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
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 co-
ordinate 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

<table>
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<tr>
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<tbody>
<tr>
<td>No. of pooled efforts</td>
<td>5</td>
<td>9</td>
<td>6</td>
<td>8</td>
<td>28</td>
</tr>
<tr>
<td>No. of repairs at pooled efforts</td>
<td>166</td>
<td>292</td>
<td>277</td>
<td>223</td>
<td>958</td>
</tr>
<tr>
<td>Total no. of repairs supported at all sites</td>
<td>1,081</td>
<td>1,437</td>
<td>1,347</td>
<td>1,246</td>
<td>5,111</td>
</tr>
<tr>
<td>% of all repairs performed at pooled repair events</td>
<td>15%</td>
<td>20%</td>
<td>20%</td>
<td>18%</td>
<td>19%</td>
</tr>
</tbody>
</table>
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 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.

The Fistula Care project will continue to support pooled effort events, while at the same time work with supported sites to increase their capacity to provide routine fistula repair surgery.

Acknowledgments

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