

Fistula Care Plus: West Africa Region/Niger and Togo Strengthening Health Systems to Prevent and Treat Fistula

WHAT IS 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+ Niger and Togo

- 1,258 surgical fistula repairs completed; 84% closed at discharge
- 4 fistula surgeons and 374 other healthcare workers trained in fistula prevention and treatment
- 5,405 family planning (FP) counseling sessions and 16,661 couple-years of protection delivered at project-supported health facilities
- 1,756 community volunteers trained; 563,901 individuals reached through in-person community outreach

www.fistulacare.org

Dates of support: December 2013 to February 2021
Supported fistula treatment facilities: Niger: Centre National de Référence de la Fistule Obstétricale (CNRFO), Centre de Santé Mère et Enfant (CSME) Maradi, Centre de Santé Mère et Enfant (CSME) Tahoua, Centre de Santé Mère et Enfant (CSME) Zinder; Togo: Centre Hospitalier Régional de Sokodé
Population¹: Niger: 24,207,000 Togo: 8,082,366
Lifetime prevalence of fistula²: Niger: 0.8 per 1,000 Togo: 2.3 per 1,000
Estimated number of current fistula cases³: Niger: 900 Togo: 1,500
Maternal mortality ratio⁴: Niger: 509/100,000 live births Togo: 396/100,000 live births
Contraceptive prevalence rate (all methods, married women ages 15 to 49)⁵: Niger: 11% Togo: 24%

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 began support for fistula services in West Africa with implementation of a Bill and Melinda Gates Foundation grant in Niger in 2005. USAID-supported fistula services in the region began in 2007 through the Action for West Africa Region Reproductive Health and Child Survival project (AWARE-RH) and Fistula Care project and continued through FC+ until February 2021.

Fistula is a devastating morbidity, with profound social consequences for those affected. Through funding from the USAID West Africa Region Program, FC+ collaborated with partners in Niger, Togo, and the broader West African region to strengthen the enabling environment for the elimination of fistula through facilitating policy dialogues, building clinical capacity for routine fistula repairs,

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, M., Meda, N., and Kirakoya-Samagoulougou, 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: e271–78.

³ Ibid.

⁴ World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), World Bank Group, and the United Nations 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>



creating awareness to prevent fistula through community outreach and education, and supporting voluntary family planning (FP).

FC+ collaborated with regional institutions, including the Economic Community of West African States (ECOWAS), the West African College of Surgeons (WACS), the West African Health Organization (WAHO), the West and Central African Group for Eradication of Fistula (WCAGEOF), and the United Nations Population Fund (UNFPA) West and Central Africa Regional Office. In Niger, FC+'s primary partner was the Réseau pour l'Eradication de la Fistule (Fistula Eradication Network), known locally as REF. REF, which was jointly established by the Nigerien Ministry of Health and the Ministry for Women and Children's Protection, includes representatives from civil society and brings technical support and human resources in the prevention, management, and socioeconomic reintegration of women suffering from fistula. The project also partnered with SongES Niger, a local nongovernmental organization (NGO), working at the grassroots level to support community awareness activities. In Togo, FC+ partnered with the Togolese Ministry of Health and UNFPA to identify program priorities and to support provision of fistula repairs and training of clinical staff through regional collaboration.

ENABLING ENVIRONMENT

Regional Partnerships

In 2016, the United Nations (UN) Secretary General and the General Assembly passed a resolution to end fistula by 2030.⁶ In 2017, the First Ladies of the ECOWAS member countries held a forum in Niamey, Niger to address this. Forum recommendations included supporting the development of fistula repair facilities, increasing budgets to sensitize communities to fistula, providing financial support to repaired clients for social and economic empowerment, and defining appropriate indicators for integration into national health information systems by 2020.

To follow-up on these initiatives, in 2017, FC+ collaborated with UNFPA and WAHO to launch WCAGEOF in Dakar, Senegal. In 2018, FC+, UNFPA, USAID, and WAHO organized an international workshop in Banjul, the Gambia, to introduce WCAGEOF to the wider community of stakeholders. The "Banjul Call to Action" focused on the need to address the causes of fistula through appropriate policies, legislation,

⁶ UN Secretary General. 2016. *Secretary-General's Message on the International Day to End Obstetric Fistula*. New York: UN. <https://www.un.org/sg/en/content/sg/statement/2016-05-23/secretary-generals-message-international-day-end-obstetric-fistula>.



Banjul workshop participants, including the First Lady of the Gambia ©SM Gueye



strategies, resource mobilization, capacity building, data for decision-making, and procurement. Following this call to action, the 19th Ordinary Session of the Assembly of ECOWAS Health Ministers passed a “Resolution on the Elimination of Obstetric Fistula from the ECOWAS Region,” which mandated its 15 member states to focus national investments and resource mobilization for collective action to end fistula in West Africa by 2030.⁷

In 2019, FC+, WAHO, UNFPA, and URODAK sponsored an International Consultation on the Regional Strategy for Obstetric Fistula Elimination in West and Central Africa in Senegal. Stakeholders received the “Banjul Call to Action” and the “ECOWAS Resolution” and developed action plans focusing on key pillars, such as capacity building of health providers, monitoring and evaluation, and resource mobilization. The action plans included partnerships with academic institutions, professional associations, and NGOs for identification and referral of cases, surgical and nonsurgical treatment, reintegration, and rehabilitation of women with fistula in the region.

At the 2020 WACS Executive Council meeting, FC+ established a memorandum of understanding with WACS to coordinate and to map fistula facilities, skilled providers, and services in the region.⁸ The project also partnered with Professor Oladosu Ojengbede, Director of the Center for Population and Family Health at the College of Medicine of the University of Ibadan, to prepare a workforce development plan.⁹ Recognizing the significant variability in size and resource availability in countries in West and Central Africa, the plan addresses the essentials of a comprehensive workforce plan at the national level. These include an overview of training models for genital fistula management; templates for specific professions; requirements for establishing genital fistula care units; approaches for addressing systemic issues, such as referral systems and record-keeping; and imperatives related to governance and leadership and engagement of critical stakeholders to ensure an accountable and

sustainable workforce. The mapping report and the workforce development plan complement to UNFPAs West and Central Africa Regional Office “Strategy to End Obstetric Fistula in West and Central Africa 2019-2030: Helping Women Regain their Dignity”¹⁰ and a planned UN global study on the costs of fistula care.

In 2021, FC+ convened representatives from ministries of health and gender across West Africa in two regional resource mobilization meetings (one anglophone and one francophone). More than 170 participants—including four Ministers of Health and one Minister of Gender, Children, and Social Protection—shared and considered strategies for national investment and resource mobilization to end fistula in accordance with the June 2018 ECOWAS resolution. Participants at both meetings agreed that progress had been made, but also acknowledged that access to fistula care in the region remains limited. Participants expressed concern that COVID-19 had negatively impacted access to reproductive healthcare and the providers themselves, both increasing the risk of fistula incidence and making access to fistula care more challenging. Increased attention to mobilizing human and financial resources to meet the goal of eliminating fistula requires national workforce development plans, certification of surgical skills, opportunities for sharing experiences and challenges, advocacy and policy dialogues at the regional level, documentation and replication of successful programs, and leveraging of technical and financial resources.

National Policy and Government Partnerships

To advance access to fistula care in Niger, EngenderHealth had partnered with REF under the previous Fistula Care project and FC+ continued this support to REF to coordinate fistula stakeholders nationally and specifically in four districts: Maradi, Tahoua, Tillaberi, and Zinder.

FC+ worked with REF and other governmental and nongovernmental stakeholders to advocate for increased attention and resource allocation for quality fistula prevention, treatment, and reintegration services in Niger. The project supported REF to coordinate communication and convene meetings with fistula providers, representatives from UNFPA, the Director General of Health, and other key stakeholders. This effort provided

⁷ West Africa Health Organization (WAHO). 2018. *Resolution on the Elimination of Obstetric Fistula from the ECOWAS Region. 19th Ordinary Session of the Assembly of Health Ministers of ECOWAS. 4-8 June 2018, Banjul, The Gambia.* Dakar: UNFPA/West and Central Africa Regional Office. <https://wcaro.unfpa.org/en/publications/ecowas-member-states-resolution-fistula-elimination>.

⁸ Fistula Care Plus (FC+) and West African College of Surgeons (WACS). 2021. *Report of the Mapping Exercise Documenting Fistula Facilities, Skills, and Services in the West Africa Subregion.* Internal Report. EngenderHealth: Washington, DC.

⁹ FC+. 2021. *Regional Workforce Development Plan for the ECOWAS Sub-Region.* EngenderHealth: Washington, DC.

¹⁰ United Nations Population Fund (UNFPA)/West and Central Africa Regional Office. 2021. *Strategy to End Obstetric Fistula in West and Central Africa 2019-2030: Helping Women Regain their Dignity.* UNFPA/West and Central Africa Regional Office: Dakar. <https://wcaro.unfpa.org/en/publications/helping-women-regain-their-dignity>.





Niger's First Lady Dr. Lala Malika Issoufou greets fistula clients during IDEOF celebrations in 2017. ©A. Garba.

opportunities for high-level visibility around fistula efforts, such as provider roundtables on the annual commemoration of the International Day to End Obstetric Fistula (IDEOF), on May 23. The Nigerien First Lady, Dr. Malika Issoufou, is a dedicated supporter of the fight against fistula in Niger and, together with the Ministry of Health, played an active role in IDEOF celebrations and other community events and initiatives. The project also worked with REF to build their capacity related to administrative procedures, financial management, and monitoring and evaluation, to enable them to receive, track, and report effectively on external funding during the FC+ project and beyond.

FC+ staff and REF assisted the Nigerien Division of Maternal and Child Health to develop, validate, and continuously strengthen the national strategy for eliminating fistula,¹¹ which, along with a five-year action plan, was finalized and adopted in 2016. The strategy includes principles of rights and choice for those suffering from fistula and addresses the management of all forms of obstetric fistula and pelvic organ prolapse, including traumatic fistula and fistula deemed incurable. The Director General of Health established a technical working group to review the implementation and results of the 2016–2020 national strategy and to develop a new strategy for 2021–2025. REF will continue to play a significant leadership role in the post-2020 strategy development.

FC+ also supported the development of a monitoring and evaluation plan for the strategy, which included concise,

¹¹ Ministère de la Santé Publique (MSP) Niger. 2016. *Plan stratégique national de lutte contre la fistule obstétricale au Niger: 2016–2020*. MSP/Niger: Niamey.

realistic, and measurable indicators; improved tools for data collection, analysis, reporting, and dissemination of results systems; strengthened data quality assurance and supervision mechanisms; and a database to measure the effects and impacts of the strategy.

Regional Technical Assistance

In addition to project activity in Niger, FC+ staff from Guinea worked with the Togo Ministry of Health and UNFPA in 2014–2015, to conduct needs assessments for fistula prevention and treatment at three facilities in Togo. In response to findings, FC+ conducted trainings for 27 nurses and midwives covering fistula counseling and infection prevention. FC+ also supported two expert surgeons from the region to attend and lead several UNFPA-sponsored fistula repair campaigns at Centre Hospitalier Régional de Sokodé in Togo in 2014 and 2015.

Cross-Border Work to End Child Marriage

To address underlying sociocultural causes of fistula, many of which are rooted in gender inequity, FC+ joined key gender and reproductive health stakeholders to address early child marriage. In partnership with Nigerien national government ministries, FC+ initiated a cross-border collaboration with Nigeria, given religious and cultural similarities between Niger and the northwestern states of Nigeria. FC+ facilitated the sharing of experiences between the two countries and supported participants in reviewing both countries' strategies toward eliminating child marriage to develop a coordinated approach.

COMMUNITY OUTREACH AND ADVOCACY

Community plays an essential role in fistula prevention, treatment, and reintegration. In Niger, FC+ worked through partners 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.

Community Education

To enhance community understanding and practices related to fistula prevention, treatment, and reintegration, FC+ and REF partnered with established community-based organizations (CBOs), NGOs, traditional and religious leaders, and local governments structures to cultivate champions for social change. FC+ partnered with CBOs with expertise in addressing local barriers and identifying enablers to health information and services and enhanced their capacity in maternal

health promotion and fistula awareness-raising, as well as strengthened their systems for financial and organizational management.

FC+ and REF collaborated with mayors of municipalities and district health officials in priority regions to identify integrated health centers, or Centres de Santé Intégrés (CSIs), and to reach out to communities. Under the supervision of officials from the health districts and the regional health directorates, the leaders of the CSIs identified community volunteers from villages and CSIs in Dakoro, Guidan Rumdji, Madarounfa, and Mayahi in the Maradi region and Bouza and Illela in the Tahoua region. REF adapted their existing community volunteer training materials to include comprehensive fistula, maternal health, and FP information and trained volunteers. The trained volunteers also participated in supplemental trainings carried out by Health and Development International, an NGO that has collaborated with the Government of Niger on community-based prevention of obstetric fistula since 2008.



Training of community volunteers. ©A. Garba.

FC+ supported the training of 1,756 community volunteers who carried out health promotion activities and mobilized clients for fistula treatment. Volunteers conducted home visits, community dialogues, drama performances, radio programs, and incorporated fistula messaging into “husbands’ schools” to engage men as partners. Religious leaders received orientations on maternal health topics including the benefits of timing and spacing pregnancies, birth preparedness and the importance of antenatal care and delivery with a skilled birth attendant, male engagement in maternal health, causes and symptoms of fistula, and stigma reduction.

FC+ also partnered with SongES, organizing trainings for CBOs on maternal health topics, financial and grants management, and monitoring and evaluation. SongES conducted community education activities, including theater performances and peer outreach, and mobilized women with fistula symptoms to seek services at the repair centers supported by REF. SongES amplified the work of FC+ and REF by establishing linkages with other projects and NGOs, and integrating their sensitization work on fistula into activities carried out with these partners. In addition, SongES adapted and utilized communications materials developed by FC+ in Nigeria, supporting cross-border learning and collaboration. In total, community partners have reached 563,901 people and conducted more than 20,489 events.

Local and National Media

The project supported REF and SongES to utilize local community and national radio broadcasts to increase community awareness about causes of fistula, prevention approaches, and the availability of treatment. Community radio is particularly effective for reaching populations in remote areas. SongES held workshops with radio programming staff to introduce them to information about fistula prevention and treatment and encourage development of programming related to fistula. FC+ and our partners created content for radio programs, including recorded programs and live interviews with representatives from government agencies and treatment facilities covering general sexual and reproductive health issues as well as the availability of fistula and pelvic organ prolapse services. The project timed broadcasts to mobilize potential clients to seek treatment during concentrated repair efforts at supported hospitals. Over the course of the project, FC+ supported 317 mass media activities, reaching an estimated audience of more than 589,000 people.



Radio host training. ©H.Mohamed

Site Walk-Throughs

To strengthen linkages between communities and health facilities, FC+ staff worked with facility staff and community volunteers to implement the Site Walk-Through (SWT)¹² approach at four facilities within the CSIs in Gradoume and Tajae in the Tahoua region, and Chadakori and Dan Issa in the Maradi region. During a SWT, healthcare workers guide community and district representatives on a tour of the health facility, explain the services provided, and answer questions—encouraging feedback between community members and facility staff. SWTs foster community ownership of health services while engaging community representatives in addressing health priorities, facilitate action planning to address barriers to service uptake, and support community representatives to champion behavior change. The approach establishes accountability of both the community to address demand-side challenges and of the healthcare institution to address supply-side challenges for maternal health and FP services.

Following the SWTs, FC+ and REF supported meetings to review progress on action plans. To help meet increased demand for services and ensure quality of care, the partners implemented capacity building activities in tandem with the SWT, including working with district officials to strengthen the commodity supply chain and providing trainings on infection prevention and control. Qualitative feedback indicated that the SWTs enhanced local leaders' senses of ownership, with local leaders reporting they had begun developing plans to extend the SWT approach to other health facilities within their areas.

HEALTH PROVIDER, FACILITY, AND SYSTEM CAPACITY BUILDING

FC+, working through REF, strengthened health provider, facility, and system capacities to deliver sustainable, high-quality services in Niger by directly supporting surgical fistula repairs; training health facility staff, including clinicians and fistula surgeons; and developing and implementing tools and approaches to improve clinical quality, surgical safety, and facility preparedness. For each supported treatment site, FC+ and REF collaboratively conducted facility needs assessments and created action plans, together with facility managers and heads of service delivery units. The project then worked closely with facility staff to address points identified in the action plan, provide clinical mentoring and feedback, review data trends, and carry out trainings.

¹² FC+. 2019. *Rapport du programme d'apprentissage de la visite guidée au Niger*. EngenderHealth: Washington, DC.

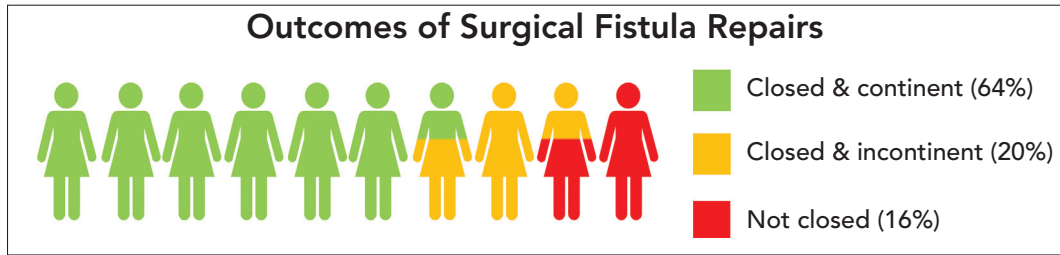
FC+ and REF supported 1,258 surgical fistula repairs and 152 nonsurgical repairs (using catheterization) at four health facilities across the country. A total of 84% of these repairs were closed at the time of client discharge (64% closed and continent, 20% closed and incontinent). Nearly half (41%), of fistula clients were undergoing their first fistula repair attempt, with 15% receiving their second repair. A notably high proportion (34%) were undergoing their third or greater repair (11% data not available). Where fistula etiology was available (70% of diagnosed cases), nearly all fistulae were obstetric (94%) or iatrogenic (4%), with a small number caused by trauma, cancer, or congenital abnormality (2%). FC+ also supported 33 complete perineal tear repairs, as the symptoms of this maternal injury are identical to fistula. To increase access to fistula repair services, FC+ also reimbursed clients for transportation costs and repair fees at supported facilities.

In Niger, fistula repairs were supported through a combination of routine service provision and concentrated repair efforts. REF implemented a “hub and spokes” model of fistula outreach, with CNRFO designated by REF as the “hub” for complex fistula surgeries to be conducted by surgeons with commensurate skills. Peripheral facilities referred complex cases to the central facility, and surgeons, anesthetists, and nurses from the central facility also served as an outreach team to support peripheral facilities. This approach allowed for routine, high-quality service provision of repairs at local facilities (for cases within the resident surgeon's skill set and facility spectrum of care), while ensuring that care was available for women with more complex cases at the central facility. FC+ and REF improved the skills and competencies of surgical teams, training four fistula surgeons and providing ongoing support to ensure that these surgical teams remain intact.

Throughout the course of the project, FC+ coordinated with REF to conduct facility assessments at supported treatment facilities for quality assurance and quality improvement purposes. Based on the findings, the project conducted targeted trainings on select topics (e.g., infection prevention, FP integration) and established supportive supervision mechanisms.

To strengthen clinicians' capacity and cultivate a safe surgery ecosystem, FC+ and REF trained 347 health personnel—including nurses, midwives, doctors, and medical officers—over the life of project. These trainings addressed fistula diagnosis and counseling, use of the partograph, FP, emergency

Outcomes of Surgical Fistula Repairs



obstetric and newborn care, and infection prevention and control. FC+ and REF followed up with supportive supervisory visits using tools aligned with national quality assurance and quality improvement approaches to ensure skills retention, track progress, and provide continued on-site technical assistance to improve service quality in the clinician's own working environment.



Infection prevention training at CSME Maradi. ©A. Garba.

In response to acute gaps in medical waste management and infection prevention practices at supported sites, FC+ worked with the Ministry of Health to identify and manage local vendors to install pit hole systems for medical waste management at CNRFO, CSME Maradi, and CSME Tahoua. FC+ and the Ministry of Health also engaged a local consultant to ensure proper drainage systems were functioning at CNRFO.

Direct Relief International, an FC+ global partner, worked with REF to provide high-quality medicines and disposable surgical supplies required for fistula repair to all project-supported facilities.

Informed, Voluntary Family Planning

Informed, voluntary FP is crucial to fistula prevention. FC+-supported facilities completed 5,405 FP counseling sessions and provided FP methods resulting in 16,661 couple-years of protection in Niger. The project worked closely with partners

and supported facilities to address issues related to commodities, data management, and ensure quality of care action plans were in place to support regular facilitative supervision.

The project strengthened the capacity of Nigerien clinicians to provide FP either as a stand-alone or integrated service, with particular attention to client rights and ensuring privacy, confidentiality, dignity, and safety. This included training on World Health Organization (WHO) medical eligibility criteria, EngenderHealth's "REDI (Rapport Building, Exploring, Decision Making, and Implementing the Decision): A Client-Centered Counseling Framework,"¹³ and insertion and removal of long-acting reversible contraceptives. Supported facilities also received educational flip charts, posters, and other method demonstration materials to assist clients in making a full, free, and informed choices.

Strengthening Use of the Partograph

The partograph is a critical but often underutilized tool for labor monitoring and identifying indicators of prolonged/obstructed labor—a leading cause of fistula. FC+ conducted partograph training for midwives at supported project sites in Niger and ensured a consistent supply of labor charts containing the WHO modified partograph. FC+ followed these trainings with targeted assessments of partograph quality that addressed completeness, accuracy, and consistent use. FC+ built capacity on use of the partograph at referral hospitals and encouraged scale-up of the strategy to lower-level health facilities through supportive supervision.

EVIDENCE BASE

The project strengthened the capacity of REF, providers, and health facilities to generate quality service provision data, report data accurately and in a timely manner to the national reporting platform, and analyze and use data for planning

¹³ EngenderHealth. 2018. *REDI: A Client-Centered Counseling Framework*. Washington, DC: EngenderHealth. <https://www.engenderhealth.org/pubs/counseling-informed-choice/redi/>.

and decision-making. The project collaborated with existing government structures and provided technical assistance for meetings, conducted joint site visits and trainings, and provided human resources and financial support. FC+ conducted regular trainings on data management for REF and partner facilities (service providers, medical records staff, monitoring and evaluation staff) and followed up with site visits to ensure sustainability.

Data quality assessments conducted routinely at supported facilities provided opportunities for clinical mentoring and identification of challenges relating to service delivery and data management. FC+ and REF introduced and supported quarterly data for decision-making meetings with facility staff and administrations. These meetings provide a platform for sites to review their clinical data and utilize it for planning service delivery and the implementation of quality improvement interventions, including training, monitoring, supervision, and coaching activities.

FC+ facilitated participation of REF and fistula surgeons at global, regional, national, and technical forums to share programmatic experiences and findings from Niger. These included the International Society of Obstetric Fistula Surgeons, Pan-African Conference on Obstetric Fistula, and the Global Maternal and Newborn Health Conference.

ELIMINATING FISTULA IN WEST AFRICA

The Governments of Niger and Togo, and governments throughout West Africa continue efforts to eliminate fistula by 2030, the global goal adopted by the UN and the Campaign to End Obstetric Fistula.¹⁴ FC+ is proud to have partnered with groups in these countries and the region to advance this goal, and to support expanded, sustainable local capacity for fistula prevention, diagnosis, treatment, and comprehensive support for women who live with this condition.

¹⁴ <http://www.endfistula.org/>

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 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

