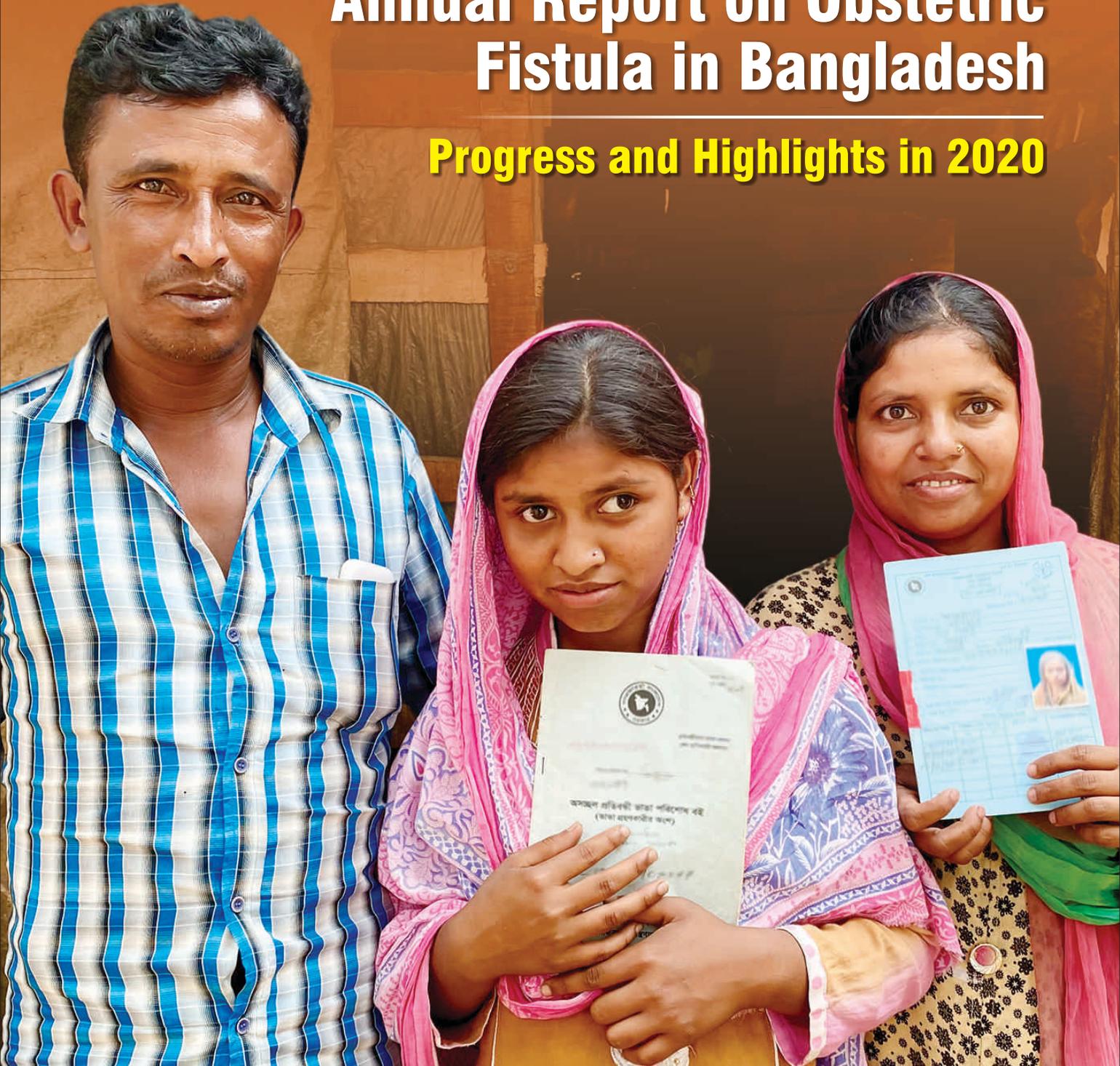




# Annual Report on Obstetric Fistula in Bangladesh

## Progress and Highlights in 2020

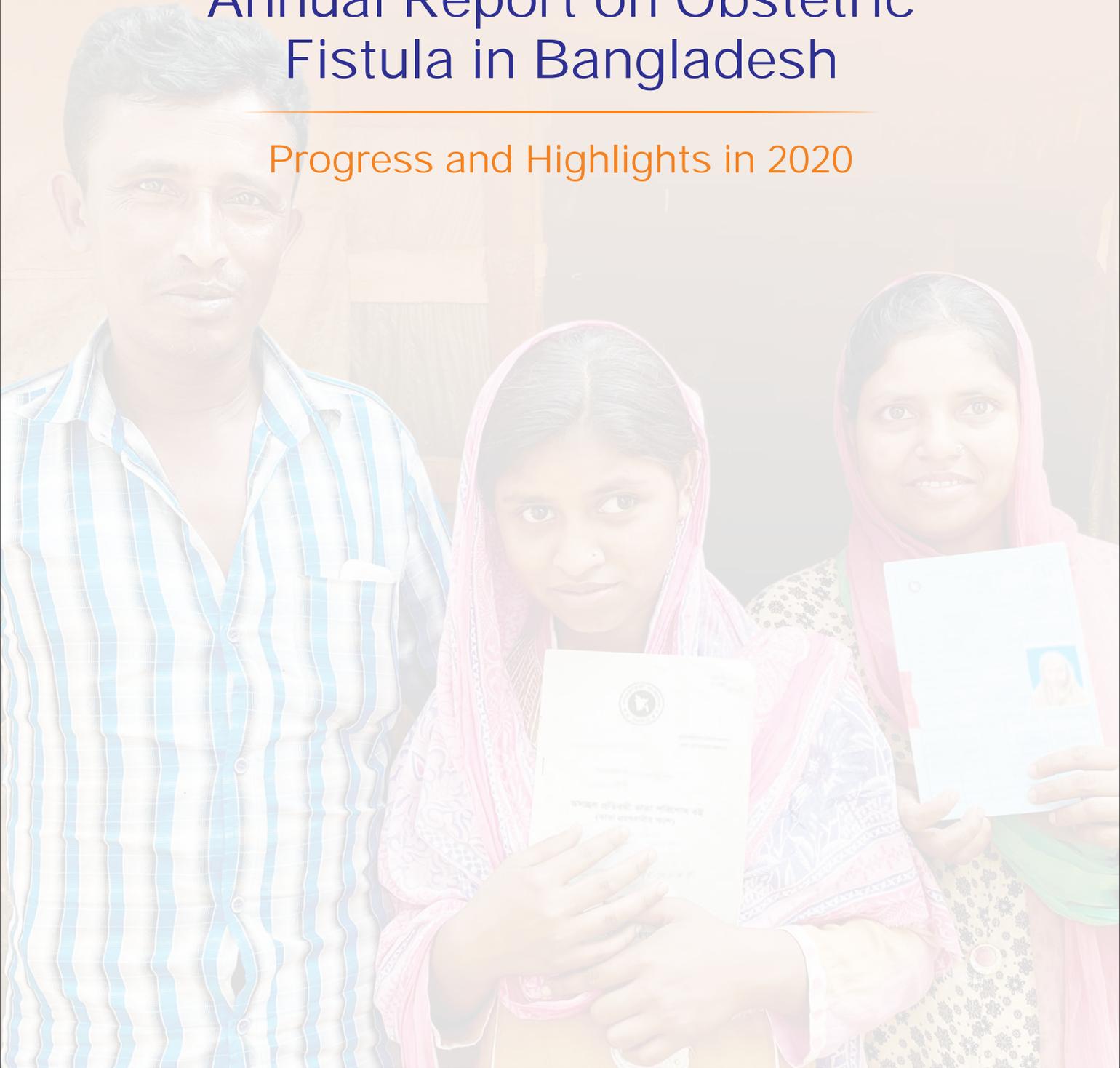






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# Abbreviations

ANC	Antenatal Care
BSMMU	Bangabandhu Sheikh Mujib Medical University
CC	Community Clinic
CFA	Community Fistula Advocate
CHCP	Community Health Care Provider
CS	Civil Surgeon
DDFP	Deputy Director of Family Planning
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DHIS2	District Health Information System, 2nd Edition
DMCH	Dhaka Medical College Hospital
FWA	Family Welfare Assistant
GoB	Government of Peoples Republic of Bangladesh
HA	Health Assistant
ISOFS	International Society of Obstetric Fistula Surgeons
MCWC	Maternal and Child Welfare Centre
MH&FW	Ministry of Health and Family Welfare
MNC&AH	Maternal Neonatal Child & Adolescent Health
NGO	Non-Governmental Organization
OF	Obstetric Fistula
OGSB	Obstetrical and Gynecological Society of Bangladesh
SACMO	Sub Assistant Community Medical Officer
SDG	Sustainable Development Goals
SIU	Stress Incontinence of Urine
UHC	Upazila Health Complex
UHFPO	Upazila Health and Family Welfare Officer
UN	United Nations
UNFPA	United Nations Population Fund
WF	Vesico-vaginal Fistula
WHO	World Health Organization



## Message

The burden of fistula in Bangladesh is still high due to the shortage of trained, skilled fistula surgeons, and a huge unmet need to treat and repair the backlog of women suffering from this condition. Bangladesh has made substantial progress in reducing maternal mortality over the last decades, and is on track to achieve the sustainable development goal 3 by 2030. However, maternal morbidity like Obstetric fistula is still a big challenge for the country. To reach the target of zero obstetric fistulas by 2030, Ministry of Health and Family Welfare (MoH&FW) has taken a number of initiatives to address the issues with the support of UNFPA.

DGHS through the Ministry of Health and family welfare has launched the 2nd national strategy to end obstetric fistula, which underscores the priority Government of Bangladesh to end Obstetric Fistula from Bangladesh by 2030. The government has undertaken elaborate initiatives to strengthen the systems for better identification, referral, management, rehabilitation and reintegration of fistula survivors to meet this goal. Moreover, DGHS developed a range of materials, including posters, pocket handbooks, an uniform data recording form for the facilities, with technical support from UNFPA and OGSB. A number of national technical workshops were also conducted by DGHS in 2020 to identify what is further needed to completely eliminate fistula from Bangladesh by 2030.

I am pleased to know that the annual report on fistula has been developed by DGHS with the technical support of UNFPA and OGSB. To accelerate the progress in eliminating fistula in Bangladesh, this report will provide a first-hand account of the progress that has been made over the last year. I believe it will have further implications for a better progress tracking, planning and management of the Government's endeavours to end Obstetric Fistula in Bangladesh.

Prof. Dr. Nasima Sultana  
Additional Director General (Admin)  
DGHS



## Message

Obstetric fistula is one of the most serious injuries of childbearing, causing a tear in the birth canal due to prolonged, obstructed labour in the absence of timely and adequate medical care. Fistula has been almost eliminated in developed nations, but in the developing world, it is estimated that hundreds of thousands of women and girls live with the condition. Over the decades, obstetric fistula has been a significant women's health concern in Bangladesh. In the recent years, Bangladesh has made substantive progress to end female genital fistula, especially in the reduction of Obstetric Fistula. However, fistula caused by surgical trauma (iatrogenic fistula), especially after caesarean section and hysterectomy operation, has become more common at the same time.

Currently, DGHS is focusing on the elimination of fistula activities in Rangpur, Rajshahi, Sylhet and Chattogram division as well as in other divisions. Our approach is targeted at increasing fistula identification from the community, diagnosis at the fistula corners, referral, management, and rehabilitation and reintegration for fistula survivors. DGHS also committed to generate evidence by gathering periodic data and information on fistula with support from UNFPA. Despite the recent improvements in the overall fistula scenario in Bangladesh, there is still a significant number of fistula cases that need to be adequately addressed and responded to.

The annual report on Obstetric Fistula 2020 on provides an account of the key activities undertaken to curve off Obstetric Fistula in Bangladesh last year. It serves as an evidence base on the same in that it can be used as a reference point for tracking of progress and devise future actions to eliminate fistula.

Dr. Md. Shamsul Haque  
Line Director, MNC&AH  
DGHS



## Message

Obstetric fistula is a debilitating condition that affects a total of one million women globally. In Bangladesh, recent survey results show that around 20,000 women are suffering from obstetric fistula with another 1000 cases adding every year. It is a significant public health challenge in developing countries resulting from inadequate emergency obstetric care, limited fistula repair services and a lack of fistula surgeons to manage the cases. Limited knowledge among the affected women on where to access fistula care also contributes to the problem. Obstetric fistula can have immense social and psychological consequences for the affected women. Successful repair of obstetric fistulas lead to a dramatic change in the survivor's quality of life.

Bangladesh has made good progress in eliminating obstetric fistula in the last decades. The United Nations has called upon all countries to end obstetric fistula within a generation, and Bangladesh is committed to attaining this goal on or before 2030. The second national strategy to end fistula (2017-2022) has, therefore, been aligned with the 4th HPNSP timeline. The Maternal Health Programme office is strongly committed to attain the goal of eliminating fistula in Bangladesh.

The annual report on fistula 2020, highlighted key activities performed by the DGHS with the technical support of UNFPA and OGSB to eliminate fistula in Bangladesh. Maternal Health Programme of DGHS collected the fistula patient's data of 2020 from the dedicated fistula centres in Bangladesh, which will provide clear information on where we are at this moment and what more is needed to be done in order to further strengthen the systems working for fistula elimination in Bangladesh.

A handwritten signature in black ink, appearing to read 'Azim'.

Dr. Md. Azizul Alim  
Programme Manager  
Maternal Health, MNC&AH  
DGHS



## Message

Obstetric fistula is a debilitating condition that affects a total of one million women globally and about 20,000 women in Bangladesh. This is the most serious and tragic childbirth injuries. This becomes a neglected public health and human rights issue. It occurs due to a hole between the birth canal and bladder and/or rectum, it is caused by prolonged, obstructed labour without access to timely, high-quality medical treatment. It leaves women leaking urine, faeces or both, and often leads to chronic medical problems, depression, social isolation and deepening poverty. The burden of fistula in Bangladesh is still high as development of fistula continues to occur; on the other hand there are shortage of trained, skilled fistula surgeons, and a huge unmet need to treat and repair. So, there is a backlog of women suffering from this condition.

Obstetrical & Gynaecological Society of Bangladesh (OGSB) is very much aware of this neglected maternal morbidity and always prioritize to accelerate the fistula elimination task. In addition, since 2019, OGSB has formed a technical task force committee within the OGSB to provide technical guidance and support to the government to improve the situation. OGSB is also providing support through national fistula centre in Dhaka Medical College Hospital and other govt., and private facilities are performing fistula surgery. OGSB is committed to continuously provide support to the government in partnership with UNFPA, Bangladesh to end obstetric fistula by 2030.

The Annual Report on Fistula 2020 well documented the progress in the elimination of fistula. This report will serve as a reference point for tracking our progress on the same going forward. Concerted efforts should be made by all stakeholders for the timely elimination of this maternal morbidity.

Prof. Dr. Ferdousi Begum  
President

Obstetrical & Gynaecological Society of Bangladesh (OGSB)  
South Asian Federation of Obstetrics and Gynaecology (SAFOG)

# Executive Summary

Ending Obstetric Fistula by 2030 is a global target, and the Government of Bangladesh is very much committed to reach the goal on or before the given time. The country has adopted a division based approach in the interventions pertaining to end fistula, focusing on an increased number of identification and diagnosis of cases, better coordinated referral management and rehabilitation of fistula survivors. Currently, the Ending Obstetric Fistula Programme is supported by UNFPA in Rangpur, Sylhet, Chattogram and Rajshahi division.

The year 2020 was one of the most challenging years, not only for Bangladesh but also for other countries around the world, owing to the unprecedented situation caused by the COVID-19 pandemic. Like most other health programmes, medical interventions pertaining to fistula was also severely disrupted, and in many places, came to a halt. In order to accommodate and respond to the high number of COVID19 cases, both government and private health facilities conducting fistula repair surgery had to stop their interventions. Moreover, due to the 'lockdown' imposed to tackle the Coronavirus, a large number of fistula patients could not avail the diagnosis and referral services. This multifaceted disruption has resulted in a backlog, which has multiplied the sufferings of the women with this ostracized condition.

However, despite all the challenges, DGHS with support from UNFPA as well as a range of non-government organizations, have continued its work to end fistula in 2020. Given the standstill condition of fistula related services, a number of 364 patients were admitted in 15 governments and private facilities, and a total 324 surgeries were performed with a 92% success rate in the year across the programme divisions. 67% of the total patients were diagnosed with obstetric fistula whereas 27% cases were iatrogenic fistula. For the majority of the iatrogenic fistula cases, hysterectomy was identified as the reason behind the condition.

Even through the pandemic situation, DGHS continued its work to strengthen the rehabilitation and reintegration mechanism for fistula survivors in 2020 with notable support from the Department of Social welfare, Department of Women Affairs as well as relevant local government bodies. More than 600 fistula survivors received some kind of support under this programme. For the reintegration of survivors, a number of 12 fistula survivors were engaged in the three-layers-cloth-mask making in Rangpur division, and another 22 survivors received skilled based handicraft trainings. Furthermore, despite the challenges emerged from the pandemic, the fistula elimination programme was launched in the three more districts of Rajshahi division (Bogura, Sirajganj and Rajshahi) in October, 2020. DGHS recognizes the tremendous support provided by the professional society- OGSB and UNFPA for the successful implementation of the ending fistula programme. This report outlines the key details of each of the interventions, achievements and learnings from the year 2020.

# Introduction

Genital fistula is a devastating maternal morbidity, which affects some two to three million women and Obstetric girls around the world, mostly in low and lower-middle income countries like Bangladesh. There are two major causes of genital fistula- obstetric and iatrogenic. Other etiological factors include trauma, sexual assault, congenital, carcinoma etc.

There are different types of obstetric fistula but the most prevalent ones are: vesico-vaginal fistula (VVF) and recto-vaginal fistula (RVF). Occasionally, some patients present both forms of fistula. Globally, obstetric fistula is one of the most serious and tragic childbirth injuries, which refers to a hole between the birth canal and bladder and/or rectum, caused by prolonged, obstructed labour without access to timely, high-quality medical treatment. It leaves women leaking urine, feces or both, and often leads to chronic medical problems, depression, social isolation and deepening poverty.

Fistula leaves a devastating effect on the physical, mental and social life of survivors. The stories of their lives are, in most cases, of misery, isolation and helplessness. The negligence and taboo associated with fistula increases the vulnerability of women suffering from fistula. Bangladesh along with many African, South Asian and Latin American countries has a large number of obstetric fistula cases, presenting a serious maternal health concern. About 50 to 100 thousand new cases are added each year to the existing two million obstetric fistula cases worldwide. Western and European countries experience a smaller number of cases because of their high number of facilities for institutional delivery and well-instigated referral system. Among the total number of fistula cases around the world, a vast majority of the cases are identified in around 50 countries, predominantly in regions with low socio-economic development like Africa and South Asia. Considering the current global scenario, the United Nations General Assembly recommended intensifying efforts to end obstetric fistula by 2030.

In the last few decades, Bangladesh has shown a remarkable progress in the development of maternal and child health. The maternal mortality rate came down from 596 (per 100,000 live births) in 1996 to 172 (per 100,000 live births) in 2018. Despite this significant progress, 53% of all child births in the country still occur through home-based delivery, which is one of the predisposing factors behind obstetric fistula. It is difficult to measure the exact number of fistula patients in Bangladesh due to the lack of quality data. In 2003, the prevalence of obstetric fistula was found at 1.69 per 1000 women. According to the Bangladesh Maternal Mortality and Health Care Survey (BMMS) 2016, the national prevalence rate for obstetric fistula in Bangladesh is 0.42 per 1,000 women with at least one birth. The study also estimated that approximately 19,755 women live with obstetric fistula, and two-thirds of them are between the age of 15 and 49 with new cases adding every year.

While the number of birth related fistula has reduced, iatrogenic fistula has increased in Bangladesh in the meantime. Despite the remarkable progress achieved by the country since the International Conference on Population and Development (ICPD) in 1994, there are still thousands of women and girls who have not benefited from the promise of ICPD—including the most marginalized and stigmatized women and girls who suffer from fistula. To complete the unfinished business of the ICPD commitments, Bangladesh is set to achieve zero obstetric fistula by 2030. To attain this goal, the health

system of the country first needs to identify those cases who are silently suffering; provide them proper support to reintegrate; and rehabilitate them to ensure quality of life. Identifying gaps and challenges is also needed to come up with proactive and better solutions.

In 2016, the Global Conference of the Society of Obstetric Fistula Surgeons suggested a new pathway by focusing on the basic formula of treating current cases, and preventing new cases to eradicate the long overdue obstetric fistula. UN general assembly 2018 intensified the efforts to end obstetric fistula within a generation. The set target aims to reach zero incident of obstetric fistula by 2022, reduce prevalence of repairable fistula cases by 90% and provide social safety nets and rehabilitation to 50% of all (repairable and incurable) cases of fistula between 2017 and 2022. Committing to an obstetric fistula free future, Bangladesh launched the Second National Strategy for Obstetric Fistula 2017-2022 in line with the vision to eliminate obstetric fistula by 2030.

Unfortunately, a new global public health concern has emerged with the COVID-19 pandemic in 2020, affecting more than 80 million people and causing more than 1.8 million deaths globally. In Bangladesh, COVID19 has affected approximately 700,000 people with more than 11,000 deaths so far. The pandemic and its consequent effects on the national health system has resulted in massive disruption in routine services. Uptake of other health services from facilities has reduced drastically during the lockdown period, which had significant bearings on maternal mortality and morbidity, including fistula. However, there is no single report generated annually representing the wholistic context of obstetric fistula in Bangladesh. Moreover, due to the unavailability of disaggregated quality data, the specific impact of the COVID19 pandemic on this particular maternal morbidity issue could not be measured.

Under this context, this report looks into how Bangladesh the Obstetric Fistula programme has fared in 2020 in the elimination of Fistula. The report focuses on the progress made and features key highlights of the programme in 2020. Specifically, it provides an overview of the special measures undertaken in response to the Covid-19 crisis as well as the progress made on fistula identification, referral, management, rehabilitation and reintegration support for survivors.

# COVID-19 and Fistula

The global Covid-19 pandemic and the consequent lockdown have made the plight of fistula patients more acute in Bangladesh and around the world, coupled with the prevailing social stigma and ostracism attached to fistula. In response to this disastrous economic and public health situation, the Government of Bangladesh along with its development partners, professional societies and non-government organizations has been working to curb the suffering of fistula patients by minimizing their hardship. Throughout the pandemic, GoB carried out initiatives to ensure rehabilitation and reintegration support, particularly psychosocial support, for fistula survivors as well as to increase awareness on the issue. At the same time, emphasis was given to promptly resume fistula repairing surgery in government and private health facilities.

## Rehabilitation support

Most of the Fistula patients in Bangladesh are economically marginalized, and in dire need of psychosocial rehabilitation. Owing to the ostracism revolving around fistula, patients and their families in many cases suffer financial hardship due to loss of job and income. The uncertainty surrounding their livelihood further increases their vulnerability and pushes them into a cycle of poverty. The 'End Fistula Programme' has, therefore, been providing a range of rehabilitation support to the survivors through its partners.

In the wake of the COVID-19 pandemic, a number of 584 fistula patients received rehabilitation support. Among them, 447 received cash money ranging from BDT 3000-5000 each. At least 130 patients received food support, while another 10 patients received non-food support (e.g. Shari/Lungi etc.). The food package included rice, flour, oil, potato and sugar. About 100 fistula survivors received other support from different government agencies, while about 400 received different services from NGOs. Moreover, some of them received rehabilitation support from individual philanthropists and donors.

## Psycho-social support during COVID-19 pandemic

Along with its high infectivity and fatality rates, the Corona Virus pandemic has caused universal psychosocial impact by causing mass hysteria, economic burden and financial losses. It took a major toll on the mental health of individuals, more so on fistula patients. With a view to address the psychosocial impact of the pandemic on fistula patients and survivors, GoB in collaboration with its partners made provisions to provide necessary psycho-social support services to the fistula patients, survivors and their families.

A total of 411 fistula patients received psycho-social counselling services under this programme during country-wide lockdown from trained counsellors, physicians, program officers and district referral coordinators. The counselling sessions were held both physically and virtually using mobile phone. Fistula patients and survivors received a range of psychosocial support, such as- counselling, empathetic listening, wellbeing checking, applying psychometric tools, stress management, anger management, relaxation technique, breathing technique, talk therapy, developing coping mechanism, session with caregivers etc. The counselling session was framed after the initial assessment of the patient.

## Awareness raising

There is a widespread lack of knowledge and awareness on preventive measures for the corona outbreak in Bangladesh. This is particularly scarce in the hard-to-reach areas of the country, especially in the Haor, Teagarden and Hill-tracts region due to their geographical features. At the same time, the number of the fistula patients is generally higher in these areas. In 2020, the End Fistula Programme undertaken several awareness raising initiatives in these areas through its implementing partners.

Total 4,483 fistula patients, survivors and their families attended more than 126 awareness raising meetings. Among the meetings, 100 were organized in the northern part of Bangladesh and rest in Haor and teagardens.

Meeting area	Number of events	Number of participants
Northern parts of Bangladesh & riverside areas	106	3943
Haor	5	165
Tea garden	15	375
<b>Total</b>	<b>126</b>	<b>4483</b>

The number of female participants were substantially higher in the meetings. The theme of the meetings was preventive measures for COVID-19, especially tailored for fistula patients and survivors. Several SBCC materials were used to make the discussions more interactive and fruitful.

## Awareness through Telecommunication

In addition to building awareness through physical sessions during the COVID-19 pandemic, the programme has also made use of telecommunication to connect fistula patients and survivors, and provided them with key messages and information on COVID-19. A number of 528 patients were communicated via mobile phone as part of this awareness raising initiative.

Information was provided on the government restrictions, social distancing rules, importance of wearing masks and washing hands by district coordinators. Through these calls, information was also sought on their health conditions with a view to provide them necessary free online telemedicine services. These services were provided by BSMMU and MAMM'S Institute of Fistula and Women's Health for fistula patients during the lockdown period free of cost.

## Fistula repair during COVID-19

During the pick phase of COVID-19 in Bangladesh, fistula repair surgery operations were stopped as all routine surgeries were postponed in health facilities. There was no fistula surgery conducted between April-June 2020 due to the COVID-19 pandemic. No fistula patients were brought to health facilities under this programme in order to ensure their safety from COVID19 as well as to prevent the community spreading of the virus.

The Fistula task force sub-committee of OGSB in collaboration with DGHS and UNFPA determined a roadmap to resume fistula surgery after the number of COVID-19 infections got comparatively lower. LAMB, one of the partners of the End Fistula Programme, resumed fistula repairs in July 2020 after developing an internal standard operational procedure (SOP) to conduct surgery under the changed circumstances.

Each of the surgeries was performed maintaining proper precaution and safety measures. Following the SOP, Hope foundation also resumed their operation later on and is continuing to do so. However, government facilities had to wait until October 2020 to resume fistula surgeries, and started on a small-scale in November.

# Fistula Identification



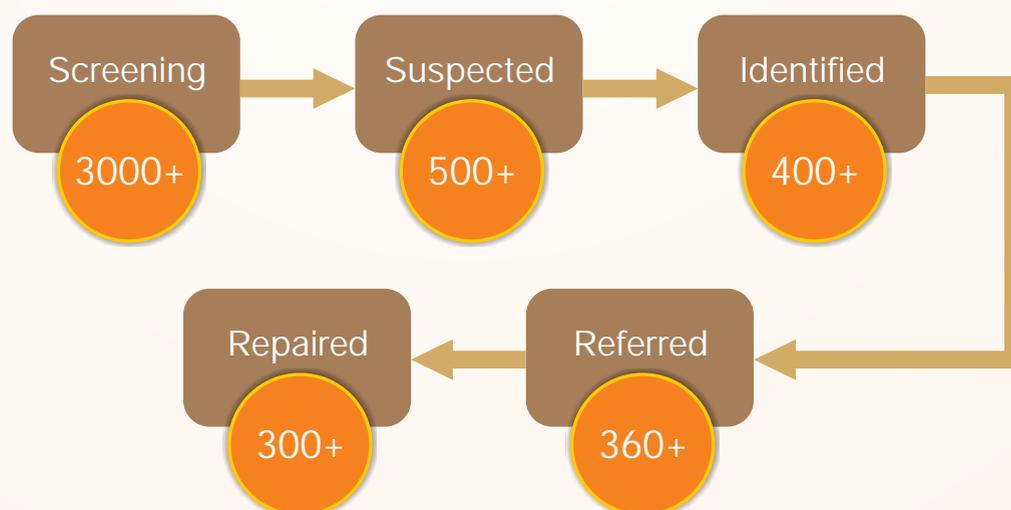
## Process of fistula identification

Identification of genital fistula cases is a challenging task, especially at the community level, as the lack of a routine reporting system for fistula cases continues to persist, meaning that the identification of fistula cases is only possible if/when the patient come to the facility for diagnosis by herself or a health care provider identifies the case, and /or refers it to the facility for diagnosis. The biggest challenge in ending obstetric fistula is that a large number of patients have been suffering for many years, and they did not feel the urge to treat the fistula. Moreover, in cases of suspected fistula, due to an operative procedure like c- section or hysterectomy, it is usually the respected consultant / facility that refers the patient to the referral facility for further management. Different modalities of fistula identification were utilized in 2020, including the identification from the community, at the fistula corner in the district hospital, reproductive health centers, and in fistula screening camps.

In Rangpur division, all government field level health care providers from eight districts, including health and family welfare assistants, were oriented. Community Health Care Providers in the community clinics, in many cases, informed about potential cases of fistula. Moreover, fistula screening camps were set up in different locations to diagnose fistula patients.

In Sylhet division, UNFPA supported the Civil Surgeons Office to identify fistula patients from the community, focusing on the women living in marginalized communities and hard-to-reach areas like the tea gardens and Haor area. Household level screening was undertaken in Chattogram division by the implementing partner of the project. Volunteers were trained to visit each of the households to capture patients with symptoms of fistula, and refer them to the referral facility for confirmation and management. Community fistula advocates or fistula ambassadors also supported to identify fistula cases. Besides, fistula screening camps were also organized in Rangpur, Sylhet and Chattogram divisions to capture fistula patients at the upazila level.

Methods of Fistula Identification	Who identify Fistula cases
<ul style="list-style-type: none"> <li>• By household Visit</li> <li>• Using the four questions checklist</li> <li>• At the Fistula Corner at district hospital</li> <li>• Fistula screening camp</li> <li>• SRH Clinics in Rohingya camps</li> </ul>	<ul style="list-style-type: none"> <li>• Community Fistula Advocate</li> <li>• Community volunteer</li> <li>• Doctor</li> <li>• Nurse/ Midwife</li> </ul>



# Diagnosis, Referral, Management and Causes of Fistula



In 2020 a total number of 364 fistula patients were admitted in 15 selected facilities. Among them 324 patients were operated. Average duration of hospital stayed by the fistula patients was 15 days. The outcome of fistula surgery was found 92.1% successful with dry, 2.8% was successful not dry and only 5.1% failed to recover.



Name of the facility	Number of patients admitted	Number of patients operated	Average duration of hospital stay	Outcome		
				Successful, Dry	Successful, not dry	Failed
National Fistula Center, DMC	42	26	30	76.9	3.9	19.2
University Fistula Center, BSMMU	10	10	15	100	0	0
Sir Salimullah Medical college	5	5	16	100	0	0
Chattagram Medical college	13	4	18	100	0	0
Rajshahi Medical college	14	10	15	71.5	0	28.5
Mymensingh medical college	2	2	14	100	0	0
Khulna Medical College	2	2	15	100	0	0
Faridpur Medical college	8	8	14	100	0	0
Shahid Ziaur Rahman Medical college, Bogra	2	0	0	0	0	0
MAMM'S Institute	90	85	24	95.3	0	4.7
Lamb hospital	85	81	12	71	10	19
Hope foundation hospital	65	65	13	79	21	0
Ad Din hospital	2	2	16	100	0	0
Kumudini Hospital	2	2	15	100	0	0
Dr. Mottalib Hospital	22	22	15	95.5	4.5	0
<b>Total</b>	<b>364</b>	<b>324</b>	<b>15</b>	<b>92.1</b>	<b>2.8</b>	<b>5.1</b>

## Cause of Fistula, Types of fistula by facilities

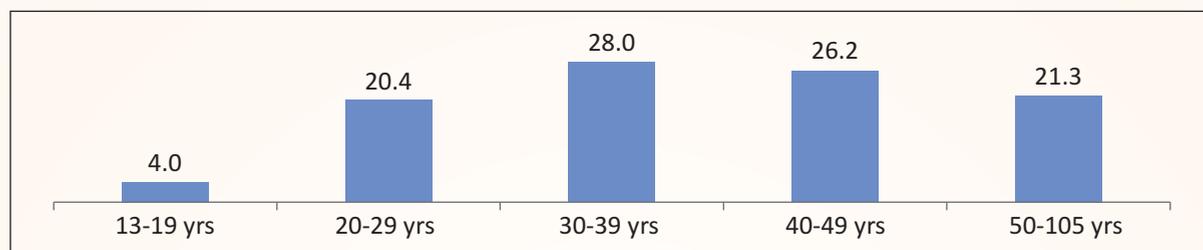
In 2020 the cause of fistula, cause of iatrogenic fistula, route of operation of 15 facilities were collected. Total 220 cases of fistula occurred due to obstetric cause, 122 due to iatrogenic cause and 13 were congenital. Among the iatrogenic fistula 8 were due to C-section, 61 were due to hysterectomy and 2 were due to laparoscopy. Types of genital fistula including 43 recto-vaginal fistula, 17 uretero-vaginal fistula, 2 Vesico-uterine, 10 Vesico-cervical and 304 Vasio-vaginal fistula. The route of operation includes 254 vagina, 29 abdominal and 2 abdomino-perineal.

Name of the facility	Cause of fistula				Cause of iatrogenic fistula			Type of Genital fistula						Route of operation		
	Obstetric	iatrogenic	Congenital	Traumatic	C-Section	Hysterectomy	Laparoscopy	Recto-vaginal	Urethro-vaginal	Uretero-vaginal	Vesico-uterine	Vesico-cervical	Vasio-vaginal	Vaginal	Abdominal	Abdomino-perineal
National Fistula Center, DMC	18	24	0	0	1	22	1	1	0	1	0	0	40	41	1	0
University Fistula Center, BSMMU	3	6	0	1	2	4	0	2	0	1	0	0	7	8	2	0
Sir Salimullah Medical college	1	4	0	0	2	2	0	0	0	0	0	0	5	5	0	0
Chattagram Medical college	3	1	0	0	0	1	0	0	0	0	0	0	4	3	1	0
Rajshahi Medical college	2	6	0	0	1	5	0	2	0	0	0	0	6	6	2	0
Mymensingh medical college	1	1	0	0	0	1	0	0	0	0	0	0	2	2	0	0
Khulna Medical College	2	0	0	0	0	0	0	0	0	0	0	0	2	2	0	0
Faridpur Medical college	0	8	0	0	5	3	0	0	0	2	0	0	6	2	4	2
Shahid Ziaur Rahman MCH, Bogra	2	0	0	0	0	0	0	0	0	0	0	0	2	2	0	0
MAMM'S Institute	69	20	0	1	7	12	1	6	0	0	0	0	84	87	3	0
Lamb hospital	58	39	13	2	39	1	0	15	0	12	2	4	73	12	9	0
Hope foundation hospital	46	3	0	3	1	4	0	11	0	0	0	6	54	63	2	0
Ad Din hospital	2	0	0	0	0	0	0	0	0	0	0	0	2	2	0	0
Kumudini Hospital	1	1	0	0	1	0	0	0	0	0	0	0	2	2	0	0
Dr. Mottalib Hospital	12	9	0	1	2	7	0	6	0	1	0	0	15	17	5	0
<b>Total</b>	<b>220</b>	<b>122</b>	<b>13</b>	<b>8</b>	<b>61</b>	<b>62</b>	<b>2</b>	<b>43</b>	<b>0</b>	<b>17</b>	<b>2</b>	<b>10</b>	<b>304</b>	<b>254</b>	<b>29</b>	<b>2</b>

# Analytical findings from 234 fistula patients

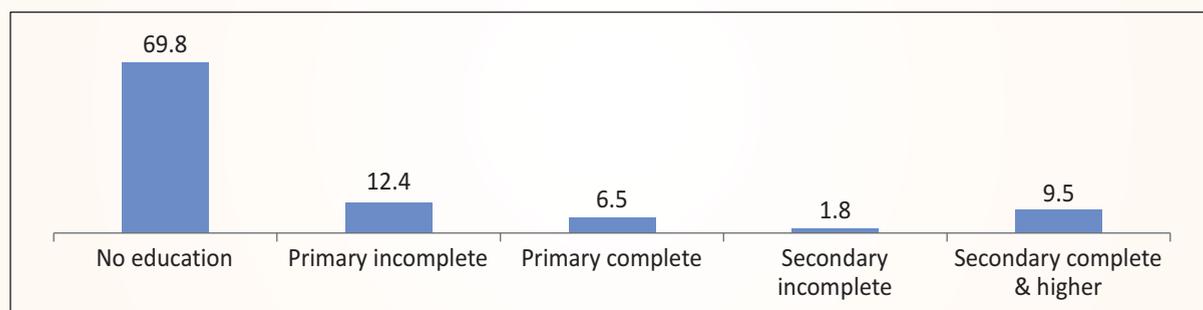
## Age of the patient

Among 234 women with fistula, the prevalence of fistula was highest among women from 30-39 years' age range (28%). Adolescent (13-19 years) comprised about 4% of the patients. The vast majority of fistula patients (47.5%) were women aged 40 years or above.



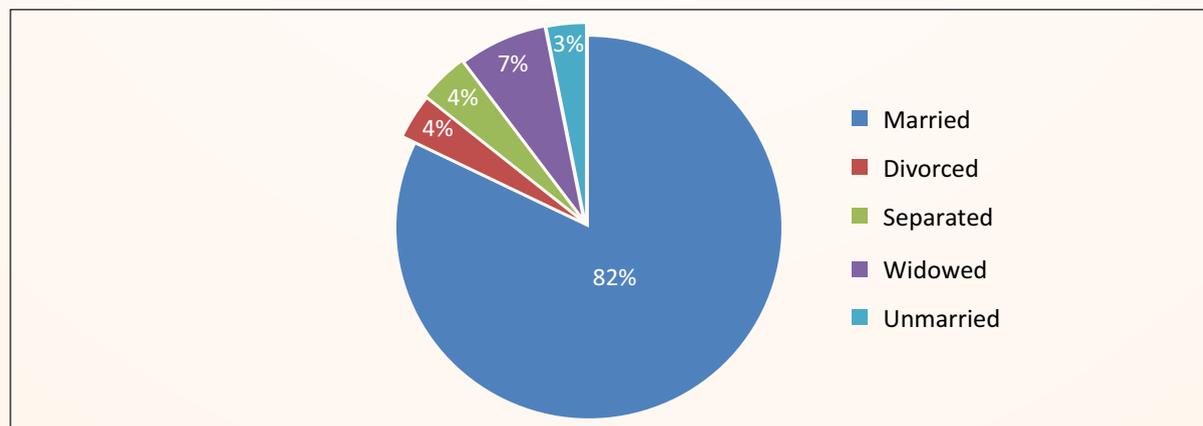
## Education of the patients

About 70% women with fistula had no education and only 9.5% completed secondary and higher level of education.



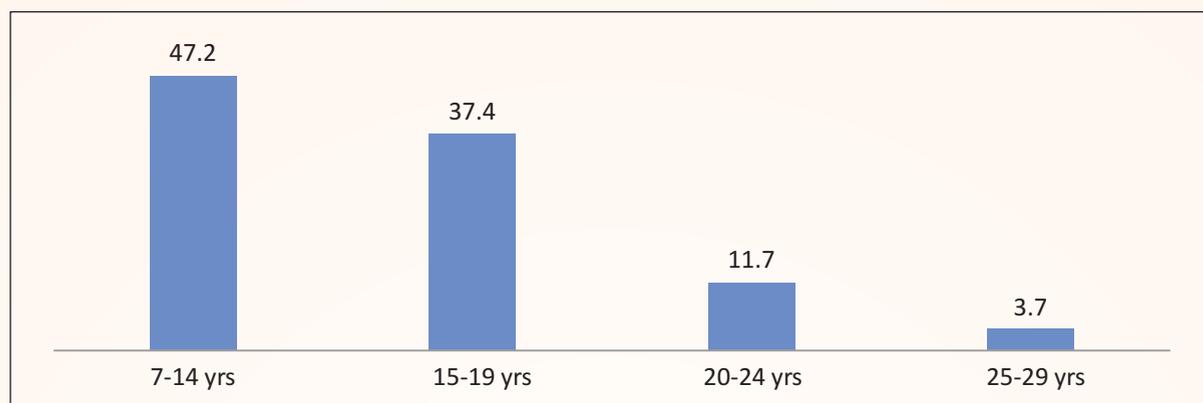
## Marital status

About 82% women with fistula lived with her husband, whereas 4% were divorced, 4% separated, 7% widowed and 3% unmarried.



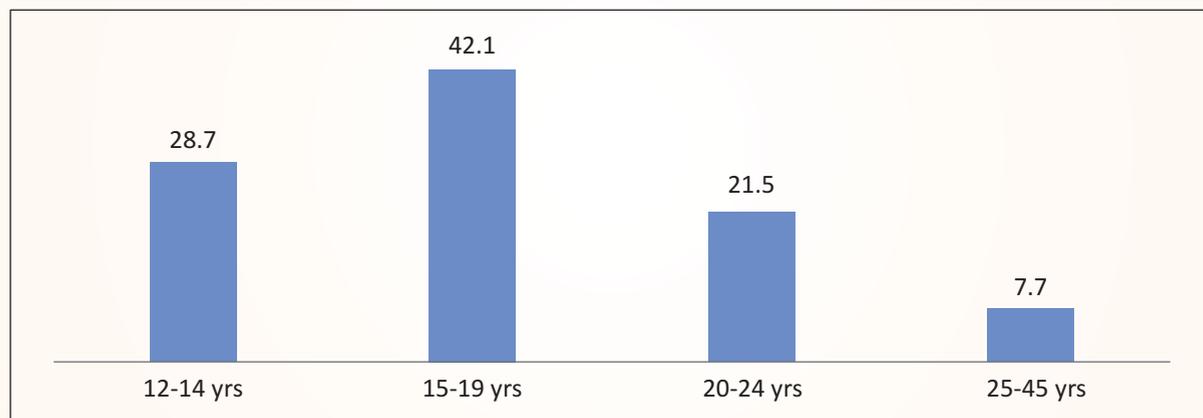
## Age of marriage of the patients

About 84.6% women with fistula got married during their adolescence., 47.2% of whom got married between the ages of 7-14.



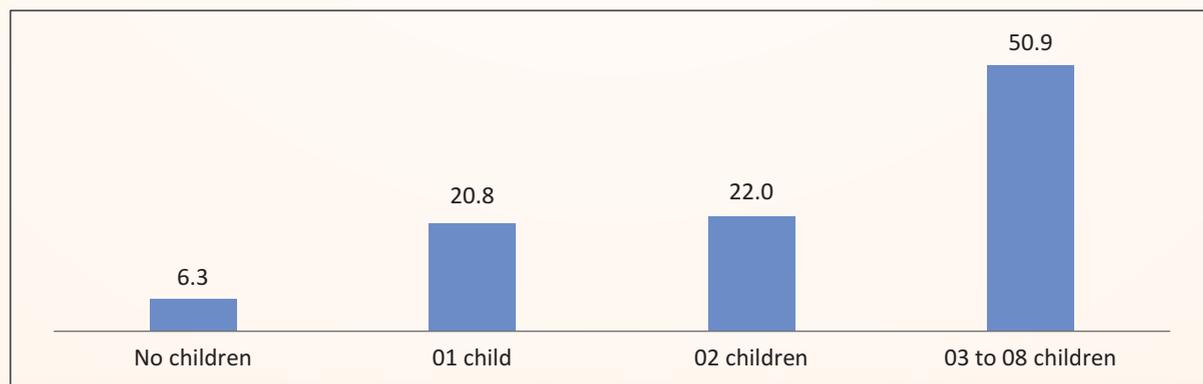
## Age at first delivery

It was found that 70.8% of women with fistula had their first delivery during adolescence (12-19 years). 28.7% of these deliveries occurred at 12-14 years of age.



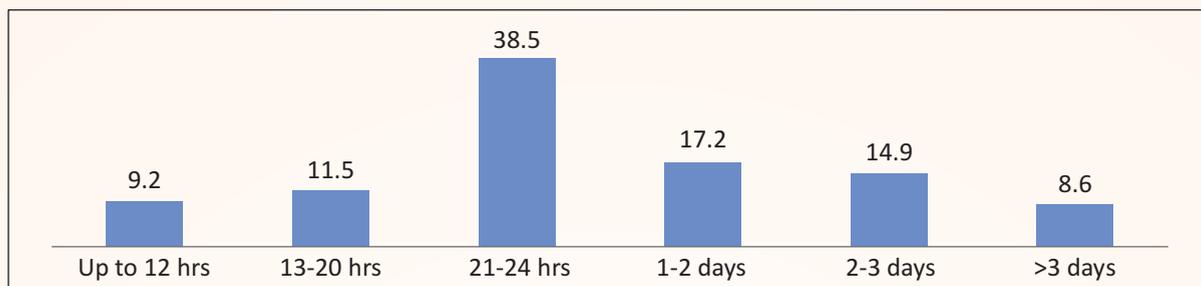
## Number of children

About 51% women with fistula had 3-8 children and 6.3% women had no children.



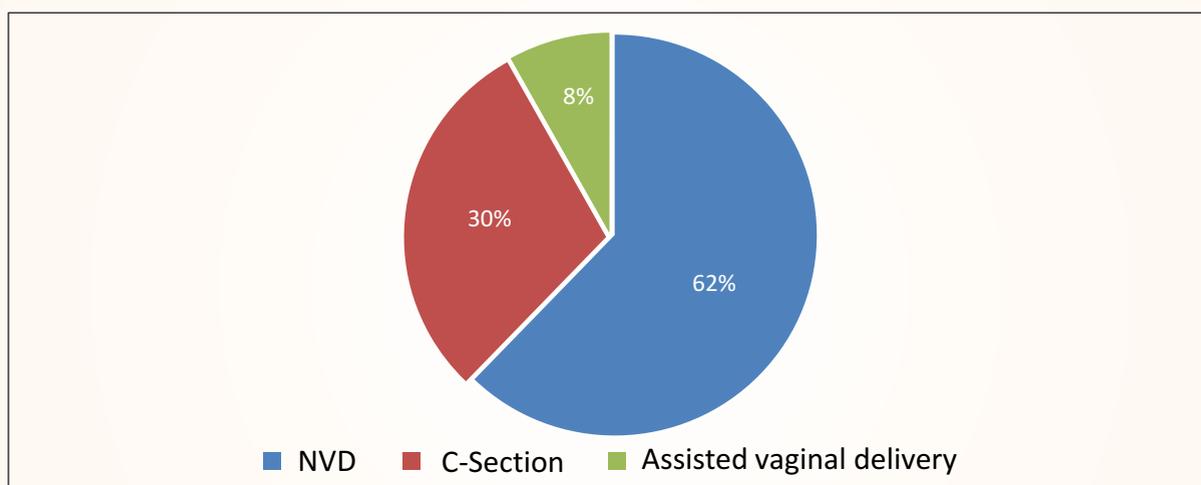
## Duration of labour in last delivery

About 40.7% women with fistula had more than one day duration of labour during their last delivery and 38.5% had labour pain for 21-24 hours.



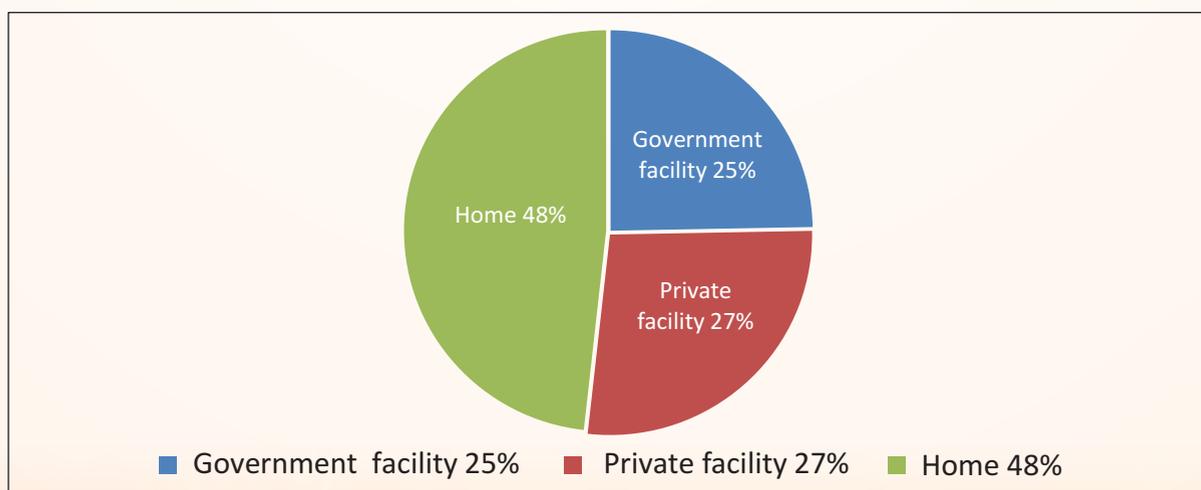
## Mode of last delivery

About 62% women had normal vaginal delivery during their last birth, 30% of cases were C-section, and 8% were assisted vaginal delivery.



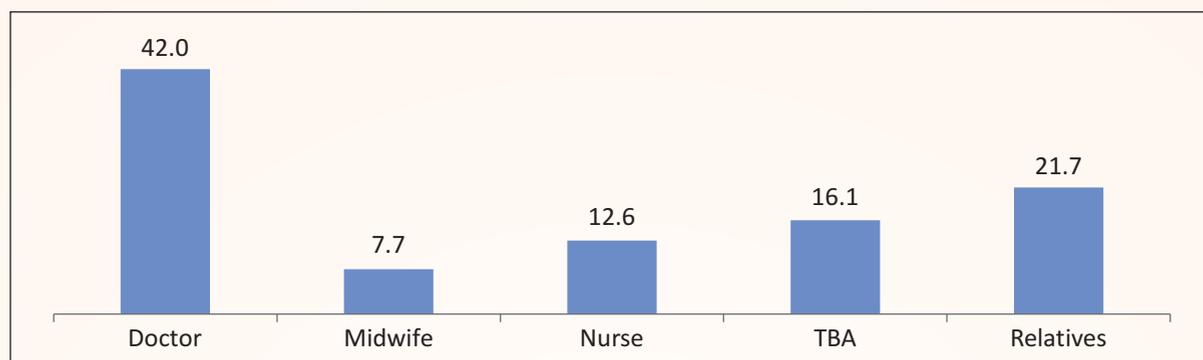
## Place of last delivery

About 48% women with fistula had their last delivery at home, 25% at government facilities and 27% at private facilities.



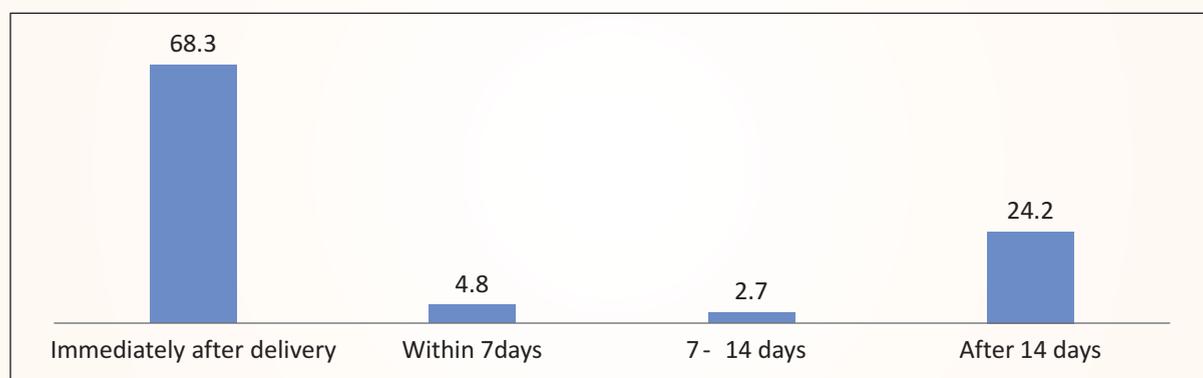
## Who assisted the last delivery?

About 37.8% of women with fistula had their delivery assisted by Traditional Birth Assistants (TBAs) and 42% of women had their last delivery assisted by the doctors, 7.7% by midwives and 12.6% by nurses.



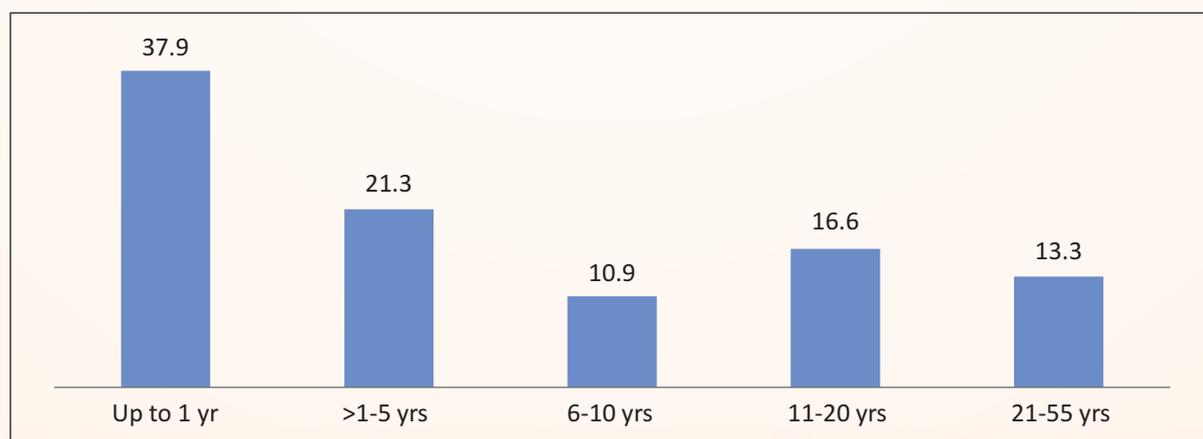
## Time duration of fistula occurred after delivery

For 68.3% of women, fistula was developed immediately after delivery. In 7.5% of cases, it developed within 14 days after delivery.



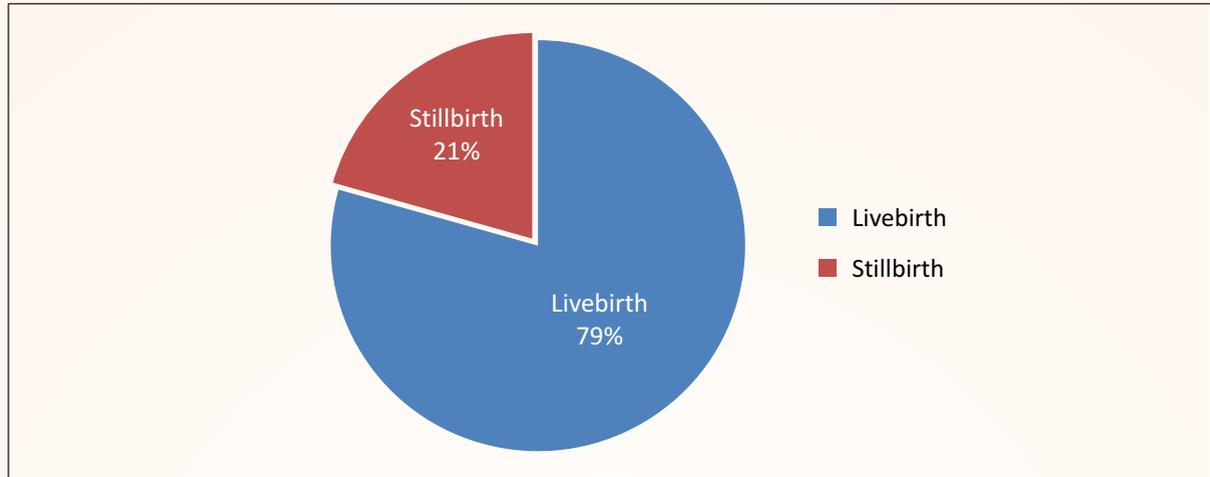
## Duration of suffering from fistula

About 30% women suffered from fistula more than 10 years and about 38% suffered up to 1 year.



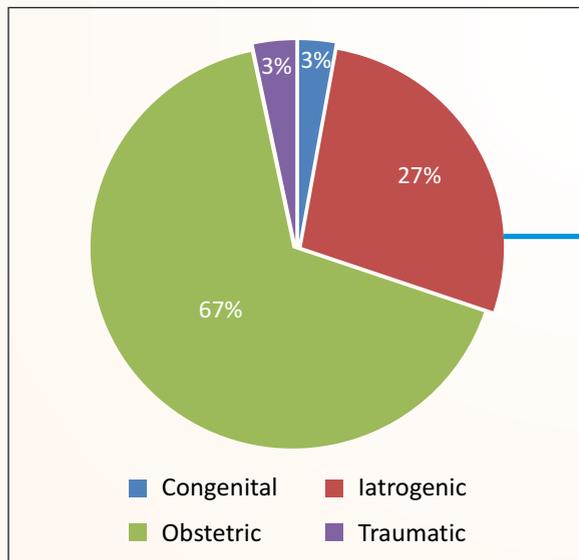
## Outcome of last delivery

The delivery outcome was a livebirth in 79% cases, whereas 21% of the women had a stillbirth.



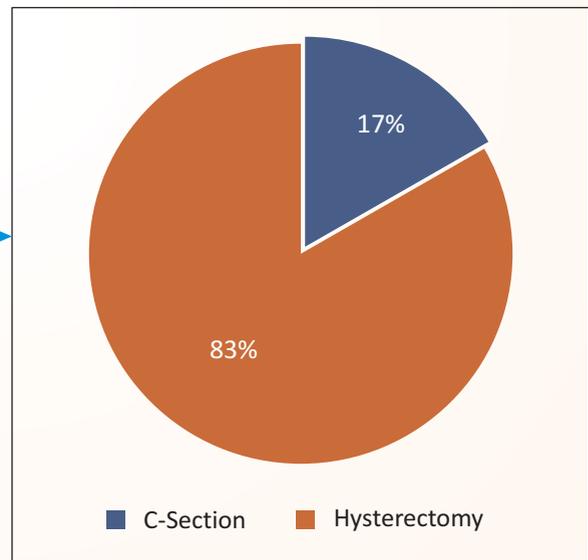
## Cause of fistula

About 67% women had obstetric fistula, 27% iatrogenic fistula, 3% congenital and 3% traumatic fistula.



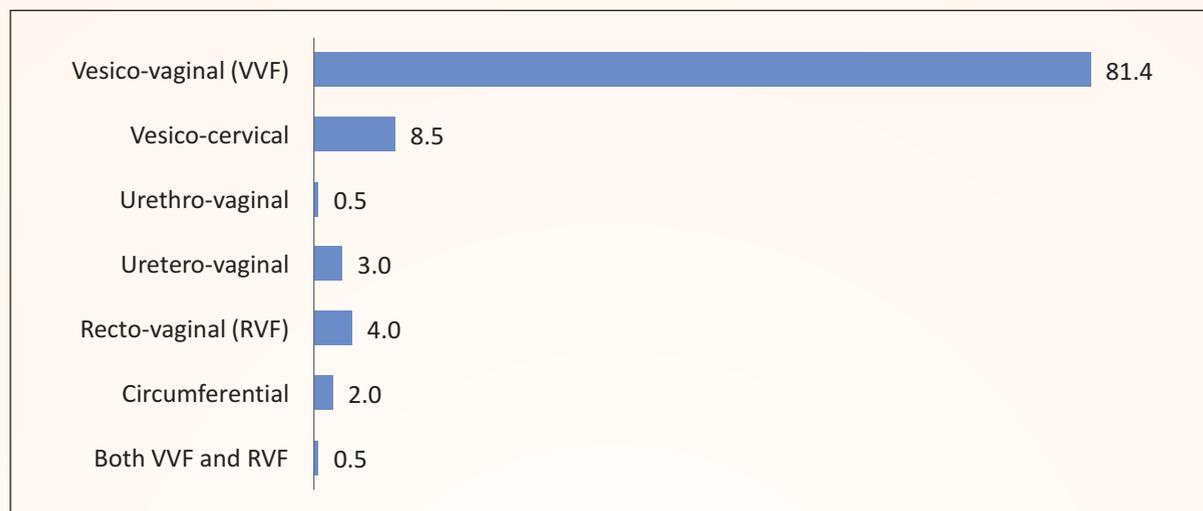
## Cause of Iatrogenic fistula

About 83% of iatrogenic fistula was occurred due to hysterectomy and 17% occurred due to C-section.



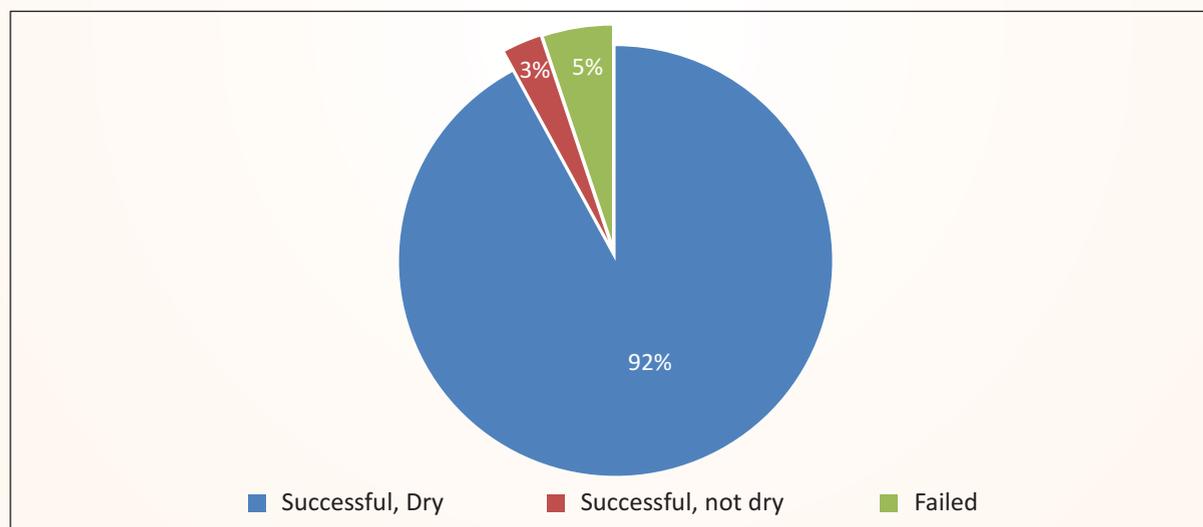
## Type of Genital fistula

The highest percentage of genital fistula was the vesico-vaginal fistula (81.4%). About 8.5% was vesico-cervical fistula and 4% was recto vaginal fistula.



## Outcome of Surgery

Among the 234 women who had fistula surgery, 92% were successfully repaired with dry condition and only 5% cases were failed.



# Fistula Rehabilitation and Reintegration



Three advocacy meetings were organized by the Civil Surgeon office on rehabilitation and reintegration for fistula survivors in Rangpur Division. The Department of Social Welfare, Department of Women and Children's Affairs and Department of Youth and Development of the districts were key participants in these meetings. Following the workshop, two fistula survivors from Thakurgaon and two from Kurigram received reintegration support from the participating departments. Another three survivors have been enrolled in the government provided social safety net programme during Quarter 1. Moreover, a number of 88 fistula survivors and 28 patients who are waiting for surgery, received food and non-food items from different organizations during the COVID 19 lockdown period through direct advocacy by this project.

A divisional meeting on rehabilitation and reintegration of fistula patients was held at the Rangpur division in October 2020, organized by the social welfare department. District social welfare deputy directors participated in the meeting where they have reiterated their strong commitment to the ending fistula agenda, and assured that they will leverage necessary support for the fistula survivors in the division. Representatives from the Department requested for prospective list of survivors who can be supported at the district level. The Divisional Director of the Social Welfare Department in Rangpur also launched the three layers cloth masks made by fistula survivors.

Total 12 fistula survivors are now engaged in preparing these cloth masks, which has been facilitated using a Standard Operating Procedure. Moreover, a Quality Assurance Committee and a Technical Committee are working to ensure the quality of the product. The team produced over 3000 masks to date. The Ending Fistula project links the survivors to the market to easily sell their masks. A Standard Operating Procedure (SOP) in accordance with government SOP on cloth masks has been developed and solicited by the Civil Surgeon Office.

Two fistula survivors will receive paddle swing machines (who does not have their own machine). In addition, 20 survivors received hands-on skills training on making jute handicrafts in November 2020 in Rangpur division. Patients are also supported to reintegrate in society after their recovery with necessary counseling on income generation. They also provided sewing machine to eight women and handcraft materials to another six women. The Foundations has provided them with space as well to sell their handicrafts.

Table: Details of the support received from the GoB and others

Type of support	Individual support	NGO	Union Council	UNO Office	Women Affairs Office	Grand Total
Cash Support	21	422	2	2	0	447
Cattle	0	0	0	1	0	1
Non Food items like Sari, Lungi etc.	5	0	1	0	0	6
Food package (Rice, potato, Oil etc.)	31	11	63	22	3	130
<b>Total</b>	<b>57</b>	<b>433</b>	<b>66</b>	<b>25</b>	<b>3</b>	<b>584</b>

# Capacity Development



## Capacity development of Health Care Providers

To enhance the capacity of health service providers on the elimination of fistula, four divisions organized different orientation sessions for more than 5000 health staffs, who received primary orientation on the diagnosis of fistula and treatment. 2000 pocket handbooks on fistula patient identification and 1,000 posters with fistula awareness messages were distributed in the capacity development initiative among the field-level government health care providers. Hope Foundation also provides training to other government, non-government and private health care providers and outreach works on the identification and referral of fistula cases.

Division Name	Participants (HA, FWA, FWV, FPI, HI, CHCP, Midwives, volunteers)
Chattogram	443
Rangpur and Rajshahi	4611
Sylhet	367
Total	5421



## Capacity development of surgeons

### Workshop and Hands-on training held on “Female Pelvic Medicine and Reconstructive Surgery”

A workshop and training session on Female pelvic floor medicine and reconstructive surgery was held on 17th and 18th February 2020 at MAMM'S Institute of Fistula and Women's Health (MIFWOH) in collaboration with OGSB, ISOFS and UNFPA Bangladesh.

The hands-on training was preceded by lecture sessions on urinary incontinence and POP-Q classification. About 11 operations were demonstrated live to the participants with their participation in the process. There was also a session for hands-on training on Cystoscopy and model-based fistula & perineal tear repair.

The session was conducted by prominent pelvic floor surgeons. Around 30 participants were present in the workshop and training sessions. Representative from OGSB, ISOFS, CIPRB and UNFPA also joined in the workshop.



# Advocacy, Planning and Monitoring



## End Fistula Programme launched in Rajshahi

With the support of UNFPA, this year the End Fistula Programme was launched in Rajshahi division. A divisional launching workshop and three district based launching program were held in Rajshahi, Bogra and Sirajganj district.

In the launching event, participants reflected on the overall Fistula scenario in Bangladesh, which was followed by an experience sharing by Dr. Kris Prenger on "Fistula elimination in Rangpur Division: LAMB's experience." A participatory group work involving field officers from different districts then followed the session. Participants were also briefed on the tracking of Fistula data and documentation by Dr. Kaniz Fatema.



Following the launching event, three districts- Bogura, Sirajganj and Rajshahi- organized district level meetings to discuss further on how the district will plan to identify, diagnose and refer the fistula patients to the referral facilities. More than 100 health managers and service providers took part in the meeting.

Moreover, Rajshahi division organized a day long workshop on the diagnosis of fistula patients in the district facilities, which was participated by 20 doctors and nurses. Following the workshop, the district managements reiterated their commitment to diagnose more patients at the district hospital fistula corners.

## Healthcare providers trained on the diagnosis of Fistula



A day long training programme on fistula diagnosis was held at Rajshahi division. The health care providers including doctors, midwives and nurses received the training on diagnosis of fistula cases. The HCPs expressed their satisfaction on receiving the hands on skill training. They were confident to diagnose and referral of the women with fistula cases. They provided their commitment to involve this diagnosis, management and referral of fistula patients in their respective facilities.

## Stakeholders commit to end Fistula from Sylhet region

The annual divisional workshop in Sylhet was held on 03 December 2020 at the conference room of the Divisional Director of Health office in Sylhet division with the technical support of CIPRB and UNFPA Bangladesh.

All the Civil Surgeon from the four districts as well as Hospital Superintendent of district hospitals, consultants of Gynae and Obstetric of Sylhet Osmani Medical College hospital, and Fistula Surgeons from the region joined the workshop. Support provided from the UN SDG joint project in the identification, referral and management of fistula



patients from the teagarden areas was highlighted in the meeting. Participants reiterated their commitment to work together to eliminate obstetric fistula from Sylhet division before 2030.

## Annual Workshop on Fistula held in Chattogram Division

On 24 December 2020, a divisional workshop on elimination of Obstetric Fistula was held in Chattogram division at the Conference room of EPI Bhabhan of Civil Surgeon Office in Cox's Bazar. The Civil Surgeon, Cox's Bazar organized the meeting with the technical support from UNFPA and HOPE foundation. Civil Surgeon of Bandarban District, Deputy Director of Family Planning of Cox's Bazar District, Deputy Director of Social Welfare of Cox's Bazar District, Deputy Director of Women Affairs of Cox's Bazar District, eight UHFPOs of Cox's Bazar District, five UHFPO of Bandarban District, and

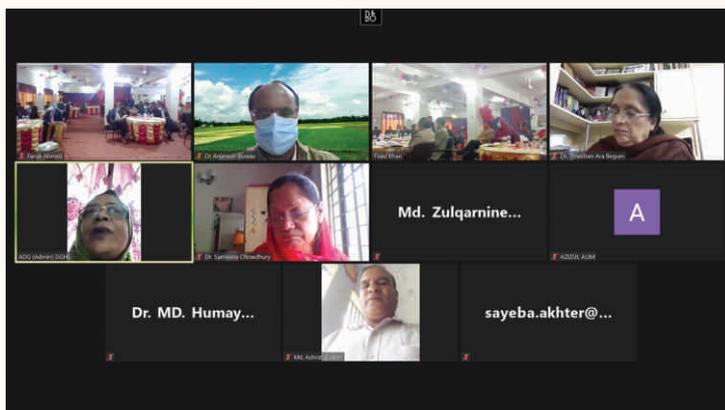


Head of Obs-Gynae of Cox's Basar district Hospital took part in the workshop. The progress made as well as the emerging challenges in the elimination of fistula in Chattogram division was highlighted in the workshop. Participants reiterated their commitment to work together to eliminate obstetric fistula from Chattogram division before 2030.

## Annual divisional workshop on fistula elimination

### Rangpur division presented annual findings of Fistula in an Annual Meeting

The divisional workshop in Rangpur was held on 17 December 2020 at Lamb Hospital, Parbatipur. Prof Dr Nasima Sultana, ADG, Admin of DGHS was the chief guest at the workshop, and joined virtually. Civil surgeons, Deputy Director of Family Planning Department, directors from Social Welfare Department, Women Affairs Department, representing all of the eight districts as well as professors from the Obs-Gynae department from Rangpur Medical College and Dinajpur medical college joined the workshop.



Key achievements made and challenges faced throughout the year 2020 were discussed at the workshop along with the stipulated plans for 2021. At the workshop, two Upazilas of Panchagarh district were declared fistula-free by the Director of Health who committed to end obstetric fistula from Rangpur division well ahead of 2030. LAMB continues to provide its support for fistula repairs with technical support from UNFPA throughout the Rangpur division.

### Social Welfare department of Rangpur division organized a workshop on Fistula Rehabilitation and Reintegration

On 20 December 2020 the social welfare department of Rangpur division organized a workshop on fistula rehabilitation and reintegration in Rangpur. A number of Fistula survivors from the region joined in the workshop, and shared their experience of getting back to a fistula-free life. They expressed their gratitude to the Department of Social Welfare for extending reintegration and rehabilitation support to the survivors of fistula. Total 24 district and divisional level GoB officials participated in the workshop. They provided their commitment to rehabilitation and reintegration support to all the fistula survivors in Rangpur division.



## Implementing Partners discuss elimination of Fistula in the context of COVID19

A virtual meeting on elimination of obstetric Fistula in Bangladesh was held on the occasion of International Day to End Obstetric Fistula 2020. Chaired by Dr. Md. Azizul Alim, Program Manager, Maternal health, MNC&AH, DGHS, the meeting brought together relevant project personnel from both the head office and field levels, representing CIPRB, LAMB, Hope foundation and UNFPA Bangladesh. The COVID19 pandemic and emerging challenges in the implementation of the project activities were under sharp focus in the meeting.

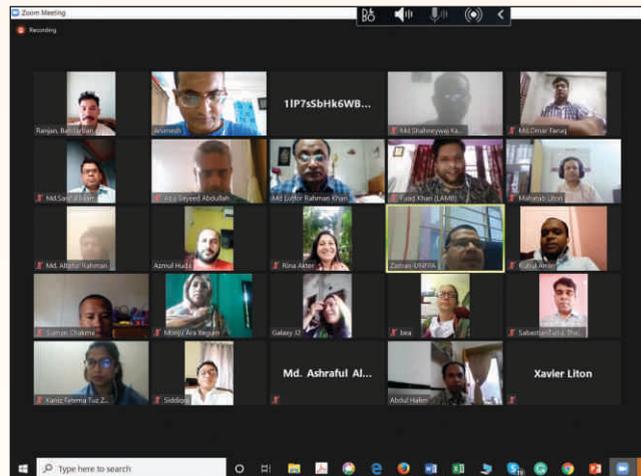
A live webinar was organized by MAMM'S Institute of Fistula and Women's Health in collaboration with OGSB and SAFOG on the occasion of the International Day to end Obstetric Fistula and National Safe motherhood Day 2020. The theme for the International Day to End Obstetric Fistula 2020 was "End gender inequality! End health inequities! End Fistula now!" This was a virtual gathering of eminent national and international experts, fistula surgeons and activists.

Speakers at the session concluded on the note that Bangladesh have come a long way in the journey to end fistula, but we still have a long way to go. Stakeholders have to instigate a culture of ensuring institutional delivery across all socio-economic class. This has to be supplemented with reformed policies addressing the specific vulnerabilities and the solutions to the challenges in ending fistula in Bangladesh.

Implementing partners of the End Fistula Programme met virtually on the occasion of the International Day to End Obstetric Fistula 2020.

Chaired by Dr. Md. Azizul Alim, Program Manager, Maternal health, MNC&AH, DGHS, the meeting brought together relevant project personnel from both the head office and field levels, representing CIPRB, LAMB, Hope foundation and UNFPA Bangladesh.

The COVID19 pandemic and emerging challenges in the implementation of the project activities were under sharp focus in the meeting.



### Implementing partners use virtual platform for coordination, sharing updates and monitoring progress

Implementing partners supporting the government in fistula elimination were periodically participated in the online platform to share progress, highlights, challenges and plan in the meeting. Programme personnel, fistula surgeons and partner's focal persons participated in several zoom sessions.

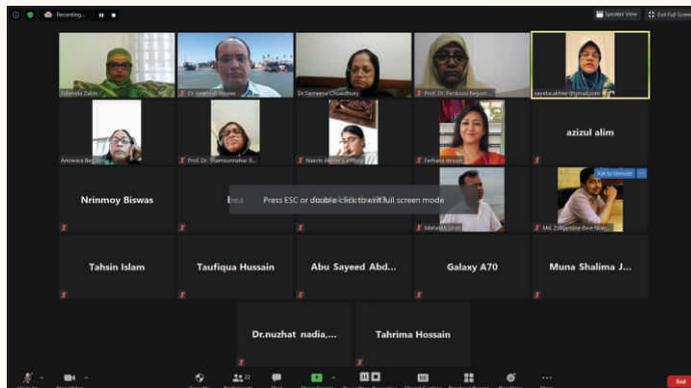
## Resuming fistula surgery in the context of the COVID19 pandemic

The outbreak of COVID-19 has drastically affected the overall maternal health care system in Bangladesh, bringing the spectrum of services, including fistula management, to a complete halt. Scheduled fistula surgeries at both government and private health facilities were postponed. Under this context, a virtual meeting was organized by DGHS with active collaboration with UNFPA and OGSB. Members of Fistula task force, key individuals from OGSB, Fistula surgeons from different government and non-government institutions, technical persons from UNFPA and DGHS participated in this meeting.

The meeting was chaired by Prof. Anowara Begum, Chair of National Fistula Taskforce committee and ex-president of OGSB. Dr. Azizul Alim-programme manager, maternal health programme, DGHS and Prof. Sayeba Akhter- ex-president, OGSB and co-chair of fistula taskforce committee were present as special guests in the meeting. Prof. Sameena Chowdhury, president of OGSB, was the chief guest. Among the 22 participants in the meeting, who have provided their valuable inputs to resume fistula surgeries under the changed circumstances, 15 were fistula surgeons working at different facilities.

Moderated by Prof. Anwara Begum, the overall scenario of maternal health care was reflected on in the meeting. Experts noted that there is a grave possibility of rising obstetric fistula cases in the context of the pandemic due to an increased number of home delivery. They called for renewing the counseling and awareness program among the HCPs who are responsible for ANC and PNC.

Prof. Sameena Chowdhury requested all stakeholders to put concerted focus on the preventive strategy to curve the incidence of obstetric fistula. She suggested using all possible platforms to aware of mass people about institutional delivery and safe motherhood.



## DGNM organizes national level session on Fistula for Midwives



On 9th November 2020, DGNM organized a session as a part of the capacity development of midwives at the national level, which was held virtually. A number of 20 midwives participated in the session, who were oriented on the identification, diagnosis and referral management of Fistula patients. Speakers at the session emphasized on the role of midwives in the prevention of fistula.

# Experts' Comments on Fistula



Prof. Anowara Begum, former president of OGSB and a renowned fistula surgeon, thinks that the prevalence of fistulae might increase after the pandemic. She emphasized on the role of OGSB in the elimination of fistula in Bangladesh. OGSB has formed a Fistula Task Force that works in collaboration with government, UNFPA, USAID and other private partners. Through this task force, OGSB has been actively involved in development of strategy, formulating sample questionnaire for diagnosis, booklets and poster for awareness building, promoting use of partograph, advocating use of catheters when needed, and training of doctors, nurses and healthcare staff. She advocated for working in partnership with other relevant societies like: urology, plastic surgery and physical medicine to ensure standard care. She called for organizing fistula camps in the selected prevalent areas once the pandemic situation improves. The rehabilitation center, which was once operating in DMCH, should be revived, she urged. Patients with incurable fistula should be found out and brought under the scheme of monthly allowance, she added.



Prof. Sayeba Akhter, CEO of MAMM'S Institute of Fistula and Women's Health, said that she will be able to resume fistula repair surgeries from September according to the decision of the hospital's Board of Directors. MIFWOH performed about 38 fistula surgeries from January to March 25th and after that postponed the surgeries due to lock down and COVID situation. They want to screen patients for COVID-19 before admission, and have been planning to establish an isolation room for pre-operative period. She requested to formulate a common protocol for performing surgeries amid the COVID-19 outbreak, and generate consensus on it.



Prof. Ferdousi Begum, President of SAFOG, said that COVID-19 will increase the existing challenges and inequalities. "However, our efforts need to be intensified and our commitment to end fistula strengthened. She added that safe motherhood is the key to end obstetric fistula, emphasising on the need to increase in facility delivery. She also suggested to learn from the example of countries in SAFOG who had been successful in certain issues, and incorporate those learnings in the local health care system. Dr. Ferdowsi Begum reflected on the current situation of Fistula repair in Bangladesh and suggested OGSB hospital as a new treatment facility. She stated that it is possible to arrange fistula repair camps at OGSB hospital.



Prof. Sameena Chowdhury, President of OGSB, elaborated on the fistula context in Bangladesh and the emerging challenges. In conformity with other speakers, she also anticipated a rise in the prevalence of fistula in the post-Covid situation. The significant decline in uptake of ANC and delivery care in facilities due to the lockdown situation, and the consequent increase in the number of home delivery might contribute to this rise. She identified the key challenges regarding case identification from community, diagnosis and referral to facilities. Some of the key challenges include- scarcity of trained fistula surgeons who are not uniformly distributed in the country; insufficient system of training and monitoring of quality of surgeons; lack of coordination in referral system; long waiting time in repair in govt facility; lack of need -based rehabilitation support; and lack of awareness and insufficient fund. She added that the COVID19 pandemic may increase the depth of crisis in all these aspects and all these issues should be addressed meticulously to overcome the crisis.



Prof. Dr. Rowshan Ara Begum, Former President, OGSB

Obstetric fistula is a debilitating condition that affects a total of one million women globally. It is one of the most serious injuries of childbearing causing a tear in the birth canal due to prolonged, obstructed labour in the absence of timely and adequate medical care. Fistula has been almost eliminated in developed nations, but in the developing world, it is estimated that hundreds of thousands of women and girls live with the condition. In Bangladesh, recent survey results show that around 20,000 women are suffering from obstetric fistula currently, and another 1000 cases are adding every year. The trend of the iatrogenic fistula has been increasing in recent years in Bangladesh in comparison to obstetric fistula in Bangladesh.

The Obstetrical & Gynaecological Society of Bangladesh (OGSB) is working relentlessly to address this neglected maternal morbidity, accelerating towards our vision to build a fistula-free Bangladesh by 2030. OGSB formed a technical task force committee to provide necessary technical guidance and support to the government to improve the situation. OGSB is also providing support through the National Fistula Centre in Dhaka Medical College Hospital and other govt., and private facilities by performing fistula surgeries. OGSB also plans to start Fistula surgery in its own facility soon. At OGSB, we are committed to continue our support to the government in partnership with UNFPA.



Dr. Nrinmoy Biswas, a fistula surgeon from Hope Hospital, presented a brief presentation on pathways to resume fistula surgeries. He informed that a total of 16 new cases were treated at the time from the outset of the pandemic.

“Repaired patients act as Ambassadors of hope as they help identify new cases from the community, and motivate them to seek treatment from facilities. Instead of COVID-19 screening, patients were requested to do some routine investigations e.g. - CRP, CXR, ECG, CBC etc. “But if there is any doubt, RT-PCR test for COVID-19 is done,” he informed, adding that during the post-operative period, patients are being kept isolated indoors. In terms of challenges, he informed that Hope hospital faces three key challenges- the lockdown, COVID-19 transmission and agency decision. Notwithstanding with the challenges, Hope achieved tangible success adopting the union-based approach. He identified low literacy as a key barrier to fistula elimination in Cox's Bazar.



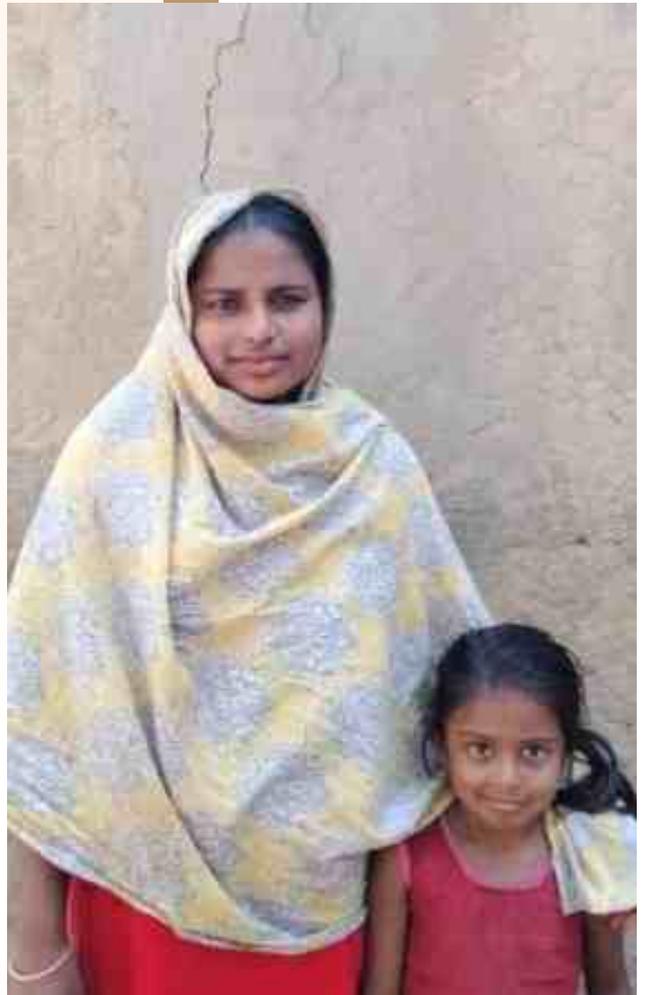
Dr. Biya from LAMB said that Obstetric Fistula is still a neglected disease in Bangladesh. This disease mostly occur among the poor woman. The community awareness is very much essential to prevent obstetric fistula. Moreover it is essential to identify all the under reported fistula cases. Proper diagnosis and management is also very much important. The most important thing is to ensure the rehabilitation and reintegration support for all the fistula survivors. The dedication of fistula surgeons is very much essential to ensure the surgery of all fistula patients. LAMB has a long time experience to serve the fistula patients.

# Case Studies



**Pru Ma Singarama** (60) lives in the hilly Ruangchhari Upazila of Bandarban district. She is a TBA suffering from Fistula for 30 years. Pru got married at the age of 24. She got her first pregnancy 2 years after marriage. After three days of labour pain, she gave a stillbirth at home. Despite conducting hundreds of deliveries by herself, Pru could no longer deliver a child and got affected by obstetric fistula. Her husband took her to the Malumghat Christian Memorial Hospital in Chakaria Cox's Bazar for surgery, which turned out to be ineffective. Pru gave up all hope and lived with the condition for 30 years. She thought her life would never turn around and her struggles would continue until forever. Fortunately for Pru, the Bandarban Civil Surgeon Office came to learn about her case who then connected her with the End Fistula Programme. A fistula team from Hope Hospital went to Bandarban to diagnose Pru. After confirmation she was brought to the Hope facility in Cox's Bazar. Pru had a successful surgery which relieved her of her unbounded sufferings over the last 30 years. Not only was she cured, Pru was provided with a sewing machine by the End Fistula programme to enable her financially.

**Khadija Akter** (23) lives in the Rajghat Tea Garden catchment area of Sreemangal upazila in Moulvibazar district. She got married at the age of 18. On the first year of marriage, Khadija's first child, who is now 6 years old, was born normally at home with the assistance of a traditional birth attendant. However, at the time of her second delivery, which was also at home by a TBA, she had complication with obstructed labour. After stalling her for hours at home, she was then taken to the District Sadar Hospital where the doctor informed her that the baby had died at uterus due to the delay. The doctor conducted a C-section to remove the stillborn when Khadija identified herself with a new complication- she was diagnosed with obstetric fistula. Within a few days, the district referral Coordinator got information about Khadija's case from the teagarden midwife who then visited Khadija's home and informed her about the End Fistula Programme and how she can be benefitted with treatment and other rehabilitation support. She then took Khadija to the District Sadar Hospital where she was diagnosed by a the Gynae consultant, and referred to Dhaka MAMMS Hospital for operation. Within a few days of her operation, Khadija got completely cured and is living a fistula-free dignified life now.





**Sonamukhi Marma** (21) lives in the hilly Bilaichari upazila of Rangamati District. She was married at 16. In the first year of her marriage, she became pregnant and her labour pain lasted for 2 days. Her delivery was then conducted at home by a TBA from her village. Unfortunately, she delivered a stillbirth. After a few days of delivery, she was constantly urinating without control. Upon informing her husband, he brought her traditional herbal medicine, which was proven to be ineffective. They went on to try some local treatment only to fail and two and half years passed through. Sonamukhi almost lost the ability to move. She was ostracized within her community. At one point, she met with a government health field worker who carried her to Rangamati Sadar Hospital. The Gynae doctor there identified Sonamukhi as a fistula patient. The fistula team of Hope foundation later brought her to Hope Hospital and completed her operation successfully. Sonamukhi is completely cured of fistula now. She is striving for a normal, dignified life with her family.

**Moyna Roy** (25) lives in Patrokhola teagarden, Moulvibazar. She got married at the age of 18. Moyna delivered her first baby after one year after marriage normally at home by a TBA. A year later, she gave birth to her second baby in the same process at home. A year and a half later, during her third delivery, Moyna could not fully comprehend when her delivery pain started on the first day. On the second day, when she could feel the debilitating pain, her husband called a TBA from the neighborhood who reassured them that it was not a serious problem. However, on the 3rd day when her condition worsened, her husband took her to the District Sadar Hospital where she delivered a son with the help of a midwife. But by then, she started to feel her continuous uncontrolled urination. The district Referral Coordinator (DRC) came to know about Moyna from Asma Begum, a teagarden midwife. Moyna wanted to start treatment immediately but financial condition did not let her to seek medical support. The DRC, then, informed Moyna about the free treatment and rehabilitation support by the End Fistula Programme. She was referred to the MAMMS hospital in Dhaka. However, as the COVID-19 situation unfolded, Moyna could not travel to Dhaka but she is ready to do so when the COVID19 situation eases. In the meantime, the DRC communicated with local authority to get rehabilitation support for Moyna, and helped get her a VGD card from the government, which enabled her to access the subsidized rice (only 10 taka/Kg) programme. This really helps Moyna and her five-members family under the circumstances.





**Romana Akter** (21) lives in Ratna Palang union of Ukhiya upazila of Cox's Bazar district. Romana was married at the age of 20. She became pregnant 2 months after her marriage. After 9 hours of labor pain, a TBA from the locality came home to aid her delivery but failed. Then her husband took her to the Ukhiya IOM Hospital. After 7 hours, the midwives of the hospital were able to facilitate a normal delivery. She gave birth to a baby girl. 8 days after the delivery, she realized that her stool passage is not in her control. She started to leak stool through vagina. The stench from the feces ostracized her from her family and community. Her husband wanted to divorce her. Eventually, she went to IOM Hospital again to seek treatment who diagnosed her with RVF fistula. They referred her to HOPE Hospital in Ramu Upazila. HOPE Hospital performed her RVF fistula operation successfully. Now she and her husband are back together again, living a happy life.

**Yasmin Akhter** (28) is a housewife living in Ratna teagarden in Juri upazila of Moulvibazar district. Yasmin got married at the age of 25 and became pregnant two years after the marriage. At the time of delivery, the first attempt made by her family was to deliver the baby with the assistant of TBA at home. But when complications with prolonged obstructed labour arose, she was taken to the District Sadar Hospital where she delivered a stillborn through operation. The District Referral Coordinator (DRC) of the End Fistula Programme came to know about Yasmin from Aarti Rani, the Family welfare Inspector in the teagarden area. The DRC referred Yasmin to the District Sadar Hospital where she was diagnosed with Obstetric Fistula by a Gynae consultant. Yasmin was then referred to Dhaka MAMMS hospital for further management of her case. The DRC took her to Dhaka and arranged for a successful surgery. It took Yasmin three months to get completely cured and be back on her feet again. Yasmin's husband left her due to her fistula. She was in dire need of financial support to get back on her feet. Therefore, for her socio-economic rehabilitation, the DRC managed Yasmin BDT5000 from donors. She bought two goats with that money for some additional income to support her family. Within a year, Yasmin's goats bred and increased to four. At present, Yasmin owns a total of six goats, which are serving as a key source of income for her.





**Ensana** (23) received fistula repair surgery at LAMB hospital, Parbatipur, Dinajpur with the support of UNFPA Bangladesh. Ensana became pregnant with her first child when she was very young – around 15 or 16 years of age. Her family encouraged her to deliver at home with the help of a TBA. Her labor pain lasted for four days. She was then brought to the Upazila Health Complex where she delivered a stillbirth through caesarean section. Soon after leaving the hospital, she started leaking urine continuously, but did not know that she had developed an obstetric fistula. Ensana lived with the condition for nearly 6-7 years. She felt ashamed and was forced to isolate herself from her family and friends. Eventually, she met a project outreach worker at a community meeting to raise awareness about obstetric fistula. She learned about her condition and that help was available, which was totally free of cost, including rehabilitation opportunity after surgery. Ensana received a successful repairing surgery. She was joined by over 30-40 women who also received treatment. She had no idea that so many other women also suffered from this condition. Together, they made handicrafts while in their wards, and supported each other during their two-week post-operative stay. Ensana and her peers are all living a life free of fistula.

**Shamsunnahar Begum** (32) lives with her husband Ashraful in a small village beside the Tanguar Haor in Sunamganj district. She got married early at the age 16 and had her first child after three years of marriage. She went on to deliver four daughters, two of whom are disabled. She got pregnant for the fifth time in the hope of having a son. During her labour pain, her mother kept her at home for two days and then took her to the district Sadar Hospital, but it took three hours to reach facility due to the poor transportation and communication system in the region. Unfortunately, the baby died inside the womb in the meantime. The doctor removed the baby through caesarean section. After seven days, she started urinating without any bowel control. After seven days, she was brought back to her home with a tube fitted. After coming home, her condition got worse. She went to Sylhet Osmani Medical College and sought treatment for a month with no success.

Later on, the district referral coordinator (DRC) of fistula project of the district communicated with her. She took her to the district Sadar hospital to confirm her condition where she was diagnosed with fistula. Shamshunnahar was referred to the MAMMS institute, Dhaka where she had her successful surgery.

*"I suffered a lot for this problem. My clothes were always dirty and my daughters had to clean these. It was my whole family who suffered the impact of this disease. But now, I am fully cured and my family could not be happier."* - Shamsunnahar Begum said.

*"I always thought that what would happen to my daughters if they lose their mother? I know how bad it could be because I lost my mother when I was young. I am so happy that my children got to return to their mother with new life"* - Ashraful, her husband, said.

With the support of the End Fistula programme, her daughters with disability got special support card of the government. Shamsunnahar also received a VGF card to her aid.



# Stories of Fistula survivors working in the three-layer mask making programmes during the COVID-19 pandemic



**Story of Beauty- A Fistula Survivors**

“ My name is Beauty and I am 34 years old. After my second pregnancy, I developed a fistula. My husband tortured me physically and mentally, and later divorced me. I lost all hope for life and attempted suicide.

Then a healthcare provider came to my village and told me about LAMB's fistula treatment programme. I enrolled in it and received training on sewing. Now I am earning money by making these face masks to prevent the spread of COVID-19.

I am a living proof that a woman can survive fistula with dignity and still make a change in society! ”



**Story of Marina- A Fistula Survivors**

“ My name is Marina Begum and I am 47 years old. I developed a fistula after the delivery of my sixth child. I felt so alone and stressed. My family did not care for me but my husband stayed with me as we had to take care of the children.

I was lucky to have the surgery and to recover from this devastating illness. After the surgery, I received a sewing machine and sewing training from LAMB. Now I am making these cloth masks and earning around 2,500tk per month.

I am so happy to be able to contribute to my family again. ”



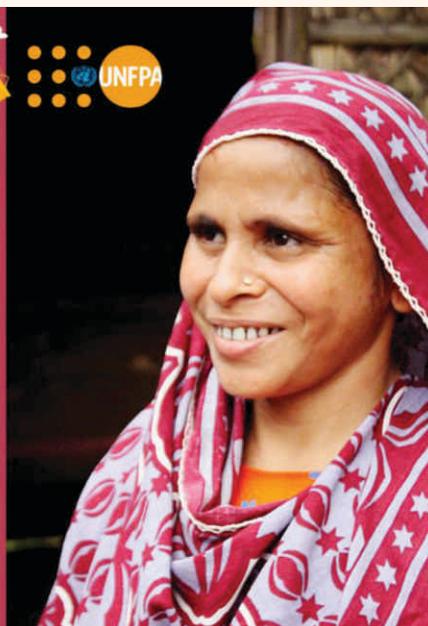
### Story of Motahara- A Fistula Survivors



“ My name is Motahara Begum. I am 45 years old and I live in Jaldhaka Upazila of Nitpahmari District. Years ago, my baby died during delivery and I developed a fistula. Because of the illness, I was neglected by everyone except my husband.

After 12 years, he heard that fistula can be cured with surgery. To help gather funds for it, I received a sewing machine and stitching training from LAMB. Now I am building myself a new life by making these masks.

I can now live a dignified life in society as a fistula survivor. ”



### Story of Zosna- A Fistula Survivors



“ My name is Zosna Begum. I am 40 years old and I am from Dimla Upazila of Nilphamari District. After my first child, I developed a fistula. Just after a year of getting married, my husband decided to divorce me because of it. Life felt so miserable that I cannot even express it.

After 10 years, I was finally treated for the illness by LAMB. After the surgery, I was fortunate to receive sewing training and now I am earning some money by stitching these cloth masks.

It gives me hope that I can live a dignified life in society. ”



### Fistula survivors trained on making jute handicrafts in the Rangpur division for better rehabilitation and reintegration

“ Total 20 selected fistula survivors in the Rangpur division received two weeks of training on preparing jute handicrafts. They were selected based on their needs, willingness, and capacity to do such works. Following the training, 20 fistula survivors find a way to start their income-generating activities back to their society. ”



## Obstetric and Gynaecological Society, Bangladesh (OGSB) formed a Fistula Task Force Committee

The Obstetric and Gynaecological Society, Bangladesh (OGSB) has formed a technical task force in 2019. The main objectives of the committee are: to provide technical support to the government and fistula surgeons with a view to eliminate obstetric fistula from Bangladesh. In 2020, the members of the task force have closely worked with the government and UNFPA in the development of a range of uniformed tools to end fistula, including tools for health facilities, pocket handbook for health care providers and awareness raising poster.

### Fistula Task Force Committee – Obstetric and Gynaecological Society, Bangladesh (OGSB)

Chairman : Prof. Anowara Begum, Past President, OGSB  
Prof. Sayeba Akhter, Past President, OGSB

Member Secretary : Prof. Saleha Begum Chowdhury, Secretary General, OGSB  
Dr. Nasrin Akhter, Professor, Obs & Gyane, Dhaka Medical College.

Member:

1. Prof. Iffat Ara, Professor of Obs & Gyane, Popular Medical College.
2. Prof. Nilufar Sultana, Professor, Head, Obs & Gyane, Dhaka Medical College.
3. Prof. Taufiqua Hussain, Professor, Obs & Gyane, Dhaka Medical College.
4. Prof. Muna Shalima Jahan, Professor, Obs & Gyane, Sir Salimullah Medical College.
5. Prof. Fahmida Zabin, Professor of Obs & Gyane, BSMMU.
6. Dr. Bilkis Begum, Assoc. Prof. Obs & Gyane, Kumudini Medical College.
7. Dr. Parveen Akhter Shamsunnahar, Assoc. Prof. BSMMU
8. Dr. Sharmin Mahmood (BSMMU), Assoc. Prof. BSMMU
9. Prof. Shamim Fatema Nargis, Ex. Professor, Sir Salumullha Medical College.
10. Prof. Ferdousi Begum, Head, Dept. of Obs & Gynae, Ibrahim Medical College and BIRDEM Hospital, Dhaka & President- SAFOG, President, OGSB
11. Prof. Sameena Chowdhury, Past President, OGSB

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## Fistula centres

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- University Fistula Center (BSMMU)
- Sir Salimullah Medical College (SSMC)
- Chittagong Medical College (CMC)
- Rajshahi Medical College (RMC)
- Mymensingh Medical College (MMC)
- Sylhet MAG Osmani Medical College (SOMC)
- Shahid Ziaur Rahman Medical College (SZMC)
- Khulna Medical College (KMC)
- Rangpur Medical College (RpMC)
- MAMM'S Institute of Fistula and Women's Health
- Dr. Mottalib Community Hospital
- Modern Hospital, Sylhet
- Lamb Hospital
- Kumudini Hospital
- Hope Foundation Hospital
- Ad-Din Hospital

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