Report On

The 2nd Asia and Pacific Regional Workshop on Strengthening Fistula Elimination in the Context of Maternal Health

19-21 April 2006, Islamabad, Pakistan

Campaign to End Fistula

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Executive Summary

Obstetric fistula, a severe childbearing injury caused by prolonged obstructed labour, has a devastating impact on the lives of women and is an indicator of poor maternal health care. It has drawn increasing attention since the launch of the Campaign to End Fistula in 2003. Long-neglected, fistula is of public health concern for three main reasons: 1) it affects many women, 2) it highlights the overall situation of women, and 3) it is preventable and treatable. While little data exists on obstetric fistula in the Asia and Pacific Region, many indicators point to a potential high prevalence of fistula – including high rates of maternal mortality, early age at first pregnancy and the low status of women and girls.

Reproductive health experts from Afghanistan, Bangladesh, India, Nepal, Pakistan and Timor Leste met in Islamabad, Pakistan, 19-20 April 2006, to discuss obstetric fistula and review progress in the *Campaign to End Fistula* in the region. The meeting aimed to share experiences; explore methods for data collection; define interventions to prevent and treat fistula; and to begin designing a regional plan of action. The workshop, supported by UNFPA's Asia and Pacific Division and organized by UNFPA Pakistan, built upon the first Asia Regional Meeting held in Dhaka, Bangladesh in December 2003.

Over the course of the two-day meeting, the participants, including UNFPA staff, government officials, medical professionals, non-governmental organizations, UN agencies, and social activists, shared their experiences in fistula elimination since the 2003 meeting. These presentations revealed that a number of studies are now underway in the region and several countries, such as Bangladesh and Pakistan, have begun strengthening access to fistula prevention and treatment. Bangladesh has achieved notable progress and is now able to provide technical assistance and support to other efforts in the region.

Building on these experiences, the group began drafting the elements for a plan of action for UNFPA to move the *Campaign to End Fistula* forward in the region. The plan of action (see Annex II) is shaped around the following key recommendations:

1. Obstetric fistula is a valuable gauge in assessing progress towards MDG 5. It can serve as an entry point to persuade governments to support safe motherhood through allocation of sufficient funds for skilled attendance at birth and timely intervention in case of obstetric complications.
2. Enhanced collection of data, both quantitative and qualitative, is needed in order to determine the magnitude and impact of the problem. Systematic collection of data should be ensured through integration of obstetric fistula in hospital records and health management information systems.
3. Promote integration of fistula prevention and care into ongoing country programs and national safe motherhood initiatives.
4. Networks involving centres of excellence and health professionals working in fistula management should be created with a view to greater regional collaboration.
5. Women living with fistula require comprehensive care that addresses the physical, mental and social consequences of the condition. Due to the poverty of the women most affected by fistula, this care should be subsidized. Where possible, transport and food must be provided for the patients.
6. Fistula is a powerful advocacy example for highlighting poor maternal health in societies. A regional communication strategy is needed, including involvement of celebrities and women who have experienced obstetric fistula.

7. Resources should be mobilized at national level through both donors and budget lines in the public sector to complement funds raised globally.

We are grateful to the staff at UNFPA'S Pakistan Country Office for their assistance with the organization of this workshop and to Dr France Donnay, UNFPA Representative, who has guided and devoted much time and effort to the project. We also appreciate the active participation and substantive contributions made by the participants and the insights of experts who attended the meeting. We acknowledge with thanks the contribution of UNFPA staff who helped in preparing this report and their efforts in organizing the workshop successfully, notably Kate Ramsey, Geeta Lal, Masuma Zaidi and Chiara Anselmo.

1. Background

Obstetric fistula is a largely neglected component of maternal health in the developing world, despite its devastating impact on the lives of girls and women. It has remained a 'hidden' condition, largely due to the fact that those affected are among the most marginalized members of the population – poor, young, illiterate girls and women in remote regions. Fistula is an entirely preventable childbirth trauma, and need not exist in the 21st century. Once common throughout the world, fistula was virtually eliminated in industrialized nations in the late 19th century through improved maternal health services. Yet, currently, at least two million women worldwide are suffering from the condition, and every year 50 to 100,000 more women are affected.

Obstetric fistula is one of the most severe childbirth injuries leaving a hole between either the bladder and the vagina (Vesico-Vaginal fistula) or the rectum and the vagina (Recto-vaginal fistula) causing women to leak urine or faeces uncontrollably. They often lose their baby and are susceptible to infections and infertility. Women with fistula not only suffer from poor physical health, but are also subject to diminished mental health due to the social stigma attached to the condition. They are often abandoned or divorced by their husbands and ostracized by their family and community. Surgical treatment, which is successful in 80-90 percent of the cases, can help restore women's health and to return them to a life of dignity. Most women after treatment can resume a full and productive life.

Women with fistula are living testimony to the challenges and gaps faced in maternal and newborn health. The same interventions that would prevent obstetric fistula can also prevent maternal and newborn death and disability. Fistula often afflicts women who are among the poorest of the poor, who have little or no access to education and health information and services. It is a reflection of inequity in access to care and the linkages between poverty and poor reproductive health.

Recently, global and national organizations have combined efforts through the *Campaign to End Fistula* to strengthen prevention and treatment of obstetric fistula, showing that it can be eliminated, even in limited resource settings. The Campaign started in 2003 with 12 countries and has expanded to over 35 countries. It aims to tackle the problem of fistula by preventing the occurrence of new cases, providing treatment for women suffering from the condition, and helping women to return to full and productive lives after their treatment. The Campaign is directly linked to efforts to achieve the Millennium Development Goals to improve maternal and child health, and contribute to poverty reduction and gender equity.

The first-ever conference on obstetric fistula in South Asia that was held in Dhaka, Bangladesh in December 2003, effectively launched the *Campaign to End Fistula* in the region. Recommendations from the meeting focused on improving and expanding interventions to prevent and treat fistula, particularly increasing access to services; developing messages to advocate for fistula; ensuring integration of fistula within ongoing programmes and services; and conducting further research. The conference sparked interest in the condition in the region and resulted in initiatives being launched in several countries.

2. Objectives and Meeting Format

The second Asia and Pacific Regional Workshop, including representation from UNFPA's national Programme Officers and other technical experts on reproductive health from Afghanistan, Bangladesh, India, Nepal, Pakistan and Timor Leste met in Islamabad April 19-21, 2006 to review the progress of the *Campaign to End Fistula* and develop a plan of action to move the Campaign forward in the Asia and Pacific Region. The key objectives of the meeting were to:

- Determine strategies to eliminate fistula as part of maternal mortality and morbidity reduction
- Develop strategies to advocate for and build national commitment to combat obstetric fistula
- Build regional cooperation networks
- Develop an action plan for UNFPA to move the Campaign to End Fistula forward in the region

The two-day workshop was organized around four different components: an opening session, review of the *Campaign to End Fistula* in Asia; data collection; prevention/treatment/advocacy interventions as part of efforts towards MDG5. The workshop concluded with a UNFPA internal meeting that deliberated on a concrete action plan for 2006-07. Presentations and discussions as well as group working sessions filled the two days. The main result of the meeting is a regional action plan for the Campaign for the next two years.

3. Opening Ceremony

The inaugural session was well-attended by public officials, Ministers, health professionals, NGOs, media and UN agencies. Pakistan's Federal Minister of Health, Mr. Nasir Khan, delivered the inaugural address highlighting the need to improve the health of women in the region. He described the continuing challenges in maternal health and efforts in Pakistan to reduce maternal mortality and morbidity, including the recent launch of the Campaign to End Fistula in January 2006. He urged immediate action in the region noting that, "Hundreds of thousands of women in our region are counting on us to provide the treatment care which will help them to resume a life of dignity. And many millions are counting on us to ensure safe pregnancy and delivery." In addition, he announced the government's intention to increase the number of fistula treatment centres of excellence from three to seven – to include additional centre in Islamabad, Lahore, Quetta and Larkana.

Ms. Anisa Zeb Tahirkheli, Pakistan's State Minster for Broadcasting and Information, also made a statement expressing her commitment towards raising awareness through the use of public media and inter-ministerial cooperation. She emphasized that more needs to be done to address the social determinants underlying the condition and that creating a gender balance is fundamental to development and achievement of the MDGs.

The welcoming statement was delivered by Dr. France Donnay, UNFPA Representative in Pakistan, who also outlined the key objectives of the meeting. Ms. Kate Ramsey, UNFPA HQ/Technical Support Division, described the circumstances of a woman living with fistula and provided an update on the global Campaign to End Fistula. A brief film entitled 'A Walk to Beautiful' was also shown.

4. Review of Presentations

The Campaign to End Fistula in Asia

Ms. Geeta Lal, HQ/Asia and Pacific Division, gave an overview of efforts underway in the region and progress made since the meeting held in Dhaka in December 2003. In her presentation, she noted that the prevalence of fistula in developing countries is testimony to failed maternal health systems and lack of health infrastructure, particularly access to skilled attendance and emergency obstetric care which are essential to reduce maternal mortality and morbidity. By providing a "face" to reproductive health issues, fistula gives the unique opportunity to draw attention to a range of maternal health concerns, particularly towards MDGs 3 and 5, and also key areas such as family planning, gender inequality and adolescent sexual and reproductive health. Advocacy and south-south cooperation were emphasized as key strategies for advancing efforts in the region.

Mrs. Suneeta Mukherjee, UNFPA representative, and Ms. Tahera Ahmed, Assistant Representative, described progress made in the Campaign in Bangladesh, which has been underway for over two years. The success of the Bangladesh programme largely is due to advocacy with policy makers by the country office and close linkages with all aspects of the UNFPA country programme, but also dedicated individuals. As part of prevention efforts, a large scale programme is currently being implemented to train community-based skilled birth attendants in collaboration with WHO. Bangladesh has established a fistula treatment unit in at Dhaka Medical College Hospital where training also takes place and created a curriculum for health service provider training in fistula management. They have also conducted numerous outreach camps to bring care closer to women and begun decentralizing treatment to regional hospitals. The Centre in Dhaka is also now able to assist other countries with training.

Through discussion following these presentations, participants raised the need to address obstetric fistula as not only a health problem but also as a sociocultural issue. Bangladesh shared its experiences in successfully involving Imams to promote reproductive health with culturally appropriate messages which resulted in frank discussions on a number of sensitive issues. This requires community-level interventions as it has been found that majority of the fistula are occurring in homes, rather than facilities. It was agreed that the Bangladesh experience is an example that reflects possibilities for the region and should be documented for all Campaign countries' benefit.

Data Collection

Presentations on data collection underway in the region were made by East Timor, India, and Nepal. These include needs assessments and two cross-sectional community studies – one on a variety of reproductive morbidities and the other on chronic obstetric morbidity. Afghanistan described its preliminary steps towards a rapid needs assessment and launching of fistula elimination efforts.

Dr. Venkatesh Srinivisan, UNFPA India, presented information on two approaches utilized in India to collect data. The first study entailed a self-administered questionnaire distributed to 6,000 gynaecologists attending the All India Congress of Obstetricians and Gynaecologists. Of the 998 that completed the survey, 91% of respondents reported having seen a fistula at some point during their clinical practice with 66% having seen at least one in the last year. Cases were seen across almost all states – even those with better socio-economic situations – and states with higher tribal populations appeared to have more cases. About two-thirds of respondents noted that fistula patients tend to present within three months of its occurrence, although a number of doctors reported inadequate facilities to provide fistula management. These findings will be shared with the Government of India and a further assessment is proposed. The second study in India is a cross-sectional prevalence study being undertaken in one district of Maharashtra

State. The study, due to be completed in 2007, focuses on five chronic obstetric morbidities: 1) vesico/recto-vaginal fistula; 2) uterine/vaginal prolapse; 3) chronic pelvic inflammatory disease; 4) secondary infertility and 5) Sheehan's syndrome. Quantitative and qualitative questionnaires will be administered, including clinical examination in order to estimate prevalence, identify care-seeking behaviours, and to understand the demographic and socio-economic determinants.

Dr. L.N. Thakur of UNFPA Nepal gave a presentation on a cross-sectional descriptive study of reproductive health morbidities among married women (age 15-49) that has been nearly completed in seven districts in Nepal in collaboration with the WHO. Health camps were held in each of the respective districts based on cluster sampling where questionnaires, patient histories, and patient examination and laboratory investigation forms were completed for each woman meeting inclusion criteria. Treatment was provided for each woman accordingly. The study found high prevalence of prolapse and STIs and only five cases of obstetric fistula among the sample of 1,998 women. The findings suggest the need for a programme to improve detection, prevention and management of reproductive morbidities at district level, particularly uterine prolapse.

In his presentation regarding Timor Leste, Dr. Gadelkareem Ahmed of UNFPA Timor Leste described a needs assessment currently underway which is designed to assess the prevalence and geographic distribution of fistula, health facilities' readiness to provide treatment and rehabilitation care and the level of community awareness on fistula. The nationwide assessment includes a review of patients' histories, a facility-based assessment and community-level focus group discussions. Once the study is finalized, a national workshop will be held to disseminate the key findings.

Dr. Sukanta Sarker and Dr. Zibulnessa Alam of UNFPA Afghanistan presented the initial steps undertaken regarding fistula elimination in Afghanistan. Just prior to the meeting, a rapid assessment of facilities for fistula treatment service delivery in Kabul was conducted. A survey of midwives will be undertaken at the upcoming congress to be held in Kabul. Although there are potentially enormous needs in Afghanistan, the plan will be phased; initially beginning on a smaller scale in one centre in Kabul, and then expanding services later through outreach camps and eventually decentralization of services to the regions.

A summary of the methods used for data collection in the *Campaign to End Fistula* was presented by Ms. Kate Ramsey, UNFPA HQ. Rapid needs assessments were conducted in the majority of countries, including interviews and observations at the health facilities as well as focus group discussions and key informant interviews. Several countries have undertaken case reviews and more in-depth studies on socio-cultural determinants and perspectives. To assess prevalence, cross-sectional studies have been initiated and modules on obstetric fistula have been included in national household surveys such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS). Currently, efforts are underway to standardize data, including a global online data collection form, research to develop a standard classification system, and consensus building on indicators. More data is needed in the areas of programme evaluation, operations research, community surveillance and social and economic impact (quality of life).

Prevention, Treatment and Advocacy Interventions

Dr. Sayeba Akhter, Head of Obstetrics and Gynaecology at Dhaka Medical College Hospital and expert fistula surgeon, spoke about Bangladesh's experience in establishing and scaling-up treatment and rehabilitation services, which has included dedicating space, training health professionals and opening a rehabilitation centre. Plans are also underway for greater decentralization of services to the regional hospitals. Her recounting of the story of Meena, a former fistula patient, demonstrated the varying needs of fistula patients, such as complicated cases which may necessitate the involvement of other specialists. In addition, she encouraged recruiting repaired fistula patients to serve as advocates for the cause.

The maternal health situation in Pakistan was highlighted by Dr. Mobashar Malik of UNFPA Pakistan, illustrating the need for investment in maternal health care, particularly to address discrepancies between rural and urban areas. While data on obstetric fistula is scarce, it is estimated that potentially 5,000-8,000 new cases occur each year. Yet, tertiary care facilities report receiving only 20-30 cases annually. Launched in January 2006, the campaign in Pakistan is intended as part of national efforts to reduce maternal mortality and morbidity. A three-year project includes establishing four regional fistula repair centres; making services more accessible through outreach camps; and promoting safe delivery and quality emergency obstetric care. Several health professionals will receive training at the centres in Addis Ababa and Dhaka and a network of professionals involved in fistula treatment and care will also be established.

Dr. Saramma Mathai, CST Kathmandu, UNFPA, spoke about integrating fistula elimination in broader maternal health programmes. A review of the situation regarding maternal health and progress toward MDG 5 in South Asia revealed inequities; exclusion due to poverty, religion and caste; failures of the state; and the influence of sociocultural factors. While government commitment for improving maternal health is high in the region, this commitment is not matched with adequate budget allocations often resulting in poor implementation. The experience of Sri Lanka, which has achieved elimination of fistula, provides hope for success in other countries in the region. The three-pronged approach of family planning, skilled birth attendance, and emergency obstetric care, combined with efforts to improve knowledge and change health practices is crucial to prevent fistula, maternal mortality and other morbidities. Advocacy for maternal health and the creation of a separate budget line was emphasized as vital.

An overview of the global advocacy-related work achieved for the Campaign to End Fistula was presented by Ms. Geeta Lal, UNFPA HQ, including presentation of the video 'Delivering Hope.' Efforts to date include a dedicated website, logo, Campaign brochures, video clips, celebrity endorsement by Natalie Imbruglia, global fundraising proposals and partnerships with the private sector to raise awareness. She highlighted the need to develop an Asia-specific advocacy plan/strategy – whereby regional celebrities and repaired fistula patients may serve as advocates for awareness and fundraising towards MDG5.

In the discussions, motivation of health providers was raised considering the fact that it is not a lucrative field and many are still not confident in their skills to conduct fistula repairs. It was also noted that there is still much to be done to raise awareness about both the prevention and treatment of fistula – particularly at community levels and to bring health professionals already involved in fistula repair together through a network. Some debate was raised about the definition of a successful repair and client satisfaction was deemed the best indicator of a successful cure. Addressing fistula also requires addressing the social consequences of the condition and participants raised the need to involve counsellors and where possible psychologists/psychiatrists. Often fistula patients cannot afford the medical care nor the transport and subsidies are needed to increase financial access to services.

5. Working Groups

Two working group sessions were held to begin drafting the elements for the regional plan of action. In both sessions, the participants broke into three groups and were given a template to complete (see Annex III for the completed templates). The first session focused on data collection. Each group was asked to respond to the following questions: 1) What data is needed?; 2) How will data be collected?; and 3) How will the data be utilized?. Groups then reported back to the plenary where a lively debate took place on whether prevalence data is necessary considering the difficulties and cost of collecting this data. It was agreed that any clients identified through research should be referred for treatment care.

In the second working group session, the three groups were each assigned one of the following questions: 1) How can the Campaign strengthen maternal mortality reduction? 2) What can be done for treatment and rehabilitation? 3) What should be done for advocacy and raising resources? The groups then completed the action plan template as appropriate and reported back to the group. These templates served as the basis for development of a two-year regional action plan for UNFPA. (See Annex II)

6. Closing Session

The Closing session was attended by Dr. Donya Aziz, Pakistan's Federal Parliamentary Secretary for Population Welfare. She expressed appreciation for the initiatives undertaken so far in the region and commended the group for the work accomplished during the two-day meeting. She also expressed agreement with Health Minister and the State Minister for Information and Broadcasting's call for cooperation between all the relevant ministries in the fight to save women's lives and the need for individuals to make a personal commitment to ending maternal mortality and morbidity.

Final remarks were delivered by Dr. France Donnay, UNFPA Representative for Pakistan. She briefed the participants on the history of the Campaign in UNFPA which was sparked by Dr. Nafis Sadik. She thanked the participants for their contributions and expressed hope that regional cooperation would continue after the meeting. In closing, she remarked that with these efforts, "we are confident that we will be able to end the suffering of hundreds of thousands of women living with fistula in the region."

Field Visit

On Friday, April 21, 2006 a visit was conducted for interested participants to Chakwal District to have an overview of implementation of 7th country program and RHIYA activities in the project district.

Annex 1: Agenda

19 April 2006
Inaugural Session

Timing	Agenda Item	Presenter
9.00 – 9.05	Recitation from the Holy Quran	
9:05 – 9:15	Welcome and Key Objectives of the Workshop	Dr. France Donnay UNFPA Pakistan Representative
9.15 – 9.30	The Campaign to End Fistula: Progress to Date	Ms. Kate Ramsey, UNFPA HQ/TSD
9.30 – 9.40	Statement	Senator Mrs. Anisa Zaib Tahirkheli Minister of State for Information and Broadcasting
9.40 – 9.50	Keynote Address	Mr. Muhammed Nasir Khan Federal Minister of Health
9.50 – 10.00	Video presentation – A Walk to Beautiful	
10.00 – 10.45	Refreshments	

Campaign to End Fistula in Asia
Chair: Dr. France Donnay, UNFPA Representative Pakistan

Timing	Agenda Item	Presenter
11.00 – 11.15	Introductions	
11.15 – 11.30	End-Fistula Campaign in Asia	Ms. Geeta Lal, UNFPA HQ/APD
11.30 – 12.00	Case Study: Bangladesh	Mrs. Suneeta Mukherjee Mrs. Tahera Ahmed, UNFPA Bangladesh
12.00 – 13.00	Brainstorm on the Campaign to End Fistula in Asia	
13.00 – 14.00	Lunch	

Focus on Data Collection
Chair: Mrs. Suneeta Mukherjee, UNFPA Representative Bangladesh

Timing	Agenda Item	Presenter
14.00 – 15.15	Studies undertaken/planned in the region (Four 15 min presentations followed by Q&A at the end)	Dr. Venkatesh Srinivisan, UNFPA India Dr. L.N. Thakur, UNFPA Nepal Dr. Gadelkareem Ahmed, UNFPA Timor Leste Dr. Sukanta Sarker, UNFPA Afghanistan Dr. Zibulnessa Alam, UNFPA Afghanistan
15.15 – 15.30	Summary of methods used for fistula data collection and instructions for group work	Ms. Kate Ramsey UNFPA HQ/TSD
15.30 – 16.30	Three groups to develop action plan for data collection	
16.30 – 17.30	Report back in plenary on action plans, discussion and wrap-up	

20 April 2006
Focus on Prevention, Treatment and Advocacy
Chair: Dr. Furrukh Zaman, President, SOGP

Timing	Agenda Item	Presenter
9.00 – 9.10	Summary of previous day	Dr. Masuma Zaidi, UNFPA Pakistan
9.10 - 9.30	Scaling-up Treatment and Rehabilitation Services in Bangladesh	Dr. Sayeba Akhter, Dhaka Medical College Hospital
9.30 – 9.50	Fistula in the Context of Maternal Health in Pakistan	Dr. Mobashar Malik, UNFPA Pakistan
9:50 -10.10	Integrating Fistula Elimination in broader efforts to improve maternal health and other RH and gender programmes	Dr. Saramma Mathai UNFPA CST Kathmandu
10.10 – 10.40	Open discussion	
10.40- 11.00	Tea Break	
11.00 – 11.30	Advocacy in the Campaign to End Fistula	Ms. Geeta Lal, UNFPA HQ/APD
11.30 – 13.00	Group work: Three groups to develop regional action plan for 1) How can the Campaign strengthen maternal mortality reduction? 2) What can be done for treatment and rehabilitation? 3) What should be done for advocacy and raising resources?	
13.00 – 13.45	Report back in plenary on action plans and wrap-up	
13.45 – 14.00	Closing remarks	Dr. Donya Aziz, Parliamentary Secretary for Population & Development
14.00 – 15.00	Lunch	

UNFPA Internal Meeting
Chair: Dr. Saramma Mathai, RH Adviser, UNFPA CST Kathmandu

Timing	Agenda Item	Presenter
15.00 – 16.00	Review and finalization of Regional Action Plan	
16.00 – 16.30	Exchange and discussion on regional cooperation	
16.30 – 17.00	Open discussion: remaining issues	
19.30	Reception and Dinner	

21 April 2006

9.00 - 1.30	Field Visit to Chakwal District

Annex II: UNFPA Action Plan for Asia and Pacific Region (2006-2008)		
COUNTRY	OUTPUT	ACTIVITIES
Afghanistan	Improved data collection	Qualitative data collection on client profiles, community perceptions and service availability through service site assessment, in-depth interviews and focus group discussions
		Conduct a survey of midwives
		Case review of existing records on fistula cases repaired in Kabul
	Enhanced commitment to maternal health	Advocacy messages disseminated through radio, television, meetings with NGOs and professional associations
	Improved access to prevention, treatment and rehabilitation services	Establish a fistula treatment and training unit in Kabul
		Treatment of patients (travel cost of 100 patients)
		Training of ob/gyns through collaboration with Dhaka Medical College Hospital, including follow-up trainings
Bangladesh	Improved data collection	Maternal morbidity prevalence study in follow-up to the 1996 study
	Enhanced commitment to maternal health	Develop a film to use as a tool to generate interest, raise funds
		Document best practices and lessons learned.
	Improved access to prevention, treatment and rehabilitation services	Training of skilled birth attendants
		Establishment of regional centre of excellence at Dhaka Medical College hospital with treatment and rehabilitation services
		Decentralization of fistula treatment services to 6 GoB medical college hospitals
		Establish Fistula patients' Rehabilitation & Recovery Home
India	Improved data collection	Continue with the chronic obstetric morbidity study in Nasik district
		Coordinate Fistula Methodology Development Regional Workshop
		Implement methodology in two districts
Nepal	Improved data collection	Complete data collection and analysis of reproductive morbidity cross-sectional study (July 2006)
		Community surveillance studies to identify fistula and other maternal morbidities, such as uterine prolapse, utilizing female community health volunteers linked to service provision for identified cases (Sep-Dec 2006)
	Enhanced commitment to maternal health	Develop Advocacy visual materials on morbidities including prolapse to raise interest
		Document Best Practices and lessons learned
	Improved access to prevention, treatment and rehabilitation services	Provision of equipment and supplies to the institutions for fistula and uterine prolapse management
		Building capacity of the service providers in fistula repair
Pakistan	Improved data collection	Include questions on obstetric fistula in upcoming DHS
		Utilize system of 100,000 Lady Health Workers (LHWs) which covers 70% of country for community surveillance
		Conduct a survey of OB/GYN for secondary data from secondary and tertiary level health facilities
	Enhanced commitment to maternal health	Identify celebrity spokespersons
		Develop regionally focused films for advocacy, use for advocacy in seminars or to run on private TV channels.
		Organizing sensitization seminars for policy makers, NGOs and service providers
.		IEC material produced for dissemination to policy-makers,

Annex II: UNFPA Action Plan for Asia and Pacific Region (2006-2008)		
COUNTRY	OUTPUT	ACTIVITIES
Pakistan cont		NGOs, service providers
		Keep HQ updated with stories on UNFPA's successful interventions on fistula for global advocacy efforts
	Improved access to prevention, treatment and rehabilitation services	Implementation of the project funded by the UN Trust Fund for Human Security
		Increase number of regional centres to six
		Modify design of the project in order to expedite the implementation
Timor Leste	Improved data collection	Complete needs assessment, data analysis and patient screenings
	Enhanced commitment to maternal health	Parliamentarians, religious groups, youth, media
		Community awareness raising
	Improved access to prevention, treatment and rehabilitation services	Patient screenings, treatment, transportation
		Medical supplies/equipment, surgical equipment
		Upgrade operating theatre at Dili National Hospital
		Training manual on fistula for medical personnel
		On-the-job trainings for doctors/ midwives/ nurses, also for pre-post-operative care

Annex III: Working Group Templates

What data is needed?

OUTPUT	ACTIVITIES	INDICATORS	RESOURCES NEEDED
GROUP 1			
Data requirements: ▪ Morbidity ▪ Availability of facilities and skills/ requirements of staff ▪ Community perceptions about fistula and its treatment	▪ Latch on to existing surveys (e.g. DHS) ▪ Sample survey: Review of existing data, Structured Questionnaire for fistula patients ▪ Qualitative studies (FGDs) of various stakeholders	▪ Prevalence rate (morbidity rate) ▪ Risk factors ▪ Case Distribution ▪ No. facilities that require scaling up ▪ No of additional specialized facilities required ▪ Training needs assessment	▪ Finances ▪ Administrative ▪ Technical ▪ Skilled human resource
	Data utilization: Analysis, Planning/ programming, Implementation, M&E		
GROUP 2			
Information on Prevalence of fistula	Rapid assessment: ▪ Hospital based ▪ Community based : survey, FGD, In-depth interview ▪ Data Analysis including Qualitative ▪ Information collected will be on selected morbidities	Prevalence Data available	Technical assistance and funds
Information available on the contributory factors	Primary and Secondary source of data	Both type of data available- Reports	Technical assistance and funds
Data on fistula management	▪ Assessment of management practices for fistula ▪ Assessment of postnatal practices	Information on practices available	Funds
GROUP 3			
Types of data identified	Identify type of data through consultations: ▪ Policy commitments ▪ Incidence of various morbidities ▪ Prevalence of various morbidities ▪ Service availability: Hospitals, Staff, Equipment ▪ Community: Place of delivery, Number of deliveries, Mode of deliveries, Deliveries conducted by whom, Complications, Health seeking behaviours	Various data subsets identified	
Data collection methodologies finalized	▪ Analysis of policy documents ▪ Survey of community and service providers	Questionnaires developed Reports finalized	

OUTPUT	ACTIVITIES	INDICATORS	RESOURCES NEEDED
	▪ FGDs ▪ Collection of data from assns and orgs. ▪ Secondary analysis of available data		
Data used for elimination of fistula and other morbidities	▪ Political commitment ▪ Develop and revise policies and programs ▪ Advocacy for cognizance of the issue ▪ Advocacy for raising/allocating resources ▪ For behaviour change communication	Policies revised Programs developed Health seeking behaviour Resources allocated	

What should be done for advocacy and raising resources?

OUTPUT	ACTIVITIES	INDICATORS	RESOURCES NEEDED
GOAL: Fistula free world OBJECTIVE: To advocate and mobilize resources to Prevent – Treat- Rehabilitate PURPOSE: ▪ Sensitization ▪ Convincing policy makers, program managers, community ▪ Behaviour change of all stakeholders, especially families	▪ Capacity building in social /resource mobilization ▪ Interviews of patients, expert care providers ▪ IEC and Campaigns ▪ Events: Walks, Seminars, Meetings, Celebration days/events ▪ Involvement of TBAs/All birth attendants ▪ LHW's session ▪ Political dialogue, district health authorities (including local government) ▪ Use of all media	Resources Allocated Increased political commitment - Visible support Increased knowledge--behaviour change	Time of the icons, celebrities, and opinion leaders. Time from care providers (plastic surgeons). Time from media (hours from radio/TV channels) Funds: Governments, non-traditional donors, corporate sector, philanthropists, Established NGOs/Credible CBOs, Linkages with ongoing programs

How can the campaign strengthen maternal mortality reduction?

OUTPUT	ACTIVITIES	INDICATORS	RESOURCES NEEDED
Community mobilization for maternal health	▪ Commitment from families to make every pregnancy and child birth special ▪ Empowering women with information on complications of women and its consequences – focus on fistula and where to seek care ▪ Community mobilization - awareness, community insurance, transport, birth preparedness ▪ Maternity waiting homes ▪ Partnership with traditional practitioners	Community awareness increased	Funds
Improved access to skilled care	▪ Training and accreditation of SBA ▪ Changes in regulation to enable SBAs to practice (professional		

OUTPUT	ACTIVITIES	INDICATORS	RESOURCES NEEDED
	councils, drug controller)		
Improved quality of and access to quality EmOC	▪ 24 hour availability of EmOC ▪ Strengthening health systems: HRs. equipment, supplies ▪ Setting standards and monitoring their implementation ▪ Improving quality of ANC ▪ Care during delivery: use of partographs, vacuum delivery, use of MVA, prevention of fistulas during C-sections ▪ Improving quality of Postnatal care ▪ Inclusion of fistula in hospital records ▪ Ensuring that every doctor and nurse know signs of fistula		
Improved RH care	▪ Quality FP services ▪ Services for adolescents – sensitizing the health workers ▪ Strengthening laws related to age at marriage		
	Advocacy to increase resources for maternal health		

What can be done for treatment and rehabilitation?

OUTPUT	ACTIVITIES	INDICATORS	RESOURCES NEEDED
Increase access to treatment	Identify the treatment centres: Existing and Potential centres	# of centres offering services	Finances Manpower (skilled and unskilled) Free treatment
	Identify the deficit in skills	Training needs identified	
	Upgrade the facilities	Upgrade of facilities done Clients satisfaction	
	Upgrade skills (training)	# of trained service providers	
Rehabilitation	Establishment of rehabilitation centres	# of centres established Client satisfaction (through in-depth interviews) # cured patients	Funds Volunteers Trained personnel
	Physiotherapy		
	Psychotherapy		
	Reconstructive surgery		
	Social reintegration		
	Social rehabilitation – skills development, literacy classes		
	Involvement of former patients as helpers		
	Find opportunities for economic empowerment		

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