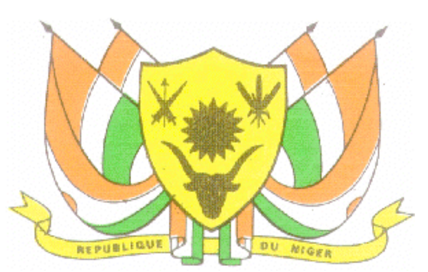

Ministry of Public Health

Ministry for the Promotion of Women and the Protection of Children

Network for the Eradication of Fistula

In Collaboration With

HDI

Project for Rapid Prevention of

Obstetric Fistula

Bankilare 2007/2008

Translation of the September 2007 Plan From French

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INTRODUCTION

Obstetric fistula is a temporary or permanent infirmity that results from prolonged labor during childbirth (obstructed labor). It is caused by the sloughing off of tissue squeezed between the baby's head and the woman's pelvis that became necrotic due to prolonged compression during childbirth. The result is a communication (hole) between the bladder, the vagina and/or the intestines (rectum).

One makes the distinction between vésico-vaginal fistulas (VVF) and recto-vaginal fistulas (RVF) and the mixed types associating both. The mechanism for creating a fistula is simple : during prolonged labor (defined as labor lasting more than 24 hours) the vaginal anterior wall, the fundus of the bladder, and the urethra are compressed between the head of the fetus and the inner surface of the pubic bone (front part of the pelvis) in the front side, and in the opposite side (behind) the rectum gets squeezed between the head of the fetus and the back of the pelvis (the sacrum).

This compression leads to a disturbance (reduction) in the blood supply (ischemia) which, if it persists long enough, leads to necrosis of the tissues. Sloughing off of the necrotic area follows after about three (3) to seven (7) days, resulting in a breech of the barrier (hole) between the vagina and the urine and/or feces.

Prolonged compression inside the pelvis can similarly lead to nerve damage and the resulting paralysis of the leg, which makes walking difficult.

Obstetric fistula is an exemplification of disease resulting from poor socio-economic development in a country. It is a public health problem indicator of the quality of obstetrical care.

Rare in developed countries, it is very common in developing countries where the principle underlying causes are:

- the lack of health infrastructure and qualified personnel in rural areas.
- insufficient means of communication.
- cultural factors that favor early marriage and giving birth away from health facilities.
- illiteracy, traditional practices, and malnutrition.

Obstetric fistula is an incapacitating illness:
Very often it is associated with a perinatal child mortality rate of more than 95%. The permanent incontinence for urine and/or feces favors genital infections and generally makes all sexual life impossible. The characteristic odor of urine and/or feces which accompanies these young women turns them into outcasts, losing their marriages, friends and sometimes even their parents and siblings. They cannot carry out any occupational activities and are reduced to seek refuge in health facilities, where some have lived for years in hope of curative treatment.

In Niger, obstetric fistula constitutes a serious medical and social problem which importance and implication has not been fully apprehended, so the care for these women is very poorly organized. For this reason, and to help reduce the risk that pregnancy entails, HDI (Health & Development International) has organized a round table with interested partners supportive of healthcare improvement in the Department of Téra with the goal of convincing them in implementing a pilot project for the rapid prevention of obstetric fistula in the two administrative district of Bankilaré and Gorouol which if successful could be extended to the whole country.

REASONS FOR THE PROJECT

Because of its nature and its social, physical and psychological consequences, obstetric fistula constitutes the most dramatic complication for women who survive childbirth outside medical settings. Yet women in labor (in urban or rural settings) face heavy socio-cultural and economic pressure leading most of the time to childbirths outside medical settings and with no medical supervision.
Faced with this reality, it is essential that procedures be put in place at the community level (together with the populations) through which women in prolonged labor can be brought without delay to adequate obstetrical treatment.
The complexity of obstetric fistula situation in Niger calls for different strategies in order to successfully eradicate this disease.

Diagnosing whether a woman is in labor is the same regardless of the environment (medical or not), or the person doing it (whether by a physician or not), and no instruments or test is needed. Any one could do the diagnostic and measure its length.

The medical literature makes it clear that the risk of getting an obstetric fistula becomes a reality only after 24 hours of labor.

One can deduce from that, that obstetric fistula would be eradicated if all women giving birth are transferred to a setting where caesarian section could be done after at most 24 hours of labor.
This is the working hypothesis which gave birth to the project of rapid prevention of obstetric fistula.

This project fits perfectly into Niger's national policies for reducing the risks of pregnancy, and it would allow after implementation to incorporate in the daily life of the people targeted by means of sensitization and education the habits of pregnancy monitoring and childbirth in medical setting without delay.

The goal is that at the end of the pilot phase, the populations (the several ethnic groups) will recognize, accept, and integrate prenatal consultations and medically monitored childbirths into their habits and practices, or at least that all women who have been in labor for at most 24 hours will be promptly evacuated to a hospital where adequate care can be provided. The activities under this project will lead to effects that can be measured after a short time and they are complementary to other initiatives already in place such as to raise the age of girls' marriage, to increase the level of education of girls, increase the availability of emergency obstetric care, etc, all of which take much longer to have effect.

GENERAL OBJECTIVE

Prevent the occurrence of obstetric fistula in the pilot area and contribute to the reduction of maternal and infant mortality along with the reduction of the numbers of new cases of fistula in accordance with indicators defined by the National Program of Reproductive Health through activities directed towards rural population

SPECIFIC OBJECTIVES

- Train medical staff of the CSIs (Integrated Health Centers) and « cases de santé » (health huts) as supervisors and trainers of village volunteers.
- Train the village volunteers (in each village : a man, and a woman who is a traditional birth attendant) in the rapid prevention of obstetric fistulas.

- Teach the village volunteers the risks of prolonged labor, the importance of giving birth under medical monitoring (in an environment where trained medical staff are present), and referral without delay of all cases of prolonged labor.
- Introduce the medical personnel and the village volunteers to the evacuation plans for women in prolonged labor
- Refer women promptly for a caesarian when they are in obstructed labor to prevent obstetric fistulas and deaths
- Increase the use of the reproductive health care services
- Improve the health of women who already have obstetric fistula and refer them to corrective surgery

EXPECTED RESULTS

At the level of the health care system

- Increase the number (percentage) of prenatal consultations, births occurring with health care assistance, and postnatal consultations.
- Significantly reduce the number of new fistula cases (reduce new fistula cases to zero in localities which are less than 2 days of travel from a hospital which can provide a caesarian section)
- Significantly reduce the number of women who die due to prolonged labor (reduce the number by at least 75% in localities which are at most 2 days of travel from a hospital that can provide a caesarian)
- Rapidly provide treatment at all levels of the health care system for new cases of obstetric fistula to prevent the social consequences
- A functioning referral and feed-back system for patients with fistula.

At the community level

- The populations recognize, accept, and include in their habits and practices, prenatal consultations and medically monitored childbirth without delay.
- To transfer all women who are in labor for more than 24 hours to a medical setting
- The communities recognize the problem of fistula and take the necessary measures to resolve the problem (prevention, post-operative follow-up and long-term social reintegration).

THE PROJECT's GEOGRAPHIC AREA

In 2006 the at-risk population in the area was estimated at 89 517 with 4 654 births expected, mostly among young women (52,8% is under 15) with diverse backgrounds : 5 ethnic groups live in the area (Hausa, Songhay, Touareg, Fulani, Gourmantché). The 2 most important economic activities are subsistence agriculture and animal husbandry. The area is a semi-desert, and the majority of the habitation consists of hamlets and fixed or mobile encampments.

As concerns health care, Bankilaré is under the Téra health district. Téra's hospital is equipped to take care of surgical cases, including caesarians. The 2 administrative districts of Bankilaré and Gorouol which constitute the pilot area include 7 Integrated Health Centers (CSIs) and 10 health huts (cases de santé). An 11th health hut which does not quite lie within the formal administrative boundaries of Bankilaré will be included in the project because it lies so close and serves a portion of Bankilaré population.

Bankilaré was chosen as the pilot for several reasons:

- The district of Téra possesses a functioning medical structure (as compared to other parts of the country). Thanks to the combined efforts of several active organizations (HELP, Program II of the African Development Bank, REF…), the district hospital is equipped with the capacity to do surgery ; there exists a system of communication (2-way radio between the hospital and the CSIs), there is transportation (3 ambulances in the area of which 2 are 4-wheel-drive, and a motorbike at each CSI) ; and transportation and treatment for pregnant women and children under 5 needing hospitalization are currently free of charge.

- For a decade the National Guinea Worm Eradication Program (PNEVG) has had a community-based system for education and channeling information which is greatly appreciated by and integrated into the local population in this area. Through the determination of its local leaders, population, volunteers, and health care workers, Bankilaré became among the first areas in Niger to get rid of guinea worm in spite of it being neither richer nor better served than other parts of the country. Bankilaré's success left no doubt about the

realism of efforts to eradicate guinea worm. We believe also that the experience and expertise of the village volunteers constitute an inestimable resource for our actions to inform and educate the communities concerning this new initiative.

- According to the medical chief of the Téra Health District, half of the caesarians (often too late) and the fistula cases admitted to his hospital come from Bankilaré.

- Compared with other parts of the country, Téra does not to the same extent receive support from large donors (such as the government of Belgium provides for Dosso or French Cooperation provides to Zinder).

In view of these different factors, it appears to us that Bankilaré possesses unique advantages for implementing a pilot project of rapid prevention of obstetric fistula and a financial assistance to such a project in Téra would likely provide excellent returns on that investment.

INSTITUTIONAL FRAMEWORK/ FUNCTIONAL ORGANIZATION

The rapid prevention of obstetric fistula project is an activity of the REF (Network to Eradicate Fistula) supported by HDI which also suggested the project. The REF is an entity under the joint responsibility of the Ministry of Public Health and the Ministry for Promotion of Women and Protection of Children. The president of REF is the Director General of Health, and its vice-president is the Secretary General of the Ministry for Promotion of Women and Protection of Children.

A coordinator appointed by REF is responsible for carrying out the project.

A technical advisor from HDI assists the REF in all aspects of the project from planning to coordination, follow-up and evaluation of the activities.

At the Regional level, the project lies under the Regional Director of Public Health (DRSP).

At the District level, the program lies under the tutelage of the Health District (DS).

At each level, coordination assures that the program's activities are carried out (regional coordination, sub-regional coordination).

At the village level:
If the village has a healthcare professional, that person is responsible for health training and to ensure implementation of the program, in collaboration with other existing programs and the population

If the village does not have a healthcare professional, village volunteers are to ensure the program is implemented, supported by the chief of the village and its population.

To summarize, the pilot project for rapid prevention of obstetric fistula encompasses the traditional health care system (health huts, Integrated Health Centers (CSIs), and the District Hospital) along with the existing community based organizational infrastructure put in place by the National Guinea Worm Eradication Program (PNEVG). The structure of the Guinea Worm Eradication Program will, thanks to its deep community-based implementation, be used for activities at the community level including population information and education, while the classic health care system will be used to care for the needs that this information and education of the population creates (prenatal consultations, births assisted by health professionals, evacuation of women in obstructed labor, rapid referral of any fistula cases, etc).

STRATEGIES and ACTIVITIES

I. Strengthening and coordinating the capacity of the health care system and the communities to rapidly prevent obstetric fistulas:

- Inform and educate the administrative and traditional authorities, as well as religious and other local leaders about the problems of obstetric fistula, its impact on the community, and its rapid prevention.

- Create the tools needed to inform the medical personnel (supervisors) and the village volunteers (about 250 male volunteers mostly from the guinea worm program and about 250 women who are traditional birth attendants) and for monthly data collection and analysis. These tools include 3 sets of culturally appropriate flip charts printed on cotton and designed for illiterate people and made in 4 local languages and French, as well as a training

manual, and data registration forms for use at the village level and for compiling results.

- Those responsible for community-level health education (CSI and health hut staff) will be the project's supervisors. They will be trained on the same subjects as those of the community agents along with supervision knowledge and practice, good leadership qualities, data collection and on efficient field work.

- The recruitment of village volunteers will be based on the village volunteers that already exist in the villages which have been endemic for guinea worm disease, with additional male volunteers recruited where necessary and the addition of women volunteers (250 traditional birth attendants).

- Supply documents and tools adapted to rural population (illiterate) education and training.

- Sessions of community education on the importance of prenatal consultations, giving birth in a medical environment, the dangers of prolonged labor, the importance of the female village volunteer obtaining the family's permission in advance for evacuation to be implemented if it should become needed, and how evacuations are to be organized and carried out under the leadership of the village volunteer. These sessions may be held for population groups or individual person. It is of fundamental importance to explain and discuss with each pregnant woman and decision-makers in her family the delivery plan and the evacuation plan to be put in motion in case of emergency. The plan should specify the criteria already agreed upon as to when, where and how the evacuation would be done if the head of the household is away (often happens for seasonal farming) at the time the birth occurs. Very important precision: Emergency evacuation of women in obstructed labor is free of charge for the family.

2. Follow-up and evaluation of the activities

- Epidemiologic surveillance: choose the indicators; organize the monthly collection of data, transmission and analysis of data, and plan the epidemiologic surveillance system (See Annex 3).
- Monthly supervision of the Village Volunteers. Monthly transmission of the data to national level via the district and quarterly analysis of the data locally to include in their report via the normal government health information system. Adjust supervision trips from the regional and national level in accordance in light of results of the monthly data analysis. Structures of the monthly supervision should be chosen based on what is already in place in the Guinea Worm Eradication Program.

- One anticipates a mid-course evaluation the first year, in May-June 2008, and a national annual meeting with participation of all levels from the village to the national, to discuss the data, results, achievements, problems, and find solutions.

3. Logistic support

Needed logistic resources will provided based on observations on the field.

SUMMARY TABLE

ENVISIONED ACTIVITIES - PILOT PROJECT FOR

RAPID PREVENTION OF OBSTETRIC FISTULA

STRATEGIES	ACTIVITIES	NEEDS
PR/Mobilization	Administrative meeting	Public relation meeting with administrative and traditional leaders to get them onboard and show it to the population
	Local leaders meeting	A 1-day Public relation meeting with local leaders (chiefs of villages, tribus, and encampments, and other opinion leaders) to explain the project and solicit their support and participation
	Communities mobilization	Organize a tour of 100 villages before the meeting with chiefs of villages, tribus, and encampments, and other opinion leaders
Training	Develop and print training manuals	Manual for village volunteers and supervisors training giving information on fistula, data registration forms (also for illiterate people at the village level), data collection, communication and education tools, supervision
	Supervisors	Training the 19 supervisors (3 days training each year)
	Village Volunteers	Training the 586 village volunteers (293 men and 293 traditional birth attendants) : 3 days training per year
IEC (Information, Education, Communication)	Information and education by the Village Volunteers and Supervisors	Information and education tours in the villages (films, theater, sketches)
	IEC media	Educational messages for use on the local community FM radio stations

	Educational supports	600 Cotton flip charts, 1000 posters, 800 pieces of 3 « Pagnes » (cloth used for clothing, typically printed with a design pertaining to the program, a political party, or the like), 1000 T-shirts
Epidemiologic Surveillance	Collection of data	Organize a monthly tour of the villages to collect the data and provide supervisory support in the 300 villages
	Supports	To be printed : 300 village data registration booklets; 300 village data registers ; 1000 forms for monthly data agregation
Follow-Up / Evaluation	Evaluation	Organize a mid-term evaluation in May 2008 and an annual evaluation meeting in December 2008
	Supervision	Organize 4 supervisory tours by the district level staff and 2 supervisory tours by the regional and levels
	Survey	Baseline survey
Medical Care	Evacuation	Discuss plans around the expected birth with each pregnant woman and decision makers in her family, and ask permission in advance for evacuation in case of an emergency: All women who are in labor for more than 24 hours need transfer to a hospital that can do c-section.
	Provide care for all fistula cases	Screening and referral of obstetric fistula women to specialized health facilities
	Mass consultations at fairs	At least one trip to the project area each month
Logistics	Current logistical needs	3 motorbikes 3 radios (2-way) for CSIs Radios (2-way) for 2 ambulances
Operations	Operating needs	Office equipment : 3 computers Photocopier, Fax, Printer Operating budget

PERFORMANCE INDICATORS (included as an annex)

SURVEILLANCE TOOLS (included as an annex)

- **Village data registration booklet**

The cover page includes a header, the different structures involved with the program on the left, which is to say: the Ministry of Public Health, the Ministry for Promotion of Women and Protection of Children, and the REF (Network for Eradicating Fistula). And on the right is listed the name of the region, the district, the township, and the village/encampment.

The data registration booklet is for one year and contains 24 pages, of which 12 are « carbon » copies. Each page has 9 boxes of images and captions in 4 languages conveying 10 things to register in the village by the village volunteer. The caption for each image is written in French, Djerma, Tamasheq, and Fulfulde, including transcription into Arabic script for the latter three languages.

The village data registration booklet has been designed for the village volunteers to register their main activities accomplished in their communities.

The form is filled using dashes. Each dash represents a person or activity according to the defined criteria

- **Village register for obstetric fistula surveillance**

The Village Register is a monthly report which makes it possible for the supervisor to make a synthesis of the data collected from each village. The Register indicates the first and last name and age of the women that have a new pregnancy or a new obstetric fistula. It has space where the number of home-births, the number of obstructed labor cases, the number of community training sessions, the number of deceased women, and the number of perinatal deaths (of babies).

As concerns observations about new pregnancies, the supervisor is to indicate the information that is pertinent to each woman. For example, whether the woman goes for a postnatal consultation or not, whether she is lost to follow-up, whether she categorically refuses postnatal consultation, or other pertinent information.

For any new cases of fistula, the supervisor is to indicate whether the woman has been referred to the health system or whether she has been lost to follow-up. In cases of fistula not referred and those who refuse postnatal consultation, the supervisor is to explain why.

For the number of home births, the number of obstructed labor cases, the number of public information sessions, the number of maternal and perinatal deaths the supervisor simply indicates the relevant number in the Village Register.

The box « observations and recommendations » at the bottom of the page is there for various observations and suggestions that the supervisor has, as concerns problems or insufficiencies that the Village Volunteers noticed during the carrying out of their activities.

At the end of each month, the supervisor must write his name, the date of his supervisory visit to that village, and sign the form, taking the one copy with him.

- **The cumulative reporting form**

This form is filled out monthly and gives a synthesis of the data collected in the villages by each supervisor in the geographic area he covers.
The form has three categories of information:
- The first is that of fixed data (ex. First five columns)
- The second is of the data that may change monthly including the 10 data from registration booklet and their aggregates
-The third represents the observation part
At the bottom of the page is a box where one can synthesize key information, such as: the number of localities supervised, number of new pregnancies, number of obstructed labor cases, number of home births, and the number of new fistula cases.
The form is to be signed by the supervisor, the head of the CSI, and the Medical Chief of the District (a physician).

BUDGET (included as an Annex)

ANNEX 1

Evacuation Plan for Obstructed Labor Cases to Hospital

Working hypothesis

- All women who are in labor for more than 24 hours must be evacuated to the hospital in Téra or to Niamey (depending on the availability of the surgeon in Téra).

Available Resources

Medical Centers:

- Hospital with functioning operating rooms : Téra, and Niamey
- 7 Integrated Health Centers (CSIs)
- 11 Health Huts (Cases de Santé)

Means of Transport:

- 2 ambulances in Téra, 1 ambulance in Bankilaré
- Donkey carts in most villages. Not all villages have a donkey cart.
- The possibility of being transported lying on a special platform mounted on a camel, as in the olden days, is being explored.

Means of communication

- CSIs are equipped with 2-way radios. In 3 CSIs the radios don't work
- There is mobile phone network coverage in parts of the region.

Evacuation Plan

- If the patient is in an area having mobile phone coverage: call the nearest of the two ambulance bases. If the surgeon is not actually in Téra, the patient gets transported straight to Niamey.

- If the patient is in a location without mobile phone coverage :

  - In villages equipped with a donkey cart, transport the patient to the nearest health center (Health Hut or CSI) which will be responsible for calling an ambulance by radio.
  - If there is no donkey-cart in the village, send someone to request that the nearest health center calls an ambulance, while someone else goes in search of a donkey cart in a nearby village so as to transport the woman to the nearest health center and wait for the ambulance there.

The possibility of transportation on the back of a camel (on an old fashioned platform especially designed for transporting people lying down) is being explored because camels walk faster than donkies that are pulling carts.

ANNEX 2 BUDGET

STRATEGIES		Number/Quantity	Cost/Unit(FCFA)	Total(FCFA)
Plaidoyer/ Mobilisation				
	Meeting Admin. Leaders			
	Total Perdiem to Participants			423000
	Total Transportation Costs			257500
	Other			328000
Sub Total Meeting of Admin. Leaders				1,008,500
	Meeting Local Leaders			
	Total Perdiem to Participants			686000
	Total Transportation Costs			621078
	Other	1	20000	20000
Sub Total Meeting of Local Leaders				1327078
	Trip to mobilize the villages			
Sub Total Mobilization				439137.5
Sub Total Plaidoyer/Mobilisation				**2,774,715.5**
Training				
	Develop the training module			
	Supervisors' Module Photocopies	30	3000	90000
	Training of Supervisors			
Sub Total Training of Supervisors				1,298,000
	Training Traditional Birth Attendants and Villlage Volunteers			
Sub Total Training the Village Volunteers				6,677,062.5
Sub Total Training				**8,065,062.5**
IEC				
	Sensibilisation by the Village Volunteer and/or Supervisor			
	IEC media			300,000
	Educational Materials			12,600,000
Sub Total IEC				**12,900,000**
Epidemiologic Surveillance				
	Data collection			
	Initial Survey			

Item	Notes	Amount
Forms / Materials		1,312,500
Sub Total Epidemiologic Surveillance		**1,312,500**
Follow-Up/ Evaluation		
Initial evaluation of Trained Volunteers shortly after initial training		
Sub Total Evaluation of Volunteers		311450
Mid-Term Evaluation		
Sub Total Mid-Term Evaluation		615090
Evaluation at 1 Year		
Sub Total Evaluation at 1 Year		878379
Monthly & other Supervision		
Sub Total Supervision		8788950
Sub Total Follow-Up/Evaluation		**10,593,869**
Medical Care		
Evacuation	Paid by a different project	
Treating detected fistula cases	Paid by a different project	
Consult at fairs	Paid by a different project	
Social reintegration	Paid by a different project	
Logistics		
Sub Total Logistics		**3,178,800**
Operating Budget		
Grand Total		**38,824,947**

ANNEX 3

System of Epidemiologic Surveillance – Rapid Obstetric Fistula Prevention Program

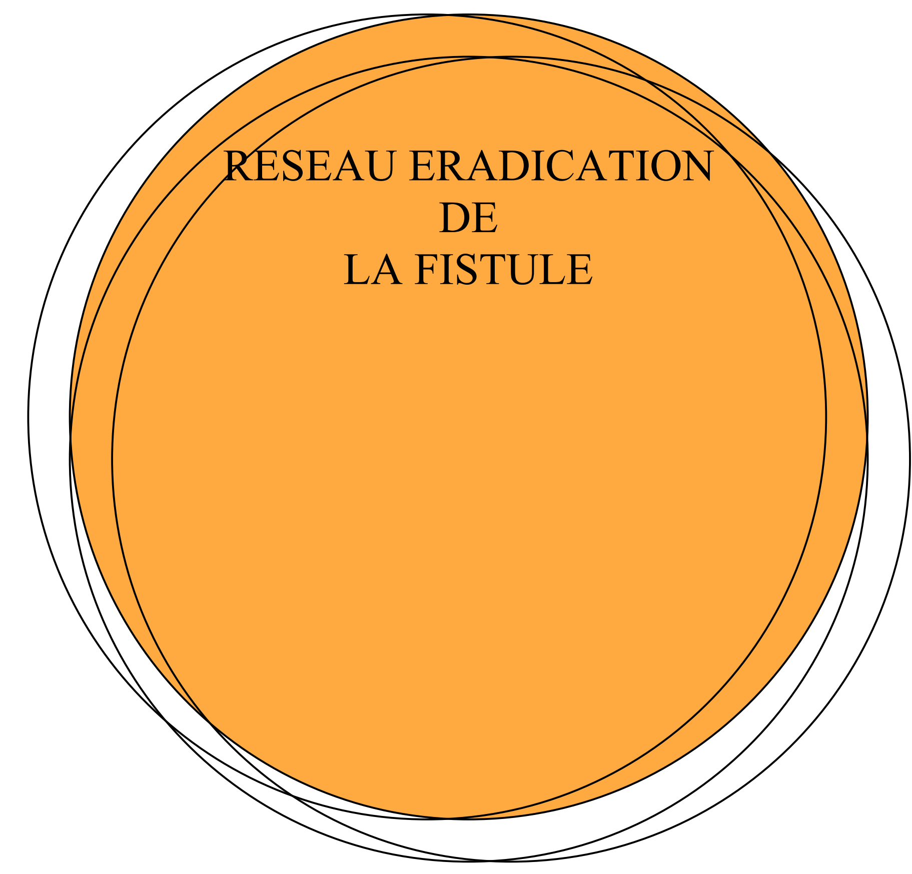
ADMINISTRATIVE LEVEL	DATA COLLECTION	PERIOD AND DEADLINE FOR REPORTING	TOOLS	FEEDBACK	SUPERVISION
INTERNATIONAL OMS, UNICEF, HDI, UNFPA, Other donors	# Pop. Village; # Pop. of Health Facility Catchment Area # of Villages Providing a Report # of Pregnancies Expected; # Nr. of new pregnancies # of Home Births; # of Births at Health Centers/Posts # of cases of obstructed labor # of fistulas; # referred fistula cases; # successfully treated # women, prenatal consultation; women postnatal consult. # of health education sessions in the community # of maternal deaths ; perinatal deaths # of cesarians # of maternal deaths at CSI; # of perinatal deaths at CSI	Monthly 12th – 15th of the month		- Direct contact - Review Fistulas	- International meetings - Direct, regular contact (Tel, E-mail, Fax)
NATIONAL Min. Public Health and Partners	# Pop. Village; # Pop. of Health Facility Catchment Area # of Villages Providing a Report # of Pregnancies Expected; # Nr. of new pregnancies # of Home Births; # of Births at Health Centers/Posts # of cases of obstructed labor # of fistulas; # referred fistula cases; # successfully treated # women, prenatal consultation; women postnatal consult. # of health education sessions in the community # of maternal deaths ; perinatal deaths # of cesarians # of maternal deaths at CSI; # of perinatal deaths at CSI	Monthly 5th – 10th of the month	- Data Entry + Analysis using Epi Info, Excel and Healthmap - Line listings - Tables of data	- Monthly report - Direct Contact - Weekly - Supervisor - Annual Meeting	- Quarterly visits - Frequent phone calls - Investigations - Annual Evaluation
REGION Regional Director Pub. Health, Tillabéri	# Pop. Village; # Pop. of Health Facility Catchment Area # of Villages Providing a Report # of Pregnancies Expected; # Nr. of new pregnancies # of Home Births; # of Births at Health Centers/Posts # of cases of obstructed labor # of fistulas; # referred fistula cases; # successfully treated # women, prenatal consultation; women postnatal consult. # of health education sessions in the community # of maternal deaths ; perinatal deaths # of cesarians # of maternal deaths at CSI; # of perinatal deaths at CSI	Monthly 5th – 10th of the month	- Data collection forms - Maps - Line listings - Tables of data	- Monthly Report - Direct Contact - Weekly - Supervisor - Quarterly meetings	- Quarterly visits - Confirmation of cases - Investigations - Annual Evaluation
SUB-REGION Téra Health District	# Pop. Village; # Pop. of Health Facility Catchment Area # of Villages Providing a Report # of Pregnancies Expected; # Nr. of new pregnancies # of Home Births; # of Births at Health Centers/Posts # of cases of obstructed labor # of fistulas; # referred fistula cases; # successfully treated # women, prenatal consultation; women postnatal consult. # of health education sessions in the community # of maternal deaths ; perinatal deaths # of cesarians # of maternal deaths at CSI; # of perinatal deaths at CSI	Monthly 5th – 9th of the month	- Data collection forms - Maps - Line listings - Tables of data	- Monthly visits - Training/ re-training - Confirmation of cases - Investigations - Quarterly meetings	- Monthly visits - Confirmation of cases - Investigations
LOCAL CSI and Health Hut	# Pop. Village; # Pop. of Health Facility Catchment Area # of Villages Providing a Report # of Pregnancies Expected; # Nr. of new pregnancies # of Home Births; # of Births at Health Centers/Posts # of cases of obstructed labor # of fistulas; # referred fistula cases; # successfully treated # women, prenatal consultation; women postnatal consult. # of health education sessions in the community # of maternal deaths ; perinatal deaths # of cesarians # of maternal deaths at CSI; # of perinatal deaths at CSI	Monthly 25th – 5th of the month	- Data collection forms - Maps - Line listings - Tables of data	- Monthly visits - Training/ re-training - Confirmation of cases - Investigations	- Monthly visits - Confirmation of cases
VILLAGE/ENCAMP-MENT Localities in the Townships of Bankilaré and Goroual	# Pop. Village; # Pop. of Health Facility Catchment Area # of Villages Providing a Report # of Pregnancies Expected; # Nr. of new pregnancies # of Home Births; # of Births at Health Centers/Posts # of cases of obstructed labor # of fistulas; # referred fistula cases; # successfully treated # women, prenatal consultation; women postnatal consult. # of health education sessions in the community # of maternal deaths # of perinatal deaths # of cesarians	Monthly	- Village data registration booklet - Village Register	- Monthly visits - Training/ re-training	- Monthly visits

ANNEX 4

Republic of Niger
Ministry of Public Health
Ministry for Promotion of Women and Protection of Children
Network for Eradication of Obstetric Fistula

Region of :……………….……………………
District of :……………………………………..
Township of :………………..…………………
Village/Encampment :………………………….

Booklet for Epidemiologic Surveillance of Obstetric Fistula in villages



Region of:……………………………………………
District of:…………………………………………...
Township of:……………………………...………
Village/Encampment :……………………………….

Report month of …………………………20…..

Name of supervisor…………………………..
Date and signature……………………………….

Transcription in Djerma Djerma in Arabic script	New Pregnancies	Nr. to Prenatal Consultation	Home Births	Women evacuated in obstructed labor	Women going to Postnatal Consult	Educational sessions	Fistula cases	Fistula cases referred	Maternal Deaths	Perin Death
Transcription Tamasheq Fulfulde										
One tick-mark for each time										

- # of new pregnancies (not previously counted)
- # of women going to prenatal consultation (for 1st time in this pregnancy)
- # of home births
- # of cases of prolonged labor (>24 hours)
- #of women going to postnatal consultation (for 1st time in this pregnancy)
- # of health education sessions
- # of fistula cases during the month
- # of fistula cases referred during the month
- # of maternal deaths
- # of perinatal deaths

Description of the Booklet for Epidemiologic Surveillance of Obstetric Fistula in villages

The cover page lists, at the top, the different government entities involved in the project on the left, i.e. the Ministry of Public Health, the Ministry for Promotion of Women and Protection of Children, and the Network for Eradication of Fistula. And on the right, the name of the Region, the District the «commune » (township), and the village/encampment concerned.

The data registry booklet consists of 24 pages, of which 12 are copies. The booklet is for one year. Each page has 9 images and text concerning the 10 pieces of information to be collected in the villages each month by the village volunteers.

The text for each image is written in the French, Djerma, Tamasheq, and Fulfulde languages, with a transcription into Arabic script for each of the latter three languages.

The Village Data Registry Booklet is designed for village volunteers to register data, also concerning their activities, each month.

The form is filled using dashes. Each dash represents a person or activity according to the defined criteria

One booklet is to be placed in each individual village or encampment.

Each month, the supervisor visits the village to collect the data, provide supportive supervision, and summarize the data concerning the activities carried out during the month. He takes one page with him, which is the carbon copy, signs and dates the booklet to indicate when he was there, and leaves the rest of the booklet in the village.

ANNEX 5

REPUBLIQUE DU NIGER

MINISTRY OF PUBLIC HEALTH

MINISTRY OF WOMAN PROMOTION AND PROTECTION OF THE CHILD

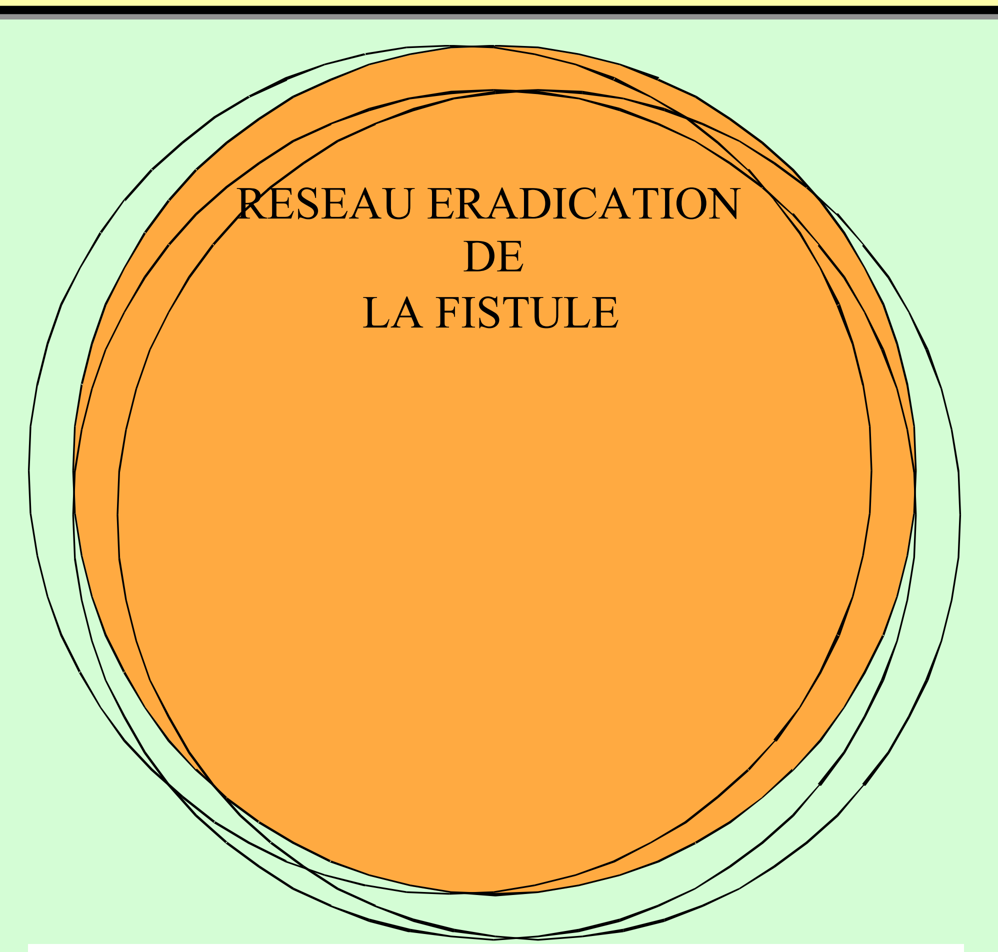
NEETWORK OF OBSTETRICAL FISTULA ERADICATION

PILOT PROJET OF RAPID PREVENTION OF OBSTETRICAL FISTULA

Regional Direction of Public Health of : …………………………….
Health District of : ……………………………………………………………………………..
Integrated Health Centre of : ………………………………………………………………..
Health Hut/ Village of : ………………………………………………………………………

YEARS : 2008 – 2010
OBSTETRIC FISTULA
EPIDEMIOLOGIC SURVEILLANCE BOOK

STARTING DATE : ____/___ /___



NIGER REPUBLIC
MINISTRY OF PUBLIC HEALTH
FISTULA ERADICATION NETWORK
PILOT PROJECT OF RAPID PREVENTION OF OBSTETRIC FISTULA

GENERAL INFORMATION ON THE VILLAGE

Nameof the village : …………………………..
Number of family in the village:…………..

Integrated health centre of : ……………
Health District of: …………………
Health Region of : ………………….

Population Totale de la localité : ……………….

Number of Women 12-49: …...

Births Expected : …………………

• OBSTETRICAL SITUATION

1. Births registered last year: ……………
2. Maternal Deaths due to Prolonged labor the last year: …………….
3. Number of new fistulas last year : ………………..
4. Number of evacuations due to prolonged labor last year: …………………

• REPRODUCTIVE HEALTH SERVICES UTILIZATION

1. Number of women in prenatal consultation last year : ………………

2. Number of women in postnatal consultation last year: ……………….…..

3. Number of normal deliveries in healthcare settings last year: …………

• MEDICO-SOCIAL INFRASTRUCTURES:

1. Existence of a school : Yes /__/ No /__/

3. Existence of a Integrated Health Center Yes /__/ No /__/

3. Existence of a Health Hut Yes /__/ No /__/

• HUMAN RESOURCES :

1. Number of Village Volunteers in the locality: ………………

Men /__/ Women/__/

• OTHER USEFUL INFORMATION : ………………………….

…………………………………………………………………………………

Last and First Name of Village Volunteer(s)

Last and First Name, Chief of the Village

Date : __/__/__

…………………….. ………………………… ……………………

MONTH OF ……………………………………..

NEW PREGNANCIES				FISTULA CASES		
LAST NAME First Name		Age	Observations	LAST NAME First Name	Age	Observations
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

Number of Home Births	Number cases of obstructed labor	Number of Health Education Sessions	Number of women who died in obstructed labor	Number of children who died

Observations and recomendations of the supervisor :

LAST and First Name of supervisor : ……………………………..

Date and Signature : ………………………………

MONTH OF ……………………………………………..

- **Prenatal Consultations (CPN) :**
- **Postnatal Consultations (CPON) :**
- **Births**

Number of Births	Births taken care of locally	Nr. of Births referred	Observations

- **Fistulas**

Number of Fistulas Detected	Number of Cases Referred	Observations

- **Evacuations following prolonged labor**

Number of Evacuations	Observations

- **Other Integrated Activities**

………
………
……………………

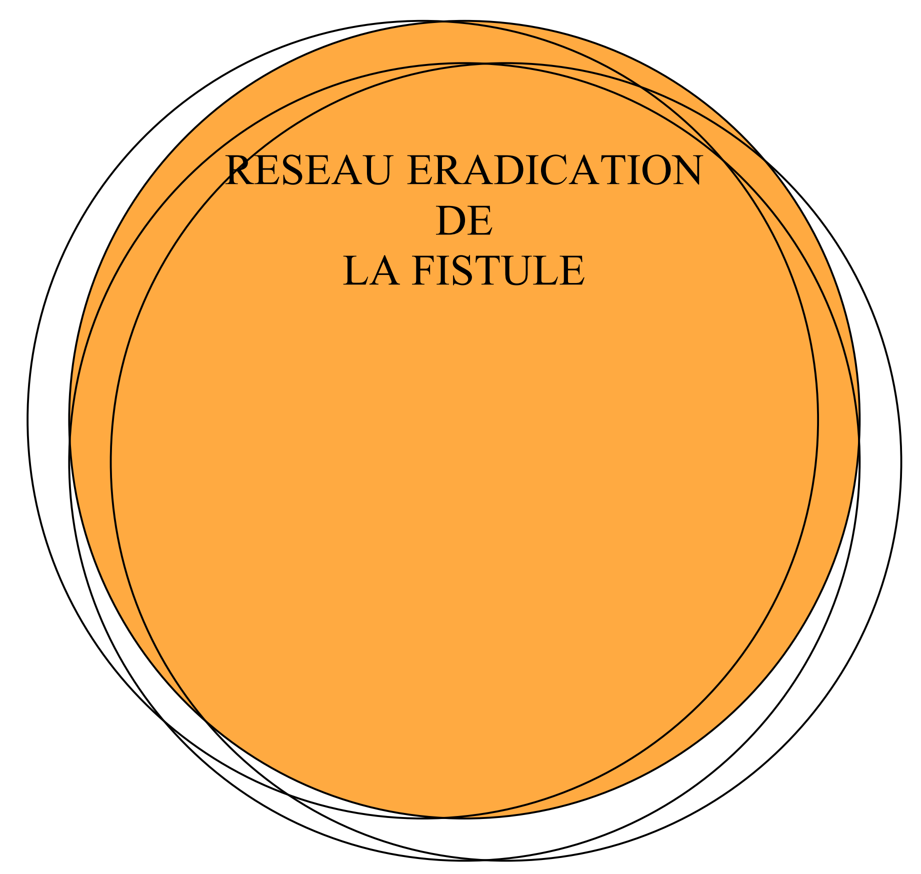
Observations and recommendations of the supervisor :

Name and signature of supervisor : Date of supervision : ___/___/___ ;

Republic of Niger
Ministry of Public Health
Ministry for Promotion of Women and Protection of Children
Network for Eradication of Obstetric Fistula

Region of:……………………………………………
District of:………………………..……………..
Township of:………………………………………
Village/Encampment :……………………………….

VILLAGE REGISTER FOR SURVEILLANCE OF OBSTETRIC FISTULA



Report month of ……………………………………20….

NEW PREGNANCIES				CASES OF FISTULA		
FAMILY NAME First Name		Age	Comments	FAMILY NAME First Name	Age	Comments
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

Nr. of Home Births	Nr. of Obstructed Labor cases	Nr. of Health Ed. Sessions	Nr. of women who died in labor lasting >24 hrs	Nr. of perinatal infant deaths

Observations and recommandations from the supervisor :

Name of the supervisor :

Date and Signature :

Description of the Village Register for Obstetric Fistula Surveillance

The Register is a monthly report which makes it possible for the supervisor to synthesize the data collected at the village level.

It shows the First and Family Name and age of women registered as having a new pregnancy or a new fistula. It also shows the number of Home Births, the number of cases of prolonged (obstructed) labor, the number of health information sessions conducted, the number of maternal deaths, and the number of perinatal infant deaths.

Under Observations concerning new pregnancies, the supervisor includes pertinent information about each woman. For example, whether the woman goes for prenatal consultation or not, if she is lost-to-follow-up, if she refuses prenatal consultation, and other pertinent information.

Under Observations concerning new fistula cases, the supervisor is to indicate whether the woman has been referred to the health care system whether she has been lost-to-follow-up. If the woman refuses prenatal consultation or is not referred for a new fistula, the supervisor is to explain why.

For the number of home deliveries, the number of obstructed labor cases, the number of health information sessions, the number of maternal and perinatal deaths, the supervisor simply indicates the number of tick-marks registered that month in the Booklet for village based data registration.

The box, « Observations and Recommendations » at the bottom of the page is there to allow the supervisor to make comments concerning any problems encountered by the Village Volunteers when carrying out their activities.

At the bottom, the supervisor is to write his/her name, write the date of the visit, and sign the page.

ANNEX 6 CUMMULATIVE REPORT

Republic of Niger
Ministry of Public Health
Ministry for Promotion of Women and Protection of Children
Network for Eradication of Obstetric Fistula

District of:
Supervisory Zone:
Year:
Month of:

Nr	Village/Encampment	Total Nr. of Maternal Death Preceding Year	Total Nr. of Fistula Cases the Preceding Year	Population	Nr. of Anticipated Pregnancies	Nr. of New Pregnancies	Nr. of Women Going to Prenatal Consultation	Nr. of Home Births	Nr. of obstructed labor cases	Nr. of Women Going for Postnatal Consultation	Nr. of Health Education Sessions	Nr. of New Fistula Cases	Nr. of fistula cases Referred	Nr. of Maternal Deaths in Obstructed Labor	Nr. of perinatal deaths	Total Nr. of Pregnant Women	Total Nr. of Women - Prenatal Care	Total Nr. of Home Births	Total Nr. of Obstructed Labor Cases	Total Nr. of Women – Postnatal Care	Total Nr. of Health Education Sessions	Total Nr. of New Fistula Cases	Total Nr. of Women Referred with Fistula	Total Nr. of Obstructed Labor Deaths
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
10																								
TOTAL																								

Nr. of localities supervised______

Nr. of new pregnancies :_______________________

Nr. of obstructed labo

Nr. of home births:_________________________

Nr. of fistula cases :___________

Supervisor _______________________
Date and Signature :

Chief of the CSI________________________________
Date and Signature :

District Medical Chief
Date and Signature :

This form is filled out monthly and is a synthesis of the community-based reports collected at the community level.

The form contains three categories of information :

- Static data (e.g. the first 5 columns)
- Data which pertains to the particular month and cumulative numbers for the current year
- Comments / observation

At the bottom of the page is a summary of key information : the number of localities supervised, the number of new pregnancies, the number of obstructed labor cases, the number of home deliveries, and the number of new fistula cases

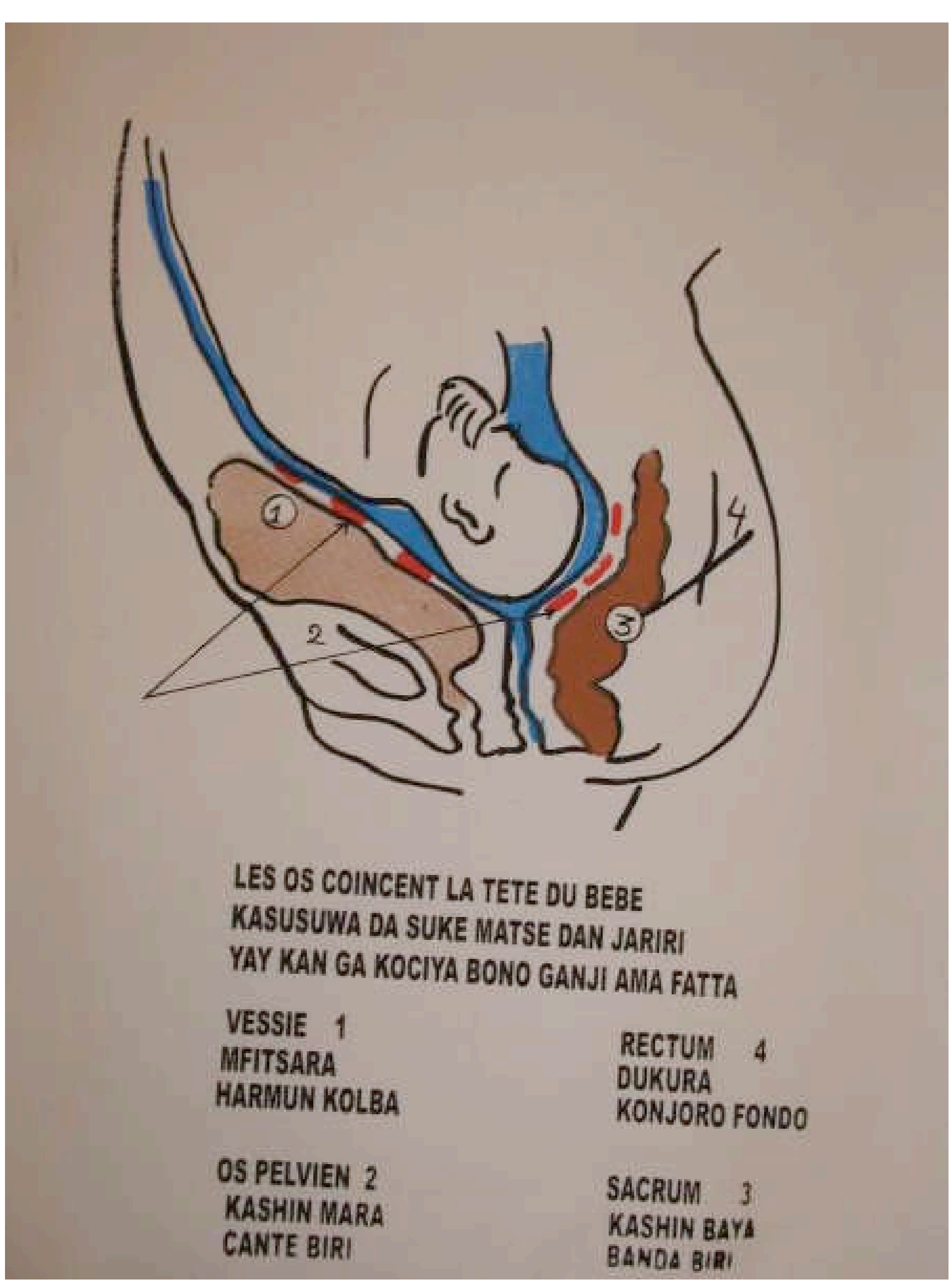
The form is signed by the supervisor, the Chief of the CSI (Integrated Health Center), and the District Medical Chief (a physician).

ANNEX 7
Drawings for the Cotton Flip-Chart, Used at the Community Level

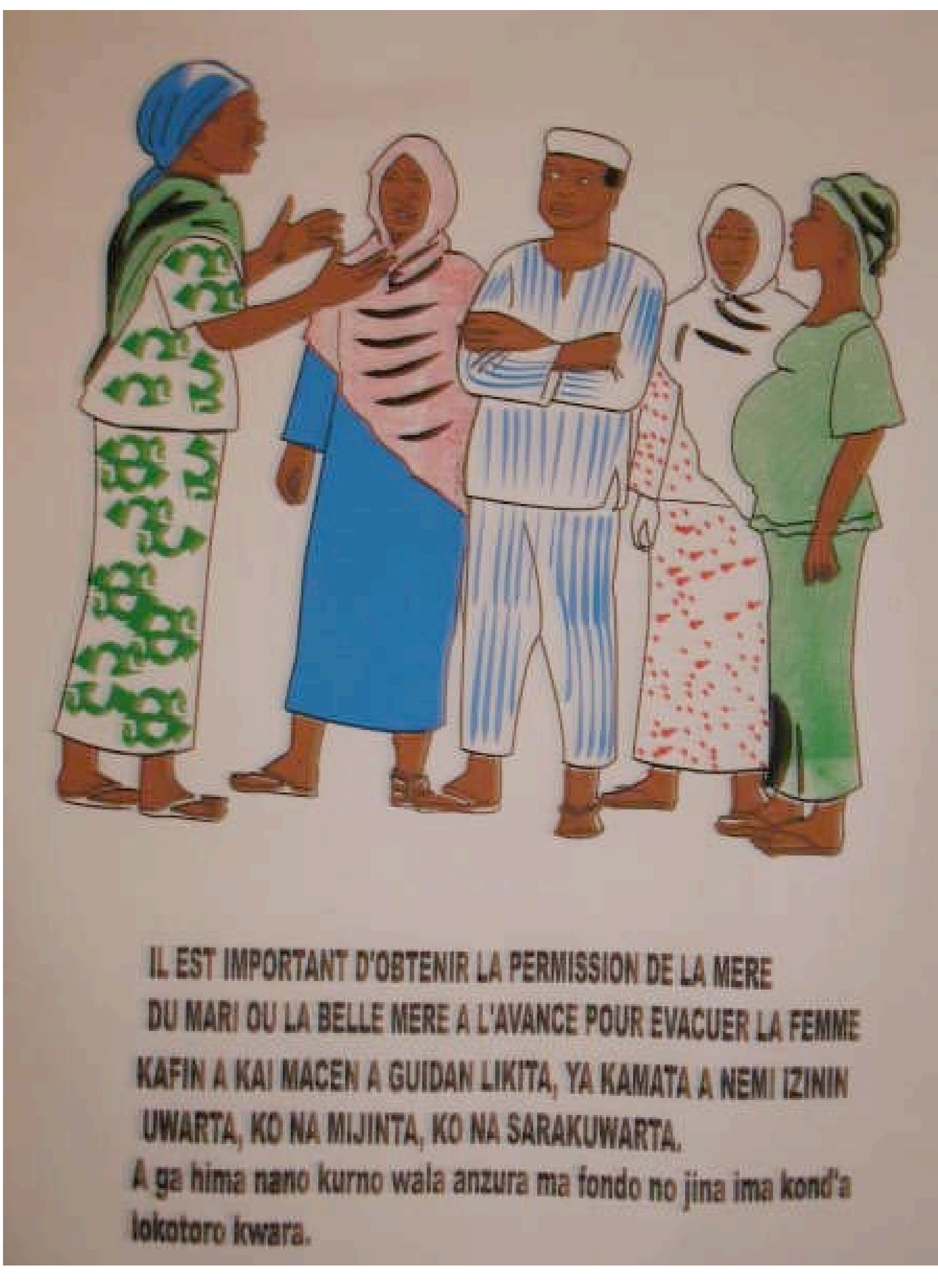
Note: Drawings shown here are just one of the three versions in four regional languages in which the flip-chart has been made, so as to be relevant to the main population groups in the Bankilare area.

Message 1 : This woman has a fistula. After a birth, she leaks urine even at night.

Message 2 : Fistula comes after labor lasting through two sunsets or longer.



Message 3 : The fistula is produced when the head of the child presses on the inside of the pelvis for many hours.

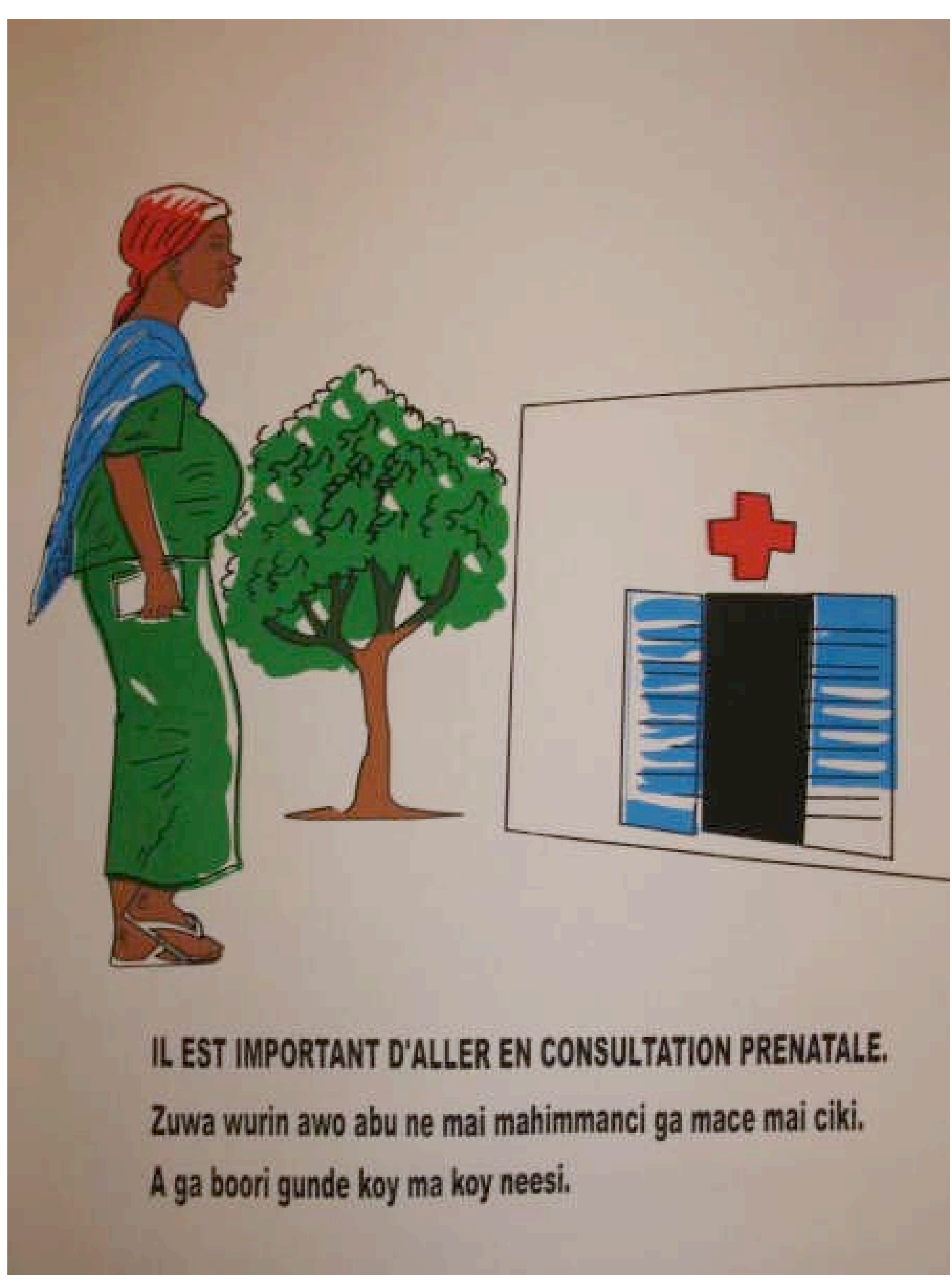


Message 4 : It is important to obtain permission from the woman, her husband, the grandmother, and other decision-makers in the family in advance, for her to be evacuated if that becomes necessary.

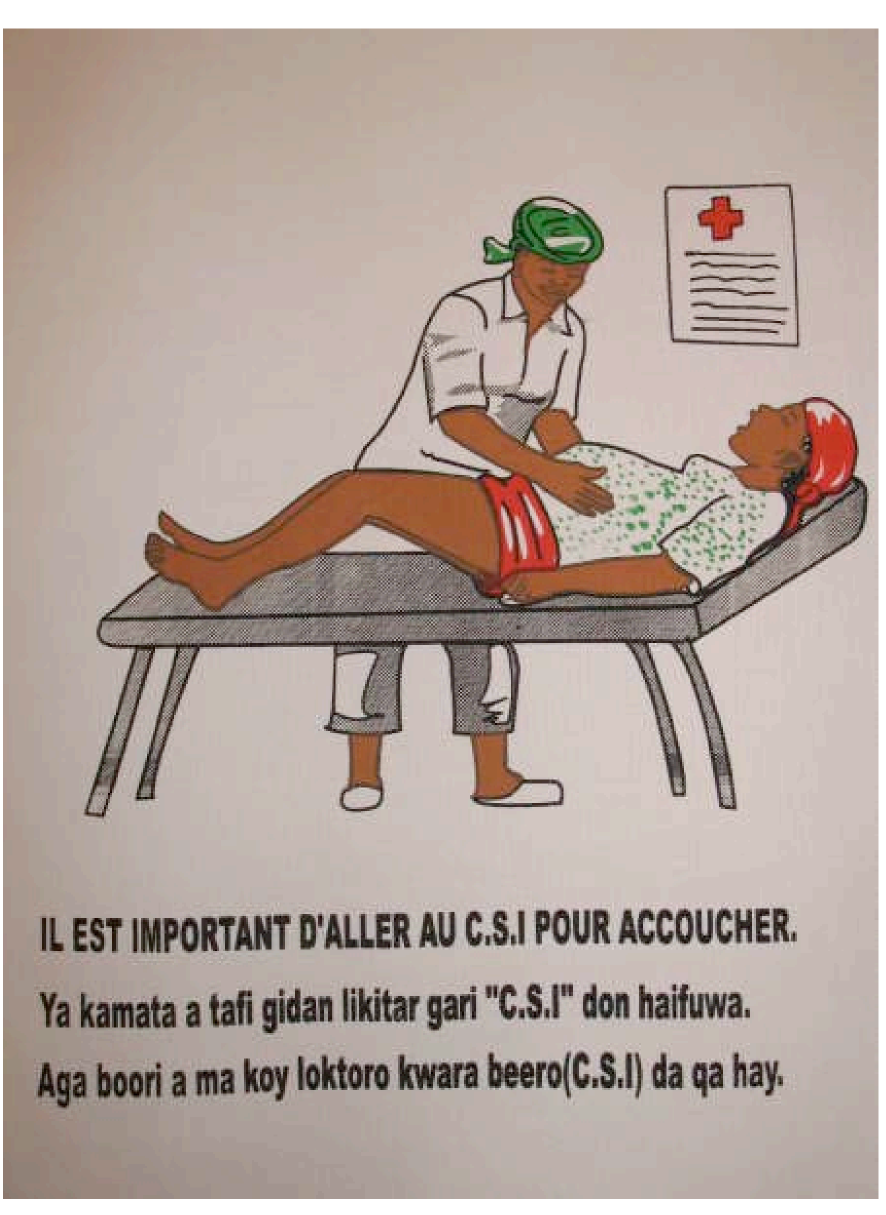
Message 5 : The Matrone must organize evacuation of a woman who is in labor for more than 1 day.

Message 6 : How to get help ? Call Bankilare for the ambulance.
If the Bankilare ambulance is unavailable, Bankilare will call Tera Hospital for theirs.

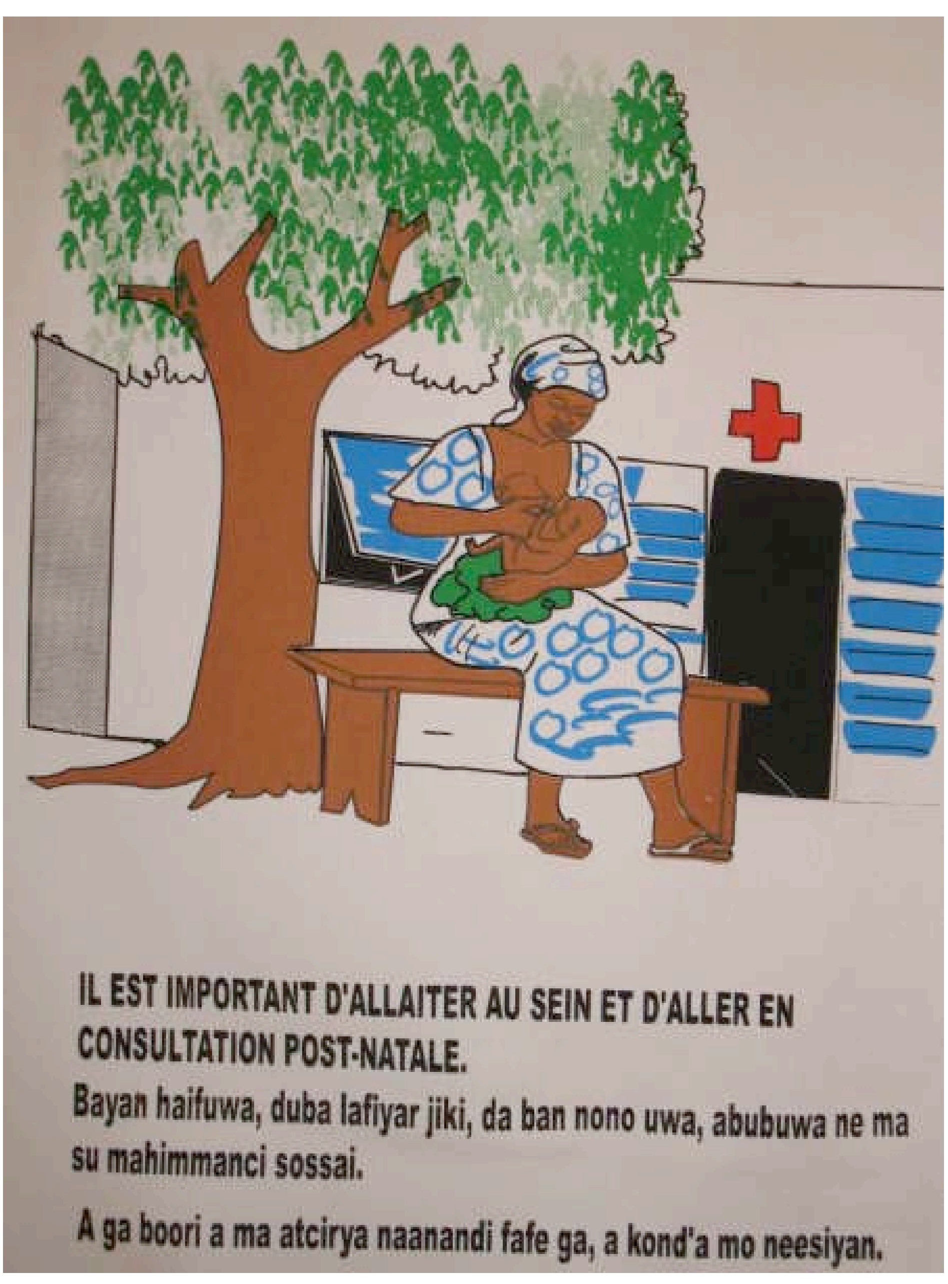
Message 7 : How to get help ? If you do not have mobile phone coverage, go to the nearest CSI (Integrated Health Center) by donkey cart.



Message 8 : It is important to go for prenatal consultation.



Message 9 : It is important to deliver your baby at the CSI (Integrated Health Center).



Message 10 : It is important to go for postnatal consultation.

Message 11 : If you know a woman with a fistula, new or old, tell her to go the nearest health center.

ANNEX 8 OPERATIONAL DEFINITIONS AND PROGRAM PERFORMANCE INDICATORS

Draft 6. September 2007

OPERATIONAL DEFINITIONS

The operational definitions to be used by the Village Volunteers in this project are :

1. CASE OF OBSTETRIC FISTULA
   French : Une femme qui après un accouchement perds les urines en permanence meme quand elle dord.
   English: A woman who leaks urine constantly, also at night, when the leaking started after a birth.

2. CASE OF OBSTRUCTED LABOR (CASE OF BLOCKED BIRTH)
   French: Un travail qui dure plus de 24 heures pendant l'accouchement
   English: A birth where the baby has not arrived by the end of the first 24 hours

3. COMMUNITY
   French: Un groupe de plus d'une famille vivant les uns a cote des autres et separes des autres groupes. Un village ou hameau indique des populations sedentaires, un campement des populations nomades
   English: A group of more than one family living near each other and separate from other groups of people; *village* and *hamlet* indicate sedentary populations; *campements* indicates nomadic, movable communities

4. EVACUATION
   French : Processus d'organization et de transport rapide d'une femme en dystocie directement a l'hopital le plus proche pouvant effectuer une cesarienne
   English : The process of arranging for and effecting rapid transportation of a woman with blocked birth (obstructed labor) directly to the nearest hospital that can carry out a cesarian operation; the transportation

5. CSI (English: Integrated Health Center; French: Case d' Sante Integrée)
   French: Dispensaire rural intègrant tous les soins de santé (curatif et preventif) en une seule étape
   English: Center for integrated health care (a local health center)

6. HEALTH HUT (French: CASE DE SANTE)
   French: Petite structure de soin dans un village, où exerce un agent de santé communautaire
   English: A small building which is a local health post (has less staff and equipment than the CSIs)

PERFORMANCE INDICATORS OF THE PROGRAM

Indicators show the extent to which the program's activities and the interventions to prevent maternal mortality, perinatal mortality, and obstetric fistula cases are crowned with success. The standard definitions for these indicators have been established in a manner intended to allow comparison of data from different parts of a country. The indicators are the following :

At the Community Level

1. Number of new births registered
2. Number of education sessions to obtain permission in advance in case evacuation becomes necessary
3. Number of registered pregnancies for which the outcome has not been registered
4. Number of health education sessions
5. Number of monthly supervisions (zero or one; should be one)
6. Number of pregnant women who have begun prenatal consultations
7. Number of home births
8. Number of women who are alive after the birth
9. Number of women who died after a birth lasting more then 24 hours
10. Number of newborns who are alive after the birth
11. Number of neonatal deaths
12. Number of cases of fistula diagnosed: New cases ; Old fistulas only diagnosed now

At National Level

13. Percentage of villages in the program that are providing a monthly report
14. Percentage of villages in the program where Village Volunteers (a man and a woman) trained/re-trained during the preceding year
15. Percentage of program communities that have had monthly health education sessions
16. Percentage of pregnant women who received permission for evacuation in case of prolonged labor
17. Percentage of evacuations due to prolonged labor that occurred after 36 hours of labor
18. Number of referred women who developed a fistula
19. Number of new fistula cases all told
20. Percentage of anticipated new pregnancies and of births attended to by the program
21. Number of maternal deaths during prolonged/obstructed labor
22. Number of perinatal deaths during a prolonged labor
23. Annual population estimate, if possible by village