

# Fistula Partners' Meeting

Working group recommendations  
For the Roadmap



**USAID**  
FROM THE AMERICAN PEOPLE



the **ACQUIRE** project



# Fistula Prevention Strengthened

- Uganda, Mali, Guinea, Ethiopia, Nigeria, Rwanda, Bangladesh
  - Facility level - Improving access to EmOC – training, monitoring labor, partographs – focus on doctors and midwives (short or medium term objective)
- Nigeria
  - Building capacities of TBAs – referral agents with incentives to facilities
- Mali,
  - Community based outreach workers – engage in prevention activities
- Guinea
  - Village safe motherhood committees
- Bangladesh
  - Advocate at government level to ensure that comprehensive EOC levels are functional
  - Within fistula centers, incorporate EOC and Family Planning services – also link with community-based skilled birth attendants

# Fistula Prevention Strengthened

- Congo, Uganda, Guinea, Ethiopia
  - Take initiative to establish referral network
  - Creating mass media messages – information campaigns through radio, drama, community meetings, targeting community leaders – political and religious, schools
- Uganda
  - Create protocols or job aids for providers in how to deal with obstructed labor in partnership with MOH – provide standardized practice guidance
  - Facilitative supervision from fistula sites to lower level health centers for obstetric care – link to referral. Coordinated through MOH.
  - Policy issue – TBAs – group divided on perspective.
- Guinea
  - MAP activities, Satisfied clients
  - National groups for prevention, reintegration

# Fistula Prevention Strengthened

- Rwanda
  - Expand collaboration with health centers for fistula prevention
- Nigeria
  - Free maternal services for women to prevent fistula
  - Health facility staff should be trained in interpersonal communications
  - Community education to women to facilitate use of services
- Mali
  - Provide technical assistance to local NGOs for fistula prevention activities
- Ethiopia
  - Community level health workers to be trained to give messages in schools in delaying early marriage and delaying first pregnancy
  - Empower women economically; IGA

# Data used to make decisions & improve quality

- Mali
  - Train personnel in data collection and on maintaining accurate service data on fistula
  - Advocate or raise awareness among personnel in fistula centers to maintain these data – to improve quality
- Nigeria
  - At facility level – data auditing to be carried out by record officers. They will be empowered to do this through training. Health personnel to document – monthly meetings to review data and quarterly meetings of surgeons and medical directors to look at trends in their regions
  - Disseminate data to MOH and Women's Ministry within the State
- Guinea
  - Compliance with DQA – continue to discuss quality of statistics within steering committee to use as a management tool – performance gaps, action plans. Data to be integrated within central level data bank of MOH and not only with steering committee.

# Data used to make decisions & improve quality

- Ghana
  - TBAs to work with midwives to identify pregnant women to assist in ensuring they receive appropriate care
- Bangladesh
  - Feedback of the data to those who are collecting it and to encourage accurate reporting. Audit quality of care within fistula centers – constructive feedback.
  - EH/Bangladesh should take a coordinating role in ensuring that data is collected and feedback provided
- Uganda/Rwanda
  - Trained data collectors and standardized collection of data. Use of data collection to tailor messages in the communities.

# Strengthened environment for fistula service delivery

- Guinea
  - Continue to facilitate ownership of program through the Ministries and national programs
  - Support the national league to end fistula
  - Institutionalize National Fistula Day – advocacy with parliament
- Bangladesh
  - National networking of fistula services by forming a National Fistula Task Force
  - National and global campaign to end fistula
- Uganda
  - Uganda Fistula Providers Association – surgeons, nurses and others – to meet annually, discuss ideas, pool resources as needed. Need for financial support for fistula supplies. Advocacy with women parliamentarians for resource allocation.

# Strengthened environment for fistula service delivery

- Nigeria
  - Have a National VVF Task Force – develop State level multi-sectoral VVF Task Forces (e.g. Ministry of Works)
  - Advocacy champions – to include religious leaders, people from national assembly etc.
  - Women with fistula who have been repaired to serve as advocates within their communities
  - Policy dialog
  - VVF day
- DRC
  - Fistula to be part of provincial health inspection (review) which brings together all heads of zones – once a month – fistula to be discussed at these meetings.

# Strengthened environment for fistula service delivery

- Rwanda
  - Ownership by governments – coordination of activities
  - Preparation of strategic fistula management plans

# Increased capacity of centers to provide fistula repairs

- Guinea
  - Standardize certification of surgeons
- Bangladesh
  - National level – raise the profile of fistula surgery within ob/gyn programs – structured training. Make fistula surgery know and engage people in what can be done. Consider remuneration for the lack of private practice.
- Mali
  - Policy to support free fistula management/repair services
  - Ensure training for fistula surgery teams
  - Facilitative supervision for the teams
- Guinea
  - Train paramedical staff for the follow up of women – nurses, anesthetists, counselors

# Increased capacity

- DRC
  - Multidisciplinary teams of surgeons working together in fistula services
- Guinea
  - Mercy Ships in Sierra Leon to see whether we can work in partnership with them on training
- Nigeria
  - Continuous training for surgeons and nurses on pre-and post-operative care, rehabilitating and equipping of fistula centers, advocacy for funds, sharing global trends with surgeons and nurses – international journals for example
- ECOSA
  - Developing a regional training curriculum on fistula management for nurses
- Bangladesh
  - Support for treatment costs required

- DRC
  - Socio-anthropological research – create a map of fistula distribution
- Uganda
  - Committed providers – need a list of people who want training, organized database on who has had training and their skill level. Challenge of stability of providers – collaborate to keep fistula surgeons and nurses in places where they can provide services.
  - More equipment at facilities – more mobilization of clients and communities, more surgical outreach camps. Smooth the flow of finances.
- Rwanda
  - Upgrade Ruhengeri to a treatment site and national hospital to a training site.

# Ethics

- Informed consent
  - Use a different terminology – informed choice needs special attention in design of research studies. Informed choice needs to be applied at several different steps with the patient not just at one point – surgery, photography, media attention, stories etc.
- Ethics meeting at Duke University – fistula surgeons' code of ethics. New Society of Fistula Surgeons should consider adopting this and it should be included in fistula training curriculae.
- Standardized classification system – once it is ready – to have an evidence-based definition of what is an irreparable case. This diagnosis is to be made by the most skilled person in the team.
- TBAs, nurses and midwives need to be specifically trained to establish a special relationship with patients who are coming to deliver – instead of creating a negative attitude.
- Take the burden off surgeons – look into the formation of ethics committees to help deal with addressing the needs of women who cannot be repaired.

# John Kelly – additional points

- Zambia, Mozambique
  - Upgrading clinical officers to “licenciates” who specialize in ob/gyn, some who do fistula surgery. Their main role is to work on prevention and mostly in rural areas where doctors and nurses are hard to find.
- Bring in the community – fistula has been eradicated in one area in Ethiopia – how to replicate
- WHO perspective – training TBAs – Darfur 16 former patients trained as midwives, but not allowed to work as midwives
- Ouattara - Add a supervisory body to supervise national and international teams at the field level