number of countries that are adopting, revised or initiating policies for fistula prevention and treatment; and number of supported facilities using FC-produced technical products for improving fistula treatment and prevention services. Six countries worked on fistula policy issues. See details under Result 4 below. 36 of the supported sites (prevention and treatment) used at least one product during the year —the fistula reporting forms. A description and summary of the other products used is described under Result 4 below.

[18] Total sites includes the repair sites (n=27) and the three repair centers in Ethiopia.

III. Global Accomplishments

RESULT 1:Strengthen the capacity of centers to provide quality services to repair and care for women with obstetric and traumatic gynecologic fistula

Fistula Repairs

The number of women receiving fistula repair surgery in FY 08/09 was 3,741 at 28[19] sites in 11 countries; see Table 3: see Figure 3. There was a small decline in the number or repairs from last year; reasons for the decline are discussed previously, in section II. Just over one-third of all repairs this FY were provided by the Nigeria program (36%, 1,347 repairs).

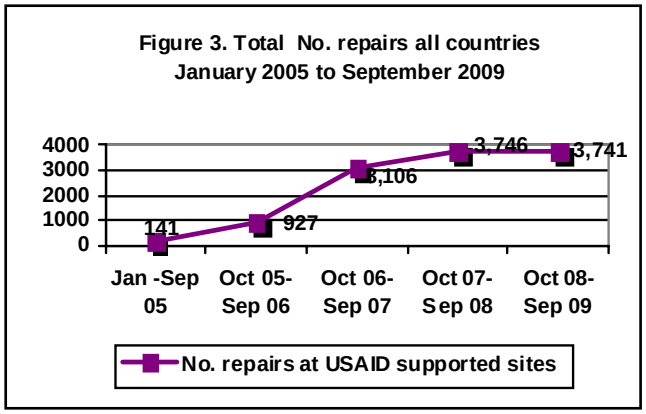


Table 4 provides a summary overview of selected clinical monitoring indicators for all countries reporting services in FY 08/09. By September 2009, 12,637 women had received fistula surgery as a result of USAID support since 2005.

Number/percent seeking and requiring fistula surgery. Ranges were from a low of 58% in Ethiopia and 69% in Uganda to over 90% in Bangladesh and Guinea (data from the DRC and Niger are skewed because of missing data on the number of women seeking care in one or more quarters). Recent community outreach efforts and increased media attention in Guinea have contributed to these high numbers.

Percent who received surgery. Some country programs are experiencing backlogs—women who need surgery but were unable to get surgery during the reporting period. In Guinea 44%f of women needing surgery received it, in Niger 69%, Rwanda 62%, Ethiopia 67% and Mali 72%. The rest of the countries were able to provide 80% or more of the required surgeries. In Guinea, most of the sites only provide surgery once a quarter during organized events with visiting surgical teams; Niger and Rwanda had had reduced capacity at supported sites as discussed above under Section II.

Percent of repairs which were first repairs. Nearly 75% or more of repairs in Benin, Ethiopia and Uganda were first repairs; the proportions were lower in other countries ranging from 40% in Niger, to 70% in Nigeria and Rwanda.

[19] We include data for the fourth quarter from Kanombe Hospital in Rwanda. Formal support will begin in FY 09/10. In FY 08/09 we supported training for the surgeon at the site.

Table 3. Number of Women Receiving Fistula Repair Surgery at USAID supported Sites, by Country, Site and Year[20] (Corrected February 1, 2010)

	FY 04 / 05	FY 05 / 06	FY 06 / 07	FY 08 Oct 07 - Sep 08					FY 09 Oct 08 - Sep 09					Grand Total
	Total	Total	Total	Oct-Dec	Jan-Mar	Apr-Jun	July-Sep	Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Total	FY 05 - FY 09
Bangladesh														
Kumudini	7	22	24	12	12	8	25	57	17	16	9	7	49	**159**
LAMB	4	40	72	24	1	13	14	52	19	32	9	21	81	**249**
MCH	9	31	23	8	0	2	3	13	1	NS	NS	NS	1	**77**
Total	**20**	**93**	**119**	**44**	**13**	**23**	**42**	**122**	**37**	**48**	**18**	**28**	**131**	**485**
Benin														
Africa Mercy Ship	NS	NS	NS	NS	NS	NS	NS	NS	NS	44	61	5	110	**110**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**44**	**61**	**5**	**110**	**110**
DRC														
HEAL Africa	NS	53	215	103	90	7	0	200	NS	90	43	81	214	**682**
Panzi	NS	0	371	n/a	101	33	NS	134	NS	85	86	97	268	**773**
Total	**0**	**53**	**586**	**103**	**191**	**40**	**0**	**334**	**0**	**175**	**129**	**178**	**482**	**1,455**
Ethiopia [21]														
Bahir Dar Ctr	NS	94	480	n/a	n/a	n/a	n/a	596	64	86	86	61	297	**1,555**
Mekelle Ctr	NS	NS	NS	n/a	n/a	n/a	n/a	n/a	42	44	51	29	166	**204**
Total	**0**	**94**	**470**	n/a	n/a	n/a	n/a	**596**	**106**	**130**	**137**	**90**	**463**	**1,772**
Ghana														
Anastasis Ship	NS	21	42	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	**63**
Total	**0**	**21**	**42**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**63**
Guinea														
Ignace Deen	NS	79	114	16	16	16	15	63	14	11	12	12	49	**305**
Jean Paul II	NS	NS	NS	NS	NS	NS	36	36	26	24	16	22	88	**124**
Kissidogou	NS	120	178	32	40	42	16	130	30	65	21	32	148	**576**
Labé	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	15	16	31	**31**
Total	**0**	**199**	**292**	**48**	**56**	**58**	**67**	**229**	**70**	**100**	**64**	**82**	**316**	**1036**
Liberia														
Africa Mercy Ship	NS	NS	NS	NS	NS	NS	59	59	NS	NS	NS	NS	NS	**59**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**59**	**59**	**0**	**0**	**0**	**0**	**0**	**59**
Mali														

[20] Non supported sites during reporting periods are identified with NS

[21] Data for Ethiopia for FY 05-06, FY 06-07 and FY 07-08 corrected February 1, 2010. .

	FY 04 / 05	FY 05 / 06	FY 06 / 07	FY 08 Oct 07 - Sep 08					FY 09 Oct 08 - Sep 09					Grand Total
	Total	Total	Total	Oct-Dec	Jan-Mar	Apr-Jun	July-Sep	Total	Oct-Dec	Jan-Mar	Apr-June	July-Sep	Total	FY 05 - FY 09
Gao Regional Hospital	NS	NS	NS	NS	NS	NS	NS	NS	NS	13	19	14	46	**46**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**13**	**19**	**14**	**46**	**46**
Niger														
Dosso	NS	NS	NS	3	11	3	0	17	0	3	3	9	15	**32**
Lamordé	NS	NS	27	12	35	15	8	70	32	15	30	7	84	**181**
Maradi	NS	NS	NS	52	34	11	26	123	3	16	40	0	59	**182**
Tera	NS	NS	NS	NS	3	NS	NS	3	NS	NS	NS	NS	NS	**3**
Total	**0**	**0**	**27**	**67**	**83**	**29**	**34**	**213**	**35**	**34**	**73**	**16**	**158**	**398**
Nigeria														
Babbar R.	NS	NS	356	90	172	118	156	536	83	86	111	51	331	**1,223**
Ebonyi Fistula Center	NS	NS	NS	NS	NS	NS	NS	NS	NS	72	65	52	189	**189**
Faridat Yak.	NS	NS	180	22	30	60	38	150	55	70	18	44	187	**517**
Kebbi	NS	NS	102	36	38	36	12	122	39	31	42	39	151	**375**
Laure Fistula Ctr.	NS	NS	339	115	129	107	122	473	75	121	97	44	337	**1,149**
Maryam Abacha	NS	NS	104	8	56	51	41	156	28	57	45	22	152	**412**
Total	**0**	**0**	**1081**	**271**	**425**	**372**	**369**	**1437**	**280**	**437**	**378**	**252**	**1347**	**3,865**
Rwanda														
CHUK	NS	45	55	10	10	7	9	36	13	9	14	15	51	**187**
Kanombe	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	NS	14	14	**14**
Ruhengeri	NS	100	92	0	0	47	0	47	50	52	0	0	102	**341**
Total	**0**	**145**	**147**	**10**	**10**	**54**	**9**	**83**	**63**	**61**	**14**	**29**	**167**	**542**
Sierra Leone														
Aberdeen	NS	NS	272	85	99	85	94	363	65	69	52	67	253	**888**
Total	**0**	**0**	**272**	**85**	**99**	**85**	**94**	**363**	**65**	**69**	**52**	**67**	**253**	**888**
Uganda														
Kagando	NS	79	174	24	30	29	35	118	19	23	31	12	85	**456**
Kitovu	121	256	227	55	71	66	0	192	38	64	0	81	183	**979**
Total	**121**	**335**	**401**	**79**	**101**	**95**	**35**	**310**	**57**	**87**	**31**	**93**	**268**	**1,435**
Overall Total	**141**	**940**	**3,437**	**707**	**978**	**756**	**1305**	**3,746**	**713**	**1,198**	**976**	**854**	**3,741**	**12,005**

n/a: not available

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

Table 4. ProjectTrends Oct. 2008 to Sept 2009, Selected Clinical Indicators

	Bangladesh	Benin	DRC	Ethiopia	Guinea	Mali	Niger	Nigeria	Rwanda	Sierra Leone	Uganda	Total All
1. # sites supported for fistula repair	3	1	2	2	4	1	3	6	2	1	2	27
2. # women arriving and seeking surgery	119	151	303[22]	1,187	774	94	183[23]	1,912	333	354	419	5,829
3. # of women requiring surgery	109	126	287	695	720	64	228	1,669	270	266	290	4,724
4.Among women who need surgery#/ % getting surgery[24]	131 (>100%)	110 (87%)	482 (>100%)	463 (67%)	316 (44%)	46 (72%)	158 (69%)	1,347 (81%)	167 (62%)	253 (95%)	268 (92%)	3,741 (79%)
5. # urinary only repair	129	107	297	434	296	35	152	1,264	152	244	243	3,353
6,.# urinary & RVF repair	1	2	1	8	13	4	4	32	3	3	10	81
7. # RVF only repair	1	1	13	21	7	7	2	51	12	6	15	136
8. #/% of urinary fistula surgeries first repairs	87 (67%)	78 (72%)	195 (65%)	385 (87%)	183 (59%)	24 (62%)	63 (40%)	923 (71%)	107 (70%)	159 (64%)	193 (76%)	2,397 (70%)
9.# women discharged with urinary repair[25]	121	109	260	453	290	25	156	1,247	155	237	245	3,298
10. #/% closed and dry at time of discharge urinary related only[26]	86 (71%)	79 (72%)	155 (n/a[27])	369 (81%)	232 (80%)	22 (88%)	85[28] (64%)	923 (74%)	124 (80%)	168 (71%)	214 (87%)	2,457 (75%)
11. #/% women with complications[29]	38 (31%)	25 (23%)	3 (1%)	2 (<1%)	7 (2%)	0 (0%)	1 (1%)	10 (1%)	2 (1%)	7 (3%)	3 (1%)	98 (3%)

n/a=not available

[22] Data missing in the DRC for the number of women seeking surgery and needing surgery for two quarters.
[23] No information available in Niger for Oct-Dec on the number of women seeking fistula treatment.
[24] % who got surgery may exceed 100% because of carry over of back log from the last quarter of the last FY
[25] Numbers discharged with a urinary related fistula does not always sum to total number women getting repairs; not all women are discharged in the same quarter as the surgery
[26] Denominator is number of women discharged with a urinary and urinary & RVF repairs (#10)
[27] % closed and dry is unavailable for DRC due to incomplete data.
[28] Denominator is133 women for whom data was available. Data missing for 25 women in Oct-Dec 2008 period.
[29] Denominator is all women discharged (urinary only, urinary & RVF, RVF only).

Percent of women discharged with closed and dry fistula. The rates for women who had a closed fistula and were dry was 75% overall for all sites, with a range of 64% (Niger) to 80% or higher in DRC, Ethiopia, Guinea, Uganda, Mali and Rwanda.

Percent of women who experienced complications. In general, reports on complications remain low across all the program supported sites. Complications varied from a low of 0% (Mali) to more than 20% (Bangladesh and Benin). Most of the complications were in the aggregated group of post-operative care (E.g. bleeding and urinary track infection (UTI)). Guidelines for reporting complications were updated following discussion at the Accra Meeting in 2008 and distributed to program supported sites in FY 08/09.

Training Activities

As shown below in Table 5, over 5,000 persons attended training in a range of topics about fistula treatment and prevention. Twelve surgeons attended first time training in fistula repair and 29 had continuing training (14 from Guinea). FC sponsored advanced training in fistula repair and training techniques on board the *Africa Mercy* hospital ship for two senior surgeons from Nigeria under the coaching of Dr. Steve Arrowsmith. One hundred and sixty-one (161) providers from five countries were trained in pre- and postoperative care management. Other training in support of fistula treatment included infection prevention (128 providers trained), quality assurance/improvement (64 providers) and fistula counseling (156 providers). Training in prevention related activities included FP counseling, FP methods provision, OC management, and community outreach.

Table 5. Training for fistula treatment and prevention, by country: Number of persons trained by topic, October 2008 thru September 2009 (Corrected February 1, 2010)

	Bangladesh	Benin	DRC	Ethiopia	Guinea	Mali	Niger	Nigeria	Rwanda	Sierra Leone	Uganda	Total
First fistula repair & care training for surgeons	2	0	0	0	3	2	0	1	0	3	1	**12**
Follow up fistula repair & care training for surgeons	1	0	2	0	14	3	0	2	5	0	2	**29**
Fistula nursing care /pre post op care	16	0	0	0	47	0	0	25	0	69	4	**161**
Infection Prevention	58	0	0	0	51	0	0	13	0	6	0	**128**
Quality Assurance	12	0	0	0	52	0	0	0	0	0	0	**64**
Fistula Counseling	45	0	46	0	10	36	0	19	0	0	0	**156**
FP Counseling	0	0	0	0	14	0	0	15	0	0	0	**29**
FP methods/LAPM methods	0	0	0	0	0	0	0	16	0	0	0	**16**
Obstetric care	45	0	73	5	20	0	0	0	0	0	4	**147**
Fistula Screening and /Prevention for Health workers	0	0	0	1,883	0	50	0	0	0	0	0	**1,933**
Community Outreach & Advocacy	86	0	0	2,353	0	0	0	147	0	0	0	**2,586**
Data Management	0	0	0	0	11		0	134	0	0	0	**145**
Other[30]	51	0	0	0	0	0	0	59	0	15	0	**125**
Total	**316**	**0**	**121**	**4,241**	**222**	**91**	**0**	**431**	**5**	**93**	**11**	**5,531**

Fundamentals of Quality Care for Fistula Programs

Described below are activities the global team is undertaking in collaboration with country programs and partners to assure quality in the programs.

Facilitative Supervision and Medical Monitoring Tools to Improve Quality of Fistula Services and Trainee Follow-up. A clinical supervision and monitoring system was rolled out to Fistula Care-supported programs during FY 08/09. The system includes tools—medical monitoring checklist, medical waste management monitoring, protocol for investigating and reporting mortality related to fistula surgery—which are designed to facilitate the standardization of services, not only clinical services but also counseling, clinical training, quality improvement approaches and training site follow-up. This system is the basis for timely and appropriate clinical and programmatic support of country activities and staff. Through this system we are working with supported sites to strengthen their capacity to provide quality services for repair and care of women with genital fistula; enhance facility and community knowledge and behavior to support prevention and reintegration; enable sites to gather, analyze, utilize and report data to improve service quality and performance and to ensure a supportive environment. In FY 09/10, we will hold a medical monitoring meeting with FC staff to assess the challenges, opportunities and lessons learned in the use of these tools in the last year. During this meeting we will develop a plan for institutionalizing these tools in programs.

[30]In Bangladesh other included training providers in how to teach pelvic floor exercises; In Nigeria this included training in USG policies and management training for Zamfara State VVF Task Force

Training Curriculum Produced to Prepare Health Care Personnel to Provide Pre-, Intra and Post Treatment Counseling to Obstetric Fistula Clients. This curriculum is designed to prepare providers to meet the information and counseling needs of obstetric fistula clients before, during, and following treatment, including referral for services and issues which may be outside the scope of providers' responsibilities. The training materials focus on counseling clients with *obstetric fistula* caused by obstructed labor. The Obstetric Fistula Counseling Training Curriculum has been field tested in Bangladesh, Nigeria, Rwanda and Uganda and will be finalized in early 2010.

International Training Curricula for Fistula. During FY 08/09 Fistula Care was actively engaged in discussions with the Federation of International Gynecologists/Obstetricians (FIGO), the International Society of Obstetric Fistula Surgeons (ISOFS), the Pan-African Urological Surgeons Association (PAUSA), and UNFPA about the development of an international fistula surgical training curriculum. Dr. Ruminjo attended meetings with both groups to provide input into each organization's curriculum and has reviewed and commented on the documents. With urging from Dr. Ruminjo, during the FY PAUSA decided to postpone the development of their curriculum and is now collaborating with FIGO to produce a single standardized curriculum. As part of the collaboration PAUSA will assist with the roll out of and advocacy in West African countries in partnership with the West African College of Surgeons. The finalization of the curriculum has taken longer than FIGO anticipated and field testing is now planned for early 2010. Fistula Care is in discussions with FIGO about how to collaborate in the roll-out.

Fistula Site Assessment Package Developed. A comprehensive site assessment tool to review a site's capacity for both service and training in fistula treatment as well as selected prevention services—emergency obstetric care and family planning--was drafted, piloted, and finalized in FY 08/09. The site assessment package also includes guidelines for preparing for an assessment and report preparation. The package of tools was translated into French and is posted on the FC web site. In FY 08/09 Fistula care staff carried out site assessments in Bangladesh, DRC, Guinea, Mali, Nigeria, Rwanda and Uganda. These assessments were carried out at both supported sites and sites under consideration for expansion.

Counseling Module for Traumatic Fistula. During FY 08/09, Fistula Care engaged the services of consultant Ms. Elizabeth Rowley to prepare a module on counseling women who have experienced traumatic fistula. This module is being merged into the larger Obstetric Fistula Counseling Curriculum rather than have two separate curriculae. In March 2009, in collaboration with the Regional Center for Quality Health Care (RCQHC) in Kampala, FC convened a consultative meeting with representatives from NGOs who provide counseling care to women with traumatic fistula to outline the key themes and content area of the module, based on the review of the literature and other data collected from key informant interviews. The content has been finalized and will be translated into French and piloted in the DRC in the next FY. We expect the module to be completed by March 2010.

Curriculum on Prevention and Management of Obstetric Fistula for Nurses and Midwives. With funds from USAID East Africa, the East, Central and Southern Africa Congress of Nurses has developed this curriculum in collaboration with the Fistula Care team. The development of the curriculum began in FY 07/08 with a workshop in Tanzania attended by 14 nurses and midwives from Kenya, Uganda, Tanzania and Nigeria. Participants included nursing education and

examination officers, representatives of nursing councils, a lecturer from the university school of nursing, a nursing tutor from the Ministry of Health and Social Services, a representative from Women's Dignity Project, a curriculum development specialist, a fistula surgeon and master trainer from the region, and nurses from fistula care health facilities with a wealth of experience in fistula-pre, intra and postoperative care. The purpose of the curriculum is to impart knowledge, attitudes and skills in nursing and midwifery tasks in prevention of fistula, as well as pre-, intra-, and postoperative care for women who receive fistula treatment.. The training package includes a facilitator's guide and participant handbook. The final draft of the training materials was completed in September 2009 and is now under review by the FC Global team. We expect to publish the materials by April 2010.

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

Strategic Approach for Fistula Services Developed. In July 2008, Fistula Care staff developed a framework for describing 'levels of care' for increasing access to quality fistula services. This framework is intended to capitalize on public interest in increasing access to fistula services by using a strategic approach which links a network of sites to facilitate prevention, diagnosis, limited treatment and referral, treatment of simple cases, treatment of complex cases and the establishment of one or more sites capable of providing training in fistula. This approach was introduced in FY 08/09 in Guinea and Nigeria and will be introduced in Rwanda and Uganda in FY09/10. The framework will be introduced in Mali and Bangladesh to support the development of national strategies for fistula care services.

Strengthening fistula prevention services is a key component addressing fistula. Fistula Care is focusing on four key prevention measures: family planning, consistent and correct use of the partograph, immediate catheterization for women who experience obstructed labor, and strengthening cesarean delivery services.

Integration of Family Planning. Most women with fistula have recently lost a child and therefore desire to be pregnant. In addition, many fistula service providers believe that providing information to women post-repair on family planning confuses women who have already been told to abstain from sex for at least three months post-surgery. Fistula Care has embarked on a strategy to effectively integrate family planning into fistula services from two perspectives: to enable women and couples to delay first births to help prevent fistula and to help women and couples achieve a successful pregnancy post-repair by allowing the woman time to heal.

Family Planning Counseling and Provision of Methods. A total of 35 of the 45 supported sites provide family planning counseling services and 34 sites provide family planning methods (Kitovu Hospital in Uganda provides counseling but no methods). As shown below in Table 6 (page 18), FC supported facilities reported more than 10,000 women accepting a FP method during FY 08/09 and nearly 21,000 were counseled

Model for Family Planning Integration with Fistula Care Services Piloted. Fistula Care has adapted a successful family planning integration model for HIV services, developed under the ACQUIRE project, for use in fistula programs. The model was introduced in 2008 in Nigeria to a

broad range of stakeholders from the Senate, National Assembly, State legislators, Ministry of Health (Federal and State) and Ministry of Women and Children Affairs, to Fistula Care surgeons, In-charges of Obstetric Fistula units, family planning providers, community-based organization representatives, and representatives from Implementing Partner (IP) organizations. At the conclusion of the meeting group members identified what they would do to facilitate FP integration with fistula services. Discussions began in the last quarter of FY 08/09 to introduce the model in Guinea, Rwanda and Uganda. The model is being further developed to incorporate gender sensitivity (GS) into the FP integration activities and messages for fistula treatment services. The goal is to ensure the engagement of men as well as to enhance provider and community understanding of how gender contributes to both the situation of women with fistula and how it affects their lives and their care.

Promoting the Use of the Partograph to Monitor Labor and Delivery. The incidence of prolonged labor can be substantially reduced by use of the partograph, and therefore can reduce obstructed labor and its potential sequelae, including fistula. Although the partograph has been around for more than 30 years, challenges have been experienced in the consistent use of the partograph to monitor active labor. FC will work with countries interested in increasing or improving the use of the partograph to provide training and other support for its use. A literature review is in preparation to frame future discussions about strategies to strengthen its use.

Promoting the Use of the Catheter to Prevent or Treat Fistula Associated with Prolonged or Obstructed Labor. Immediate catheterization can be used both as a prophylaxis and as primary or principle treatment. In the case of prophylactic use, it may require a period of 7-14 days in-hospital stay. For primary treatment, it may require 3-4 weeks in-hospital stay. Training is required to effectively recognize the type of fistula that would respond to this kind of treatment. FC will work with interested countries to demonstrate and, where appropriate, increase the use of immediate catheterization after prolonged or obstructed labor.

Strengthening cesarean delivery services. Approximately 10-15% of fistula cases are iatrogenic, although it is not known what percentage of that number are related to cesarean deliveries. Fistula Care will work with sites who have expressed interest in addressing poor cesarean performance as a means of reducing the number of fistula cases. Addressing this issue will require a step-wise approach to determine what policies exist regarding who can do cesarean deliveries, what training or refresher training is required, what reference materials, equipment and supplies are in place or required, the availability of blood, training in life-saving skills, etc.

Table 6. Number of FP Clients by Method, by Country.
October 2008 – September 2009

Methods	Bangladesh	DRC[31]	Ethiopia	Guinea	Mali[32]	Niger	Nigeria[33]	Rwanda	Sierra Leone[34]	Uganda[35]	Total
Oral Pill	1,084	27	n/a	323	229	1,947	n/a	31	0	76	**3,717**
IUCD	0	0	n/a	136	6	226	n/a	3	0	1	**372**
Condom (male)	285	15	n/a	36	1554	451	n/a	0	0	2	**2,343**
Condom (female)	0	0	n/a	0	0	0	n/a	0	0	0	**0**
Injectable	1397	12	n/a	398	264	813	n/a	35	39	130	**3,088**
Implant	0	3	n/a	0	0	104	n/a	30	0	12	**149**
Tubal Ligation	193	2	n/a	19	0	5	n/a	70	8	45	**342**
Vasectomy	0	0	n/a	0	0	0	n/a	11	0	1	**12**
Foaming Tablets	0	0	n/a	0	1	0	n/a	0	0	0	**1**
Total acceptors	**2,959**	**59**	n/a	**912**	**2,054**	**3546**	**n/a**	**180**	**47**	**267**	**10,024**
Total Number of clients counseled about FP methods	3,234	n/a	101[36]	1,175	444	3,115	1,1959	n/a	130	805	**20,963**

n/a: not available

[31] DRC family planning data consists only of data reported by HEAL Africa, for the time period April – September 2009.
[32] The data recorded for the January-March quarter includes data for the entire district, while the April – September period reports only on Gao Hospital.
[33] Nigeria data systems were capturing CYP for FP, and not number of clients served, as required by the USAID/Nigeria mission. We are working on additionally establishing a system to capture number of clients served.
[34] There were no FP services provided in the July-September 2009 period; the Fistula Center management staff are working on re-establishing services. See Sierra Leone report for more detail.
[35] Kitovu Hospital only provides counseling on natural family planning methods.
[36] Number of women counseled for family planning in Ethiopia includes only fistula patients.

Deliveries and Cesareans Sections. During FY 08/09, 20 of the 23 FC supported sites which provide delivery services reported on the number of deliveries and where available/provided, the number of cesarean sections. As shown below in Table 7, the proportion of deliveries which were C-sections ranged from 7% (Jean Paul II in Guinea) to 66% (at Kumudini in Bangladesh). Many of the institutional rates are high because the facility is a tertiary facility that may often be the only facility in a region /district that can provide cesarean services. As part of our on going work with facilities about cesarean services we will gather more information about the availability of the maternity services in the regions/districts where these facilities are located to better understand the rates. In FY 09/10 we will report these services only for those facilities where we are actively providing technical assistance to improve obstetric services.

Table 7. Number of Deliveries and Cesarean Sections at Selected Fistula Care Supported Sites, October 2008-September 2009

	No. deliveries	No. C sections	% C- section
Bangladesh			
Kumudini	1,672	1,097	66%
LAMB	3,108	721	23%
DRC			
Heal[37]	248	44	18%
Ethiopia[38]			
Adet Health Center	223	0	0%
Dangla Health Center	198	0	0%
Woreta Health Center	245	0	0%
Guinea			
Ignace Deen	3,573	1,050	29%
Labé[39]	585	203	35%
Jean Paul II	445	33	7%
Kissidougou	864	351	41%
Mali			
Gao[40]	1,075	341	32%
Niger[41]			
Dosso	1,220	231	19%
Issaka Gazobi	4,383	1,965	45%
Maradi	1,193	661	55%
Nigeria			
Faridat Yak.	861	83	10%
Maryam Abacha	1,029	35	3%
Rwanda			
CHUK	1,801	891	49%
Ruhengeri	4,107	934	23%
Uganda (3 quarters)			
Kitovu	1,486	529	36%
Kagando	2,352	971	41%
Total	**30,002**	**10,140**	**34%**

[37] July-September 2009 only.
[38] Deliveries at three health centers attached to the pre repair centers. No cesarean services provided.
[39] Only three quarters; no data for Oct-Dec 2008
[40] The data from Mali excludes the Jan-March quarter, because data was misreported during this time period and included district-wide data instead of Gao-specific data.
[41] Only three quarters; no data for Oct-Dec 2008

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

Completed and Ongoing Research

Completed Research.

Qualitative Study of Current Practices in Fistula Treatment. Little is known about current treatment practices for women suffering from fistula. In 2009, Fistula Care conducted an email and mail survey with fistula surgeons who perform surgery in Sub-Saharan Africa and South Asia to gather objective data about current practices in the care and treatment of fistula. The overall purpose was to identify practices which could inform the development of one or more randomized controlled clinical trials (RCT). A total of 40 fistula surgeons responded to the survey about their practices for three treatment regimens: use of prophylactic antibiotics in fistula surgery; the role of catheterization in fistula management; and preventive and treatment practices for stress incontinence related to fistula surgery. The role of catheter management in treatment of fistula was identified as the key area to focus on for a possible RCT since it has the potential for reducing cost of treatment and freeing up bed space if the duration of catheterization can be reduced without compromising quality of care. Discussions began with USAID/ about how best to move forward with the planning and implementation of an RCT. A final report (*Identification Of Current Practices In Fistula Treatment: A Qualitative Review)* was produced and shared with all respondents. A copy of the report is being translated into French. A journal article on study results is in preparation.

Ongoing Research.

A Multi-Centre Retrospective Review of Data Collection Procedures and Data Quality of Indications for Cesarean Deliveries. This study was approved in the third quarter of FY 08/09 following review and feedback from several outside reviewers. The purpose of this study is to assess the availability and quality of data on indications for cesarean delivery. The results from this study will help Fistula Care to:

- Develop indicators to inform Fistula Care's ongoing prevention interventions;
- Identify current practices for how data is collected, reported and maintained concerning cesareans;
- Identify gaps which need to be addressed in order to improve data reporting systems for cesarean services and service delivery; and
- Contribute to the literature about the current trends for clinical indications for cesareans in selected facilities.

In September 2009 Ms. Evelyn Landry and Dr. Josephine Muhairwe, consultant, traveled to Uganda to conduct the pilot at Kagando Hospital. A total of 350 cesarean records from 2008 were randomly sampled from the theater register book. Data collection continued into October 2009; preliminary data analysis will be completed by December 2009. The tools will be finalized once the analysis from Uganda is completed. Tools will be translated into French and we will commence data collection in the remaining countries (Bangladesh, DRC, Guinea, Mali and Rwanda) beginning in January 2010.

Determinants of Post-Operative Outcomes in Fistula Repair Surgery. This multi-country study continues to move forward at a reasonable pace despite a few set backs. Three of the study sites were dropped in FY 08/09: Memorial Christian Hospital in Bangladesh, Ignace Deen in Guinea and

Central University Hospital (CHUK) in Rwanda. We have managed to redistribute the expected participants from these sites to other sites and do not expect any problems in achieving our overall goal of enrolling 1,436 women.

By the end of September 2009, a total of 1,130 participants had been enrolled, 1,070 have had fistula repair surgery and 843 had returned for their three month post-surgery follow-up visit and therefore completed the study. Overall this represents 75% of the total recruitment in terms of surgeries completed relative to the number needed for the study sample size (1070 surgeries completed/1,436 total sample size). See Table 8 for recruitment details by quarter and study site. We remain quite pleased with follow-up to date, which stands at 79% (843 women who have returned for 3 month follow-up/1070 women having surgery) since this greater than the 70% study retention we had estimated when calculating our sample size. LAMB hospital has completed recruitment and patient follow-up, and recruitment at both Kagando and Kitovu Hospitals is expected to be completed in early 2010.

We have encountered some problems with the study activities at Maryam Abacha Hospital in Sokoto, Nigeria. Unfortunately, very incomplete information was gathered on the women they had recruited through June and so these women were excluded from the study. We subsequently enlisted two other surgeons to participate in the study and reinitiated the study in August. To date, 20 women have been enrolled and of those 8 have had their fistula repaired. The new data officer from the EngenderHealth office in Sokoto makes frequent visits to monitor progress of activities at the site.

Data continues to be entered and cleaned on an ongoing basis. Questions, problems or irregularities identified during data entry are recorded on a Data Problem Form and periodically sent to Fistula Care in-country staff or consultants, who then work with site staff to provide responses in an attempt to resolve the problems. Preliminary data analysis (basic frequencies, distributions, and cross tabulations) is conducted periodically for those data that have been entered. A draft analysis plan was shared with USAID/W in July 2009. We expect data collection to continue through June 2010 and a draft report is scheduled for completion by December 2010.

Table 8. Fistula Research Recruitment, July-September 2009

Country	Site	Thru June 2009			July 2009			August 2009			September 2009			% of total recruitment to date (# surgeries/ sample size at site)
		# enrolled	# having surgery	# completing follow-up	# enrolled	# having surgery	# completing follow-up	# enrolled	# having surgery	# completing follow-up	# enrolled	# having surgery	# completing follow-up	
Bangladesh	Kumudini Hospital	61	61	36	2	2	0	3	3	3	1	1	0	67/100 = 67%
	LAMB Hospital	51	50	50	#	#	#	#	#	#	#	#	#	50/51 = 98%#
	Memorial Christian Hospital	5	5	5	+	+	+	+	+	+	+	+	+	5/5 = 100%*
Guinea	Kissidougou Hospital	178	178	139	0	0	18	16	15	0	13	13	17	206/256 = 81%
Niger	Hôpital Lamordé Lamordé	43	42	10	9	10	9	3	3	9	3	2	6	57/107= 53%
	Maradi Regional Hospital	50	48	28	6	0	0	0	0	4	2	0	11	48/71= 68%
Nigeria	Maryam Abacha Hospital	0	0	0	0	0	0	13	2	0	7	6	0	8/80 = 10%
	Faridat Yakubu Hospital	166	166	147	10	10	4	4	4	5	1	1	6	181/214 = 85%
	Specialist Fistula Center Birnin Kebbi	105	81	53	8	9	4	6	5	9	0	0	8	95/125 = 76%
Uganda	Kagando Hospital	149	149	117	6	6	11	1	1	4	1	1	6	157/180 = 87%
	Kitovu Mission Hospital	167	157	119	0	0	5	0	0	0	40	39	0	196/215 = 91%
Totals		**975**	**937**	**704**	**41**	**37**	**51**	**46**	**33**	**34**	**68**	**63**	**54**	**1070/1436 = 75%****

N/A – The information is not available.
+ No longer recruiting participants into the study.
# completed study participation. One woman was discontinued at study close out.
* Originally were to recruit 40, but no longer doing fistula repairs. Remaining 35 women recruited at LAMB and Kumudini.
**1436 is the total sample size for the study. At present, the denominators of the individual sites total to 1404 because there are 32 women who are yet to be allocated to a site.

Other Monitoring, Evaluation and Research Activities

Cost Study. The Fistula Care team submitted a study proposal to USAID/W to assess the costs of fistula services in selected sites. The cost study will adapt a tool which has been developed by UNFPA to measure costs (e.g., equipment, personnel, supplies). Approval of this study proposal was still pending at the end of FY 08/09.

On Line Fistula Care Database. Through the Fistula Care website, FC partners now have access to the database. Our field partners—IntraHealth, Mercy Ships and REF—are now able to access the database and update the clinical monitoring data on a quarterly basis. All partners who have access can produce reports from the database.

Data for Decision Making Module Adapted for Fistula Care Programs. As part of on going quality improvement technical assistance, Fistula Care adapted a module on use of data from EngenderHealth's *Facilitative Supervision for Quality Improvement* curriculum which was produced under the ACQUIRE project. This module was piloted in workshops in Guinea and Nigeria as part of larger quality improvement exercises. The tool was translated into English and has been revised based on the pilot. The goal of the workshops was to strengthen the ability of site staff and supervisors to routinely review and analyze data for making programmatic decisions about fistula services, and where appropriate, delivery/obstetric and family planning services.

Supported Sites Routine Review of Data. As noted above, during FY 08/09, a module on 'Data for Decision Making', was developed for use during quality improvement workshops or as a stand alone exercise in support of achieving this result. A total of 22 supported repair sites and the three pre repair centers in Ethiopia met at least once during the year to review and discuss data; see Table 9. The data for decision making module will be introduced to more Fistula Care program sites in FY 09/10 to support the routine review of data.

Table 9. Number of Meetings held to review data by Country and Site, October 2008 – September 2009

Country	Oct-Dec	Jan-March	Apr-Jun	Jul-Sep	FY Total
Bangladesh					
Kumudini	1	1	2	3	7
LAMB	1	0	1	2	4
DRC					
HEAL Africa	0	0	0	1	1
Panzi	0	0	0	1	1
Guinea					
Kissidougou	0	1	0	1	2
Labé	0	0	0	1	1
Ethiopia					
Bahir Dar	0	0	1	0	1
Adet HC (pre-repair site)	1	1	1	1	4
Dangla HC (pre-repair site)	1	1	1	1	4
Woreta HC (pre-repair site)	1	1	1	1	4
Mali					
Gao	0	0	1	0	1
Niger					
Dosso	NS	1	0	1	2
Issaka Gazobi	NS	0	0	1	1
Lamordé	NS	1	1	1	3
Maradi	NS	1	1	1	3
Nigeria					
Babbar Rugar	1	0	1	0	2
Ebonyi Center	1	0	1	1	3
Faridat	1	0	1	1	3
Kebbi	1	0	1	0	2
Laure Fistula Center	1	0	1	1	3
Maryam Abacha	1	0	1	1	3
Rwanda					
CHUK	0	0	1	0	1
Sierra Leone					
Aberdeen	1	0	0	0	1
Uganda					
Kagando	1	1	1	1	4
Kitovu	1	1	1	2	5
Total	**14**	**10**	**19**	**23**	**66**

NS: not supported by USAID funding support in this quarter

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, collaborative partnerships, dissemination and use of FC-produced products.

Policy and Advocacy

During FY 08/09, Fistula Care was actively engaged at the international, regional and country level to improve support for the institutionalization of fistula treatment and prevention services. These accomplishments included:

Fistula Care Co-sponsored First Meeting of the International Consortium on Classification of Obstetric Fistula. One of the major challenges in pursuing a quality improvement agenda within fistula services is the lack of a standardized classification system on which to base training and research, and to enable comparison of outcomes. In March 2009 Fistula Care, along with UNFPA, the Johns Hopkins Bloomberg School of Public Health, and WHO, co-sponsored the first meeting of the International Consortium on Classification of Obstetric Fistula. The objective of the meeting was to begin the process of a review and validation of an internationally recognized fistula classification system. The continued work of this consortium will facilitate the inclusion of a fistula classification in the update of the International Classification of Diseases – ICD11, scheduled to be released in its draft form in 2011. Three working groups were established to examine (1) terminology; (2) data analysis and validation; and (3) communications, training and application. Participants in the process include representatives from key health professional associations and senior fistula surgeons from around the globe.

Planning Meeting on Development of Fistula Policy Model for East Africa. Prevalence of fistula in East Africa is estimated to be high: 3 to 5 women per 1,000 deliveries develop a fistula. While efforts are underway in many countries in East Africa to treat fistula, there is a notable absence of policies which address prevention alongside treatment.

With funding from USAID/East Africa, the East, Central and Southern Africa – Health Community (ECSA-HC), has been working in collaboration with Fistula Care to develop a nursing curriculum designed to address knowledge, attitude and skills gaps among heath workers in the management of fistula (see above, under Result 1). While training in the treatment of fistula is important, working with countries to encourage the development of a fistula policy fistula policy that would address regulatory issues and allocation of resources and administrative support for fistula is needed. To begin to address this issue of policy development, ECSA-HC, with support from USAID/East Africa and technical assistance from Fistula Care, is embarking on the development of a Regional Fistula Policy for East African Region.

In July 2009, a three-day workshop was held in Tanzania with senior representatives from Ministries of Health in Kenya, Tanzania, and Uganda to review the current status of policies in their respective countries (invited representatives from the DRC and Ethiopia did not attend the meeting[42]). The specific objectives of the meeting were to share experiences on fistula policy development, review a process for policy development and build consensus on issues which should be included in a policy.

[42] Rwanda and Burundi are members of the East Africa community but were not included in this activity.

After the review of individual country experiences the workshop participants agreed on a five step process for developing a policy:

1. Conduct country situational analysis
2. Conduct a dissemination workshop and build consensus on issues to be included in a policy that would impact on the reduction of the prevalence of Fistula
3. Draft of the policy and develop a strategic/advocacy plan to translate policy into implementation
4. Convene an expert review meeting on Regional Fistula Policy.
5. Monitor & Evaluate the implementation of the Policy (funds permitting) through follow-up activities in the countries involved

The meeting participants gave their inputs to improve the data collection tools and the individual country policy documents with reference to fistula, and consultants were given the responsibility to finalize data collection tools for the situation analysis and complete a desk review of existing polices. The group will meet again once the desk review is completed.

- *Bangladesh.* The Bangladesh Fistula Care team continues, in collaboration with local government policy makers, UNFPA and other stakeholders to advocate with the Directorate General of Health Services of the Government of Bangladesh to progress with the National Task Force on Obstetric Fistula which was established in August 2008. Meetings of the National Task Force were organized in April and June 2009 and a National Strategic Vision for the prevention, treatment and rehabilitation of obstetric fistula cases is under development at this time.

- *Guinea.* In FY 07/08 the Guinea/FC team worked with the Ministry of Health to implement a proposal for the development of a national league to eradicate fistula. The goals of this committee are to standardize national norms and regulations concerning fistula service delivery, coordinate efforts of key stakeholders and to mobilize resources for fistula in Guinea. The Guinea/FC team co sponsored the second annual National Fistula Day in Labé in May 2009 to coincide with the inauguration of the new sites. The event included a site launch ceremony presided by the Mayor of Labé with speeches by the representatives of USAID, the Governor of Labé and the representative of the Minister of Women, Children and Family Affairs. Testimonies from repaired fistula survivors were also part of the ceremony.

- *Mali.* Fistula Care, along with providers from regional hospitals, participated in a week long national strategy meeting organized by the MOH and UNFPA. Following this meeting, regional groups met to develop regional strategies. Fistula Care provided support to the Gao region to develop their plan to support training and treatment in fistula repair.

- *Nigeria.* In FY 08/09 the FC/Nigeria team provided technical assistance in three important initiatives. First, FC staff were instrumental in the establishment of the Zamfara VVF Task Force. This task force includes representatives from several state ministries (e.g., health, women's affairs), women's groups, religious and traditional leaders. The Zamfara State Government has pledged funds to support the meetings of the task force. Second, FC/Nigeria staff provided technical assistance to the Senate Committee on Health in

holding a Mother's Day event to raise awareness about maternal health with the National Assembly and other key stakeholders in the government and business community. Third, staff worked with the First Lady of Ebonyi state to include language about obstetric fistula in a maternal mortality monitoring law which was enacted by the state.

- *Rwanda.* Fistula Care has continued to provide technical assistance to the national fistula technical working group under the National Safe Motherhood Working Group. The project is also in the planning phase of organizing a national stakeholders meeting to take place in December 2009 concerning the integration of fistula and family planning services that will be co-hosted with the MoH and the Rwandan Medical Association.

- *Uganda.* The Uganda Fistula Care team continued to actively participate in the National Fistula Working Group meetings supported by UNFPA, and plans to support the MOH next year in conducting some of the meetings. FC provided an orientation to the Levels of Care Framework the Fistula Technical Working Group and the Ministry of Health. The framework was well-received, and in the coming year our hope is to work with the National Fistula Working Group to ensure the adoption of these tools and the levels of care framework as national tools for fistula prevention care and treatment.

Collaborations

Fistula Care global staff participated in three separate meetings of the **International Obstetric Fistula Working Group** during the year. In December 2008 and February 2009 Evelyn Landry participated in meetings with the Committee on Data, Indicators and Research to continue work on the compendium of indicators for international programs. In August 2009, Karen Beattie and Joseph Ruminjo travelled to Tanzania for a meeting of the working group. They participated in discussions about the FIGO-led fistula surgical standardized curriculum and proposed how Fistula Care can collaborate in the piloting and roll out of this curriculum. Also during this meeting Dr. Ruminjo gave a presentation about the on going prospective study on fistula and Dr. Steve Arrowsmith, consultant, presented about FC qualitative research in a panel titled "Current Practices in Fistula Management". FC staff also participated in panel and small group discussions on fistula service delivery, monitoring and training, as well as side discussions on next steps for the fistula classification consortium and training in Emergency Obstetric Care.

Presentations at Professional Conferences

During FY 08/09, three presentations about Fistula Care work were made at two conferences:

American Public Health Association Meeting, November 2008.

- Joseph Ruminjo co- facilitated a panel entitled Digital Stories for Public Health.: an emerging strategy for participatory media-making".
- The Fistula Care-produced digital stories DVD "Learning from My Story: Women Confront Fistula in Rural Uganda" as well as a video about child soldiers were featured.

Global Health Council Meeting, May 2009

- Moustapha Diallo. *For the Common Good: Good Governance and Democracy Improve Maternal Health Systems* (round table discussion)
- Joseph Ruminjo, Elizabeth Rowley, Mieko McKay. *Counseling of Women With Traumatic Genital Fistula From Sexual Violence; Development of an Evidence-Based Counseling Module.*

Fistula Care in the News

Over the course of FY 08/09, Fistula Care project activities were highlighted in various publication outlets:

- In March, 2009, Fistula Care highlighted the milestone of 10,000 women receiving fistula repair surgery at USAID-supported sites. Fistula Care worked with USAID to facilitate a press release on March 25th:http://www.usaid.gov/press/releases/2009/pr090325_1.html.

- Fistula Care assisted the USAID team to congratulate the surgical teams working in the field who made the completion of 10,000 fistula repairs a reality. One of the surgeons who has long served the people of Uganda is Maura Lynch, who was honored on the USAID website as a woman making a difference: http://www.usaid.gov/our_work/global_health/home/News/women/mch_lynch.html.

- Project Director Karen Beattie published a letter to the editor of the New York Times in response to a Science Times article describing AMREF's work on fistula in Tanzania. Her letter emphasizes the critical importance of prevention (*A Preventable Trauma,* published March 2, 2009), available at http://www.nytimes.com/2009/03/03/science/03letters-APREVENTABLE_LETTERS.html.

- In May, 2009*, Soul Beat Africa* highlighted the fistula digital stories in its e-magazine, available at http://www.comminit.com/en/node/292534/38.

- The Fistula Care Project was featured in the Huffington Post in July, 2009 in an article by Jim Luce titled "Helping Women: Eliminating Obstetric Fistula in Developing World," available at http://www.huffingtonpost.com/jim-luce/helping-women-eliminating_b_245116.html

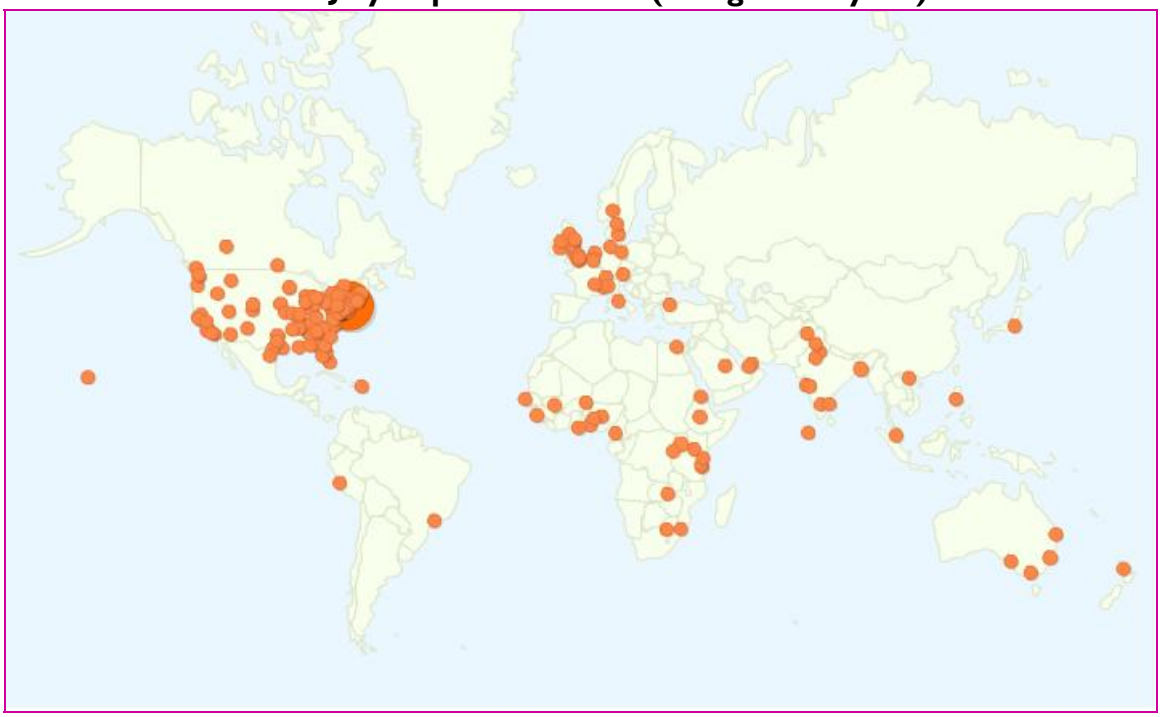
- EngenderHealth President Ana Langer is quoted throughout the article to describe the work of EngenderHealth and the need for fistula prevention and repairs.

Fistula Care Web Site

The Fistula Care website continues to be updated with project highlights, stories from the field, and program statistics. In the coming year a Fistula Care subscription service will be established and regular newsletters will inform subscribers of project and web site of project and web site updates.

During the July-September 2009 quarter there was an increase in the number of visitors to the Fistula Care's website: 1,866 visits to the site originating from 538 cities in 68 countries (see map below, Figure 4) compared to 1,790 visits in the previous quarter. There have been a total of 4,539 visits since the website's launch in March 2009.

Figure 4 Geographic Distribution of Fistula Care website visitors July-September 2009 (Google Analytics)



Fistula Care Technical Briefs

Fistula Care staff and partners traveled to three countries during the year to review program innovation projects which are being implemented to improve access to quality fistula treatment and follow-up services. These three program experiences will be documented and shared in a new publication of the project: *Fistula Care Technical Briefs*.

Ethiopia Pre-Repair Centers. In November 2008 Ms. Evelyn Landry from the FC global team traveled to Ethiopia with a representative from IntraHealth International (Ms. Cheryl Marcus) to conduct a review of the pre-repair units in the Amhara Region. Three pre-repair centers in the Amhara region provide pre- and post- repair care for women. The focus o the review was to understand how the pre repair centers function, to obtain feedback from key stakeholders about the pre repair centers and to seek recommendations from the stakeholders about how to improve the pre repair centers if the model was to be expanded to other regions of Ethiopia. A report was finalized and shared with USAID/W at the end of FY 08/09. The technical brief about this project will be published in first quarter of FY 09/10.

Nigeria Provider Networks. In April 2009, Ms. Evelyn Landry and Ms Erin Mielke (USAID/W) traveled to Nigeria to review with key program stakeholders how the pooled effort events and provider quarterly retreats have been utilized to improve access to quality fistula treatment services. A draft of this technical brief has been prepared and will be shared with USAID/Nigeria before it is finalized; we expect to publish this report in the second quarter of FY 09/10.

Guinea Prevention and Re-integration Model. In July 2009, Ms. Mieko McKay from FC and Ms. Michelle Trombley from EngenderHealth met with program staff and community leaders in Kissidogou to review how the prevention and re-integration model is implemented. We expect to publish this report by the third quarter of FY 09/10.

Use of Fistula Care Technical Products at Supported Sites

During the July-September 2009 quarter, 35 sites reporting using at least one tool. Table 10 below shows that all but one supported site reported using at least one of the nine FC tools (the quarterly reporting tools) during the year. Other tools the sites reported using included the medical monitoring and supervision checklist, medical waste management checklist, counseling curriculum, training strategy, training knowledge assessment tool, and site assessment tool.

Table 10. Use of Fistula Care Technical Tools by Country and Site, October 2008-September 2009

Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Medical Waste Management[43]	Training Strategy	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Site Assessment Tool	Fistula Standard Equipment List	Fistula Counseling Curriculum	Fistula Nursing Curriculum
Bangladesh										
Kumudini	X	X	X			X			X	
LAMB	X	X	X						X	
Ad-Din Dhaka							X			
Benin										
Africa Mercy	X									
DRC										
HEAL Africa	X									
Panzi	X									
Ethiopia										
Bahir Dar Ctr	X									
Mekelle Ctr	X									
Yirgalem HC										
Adet HCtr	X									
Dangla HC	X									
Woret HC	X									
Guinea										
Ignace Deen	X	X		X						
Jean Paul II	X	X	X	X						
Kissidougou	X	X	X	X						
Labé	X	X		X			X			
Mali										
Gao	X		X	X	X		X	X	X	X
Niger										
Dosso	X									
Issaka Gazobi	X									
Lamordé	X									
Maradi	X									
Nigeria							X[44]			
Babbar R.	X									
Ebonyi Center	X						X			

[43] A section in the Monitoring /Supervision for Service Delivery Check List.
[44] Site assessment tool used to assess potential sites in Kaduna and Bauchi states.

Country/Site	Quarterly Reporting Tools	Monitoring/ Supervision for Service Delivery Check list	Medical Waste Management[43]	Training Strategy	Training Knowledge Assessment Tool	Monitoring/ Supervision for Training Site	Fistula Site Assessment Tool	Fistula Standard Equipment List	Fistula Counseling Curriculum	Fistula Nursing Curriculum
Faridat Yak.	X									
Kebbi	X	X	X							
Laure Fist. C	X									
Maryam Abacha	X	X	X							
Prevention only sites :										
Sheik Jidda Hospital, Kano	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									
Rwanda										
CHUK	X	X	X		X	X	X	X		
Ruhengeri	X	X	X		X		X	X		
Kanombe							X			
Sierra Leone										
Aberdeen	X									
Uganda										
Kagando	X	X	X					X		
Kitovu	X	X	X	X	X	X		X		
Mbale							X			
Total sites using tools	**36**	**12**	**11**	**6**	**4**	**3**	**7**	**5**	**3**	**1**