

Obstetric fistula in NRHP Strategy

Present situation:

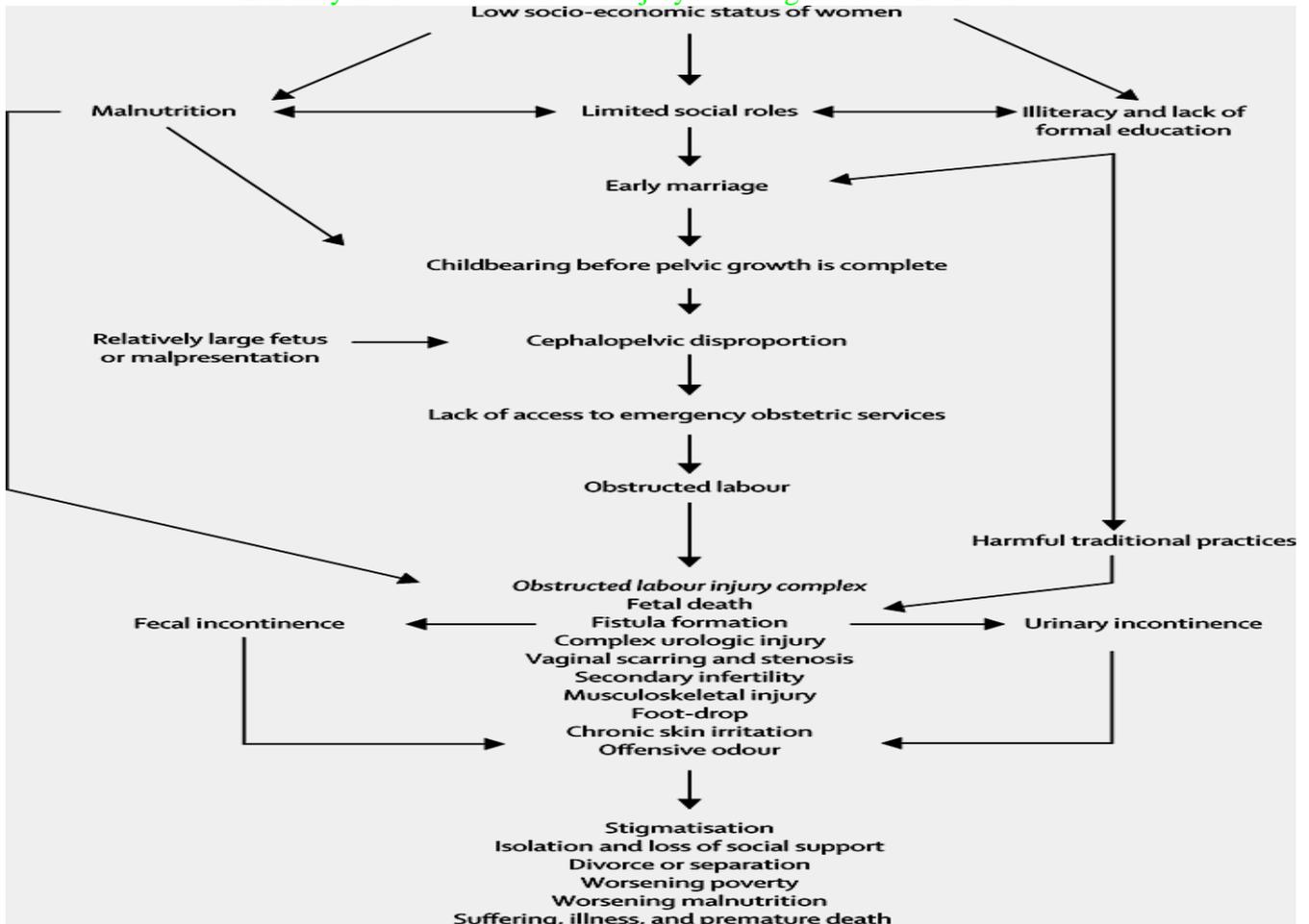
Obstetric fistula (OF) is a surprisingly common yet frequent neglected pregnancy complication that affects an estimated 50,000 to 100,000 women each year. Resulting most often from prolonged obstruction of labor, obstetric fistula is an internal tearing between the vagina and bladder, the vagina and rectum. In Sudan, the UNFPA 2005 survey concluded that there are 5,000 new fistula cases each year related to difficult child birth, usually affecting young women within the childbearing period. Although it is global problem, OF is disproportionately prevalent in developing countries.

On global scale, the continued incidence of obstetric fistula in developing countries is one of the visible indicators of the gap in health system to provide accessible, quality maternal health care, including family planning, skilled birth attendance, basic and emergency obstetric care, and affordable treatment of fistula. In addition, social systems are failing to providing safety net for girls and women.

OF is a devastating and preventable tragedy that has physically, socially and psychologically impact in the lives of women and girls. It has remained a 'hidden' condition, because it affects some of the most marginalized members of the population—poor, young, often illiterate girls.

No woman should have to endure a condition which is both preventable and treatable. Our multi-tiered strategy to tackle fistula through three dimensions prevention, treatment and rehabilitations

Wall's flow chart which is shown below is an explanatory tool showing the interplay of various factors which may lead to obstetric labor injury resulting in Obstetric fistula.



National Strategy targets 2010-2012

1. Reduction in the Obstetric fistula, in accordance with the global campaign to eliminate OF launched in 2005
2. Improve and extend intervention for prevention and treatment of OF by 30%
3. Setting up a National OF strategy committee as an integral part of the national maternal- and newborn-health strategy committee or task force.
4. Gathering available information on the prevalence and incidence of OF in all parts of the country
5. Identifying any specific local determinants, mapping current preventive and curative service provision
6. Promoting and oversee the implementation of the policy, and advocate for resources.
7. Strengthen health promotion and awareness, and the development of high- quality basic and comprehensive maternal health services, available to all.
8. Ensure that all women living with fistula have easy and early access to skilled professionals able to Repair simple fistula and/or refer more complex cases to more experienced colleagues.
- 9- Building of a sustainable cadre of health-care workers trained in OF prevention, management and repair.
- 10- Provision of adequate facilities for OF repair and postoperative rehabilitation
- 11- Promoting and oversee the implementation of the policy, and advocate for resources
- 12- Regularly monitoring and evaluating the success and failures of the programme and, in light of these findings, modifying and refining the programme accordingly.
- 13- Address and overcome the current shortcomings in service provision
- 14-Improve support to, and strengthen existing obstetric and fistula-repair services, including capacity Building
- 15- Include knowledge of OF, its prevention and treatment (including management of labour, use of the partograph, obstructed labour, etc.) in all relevant nursing, midwifery and medical dergraduate and post-graduate curricula
- 16- Start a core training programme for surgeons and others able to undertake fistula repair, with national oversight and measurable standards.3. Develop at least one centre for training established surgeons to become basic fistula-repair trainers.
- 17- Provide access to comprehensive emergency obstetric care for all pregnant women in need.
- 18- Increase the number of women who have access to antenatal care and a skilled attendant during childbirth.
- 19- Establish a good referral system for women living with fistula.
- 20- Increase the number of women who have access to antenatal care and a skilled attendant during childbirth.
- 21- Implementing out reach strategies
- 22- Addressing the importance of family planning in fistula prevention
- 23- Availability of Social Rehabilitation Services.

Short-term objectives

1. Establish a national OF strategy committee and programme, integrated with the national maternal and newborn health strategy.
2. Undertake a national needs assessment and map current services.
3. Identify any gaps in information available and commission relevant research, if this is considered necessary, and an efficient use of resources by the OF national strategy committee.
4. Improve support to, and strengthen existing obstetric and fistula-repair services, including capacity building and the use of international expertise when necessary.
5. Plan the introduction of a given number of accessible, quality fistula treatment and rehabilitation services, using a suitable and sustainable local model of service delivery.
6. Introduce health promotion and education initiatives to reduce the incidence of new OF by stressing the need for skilled care during childbirth, as well as explaining what fistula is, how it can be prevented, and most importantly, that it is curable.
7. As part of the safe motherhood programme, strengthen maternal health services to enable all pregnant women to have access to antenatal care and a skilled attendant during childbirth.
8. Include knowledge of OF, its prevention and treatment (including management of labour, use of the partograph, obstructed labour, etc.) in all relevant nursing, midwifery and medical undergraduate and post-graduate curricula.
9. Start to increase awareness of fistula-repair facilities among providers and communities.

Medium-term objectives

1. Introduce a given number of accessible, quality fistula treatment and rehabilitation services, using a suitable and sustainable local model of service delivery.
 2. Start a core training programme for surgeons and others able to undertake fistula repair, with national oversight and measurable standards.
 3. Develop at least one centre for training established surgeons to become basic fistula-repair trainers.
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4. Start a routine data-collection system and, if considered appropriate, an audit system.
 5. Strengthen health-promotion initiatives related to safe motherhood and reducing fistula formation and associated stigma.
 6. Establish a good referral system for women living with fistula.

Long-term objectives

1. Have a fully functioning national OF fistula treatment and prevention service.
2. Reduce the number of women requiring fistula repair.
3. Increase the number of women who have access to antenatal care and a skilled attendant during childbirth.
4. Provide access to comprehensive emergency obstetric care for all pregnant women in need.
5. Address the wider issue of reproductive rights for girls and women, including delaying the age of marriage and first pregnancy.

Objectives	Outputs	Indicators	Main activities	Period	Responsible Parties	cost	Source of funding
(1) To reduce the incidence of OF by 30%, with reference value the UNFPA survey (5,000 cases/year	1.1.1 community awareness is raised. 1.1.2 Increasing the coverage with facilities providing OF service.	1.1.1 Number of awareness campaign conducted & Number of communities mobilized. 1.1.2 Number of trained HVs and VMWs 1.1.3 Number of homes deliveries established. 1.1.4 Number of functioning Referral centers.	-Training of midwives and health visitors -Capacity building of rural hospitals to optimize EMONC services, -Establish out reach campaign in high prevalence of OF -Community awareness campaigns on prevention methods of OF. - Implementation of effective referral pathway system. -Establishment of (delivery Homes) where high risk lady can be kept till delivery. -Utilize the various media channel to raise the awareness of OF				
(2) Improve and strengthen surgical repair service for OF	2.2.1 Increase the coverage with specialized trained surgical cadre and OF treatment centers.	2.2.1 Abbo's center rehabilitated and equipped 2.2.2- Proportion of fistula utilized satellite centers, 2.2.3-Number	-Capacity building and equipping of Dr. Abbo's National fistula and Urogynaecology center, -Establish satellite centers				

		<p>of surgeon trained on fistula repair, 2.2.4- Percentage of communities in the states covered with fistula campaigns. 2.2.5 Percentage of fistula national protocols Adoption</p>	<p>in states with high prevalence of OF -Recruit surgeons to be trained on fistula repair. -Conduct fistula campaign in states. .</p>				
<p>(3) To maximize efforts in the rehabilitation and social reintegration of OF patients after repair</p>	<p>3.1 Develop sustainable rehabilitation and social reintegration services</p>	<p>-3.3.1 Number of functioning rehabilitation & social reintegration centers. -3.3.2 Percentage of cured fistula patients who turned to be fistula advocates. -3.3.3 Percentage of cured patients and underwent a social reintegration programme</p>					