

Fistula Care Plus: Democratic Republic of Congo (DRC) 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+ DRC

- **3,364 surgical fistula repairs completed; 95% closed at discharge**
- **7 fistula surgeons and 5,175 other healthcare workers trained in fistula prevention and treatment**
- **93,262 family planning counseling sessions and 79,424 couple-years of protection delivered at project-supported health facilities**
- **34,042 individuals reached through in-person community outreach**

www.fistulacare.org

Dates of support: May 2014 to March 2021
Supported fistula treatment facilities: Beniker Hospital, HEAL Africa, Imagerie des Grands Lacs, Maternité Sans Risque du Kindu, Panzi Hospital, Saint Joseph Hospital
Population: 89,561,000 ¹
Lifetime prevalence of fistula: 1.8 per 1,000 ²
Estimated number of current fistula cases: 14,200 ³
Maternal mortality ratio: 473/ 100,000 live births ⁴
Contraceptive prevalence rate (all methods, married women ages 15 to 49): 20% 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. USAID-supported fistula prevention and repair efforts in the Democratic Republic of Congo (DRC) began in 2005 and continued under the Fistula Care and FC+ projects, until March 2021.

Fistula is a devastating morbidity, with profound social consequences for those affected. In the DRC, FC+ directly supported six health facilities for fistula treatment and prevention services, including private and faith-based health facilities in five provinces: Kinshasa, Lubumbashi, Maniema, North Kivu, and South Kivu. Through these partnerships, FC+ supported fistula repairs and worked to prevent fistula by supporting voluntary family planning (FP), clinical capacity building, and community outreach and education. The project emphasized strengthening systems for safe surgery (including routine fistula repair), community awareness, FP services integration with fistula and maternal health care, and reintegration of women who have undergone fistula repair. The project also supported FP and fistula prevention services at an additional 318 facilities in Ituri and North Kivu provinces.

¹ United Nations (UN), Department of Economic and Social Affairs. 2019. *World Population Prospects 2019*. New York: UN. <https://population.un.org/wpp/>.

² Maheu-Giroux, M., Fillipi, V., Samadoulougou, S., Castro, M.C., Maulet, N., Meda, N., and Kirakoya-Samadoulougou, F. 2015 "Prevalence of Vaginal Fistula Symptoms in 19 Sub-Saharan African Countries: A Meta-Analysis of National Household Survey Data." *Lancet Global Health* 3, no. 5 (May): e271–78. DOI: 10.1016/S2214-109X(14)70348-1.

³ Ibid.

⁴ World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), World Bank Group, and UN Population Division. 2019. *Trends in Maternal Mortality: 2000 to 2017*. Geneva, WHO. <https://data.worldbank.org/indicator/SH.STA.MMRT>.

⁵ UNICEF's State of the World's Children and Child info, United Nations Population Division's World Contraceptive Use, household surveys including Demographic and Health Surveys and Multiple Indicator Cluster Surveys. n.d. *Contraceptive Prevalence, Any Methods (% of Women ages 15–59)*. <https://data.worldbank.org/indicator/SP.DYN.CONU.ZS?view=chart>.



ENABLING ENVIRONMENT

FC+ partnered with international and local institutions to strengthen the enabling environment to institutionalize fistula prevention, treatment, and reintegration. The project worked within the public and private sectors (support to the Government of DRC was not provided during the period from November 2018 to December 2019, when prohibited by US government guidance), as well as with United Nations Population Fund (UNFPA) and other development partners, to improve national and facility policies, guidelines, and resources allocated to fistula prevention and treatment.

National Policy

The Santé de la Mère, du Nouveau-né et de l'Enfant, SMNE (Maternal, Newborn, and Infant Health) Task Force includes experts from the Ministry of Health and Congolese professionals working in the fields of maternal, neonatal, and child health (MNCH) (including fistula), as well as FC+ and UNFPA staff. The task force, which provides a collaborative platform for knowledge exchange, has supported the redesign of MNCH standards and guidelines, facilitated a consensus on definitions within fistula classification, and coordinated monitoring of MNCH-related activities and progress throughout the country.

After the revised MNCH standards and guidelines were finalized in 2018, FC+ trained central teams to disseminate the guidelines across the country. These teams, through the National Program for Reproductive Health (PNSR), completed three phases of briefings on the updated guidelines in the 2018–2019 period, with each phase targeting facilities in a different geographic region. FC+ also disseminated the printed guidelines to project-supported facilities and their respective provincial health divisions.

Within the SMNE task force, FC+ successfully advocated for the creation of a fistula-specific working group and, with approval from the Director of the National Reproductive Health Program, launched the National Multidisciplinary Working Group for the Elimination of Obstetric Fistula. The SMNE task force, with support from UNFPA and FC+, also established the 2018–2025 National Strategy to Eliminate Obstetric Fistula,⁶ which this fistula working group is responsible for implementing.

⁶ République Démocratique du Congo Ministère de la Santé Secrétariat Général. 2018. *Stratégie Nationale Pour L'Élimination De La Fistule Obstétricale*. Kinshasa: DRC.

FC+ introduced guidelines on indwelling bladder catheterization for the prevention and treatment of fistula, originally developed by the project under the auspices of the Ministry of Health in Nigeria. With project support, PNSR then organized a workshop for the General Secretariat for Health to review and finalize these guidelines for use in the DRC, leading to the official adoption of the guidelines and subsequent dissemination to health facilities across the country.

Safe Surgery

In response to identified gaps in clinical records, challenges in understanding clinical data trends, and clinical staff requests at project-supported facilities, FC+ developed and introduced the Surgical Safety Toolkit (SST).⁷ This toolkit includes clinical trackers and quality assurance checklists that support the provision of surgical care for fistula and pelvic organ prolapse (POP) to a minimum acceptable standard, as outlined by global actors such as the World Health Organization (WHO) and the Lancet Commission on Global Surgery. The SST also supports routine monitoring of surgical service delivery processes and fistula and POP care quality.

All project-supported fistula repair sites in DRC implemented the SST as part of routine clinical monitoring. FC+ harmonized the SST tools with existing facility and Ministry of Health quality assurance tools. Project staff provided ongoing mentoring and clinical support to facility implementation teams, which included surgeons, nurses, and program administrators. These teams are now regularly reviewing SST data to inform clinical decision-making and improve care. Facilities also partnered with FC+ to develop special studies to address knowledge gaps identified by the SST process. In addition to the SST, Saint Joseph Hospital developed a data collection sheet for clients seeking POP services and adopted an operative POP protocol. FC+ also collaborated with all supported sites to develop a protocol for managing postoperative anuria following fistula surgery.

FC+ conducted routine site assessments at treatment facilities to monitor and provide feedback on clinical quality assurance. Assessment findings resulted in targeted trainings on select topics identified by FC+ and facility staff, such as infection prevention and FP integration. FC+ also established supportive supervision mechanisms with data reviews at all facilities.

⁷ *Fistula Care Plus. Safe Surgery Toolkit*. <https://fistulacare.org/surgical-safety-toolkit/>.



Routine data collection indicated a steady increase in the numbers and proportion of iatrogenic fistula cases identified at surgical outreach events conducted by supported facilities. Record reviews as well as external research suggested that unsafe cesarean section was the most common cause of iatrogenic fistula in DRC.^{8,9} As a result, FC+ conducted a retrospective cohort study on the frequency, causes, and post-repair outcomes of non-obstetric fistula cases at project-supported facilities¹⁰ and, based on the findings, provided targeted capacity building for medical officers who regularly perform caesarean sections.

Public Private Partnerships

In partnership with USAID and with Laborie—a leading global developer, manufacturer, and marketer of medical technology and consumables for the diagnosis and treatment of pelvic health concerns in the fields of urology, gynecology, and

colorectal care—FC+ procured and installed a urodynamics unit in 2019 and procured necessary disposable supplies at Saint Joseph Hospital to facilitate more accurate diagnoses of lower urinary tract dysfunctions and improve responsive care. FC+ and Laborie designed a multidisciplinary training on use of the unit for a select group of clinicians to establish a core team of local trainers who will then provide training to other physicians in the region.

Saint Joseph Hospital identified a need for safe and effective anesthesia equipment for fistula repair. FC+ worked with Gradian Health Systems to procure a Universal Anesthesia Machine, designed for resource-constrained settings, for Saint Joseph Hospital to strengthen their capacity for provision of safe, high-quality surgical services. Since the provision of training to Saint Joseph Hospital anesthetists in 2018, the machine has been functional and in use at the facility.

International Day to End Obstetric Fistula

Partner facilities designed annual commemorative events with local partners to celebrate the International Day to End Obstetric Fistula, held each year on May 23rd. Celebratory events included radio and television shows, parades, roundtable discussions, and surgical outreach efforts. These events, which sought to reduce community-level stigma around fistula, raised awareness of fistula prevention and the availability of fistula care.

⁸ *Fistula Care Plus*. 2016. *Iatrogenic Fistula: An Urgent Quality of Care Challenge*. New York: EngenderHealth. https://fistulacare.org/wp-content/uploads/2016/04/Iatrogenic-fistula-technical-brief_2016.pdf.

⁹ Benfield, N., Young-Lin, N., Kimona, C., Kalisya, L.M., and Kisindja, R.M. 2015. "Fistula after attended delivery and the challenge of obstetric care capacity in the eastern Democratic Republic of Congo." *International Journal of Gynecology and Obstetrics* 130 no. 2 (August): 157–60.

¹⁰ Mpunga Mafu, M., Banze, D.F., Nembunzu, D., Maroyi, R., Paluku, J., Kinja, R., Kitambala, E., Tena-Tena Aussak, B., Bulu Bobina, R., Amisi, N., Mukuliboy, A., Diop, A., Tripathi, V., Romanzi, L., and Delamou, A. 2020. "A Frequency and Management of Non-Obstetric Fistula in the Democratic Republic of Congo: Experience from the Fistula Care Plus Project." *Tropical Medicine and International Health* 25, no. 6 (June): 687–694. DOI: 10.1111/tmi.13394.



Celebration of the International Day to End Obstetric Fistula in Kindu. ©FC+ DRC



Imagerie des Grands Lacs community outreach event in Beni. ©IGL

Reintegration Post-Repair and for Women with Fistula Deemed Incurable

While women often experience significant improvements in physical and mental health following a fistula repair, they may continue to face physical, psychological, and socioeconomic challenges when returning to their communities. Social reintegration efforts therefore must respond to the immediate, persistent, and life-long challenges that clients, especially those with fistula deemed incurable, may experience post-repair. FC+ support enabled partner facilities HEAL Africa and Panzi to identify and implement context-specific strategies for meeting the needs of affected women, including job skills training, literacy and numeracy programs, micro-lending schemes, and psychosocial support. Facilities also supported outreach efforts with rural communities to improve social acceptance and ease post-repair reintegration.

COMMUNITY OUTREACH AND ADVOCACY

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

Community Education

Community education focused on in-person and mass media (radio and television) outreach to increase awareness about the causes of fistula, prevention approaches, and availability of treatment. To reach populations in remote areas, FC+ leveraged radio to provide information related to maternal health and fistula prevention, as well as to publicize planned surgical outreach events. FC+ and supported partners created content for community and national radio and television programs, including recorded programs and live interviews with representatives from partner treatment facilities, covering both broader sexual and reproductive health issues as well as availability of fistula and POP services. Broadcasts were timed to mobilize potential fistula clients to seek treatment during scheduled outreach repair events. As a result of these outreach events, partner facilities were able to provide diagnoses and repair services to women in remote areas who traditionally had little access to fistula care.

FC+ supported 41 mass media activities, reaching more than 13.3 million people. Further, many of the partnerships forged between radio stations and health facilities are sustainable achievements that can support health awareness raising in the future. The project also supported 229 in-person community education events, reaching 34,042 people. In-person community outreach efforts included events convened in

partnership with local community organizations, community meetings at schools, and collaboration with local religious leaders who incorporated messaging into their religious services. At these outreach events, participants gained information on a range of health-related topics, including maternal health, contraceptive care, sexual and gender-based violence, and fistula prevention and treatment.

All FC+ supported facilities engaged with local stakeholders to share key messages around fistula prevention and treatment, male involvement, and maternal health behaviors. Saint Joseph Hospital in Kinshasa conducted educational events with women working at local markets, female gardeners in the city's suburbs, military and police staff and their spouses, maternity officials of the Diocesan Bureau of Medical Works, and members of various local community-based organizations. HEAL Africa convened structured dialogues in Goma and nearby territories with community members, religious leaders, and students focusing on the importance of male involvement in reproductive and maternal health. Panzi Hospital leveraged its extensive partner network to conduct awareness raising activities, which included creating a religious leaders' network, hosting community-level events around fistula, sexual and gender-based violence, and maternal health themes with Christian and Muslim clerics, and supporting regular programs on local MAMA Radio (which boasts an estimated listening audience of over 6.8 million people). Beniker, Imagerie des Grands Lacs, and Maternité Sans Risque du Kindu also worked with local community leaders, radio stations, churches, and schools to conduct educational events covering fistula prevention and treatment and highlighting how members of the community could become involved.

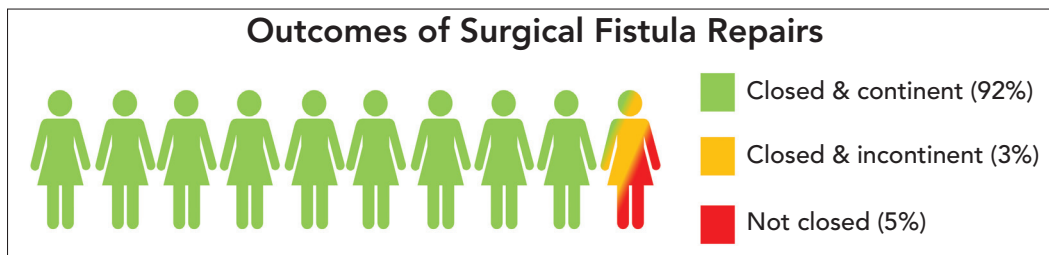
HEALTH PROVIDER, FACILITY, AND SYSTEM CAPACITY BUILDING

FC+ strengthened health provider, facility, and system capacities to deliver sustainable, high-quality services in

DRC by 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. The project supported 3,364 surgical fistula repairs and 42 nonsurgical repairs (using catheterization) at six health facilities across the country. Nearly all (95%) these repairs were closed at the time of discharge (92% closed and continent, 3% closed and incontinent). The majority of fistula clients, 76%, were undergoing their first fistula repair attempt, with 15% receiving their second repair, and 9% their third or more. Where fistula etiology was available (87% of diagnosed cases), most fistula were obstetric (66%) or iatrogenic (26%), with a smaller number caused by trauma, most often the result of sexual violence (6%), or cancer or congenital abnormality (2%). The project also supported surgical and nonsurgical treatment for pelvic organ prolapse (POP) at select sites, since POP often presents with symptoms similar to fistula and can negatively impact quality of life. In total, project-supported facilities provided POP treatments for 3,982 clients.

Clinical capacity building is key to strengthening the safe surgery and maternal health ecosystem. To build clinical capacity, FC+ trained 5,175 health personnel—including nurses, midwives, doctors, and medical officers. Trainings addressed infection prevention and control, fistula counseling and treatment, FP counseling and service provision, POP treatment, safe cesarean section, active management of third stage of labor, and use of the partograph. The project also supported surgical fistula repair training for seven surgeons from supported facilities using the International Federation of Gynecology and Obstetrics Global Competency-Based Fistula Surgery Training Manual and provided urogynecology and complex fistula-related reconstructive surgery training for two senior clinicians.

Informed, voluntary FP is crucial to fistula prevention; therefore, FP services need to be available and integrated with



fistula service provision at treatment sites, including private and faith-based facilities. Project-supported facilities completed 93,262 FP counseling sessions and provided FP methods resulting in 79,424 couple-years of protection. Clinicians at project-supported facilities worked with FC+ to increase their ability to provide client-centered FP services, either as a stand-alone or as part of integrated service delivery, emphasizing client rights and the importance of privacy, confidentiality, dignity, and safety. This included training on such topics as WHO’s medical eligibility criteria, EngenderHealth’s REDI (Rapport Building, Exploring, Decision Making, and Implementing the Decision): A Client-Centered Counseling Framework,¹¹ HIV and FP integration, and insertion and removal of long-acting reversible contraceptives. FC+ also provided facilities with kits for insertion of intrauterine devices and implant insertion and removal, educational flip charts and posters, and other method demonstration materials to strengthen their capacity to assist clients in making full, free, and informed choices. Additionally, FC+ partnered with the PNSR to provide training, community outreach, and commodities distribution at 318 facilities in Ituri and North Kivu provinces, as well as to strengthen supportive supervision.

¹¹ EngenderHealth. 2018. REDI: A Client-Centered Counseling Framework. Washington, DC: EngenderHealth. <https://www.engenderhealth.org/pubs/counseling-informed-choice/redi/>.

“Physiotherapy activities have been implemented among all female staff engaged in the hospital, women engaged in the Panzi Foundation and V-DAY (<https://www.vday.org/>). Women are involved and love to participate in the sessions.”
— Dr. Rachel Kinja,
physiotherapy department lead at Panzi

Strengthening Use of the Partograph

The partograph is a critical, but often bypassed, tool for labor monitoring and identifying indicators of prolonged/obstructed labor—a leading cause of fistula. FC+ conducted partograph training for midwives and routinely monitored partograph implementation and quality at supported sites. These routine partograph monitoring visits also provided opportunities for feedback and discussion on record-keeping, completeness, accuracy, and consistent use of the partograph, as well as identifying areas for training or supportive supervision. To address the lack of available partographs at facilities, FC+ printed and distributed partographs as needed and worked with health facilities and government officials to identify sustainable printing sources for partographs.



Jessica McKinney, Physiotherapist from Mama, LLC, conducting a physiotherapy session with hospital staff at Panzi General Reference Hospital in Bukavu, DRC. ©L. Keyser



Pelvic Floor Physiotherapy

Maternal morbidities, such as POP and obstetric fistula, affect women's physical ability to complete daily tasks and participate fully in society. While surgical treatment is often required to fully repair these conditions, physiotherapy can make a profound impact on the severity of symptoms and quality of life. However, despite its relatively low cost and high potential impact, physiotherapy services are often underdeveloped or unavailable in low-resource settings.

In 2014, FC+ partnered with experts from Mama, LLC to introduce physical rehabilitation services into comprehensive fistula and maternity care at Panzi Hospital. Following an initial site assessment, clinical staff participated in orientations to physiotherapy services across disciplines where they learned of the benefits of physiotherapy practice for integrated pelvic floor rehabilitation, as well as basic functional anatomy and general exercise guidelines. Mama, LLC and regional physiotherapists provided ongoing capacity building and support throughout the course of the project. To expand the reach of this effort, Panzi organized subsequent trainings on physiotherapy for nonphysician clinicians. In 2017, a team of clinicians from HEAL Africa visited Panzi Hospital as part of an experiential exchange and joined Panzi staff for a training on nonsurgical management of prolapse and fistula with pessary placement, urodynamics, and physiotherapy. Building on the learnings from this experience, FC+ supported Mama, LLC to publish an innovative training guide for health workers, a practical tool for introducing physical rehabilitation services into comprehensive fistula and maternity care,¹² and helped publicize this resource via a webinar featuring Panzi Hospital practitioners.¹³

Health Systems Strengthening in the Ebola Context

DRC has faced multiple Ebola outbreaks, with its tenth and deadliest epidemic to date in 2019–20. In response, USAID/DRC provided additional funding to FC+ to strengthen reproductive health and MNCH services in the context of the Ebola outbreak in Ituri and North Kivu. Following a needs assessment conducted with provincial health partners, FC+

designed and implemented activities to engage communities, community leaders, and religious leaders on FP and fistula prevention information; to strengthen referral systems between community health workers and facilities; to improve service quality and supervision; and to strengthen data documentation and use of data for decision-making. The project also conducted trainings on updated MNCH norms and guidelines (including voluntary FP methods and postpartum FP), use of the partograph, and the use of bladder catheterization to prevent and treat fistula. USAID/DRC also supported efforts of implementing partners by increasing investments in FP and reproductive health service provision in the face of the epidemic. With this support, FC+ expanded FP programming, including contraceptive commodity distribution, to 318 facilities in Ituri and North Kivu.

EVIDENCE BASE

FC+ strengthened the evidence base for fistula care through research, strengthening data quality and its use for decision-making, and documentation and dissemination of learning within the fistula community and the broader MNCH sector. In collaboration with the National Steering Committee for the Elimination of Fistula, the project worked to identify the need for, and guide the development of, a database for surgical fistula repair data, which was subsequently established in 2020. FC+ also helped to organize attendance at and abstract submissions to biannual meetings of the International Society of Obstetric Fistula Surgeons, supporting representation from DRC and facilitating opportunities for professional networking and learning.

As part of efforts to strengthen local research capacity and prioritization of research topics identified by local partners, FC+ employed a Flexible Operations Research Training¹⁴ approach, through which teams from HEAL Africa, Panzi, and Saint Joseph Hospital participated in workshops facilitated by an experienced researcher to develop research protocols and data collection tools. Each participating facility appointed its own local investigator and assistant. After data collection, the teams reconvened for another workshop during which they produced numerous manuscripts for publication. These studies have produced valuable baseline information to support fistula advocacy and to guide effective program strategies in the DRC and elsewhere. The first of these manuscripts was published

¹² Mama, LLC, *Fistula Care Plus*, and USAID. 2019. *Implementing Physical Rehabilitation Services into Comprehensive Fistula and Maternity Care: A Training Guide for Health Care Workers*. Boston: Mama, LLC. <https://www.themamas.world/training-guide>.

¹³ *Fistula Care Plus*, MAMA, LLC, Panzi Foundation, and USAID. 2020. "Integrating Physical Rehabilitation to Strengthen Fistula and Maternity Care." Webinar recorded September 30, 2020. New York: *Fistula Care Plus*/EngenderHealth. <https://fistulacare.org/resources/webinars/>.

¹⁴ Delamou, A., Tripathi, V., Camara, B.S., Sidibe, S., Grovogui, F.M., Kolie, D., et al. Forthcoming. *Flexible Operational Research Training (FORT) Approach: A Case Study in the Democratic Republic of Congo, 2017 to 2021*.



in *Tropical Medicine & International Health*,¹⁵ with five additional manuscripts pending. Additionally, FC+ clinical staff worked with surgeons and nurses from Panzi Hospital to further develop and publish findings from the Panzi staging system for fistula, POP, and incontinence.¹⁶

FC+ partners and staff shared research and programmatic findings from the DRC at numerous global, regional, and national conferences and technical forums, including

¹⁵ Mpunga Mafu, M., Banze, D.F., Nembunzu, D., Maroyi, R., Paluku, J., Kinja, R., Kitambala, E., Tena-Tena Aussak, B., Bulu Bobina, R., Amisi, N., Mukuliboy, A., Diop, A., Tripathi, V., Romanzi, L., and Delamou, A. 2020. "A Frequency and Management of Non-Obstetric Fistula in the Democratic Republic of Congo: Experience from the Fistula Care *Plus* Project." *Tropical Medicine and International Health* 25, no. 6 (June): 687–694. DOI: 10.1111/tmi.13394.

¹⁶ Mukwege, D., Peters, L., Amisi, C., Mukwege, A., Smith, A.R., and Miller, J.M. 2018. "Panzi Score as a Parsimonious Indicator of Urogenital Fistula Severity Derived from Goh and Waaldijk Classifications." *International Journal of Gynaecology and Obstetrics* 142, no. 2 (August): 187–193. DOI: 10.1002/ijgo.12514.

those organized by the Congress of the Congolese Urology Association, the International Federation of Gynecology and Obstetrics, the International Confederation of Midwives, the International Conference on Family Planning, and the International Society of Obstetric Fistula Surgeons, as well as through technical briefs and webinars.

ELIMINATING FISTULA IN DRC

Partners in DRC—including health facilities, UNFPA, and USAID-supported projects—will continue their efforts to eliminate fistula by 2030, the global goal adopted by the Campaign to End Obstetric Fistula (<http://www.endfistula.org>). FC+ is proud to have collaborated with partners across the country on their journey toward this goal, and to support expanded, sustainable local capacity for fistula prevention, diagnosis, treatment, and comprehensive support for those who live with this condition.

Acknowledgements

This brief was written by Lauren Bellhouse, Karen Levin, and Vandana Tripathi. The brief was edited by Amy Agarwal and designed by Robert Vizzini. We thank Erin Mielke, Mary Ellen Stanton, and Karen Beattie 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, nongovernmental organizations, United Nations 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.

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