

NIGERIA



A Collaborative Network to Improve Access to Fistula Treatment in Nigeria

WHAT IS FISTULA?

Obstetric fistula is a childbirth injury, usually occurring when a woman is in labor too long or when the delivery is obstructed, and she has no access to a cesarean section. She endures internal injuries that leave her incontinent, trickling urine and sometimes feces through her vagina.

Fistula Care works to prevent fistula from occurring, treats and cares for women with fistula, and assists in their rehabilitation and reintegration. For more information about fistula and the Fistula Care project, visit www.fistulacare.org.

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Introduction

Nigeria's northern states are estimated to have the largest numbers of women needing fistula repair. Fistula treatment in northern Nigeria has been provided for many years in Katsina and Kano states, under the leadership of senior surgeon and trainer Dr. Kees Waaldjik. While some facilities there have provided such services, many surgeons trained in fistula repair found that their home institutions lacked sufficient supplies and administrative support for fistula repair, especially in the face of high demand for other services. In addition, some trained surgeons saw their skills diminishing from lack of use, while those who persisted in fistula repair often worked in relative isolation.

Since 2007, Fistula Care, with support from the U.S. Agency for International Development (USAID), has focused its efforts in five northwestern states. These states share many geopolitical and cultural characteristics, yet Fistula Care medical staff observed wide variations in fistula surgical practices and protocols for preoperative screening, intraoperative practices, and postoperative care. Most of the hospitals faced a variety of challenges related to staffing and consumable supplies, as well as a backlog of women needing fistula repair surgeries. Communication between facilities was nonexistent.

The public-sector hospitals in the north supported by Fistula Care include sites in Kebbi, Sokoto, Zamfara, Kano, and Katsina states; these are staffed by state Ministry of Health (MOH) personnel. State Ministries of Women and Children Affairs (MOWCA) manage the facilities in Sokoto and Zamfara and provide support to all of the sites. In 2009, Fistula Care expanded its support to a site in the southeast state of Ebonyi; this site is associated with the Ebonyi State Teaching Hospital.

Simply training surgeons in fistula repair is necessary but not sufficient to ensure that such services are provided within a health system. Thus, Fistula Care/Nigeria facilitated the formation of a **clinical peer-support network** to increase women's access to repair services and standardize and improve the quality of services across facilities. This provider network is supported by two complementary strategies: periodic pooled repair efforts, and quarterly professional retreats to discuss clinical issues. This brief focuses on the pooled effort strategy.

Pooled Effort for Fistula Repairs

During project needs assessment visits in 2006, at least 30–40 clients were seen waiting at each site. Most sites had only one trained surgeon available to do repairs, along with many other hospital duties. The backlog included women who had been “hanging around” the facility, often for weeks or months, patiently waiting for a visiting surgeon



Fistula patients dance to welcome the team of fistula surgeons.

or for the day when the resident surgeon would be available to perform surgery.

To reduce this backlog, Fistula Care introduced a “pooled effort” approach. During pooled effort events, the host facility invites 3–5 surgeons from two or more other fistula centers to work together there. Fistula Care also worked with site staff to determine how best they could begin to provide regular fistula treatment services when there were no pooled efforts.

In all of the states, the governments are strongly committed to make fistula repair (and prevention) a priority, and they have committed resources to support pooled effort events and routine repair services.

The pooled effort events serve several important purposes in fistula treatment services:

- They help to reduce the backlog of women waiting for surgery.
- They provide opportunities for newly trained surgeons to gain more experience and receive coaching from senior trainers.
- They provide repairs for women with complex or difficult fistula by bringing in surgeons with the competence to handle these cases.
- They raise awareness about fistula and about the availability of repair services.

Other repair camp approaches may rely on bringing in surgeons from outside the country. The pooled effort approach differs in that it utilizes an existing network of trained surgeons from within the country, which can deepen relationships between surgeons and allow them to continue to build their skills with the same trainers on an ongoing basis.

Planning and Implementing Pooled Efforts

Pooled effort events are organized for a 5–7-day period at an existing fistula repair center. Surgeons from other centers are identified and invited by Fistula Care staff to provide surgical services. The host site surgeon is responsible for ensuring postoperative care for all patients. Announcements about pooled events are broadcast on local television and radio and through community-based networks and local governments. The repair sites, Fistula Care, and the state MOH and MOWCA offices work together to determine what information needs to be communicated to the general public about a scheduled event.

Coordination and collaboration with a range of stakeholders is essential. At the state level, this includes informing the MOH and MOWCA, local media, local government authorities, and community-based organizations.

The Fistula Care team and the host sites are each responsible for specific tasks to ensure the smooth operation of the pooled effort events. The Fistula Care staff:

- Send letters of notification about the dates and location of the event to the state MOH and MOWCA.
- Send letters of invitation to the visiting surgeons via their hospital management boards (who must approve their participation). Ideally, surgical teams include one expert or senior surgeon to perform complex repairs and two other surgeons for the less-complicated repairs.
- Provide the pooled site with funds to purchase consumable surgical supplies and diesel fuel for the generators, to ensure a steady supply of power during the pooled effort.
- Arrange the surgeons’ travel and accommodations.
- Provide a per diem allowance for meals and incidental expenses for the visiting surgeons.

The staff of the fistula repair center serving as the pooled effort host site coordinate with the state MOH and MOWCA offices to provide logistical support, such as food for patients (at some sites), and to organize radio and TV announcements about the event. They also estimate the current backlog of patients. In addition, the center staff ensure that:

- There is sufficient nursing staff. (One scrub nurse is required per operating table or surgeon for the surgery. Twenty-four-hour nursing postoperative care is essential; the ideal nursing staff is 4–5 nurses for the postoperative ward for the day shift and 1–2 for the night shift.)
- A nurse or counselor is available to counsel patients preoperatively and postoperatively (and at discharge). Depending on the number of available staff and number of women each day during the event, counseling is done either in groups or individually. All sites attempt to have one-on-one counseling at the time of discharge.

- The surgical equipment is in good working order.
- Food is provided for the patients.
- Other facility services, such as the laundry and the laboratory, are functioning.
- There are sufficient patient record files for all of the surgeries.
- Data on surgeries are recorded and reported.

Organization of Services during a Pooled Effort Event

Women are registered upon arrival and are given basic information about the surgery, including counseling about fistula and about what to expect from the surgery. Women ineligible for surgery (either because the fistula is irreparable or because there is no surgeon with the requisite skills to do the surgery) are counseled about their situation.

The number of available surgical theaters, operating beds, and patient beds for postoperative recovery determines the number of surgeons required for a pooled effort. The typical project site has two operating beds, and on average a surgeon performs three fistula repairs per day. It is important to ensure that there are enough surgeons and nursing staff available for the pooled events. Some sites lack enough staff for evening shifts, and nurses often shoulder a heavier burden of care during these shifts.

On the first day of the event, one or more senior surgeons screen patients and assess the complexity of the fistulas, to determine who is most qualified to perform the surgery and to ensure that any women ineligible for surgery are managed appropriately. Devoting the first day to screening has resulted in better overall organization and provision of services throughout an event.

The visiting surgeons conduct postoperative rounds to check on patients; however, once the pooled effort event is over, the task of postoperative care is carried out by the host facility staff—the matron and the surgeon. Prior to discharge, women receive postoperative

counseling focused on postoperative care, family planning, HIV, planning for the next pregnancy, and antenatal care.

The increased volume of patients can pose a challenge for recordkeeping. The surgeons are responsible for maintaining surgical notes, and the nursing staff are responsible for the postoperative care records. The surgeon at the host facility is responsible for authorizing the discharge of patients.

Results of Pooled Effort Events

Between October 2006 and July 2010, a total of 28 pooled effort events have been held in Nigeria and have resulted in 958 repair surgeries (see Table 1).

Challenges

Two sites experienced nursing strikes after all logistics were in place for pooled effort events. These strikes were not related to the pooled effort events, but rather to the overall conditions in which services were provided. At one site, the MOH temporarily assigned nurses from other state facilities, while at the other site, nurses were reassigned from other departments at the hospital. These nurses were not familiar with the special preoperative and postoperative care for obstetric fistula and received on-the-job

training from the nursing matrons and senior surgeons.

It is important to tailor the size and frequency of pooled effort events to meet the needs of each site, to ensure that surgical and nursing staff have sufficient time to recover from one event before starting another. Women suffering from fistula have immense psychological needs, in addition to the physical care required. Providers do their utmost to address these needs, but this can become stressful and may lead to burnout among staff, especially when they deal with larger caseloads during pooled efforts and work longer hours, or deal with staffing shortages.

Communication outreach efforts may result in many more women coming to the repair center seeking services than can be managed. Some of these women, who have often spent precious resources to get to the facility, will be told they need to go home and return at a later date. The project has now shortened the length of time for radio and other communication campaigns prior to a pooled effort event, to reduce the number of patients who will need to be turned away from the hospital. Some hospitals have waiting lists of women who have already been prescreened and who are among the first to be invited to subsequent pooled effort events.

Table 1. Pooled Efforts and Fistula Surgeries Performed, October 2006–July 2010

	Oct. 2006– Sept. 2007	Oct. 2007– Sept. 2008	Oct. 2008– Sept. 2009	Oct. 2009– July 2010	Total Oct. 2006– July 2010
No. of pooled efforts	5	9	6	8	28
No. of repairs at pooled efforts	166	292	277	223	958
Total no. of repairs supported at all sites	1,081	1,437	1,347	1,246	5,111
% of all repairs performed at pooled repair events	15%	20%	20%	18%	19%

NIGERIA



ABOUT NIGERIA

Nigeria is the most populous nation in Africa, with an estimated population of 147 million.¹ Although Nigeria has 2% of the world's population, the 59,000 maternal deaths occurring there each year represent about 10% of the 536,000 annual maternal deaths around the world.² Fifteen percent of women in Nigeria currently use any form of contraception.³ The northern part of Nigeria reports lower rates of contraceptive use, antenatal care, and assisted deliveries than other regions of the country,⁴ resulting in especially high maternal mortality rates.

Fistula Care at EngenderHealth
440 Ninth Avenue, 13th Floor
New York, NY 10001
Tel: 212-561-8000

www.fistulacare.org



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Lessons Learned

Ensuring that a true partnership exists among project staff, service providers, the government, donors, and other key state stakeholders is crucial to a successful pooled effort. Clearly outlining what each organization is expected to provide or do and ensuring that contributions come from the state and local governments and other local stakeholders has resulted in continued successes.

The principal motivation for surgeons' continued participation in pooled effort events is the opportunity to learn from each other (regardless of seniority) about fistula surgery and engage in ongoing training, coaching, and mentoring with colleagues. Besides developing their own skills, they are also able to help each other by reducing backlogs (as well as forming a local network of surgical teams). Pooled effort events also provide visiting surgeons with an opportunity to focus on fistula repairs without having to spend time on other clinical and administrative duties.

Another significant aspect of these events is that they offer new, "second generation" fistula surgeons a chance to learn from more experienced surgeons and to operate on more cases. Over time, pooled effort events have provided opportunities for continued training of a new generation of fistula surgeons. Less experienced surgeons need to perform simple repairs before learning how to address medium and complex cases. (Becoming competent to perform even simple repairs may require as many as 100 cases.) Training second-generation surgeons will make it easier for current fistula repair centers to provide routine services.

Since surgeons are salaried employees of the MOH, the project does not provide them with a per-case fee. Thus, it is important to provide visiting surgeons with funds to cover their meals and incidental expenses. It is also vital to bring external nursing staff in to the hospitals hosting the pooled efforts. These events provide nurses with learning opportunities in preoperative and postoperative care management and can help to strengthen teamwork between surgeons and nurses.

Scheduling of events requires advance planning of 2–3 months. Surgeons need as much advance notice as possible about scheduled events if they are to obtain approval for temporary leave. Host sites also need time to coordinate community outreach and ensure that facility staffing, supplies, and logistics are all in order.

Fistula Care will continue to support pooled effort events, while also working with supported sites to increase their capacity to provide routine fistula repair surgery.

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