Fistula Care *Plus*: Bangladesh

Strengthening Health Systems to Prevent and Treat Fistula

WHAT IS FISTULA?

A genital fistula is an abnormal opening in the upper or lower female genital tract that causes uncontrollable, constant leakage of urine and/or feces. Obstetric fistula is usually caused by several days of obstructed labor without timely medical intervention. Iatrogenic fistula is caused by surgical error, most often during cesarean section. Traumatic fistula is caused by injury—for instance, through sexual violence, female genital mutilation, or accidents.

At a Glance: FC+ Bangladesh

- **1,546 surgical fistula repairs completed; 86% closed at discharge**
- **20 fistula surgeons and 1,458 other healthcare workers trained in fistula prevention and treatment**
- **170,179 family planning counseling sessions and 112,768 couple-years of protection delivered at project-supported health facilities**
- **28,439 individuals reached through in-person community outreach**

www.fistulacare.org

Dates of support: December 2013 to March 2020
Supported fistula treatment facilities: Ad-Din Dhaka, Ad-Din Jessore, Ad-Din Khulna, Bangabandhu Sheikh Mujib Medical University Hospital (BSMMU), Dr. Muttalib Community Hospital, Kumudini Hospital, LAMB Hospital, and Mamm's Institute of Fistula and Women's Health
Population: 164,680,000[1]
Lifetime prevalence of fistula: 0.42 per 1,000[2]
Estimated number of current fistula cases: 19,755[3]
Maternal mortality ratio: 173/ 100,000 live births[4]
Contraceptive prevalence rate (all methods, married women ages 15 to 49): 62%[5]

Fistula Care *Plus* (FC+) is a global project initiated in 2013 by the United States Agency for International Development (USAID) and implemented by EngenderHealth. FC+ builds on and enhances the work undertaken by USAID's previous Fistula Care project (2007–2013), also led by EngenderHealth. EngenderHealth's USAID-supported fistula prevention and repair efforts in Bangladesh began in July 2005 and continued under the Fistula Care and FC+ projects, until March 2020.

Fistula is a devastating morbidity, with profound social consequences for those affected. In Bangladesh, FC+ worked to support fistula repairs and prevent fistula by supporting voluntary family planning, clinical capacity building, and community outreach and education. Between December 2013 and March 2020, FC+ supported approximately half of all fistula surgeries in Bangladesh and mobilized national professional groups, government agencies, civil society platforms, and media institutions to engage in and strengthen strategies to prevent and treat fistula. FC+ also brought attention to emerging aspects of fistula care, including the crisis of iatrogenic fistula caused by unsafe surgery. FC+ provided direct support to 8 health facilities providing fistula treatment and prevention services, 9 facilities providing prevention services, 10 upazila (sub-district) health complexes, and 200 community clinics; this included public, private, and faith-based health facilities.

[1] United Nations (UN), Department of Economic and Social Affairs. 2019. *World Population Prospects 2019*. New York: UN. https://population.un.org/wpp/.
[2] Prevalence for women with at least one birth. MEASURE Evaluation, icddr,b, Maternal and Child Health Integrated Program, Fistula Care *Plus*, and Johns Hopkins University. 2018. *Prevalence of Obstetric Fistula and Pelvic Organ Prolapse in Bangladesh: Summary of the 2016 National Estimates*. Chapel Hill, NC: MEASURE Evaluation. https://www.measureevaluation.org/resources/publications/fs-18-290.
[3] Ibid.
[4] The World Bank Group. 2019. *Maternal Mortality Ratio*. Washington, DC: The World Bank Group. https://data.worldbank.org/indicator/SH.STA.MMRT.
[5] The World Bank Group. n.d. *Contraceptive Prevalence, Any Methods*. Washington, DC: The World Bank Group. https://data.worldbank.org/indicator/SP.DYN.CONU.ZS?view=chart.

USAID FROM THE AMERICAN PEOPLE

Fistula Care *Plus*

EngenderHealth for a better life

ENABLING ENVIRONMENT

FC+ strengthened the enabling environment in Bangladesh to institutionalize fistula prevention, treatment, and reintegration in the public and private sectors by improving national and facility policies, guidelines, and resources allocated to fistula prevention and treatment, including addressing the needs of women with fistula deemed incurable. FC+ also facilitated collaboration between national and regional stakeholders, and developed media partnerships to increase public awareness of and support for fistula services.

National Policy and Government Partnership

FC+ partnered with the Government of Bangladesh and its Ministry of Health and Family Welfare (MOHFW), (including the Directorate General of Health Services [DGHS] and Directorate General of Family Planning) Ministry of Social Welfare, and Ministry of Women and Children's Affairs to institute and strengthen national policy and programmatic approaches to fistula prevention, identification, and treatment.

Together with the DGHS, UNFPA, and the Obstetric and Gynecological Society of Bangladesh (OGSB), FC+ led the National Fistula Task Force Working Group, which developed two successive National Strategies on Obstetric Fistula, covering the periods of 2013 to 2016 and 2017 to 2022. The 2017 to 2022 National Strategy employs a centralized national approach to delivering fistula services through a few key fistula centers coupled with robust community outreach. The strategy specifically supports the role of community clinics for prevention, care, referral, and rehabilitation of fistula clients—reflecting FC+'s work with the Bangladeshi nongovernmental organization (NGO) BRAC and USAID's NGO Health Service Delivery Project for client identification, screening, and referral. FC+ also successfully advocated with the MOHFW to fund new fistula corners in district hospitals to strengthen efforts to prevent fistula and to identify and refer fistula repair clients at the district level.

FC+ worked with the MOHFW's Quality Improvement Secretariat, which is responsible for setting national standards of clinical and preventive care, to build the capacity of local institutions to provide high-quality fistula care. Collaborative activities included hosting meetings for policy makers and clinicians, developing quality monitoring activities, incorporating fistula indicators into the national health management information system, and advocating around notably high rates of iatrogenic fistula identified through routine program monitoring.

Building on recommendations from clinical research and program evidence reviews completed by the Fistula Care project,[6] FC+ advocated for Bangladesh to develop catheterization guidelines for the prevention and treatment of female genital fistula, working with government representatives, NGOs, and clinicians.

Safe Surgery

Bangladesh is experiencing a cesarean section epidemic. An FC+ study with the London School of Hygiene and Tropical Medicine found that the majority of facility births are by cesarean.[7] Furthermore, FC+ identified iatrogenic fistula following unsafe hysterectomy and cesarean as the cause of more than 30% of fistula cases diagnosed at supported facilities. These trends in surgery volume and iatrogenic fistula suggest that the Bangladeshi fistula burden may substantially increase in the coming years without continued investment in fistula care and safe surgery. FC+ highlighted these issues with clinical and health policy communities in Bangladesh, encouraging a focus on safe surgical practices generally and safe cesarean practices specifically. FC+ supported the OGSB in developing a continuing medical education program focusing on safe surgery and ethics in practice. OGSB also issued a position paper on iatrogenic fistula in 2017.

Fistula surgery at Kumudini Hospital ©Sk.N. Huda

[6] Fistula Care. 2013. *Urinary Catheterization for Primary and Secondary Prevention of Obstetric Fistula: Report of a Consultative Meeting to Review and Standardize Current Guidelines and Practices*. New York: EngenderHealth/Fistula Care.

[7] Benova, L., Cavallaro, F.L., and Campbell, O.M.R. 2017. *The Landscape of Cesarean Sections in Sub-Saharan Africa and South and Southeast Asia*. New York: EngenderHealth/Fistula Care *Plus*.

FC+ facilitated multiple meetings and workshops with in-country partners—including OGSB as well as LAMB Hospital, Mamm's Institute of Fistula and Women's Health, and the University Fistula Center at Bangabandhu Sheikh Mujib Medical University (BSMMU)—to address a range of topics related to safe surgery practices, such as the provision of safe surgery, the roles of different clinical actors in the operating theater, and trends in cesarean section rates and their long-term population and health consequences and potential responses.

In response to identified gaps in clinical records, challenges in understanding clinical data trends, and clinical staff requests at project-supported facilities globally, FC+ developed and introduced the Surgical Safety Toolkit (SST).[8] The SST offers a set of clinical trackers and quality assurance checklists designed to support the provision of surgical care for fistula and pelvic organ prolapse (POP) at a minimum acceptable standard, as outlined by global actors such as the Lancet Commission on Global Surgery and the World Health Organization. The SST also supports routine monitoring of surgical service delivery processes and fistula and POP care quality. Seven project-supported fistula repair sites in Bangladesh implemented the SST as part of routine clinical monitoring, beginning in 2017. FC+ provided ongoing mentoring and clinical support to implementation teams, which comprised surgeons, anesthetists, nurses, clinical secretaries, and program administrators, in those facilities. Facilities regularly review SST data and use the data to inform facility-level clinical decision-making.

National and Regional Coordination

To promote communication and collaboration among the various actors providing fistula care in Bangladesh, FC+ hosted annual forums for project leaders and clinical staff from supported sites as well as representatives from the MOHFW, DGHS, UNFPA, UNICEF, and the HOPE foundation and members of the press at the national level. These forums focused on evidence-based fistula care, epidemiological transitions in fistula etiology, national trends in cesarean section, rehabilitation and reintegration, and cross-regional cooperation. The forums also provided opportunities for participants to network, share successful strategies, and brainstorm potential solutions to shared challenges.

FC+ also played a central role in advocating for better coordination of fistula efforts across South Asia. In 2017, with the Nepal Society of Obstetricians and Gynecologists, FC+ hosted the inaugural meeting of the South Asian Group on Fistula and Related Morbidities (SAGFRM). FC+ continued to support SAGFRM by facilitating subsequent meetings and workshops, often in conjunction with international conferences. Through SAGFRM, stakeholders discussed their country experiences and challenges and identified opportunities for regional coordination for prevention and treatment of fistula, collaboration in training, and technical exchange.

Women with Fistula Deemed Incurable

In addition to fistula prevention and treatment, FC+ advocated for and promoted policy discussions on services for women whose fistula are deemed incurable, both nationally and regionally (through SAGFRM). Through workshops and lobbying efforts, FC+ highlighted the spectrum of care needed for these clients, and the need for standardized guidelines and protocols. These efforts resulted in a consensus document, "The Jashore Recommendations for Persistent Fistula Related Disorders,"[9] which calls for the recognition that women with fistula deemed incurable have the agency and ability to make informed decisions about their care. The recommendations further aim to facilitate the best possible quality of life for these women in Bangladesh, and to provide guidance to fistula care practitioners and policy makers within Bangladesh. The National Fistula Technical Working Group has embraced this call, and will review and update it biannually.

Media Workshops

FC+ worked extensively with electronic, print, radio, and television journalists to increase Bangladeshi media coverage of issues related to fistula. In partnership with supported facilities and select media organizations (including the Press Institute of Bangladesh, the Female Journalists Association, the Dhaka Sub-Editors Council, the Bangladesh Health Reporters Forum, and the Ministry of Information),


The Daily Star

INTERNATIONAL FISTULA DAY 2017

Hope, healing and dignity for all

দেবীপুর কমিউনিটি ক্লিনিক

English and Bangla language media coverage of fistula activity in Bangladesh

[8] Fistula Care *Plus*. n.d. *Surgical Safety Toolkit*. New York: EngenderHealth/ Fistula Care *Plus*. https://fistulacare.org/surgical-safety-toolkit/.

[9] Huda, S.N. and Biswas, A. 2018. "Workshop on 'Women with Persistent Fistula Related Disorders' held in Jashore." *The Daily Observer*, November 23, 2018. https://www.observerbd.com/news.php?id=169690.

FC+ organized fistula orientation workshops and panels for media representatives. This effort resulted in the publication of dozens of articles—including case stories, editorials, and features—on fistula prevention and treatment in Bangla and English language newspapers. The national television channel, private television channels, and community and national radio stations also aired numerous fistula-related segments.

COMMUNITY OUTREACH AND ADVOCACY

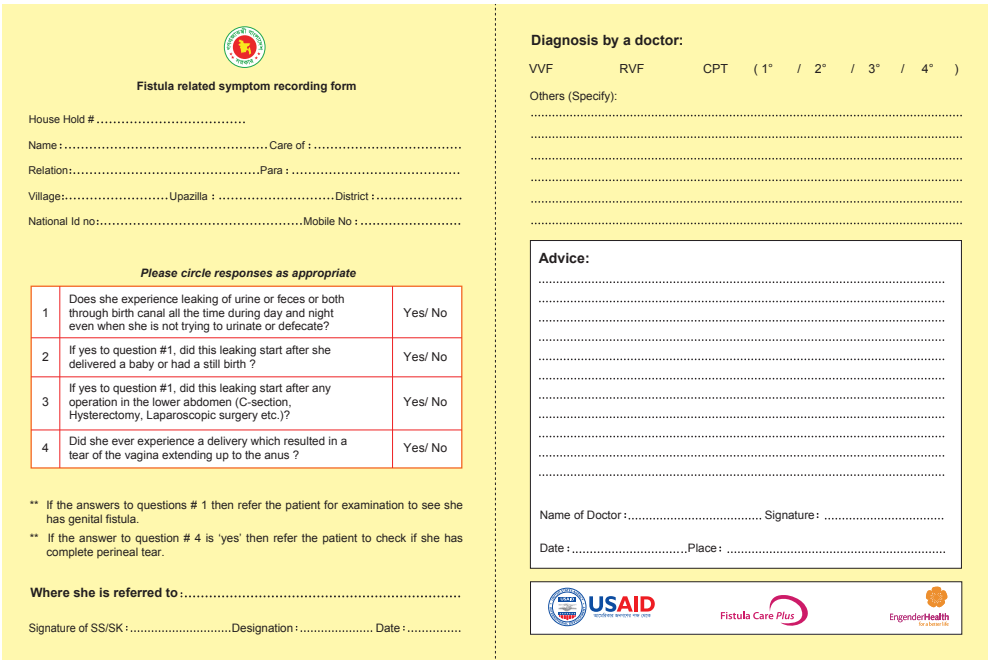
The community plays an essential role in fistula prevention, treatment, and reintegration. In Bangladesh, FC+ worked to enhance community understanding and practices to prevent fistula, improve access to treatment, reduce stigma, and support reintegration of fistula clients—including those whose fistula is deemed incurable and those whose fistula is the result of sexual violence.

The 4Q Checklist and Community Fistula Diagnostic Events

Identifying and treating existing fistula cases within Bangladesh is difficult, despite the availability of treatment. Fistula clients often live in isolation and in remote areas. Even when community-based screening activities are able to identify suspected fistula cases, clinical diagnosis to confirm fistula is a challenge, as differentiating fistula cases from other types of incontinence requires an understanding of fistula causes and symptoms. Additionally, transport to fistula repair centers for diagnosis and possible treatment is a major logistical undertaking and often imposes financial burdens on clients and their families. A functional referral network between facilities and their respective communities is therefore critical to fistula prevention, treatment, and reintegration and to reduce stigma and enhance community support.

To address these barriers, FC+ adapted a fistula diagnosis job aid developed by EngenderHealth and IntraHealth during the prior Fistula Care project. The resulting 4Q Checklist[10] is a cost-effective tool with simple questions that can be used for community-level fistula screening.

FC+ piloted the 4Q checklist in 2016 in partnership with BRAC. FC+ and BRAC worked with community health workers (CHWs) in the Faridpur district to introduce fistula screening via the 4Q Checklist. CHWs used the checklist to identify suspected fistula cases during home visits and entered potential clients into a community register. CHWs then referred potential fistula clients to a community fistula diagnostic event (CFDE)[11] organized by community partners at a local health



Fistula related symptom recording form

House Hold # .....

Name : ..... Care of : .....

Relation: ..... Para : .....

Village: ..... Upazilla : ..... District : .....

National Id no: ..... Mobile No : .....

Please circle responses as appropriate

1	Does she experience leaking of urine or feces or both through birth canal all the time during day and night even when she is not trying to urinate or defecate?	Yes/ No
2	If yes to question #1, did this leaking start after she delivered a baby or had a still birth ?	Yes/ No
3	If yes to question #1, did this leaking start after any operation in the lower abdomen (C-section, Hysterectomy, Laparoscopic surgery etc.)?	Yes/ No
4	Did she ever experience a delivery which resulted in a tear of the vagina extending up to the anus ?	Yes/ No

** If the answers to questions # 1 then refer the patient for examination to see she has genital fistula.

** If the answer to question # 4 is 'yes' then refer the patient to check if she has complete perineal tear.

Where she is referred to : .....

Signature of SS/SK : ..... Designation : ..... Date : .....

Diagnosis by a doctor:

VVF RVF CPT (1° / 2° / 3° / 4°)

Others (Specify):

.....

.....

.....

.....

.....

.....

Advice:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Name of Doctor : ..... Signature : .....

Date : ..... Place : .....

USAID Fistula Care Plus EngenderHealth

The 4Q Checklist, developed for community-level fistula screening

[10] Fistula Care *Plus*. 2019. *Development and Implementation of the 4Q Checklist for Fistula Screening and Referral in Bangladesh*. New York: EngenderHealth. https://fistulacare.org/wp-fcp/wp-content/uploads/2019/11/FCPlus_4Q-checklist_v3.pdf.

[11] Fistula Care *Plus*. 2020. *Community-Based Fistula Diagnosis Events: An Innovative Approach to Fistula Screening and Identification in Bangladesh*. New York: EngenderHealth.

center. At a CFDE, a team—including female physicians, nurses, paramedics, and support staff—administered a four-stage intake, examination, and diagnosis process. For clients diagnosed with fistula or complete perineal tear, the team developed comprehensive treatment plans in partnership with the client and the client's family, and provided referrals to facilities offering quality repair services.

FC+ built capacity of CFDE partners to offer screening, diagnosis, and referral services. Public and private fistula centers now work with local healthcare centers to regularly host CFDEs and to provide referrals and treatment to clients positively diagnosed with fistula and related conditions. The CFDE approach brings case identification and referral directly to women who otherwise may not have access to such services.

Following its successful pilot, the DGHS recommended launching the 4Q Checklist in community clinics across the country for fistula case identification and management. FC+ supported implementation of the checklist in more than 200 community clinics and many community-based networks in Bangladesh are also using the tool. During FC+, more than 1,100 fistula and complete perineal tear cases were identified using the 4Q Checklist.

Community Education

FC+ completed numerous activities to increase community awareness about the causes and prevention of fistula as well as the availability of treatment. FC+ found radio to be an effective way of reaching populations in more remote areas with information related to maternal health and fistula prevention. FC+ created content for community and national radio programs, including pre-recorded programs and live interviews with representatives from government agencies and treatment facilities. FC+ supported nearly 100 mass media activities, reaching more than 1.7 million people.

Together with supported facilities and partner organizations, FC+ conducted over 900 in-person community outreach activities reaching more than 28,400 people. FC+ conducted outreach targeting health professionals—including medical students, community skilled birth attendants, doctors, nurses, midwives, paramedics, and administrative health officials across the country—covering topics related to fistula prevention (including voluntary family planning), identification, treatment, and reintegration. Additionally, FC+'s large-scale community orientation and education programs throughout the country built awareness around fistula case identification and available treatment as well as family planning, maternal health, and partner involvement.

FC+ also collaborated with USAID's Advancing Adolescent Health project to build youth capacity to prevent fistula and advocate for fistula care. The Schoolgirls for a Fistula-Free Bangladesh initiative included training and outreach for over 3,000 high school teachers and students, local and national government health officials, and NGO representatives across the country. FC+ provided orientation on reproductive health, gender equity, early marriage, fistula, and other related issues. Each schoolgirl interacted with pregnant women in their community to share their knowledge on topics including fistula prevention and pregnancy warning signs. Students earned points for activities such as pledging to delay marriage, referring pregnant women for hospital delivery, and identifying and referring women with fistula symptoms for treatment. Students earning 100 points were certified as "Fistula Champions," and recognized through a public appreciation ceremony. Through this initiative, FC+ linked students with

Schoolgirls for a Fistula-Free Bangladesh assembly in Satkhira. ©N. Biswas

Orientation and training of BRAC CHWs ©N. Biswas

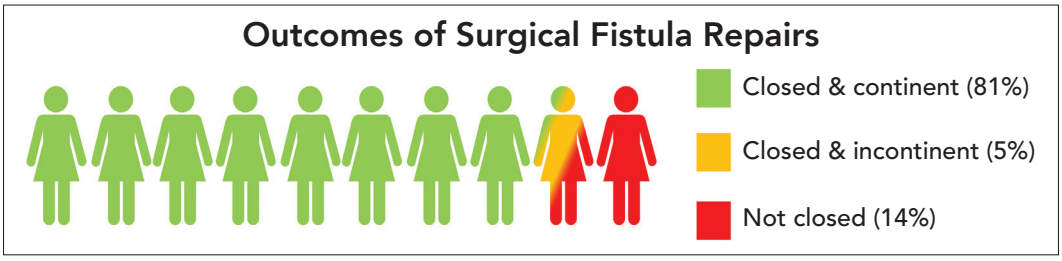
community health resources and other local institutions, and helped to mobilize others towards the goal of achieving a fistula-free Bangladesh.

Training Community Volunteers

Over the life of project, FC+ trained 236 community volunteers from local organizations, NGOs, and microcredit groups on various topics including family planning and safe motherhood; fistula identification, referral, and treatment; post-treatment rehabilitation and reintegration; and gender dynamics. FC+ also collaborated with BSMMU to provide orientations on fistula prevention and care for national and international humanitarian NGOs working with refugees in Cox's Bazar to help their staff understand the importance of maternal health services for these populations. FC+ also trained fistula repair clients to serve as community fistula advocates, providing an opportunity for them to share their experiences, skills, and perspectives with their communities to promote awareness around fistula prevention, identification, and associated social stigmas.

HEALTH PROVIDER, FACILITY, AND SYSTEM CAPACITY BUILDING

FC+ has strengthened health provider, facility, and system capacities to deliver sustainable, quality services in Bangladesh by directly supporting fistula surgical repairs; training health facility clinicians and staff, including fistula surgeons; and developing and implementing tools and approaches to improve clinical quality, surgical safety, and facility preparedness. In total, FC+ supported 1,546 surgical fistula repairs and 19 nonsurgical repairs (using catheterization) at eight health facilities across the country. Most (86%) of these repairs were closed at the time of client discharge (81% closed and continent, 5% closed and incontinent). The vast majority, 72%, of fistula clients were undergoing their first fistula repair attempt, with 18% receiving their second repair and 10% their third or more. Where fistula etiology was available (72% of diagnosed cases), nearly all fistula were obstetric (49%) or iatrogenic (45%), with a small number caused by trauma (2%) or cancer or congenital abnormality (4%). This high proportion of iatrogenic fistula was a catalyst for FC+'s aforementioned advocacy efforts.



USAID FROM THE AMERICAN PEOPLE
Fistula Care Plus
EngenderHealth for a better life

FC+ also supported 544 complete perineal tear repairs, as the symptoms of this maternal injury are identical to fistula. As voluntary family planning is crucial to fistula prevention, FC+ also supported such services at fistula treatment and prevention facilities. Project-supported facilities completed 170,179 family planning counseling sessions and provided family planning methods resulting in 112,768 couple-years of protection.

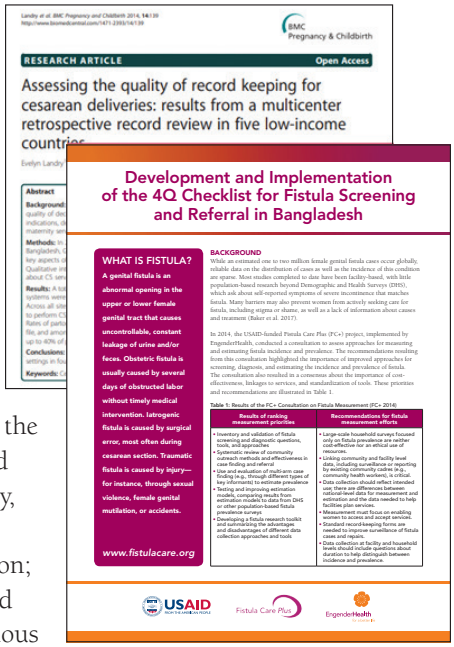
FC+ clinical staff worked closely with staff at all supported facilities, providing mentoring and feedback, discussing data trends, and supporting safer surgery. To strengthen clinicians' capacity and cultivate a safe surgery ecosystem, FC+ trained 1,458 health personnel—including nurses, midwives, medical officers, health and family planning officers, obstetrician-gynecologists, surgeons, anesthetists, paramedics, and community healthcare providers—over the life of project. These trainings addressed fistula prevention, including voluntary family planning counseling and method provision, as well as treatment and care, including fistula identification and classification, surgical fistula repair skills, pre- and post-operative care, infection prevention, counseling, and clinical monitoring. FC+ also facilitated surgical fistula repair training for 20 surgeons from 11 health facilities, using the Global Competency-Based Fistula Surgery Training Manual developed by the International Federation of Gynecology and Obstetrics and select partners, including EngenderHealth.

FC+ developed clinical job aids, such as family planning counseling checklists, in Bangla, to ensure clients received appropriate information and were supported in making informed choices. FC+ also introduced family planning referral slips at all fistula treatment sites, to ensure that fistula clients' family planning needs were met and to establish and strengthen linkages between fistula and family planning services. FC+ also developed a tool for annual partograph monitoring that, as implemented at supported sites, enabled identification of gaps in partograph quality, completion, and application. FC+ also printed and distributed medical waste management and surgical hand washing job aids and World Health Organization intensive care unit and anesthetic care guidelines to all supported facilities.

To expand fistula care capacity, FC+ provided extensive support to establish the University Fistula Center at BSMMU, which previously offered no fistula services. BSMMU, a leading academic medical institution in Bangladesh, now ensures new students obtain surgical fistula repair skills. FC+ also introduced prevention and limited curative fistula services to Jhalokathi Hospital to help address the lack of fistula services in the southern districts of Bangladesh.

FC+ collaborated with other USAID-supported projects in country, including by training USAID's Smiling Sun Clinic franchise program staff in fistula prevention and case identification and sharing training resources with USAID's MaMoni Maternal Newborn Care Strengthening Project to enable integration of fistula into their interventions. MaMoni also worked with FC+ to ensure referrals of suspected fistula and POP cases to diagnosis and treatment during the Bangladesh Maternal Morbidity Validation Study.

EVIDENCE BASE



FC+ partnered with the Government of Bangladesh, public and private health facilities, and local and international NGOs to strengthen the evidence base for fistula care in Bangladesh. FC+ contributed to the measurement of the fistula burden within the country; strengthened the quality, availability, and utility of data on fistula service provision; created and supported opportunities for various fistula stakeholders within Bangladesh and across South Asia to network and collaborate; and disseminated program learning at national and international conferences.

FC+ was a key partner in the 2016 Bangladesh Maternal Mortality and Health Care Survey (BMMS).[12] A Maternal

[12] MEASURE Evaluation, icddr,b, Maternal and Child Health Integrated Program, Fistula Care *Plus*, and Johns Hopkins University. 2018. *Prevalence of Obstetric Fistula and Pelvic Organ Prolapse in Bangladesh: Summary of the 2016 National Estimates*. Chapel Hill, NC: MEASURE Evaluation. https://www.measureevaluation.org/resources/publications/fs-18-290

Morbidity Validation Study nested within the BMMS measured national levels of obstetric fistula and POP. FC+ helped design the morbidity assessment survey module for this first joint estimation of the fistula and prolapse burden in the country, coordinated clinical diagnoses through CFDEs, and facilitated referrals of identified cases to treatment services. This effort resulted in estimates of more than 500,000 POP cases and nearly 20,000 fistula cases in Bangladesh.

FC+ provided training and mentoring at supported facilities to ensure consistent and high-quality recording and reporting of the seven fistula indicators recently included in the national health management information system. FC+ conducted routine data quality assessments at supported facilities, which provided opportunities for clinical mentoring and identification of challenges related to service delivery and data management. FC+ also introduced and supported quarterly data for decision-making meetings with facility staff and administration.

FC+ shared research and programmatic findings at national, regional, and global conferences and technical forums, including those organized by the Global Maternal and Newborn Child Health Conference, the International Confederation of Midwives, the International Federation of Gynecology and Obstetrics, and the International Society of Obstetric Fistula Surgeons.

ELIMINATING FISTULA IN BANGLADESH

The Government of Bangladesh continues its efforts to eliminate fistula by 2030, the global goal adopted by the Campaign to End Obstetric Fistula.[13] FC+ is proud to have worked with partners across the country to advance this goal and to support expanded, sustainable local capacity for fistula prevention, diagnosis, and treatment, as well as comprehensive support for those living with fistula.

[13] UNFPA. n.d. *Campaign to End Obstetric Fistula*. New York: UNFPA. http://www.endfistula.org/.

Acknowledgements

This brief was written by Karen Levin and Vandana Tripathi. The brief was edited by Amy Agarwal and designed by Robert Vizzini. We thank Erin Mielke and Mary Ellen Stanton for their reviews. This publication was made possible by the generous support of the American People through the United States Agency of International Development (USAID) under cooperative agreement AID-OAA-A14-00013. The information provided here does not necessarily represent the views or positions of USAID or the US government.

The USAID-funded Fistula Care *Plus* project at EngenderHealth works to prevent fistula from occurring, treats and cares for clients with fistula, and assists in their rehabilitation and reintegration. Fistula Care *Plus* partners with ministries of health, faith- and community-based organizations, NGOs, UN agencies, and other stakeholders, including hospitals providing surgical and nonsurgical fistula repair in South Asia and Sub-Saharan Africa. For more information about fistula and the Fistula Care *Plus* project, visit *www.fistulacare.org*.

505 Ninth Street NW, Suite 601, Washington, DC 20004 · +1 (202) 902 2000 · engenderhealth.org

USAID FROM THE AMERICAN PEOPLE

Fistula Care *Plus*

EngenderHealth for a better life