



Canada



Borno Fistula Campaign Report 2018

@ Vesico-vaginal Fistula
Treatment Centre of the State
Specialist Hospital in Maiduguri

21st July to 3rd August 2018

Background

Obstetric fistula from obstructed labour requires specialized surgical skills and management. Unfortunately, there are one million women and girls in impoverished countries of sub-Saharan Africa and Asia where adequate medical conditions are lacking, who live with a fistula that has not been repaired (Direct Relief et al. 2015). As a result, obstetric fistula has emerged as an issue of international public health concern with public health communities and international institutions.

UNFPA in 2003, spearheaded the global Campaign to End Fistula, which is now active in more than 50 countries, working to prevent and treat fistula, and to rehabilitate and empower fistula survivors. Over the last 15 years, UNFPA, as leader of the global Campaign, has supported more than 85,000 surgical repairs for women and girls. The collaborative efforts of the Campaign have helped mobilize political and financial resources to support women and girls around the world overcome the debilitating condition that has left, and continues to leave, significant numbers of women and girls suffering in solitude and shame.

Obstetric fistula is a major public health problem in Nigeria, with an estimated 150,000 prevalent cases and an annual incidence of 12,000 cases, the country is estimated to contribute 15% to the global burden of the disease (NDHS 2013). In 2005, UNFPA Nigeria in collaboration with the Government of Nigeria and other partners launched, the “Fistula Fortnight”, a groundbreaking initiative in terms of advocacy and expanding treatment options and increasing public awareness that fistula is preventable. Over the years, UNFPA has supported the repair of more than 8,000 women and girls, built capacities of healthcare workers in fistula surgery, provided fistula treatment kits and consumables including theatre equipment to enable facilities conduct routine repairs.

Although some dedicated fistula treatment centres have been established in Nigeria, the facilities have been reported to have inadequate health professionals with the skills to treat fistula, few and insufficiently equipped operating theatres, and limited supply of consumables. It is estimated that the unmet need for the treatment of obstetric fistula could be as high as 98%, less than 3,000 fistula repair are done annually (NSF2018). This means it will take at least 100 years to treat the existing backlog of patients at the current rate provided no new cases occur.

Aim and Objectives

The Campaign approach was aimed at reaching a significant number of women and girls suffering with unrepaired fistulas and its resultant devastating physical, psychological and social consequences; build capacity of health workers to manage complex fistulas as well as raise awareness about obstetric fistula.

The specific objectives are to:

- Reduce number of women and girls living with unrepaired fistulas in Borno State.
- Develop capacity of resident medical team and share experiences with national surgeons on how to deal with complex cases including fistula deemed incurable.
- UNFPA showcases its commitment to ensuring universal access to sexual reproductive health and rights in crisis settings.
- Increase awareness and obtain financial commitment from government and donors towards prevention, treatment, rehabilitation and reintegration of obstetric fistula clients.

Components and Locations of the Campaign

The campaign encompassed the following components and locations:

- a) Media advocacy and awareness creation on obstetric fistula in both Maiduguri and Abuja.
- b) Fistula repair and capacity building in Maiduguri.
- c) Launch of Korea International Cooperation Agency (KOICA) comprehensive maternal health project in Maiduguri.
- d) The inauguration of renovated and equipped fistula theatre complex at the State Specialist Hospital in Maiduguri, and
- e) A high-level fistula awareness seminar in Nigeria's capital city of Abuja.

The Campaign was held from 21st July to 3rd August 2018, commencing with arrival of team of international and national fistula surgeons to Nigeria and Maiduguri in Borno State.

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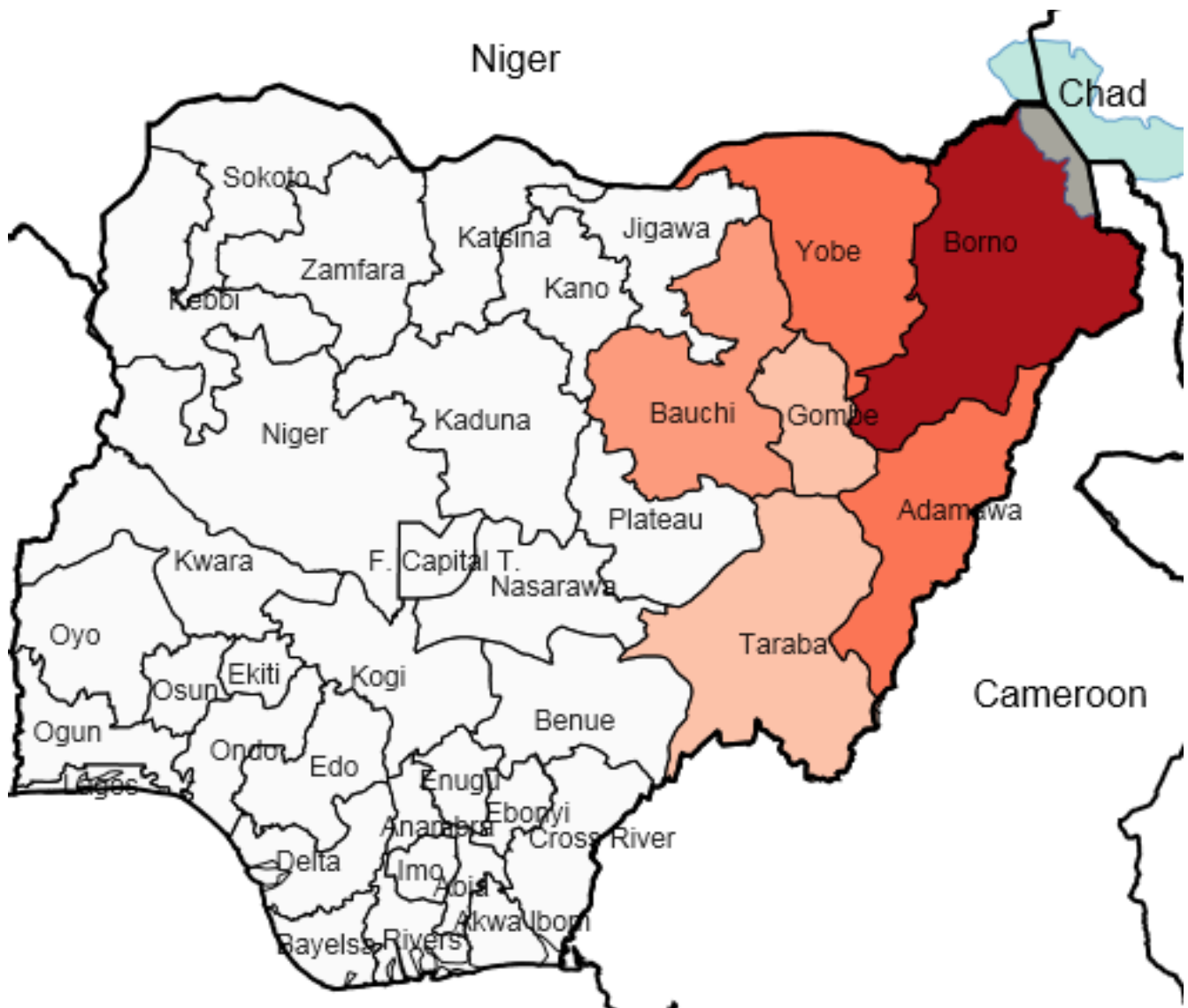


Figure 1: Map of Borno State



I. Media Advocacy and Community mobilization

A communication plan was developed to raise awareness about obstetric fistula and UNFPA interventions in the humanitarian setting of Northeastern Nigeria, and for mobilisation of fistula patients. Radio and television talk shows hosting the UNFPA Nigeria Representative a.i. and National Programme Officers for Obstetric Fistula and Media were broadcasted for state, regional and national coverage. One-week announcements were aired on radio and television, and in places of worship, to mobilise women and girls living with obstetric fistula¹. The Borno State Ministry of Women Affairs and Social Development involved its social workers in sensitization and mobilization outreaches to communities and internally displaced persons camps. A total of 280 women and girls were mobilized to and for screening at the State Specialist Hospital in Maiduguri.

Social media covered the campaign, educating and providing individuals with information about obstetric fistula risk factors, true causes, preventive measures and availability of care. TV5 and Reuters² also provided international media coverage as well as documenting and following up on human-interest stories. UNFPA Nigeria Implementing Partner, International Society of Media in Public Health, was also available to provide coverage and extensive documentation and follow up of interesting cases.



280

women and girls were mobilized to and for screening

¹ <https://www.thisdaylive.com/index.php/2018/07/25/unfpa-brings-french-surgeons-to-repair-damaged-fistula-vvf/>

² <https://af.reuters.com/article/nigeriaNews/idAFL4N1UZ5JW>



Figure 2: Women and girls awaiting registration and history taking

II. Fistula Screening and Repair

The fistula repair campaign was launched on Sunday 22nd July 2018 with client registration and history taking by Nurses, House Officers and Resident Doctors at the State Specialist Hospital in Maiduguri.

The Surgical Team

Three internationally recognized surgeons: Prof M. Claude Dumurgier (Consultant urologist), Prof M. Ludovic Falandry (Consultant urologist) and Prof Alain Le Duc (Consultant urologist, Alberte Sweidzer urology award recipient) led the surgical team and were supported by a team of national surgeons comprising Prof Sunday Adeoye, Medical Director, National Obstetric Fistula Centre in Abakaliki, Ebonyi State; Dr Sunday Lengmang, Medical Director, Evangel Fistula Centre, Bingham University Teaching Hospital, Jos, Plateau State; and Dr Ayi Etim,

Medical Superintendent, General Hospital Calabar, Cross River State. Government officials of relevant departments from the Ministries (State and Federal) of Health and Women Affairs and Social Development, were available to monitor quality of care and supervise the fistula repair campaign.

In Borno State, there is only one surgeon trained on fistula repair, who is still going through competency training. There are no nurses trained on fistula care. Two resident consultant Obstetricians and Gynaecologists, four Peri-operative and four Anaesthetists and nine-ward nurses at the State Specialist Hospital in Maiduguri were directly involved in the campaign and introduced to fistula surgery and management. Various House Officers and Resident Doctors in the Obstetric and Gynaecology department of the State Specialist Hospital also provided support.



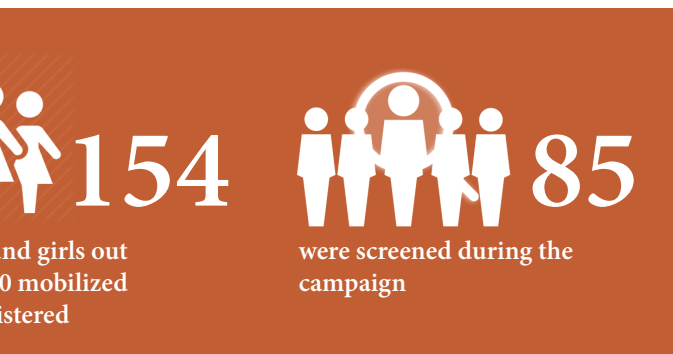
Figure 3: Professors Ludovic Falandry, Claude Dumurgier, and Alain Le Duc



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Figure 4: Client group and individual counselling sessions



Registration and Screening

A total of 154 women and girls out of the 280 mobilized were registered, and only 85 were screened during the campaign. The screening was comprehensive involving history taking, vital signs check, laboratory tests and clinical examination in the theatre. Routine laboratory tests included packed cell volume, HIV screening, blood grouping, genotype and urinalysis. Other clinical and diagnostic investigations conducted include video cystoscopy, ultrasonography and intravenous urography.

Patient Counselling

All 154 women and girls registered for screening were provided group and individual counselling by UNFPA Implementing Partner, Fistula Foundation Nigeria. Group counselling was aimed at increasing women’s awareness about their own bodies and about causes of obstetric fistula. Individual counselling sessions provided information about surgical repair, the recovery period and the client’s expected postoperative role in self care, catheter care, mobility, nutrition, pain management, complications and danger signs, physiotherapy, period of sexual abstinence, future childbearing, family planning needs, and need for close antenatal care and caesarean delivery with subsequent pregnancies.

Surgical Treatment

A total of 53 patients were surgically treated, the cases varied from simple to difficult and complex fistulas. Some of the patients had waited for at least one year to twelve years for fistula surgery at the State Specialist Hospital in Maiduguri. 10 patients with simple fistulas were identified and provided teaching opportunities for resident surgeons to develop capacity in fistula surgery. Some of the difficult cases had previously failed attempted repairs, the most being 6 unsuccessful attempts. Fortunately, they benefitted from the expertise and skills of the visiting team of surgeons. Examples of specialized techniques employed during the campaign include Martius flap, pubo-vesical sling, grafts and etc.

Medical treatment

A total of 15 patients were verified as non-fistula and diagnosed as urge or nocturnal incontinence, were treated with drugs and subsequently discharged home.

Referrals

A total of 16 women and girls identified with very complex fistulas including deemed inoperable were referred to the Vesico-vaginal Fistula Centre, Bingham University Teaching Hospital in Jos, Plateau state. The diagnosis was reached after a conference review by the team of surgeons. This group of women would require more than one surgical procedure to regain continence.

The implementing partner, Fistula Foundation Nigeria, provided intensive individual counselling and ensured transportation of all 16 referred women and girls. Already, 11 of the referred women have been re-examined and the other five scheduled for the 2nd week of August 2018. The series of surgical operations would begin in the 3rd week of August 2018.



Figure 5: Clients undergoing fistula repair surgery @ Fistula Theatre Complex, State Specialist Hospital in Maiduguri.



In summary, a total of 280 women and girls were mobilized, 154 patients were registered, 85 patients were screened, 53 patients were treated surgically, 15 patients treated with drugs only, 16 patients with fistula deemed inoperable referred, 69 patients that could not be screened, and 126 women that could not be registered.

III. Capacity building on Fistula Management

Resident Doctors and Specialist Gynaecologists: The visiting team of expert fistula surgeons reinvigorated the weekly clinical review meetings of the department of Obstetric and Gynaecology of the State Specialist Hospital Maiduguri. Prof Alain Le Duc and Professor Sunday Adeoye generated interest in the management of obstetric fistula with presentations such as “Obstetric fistula in humanity” and the “Peri-operative management of obstetric fistula”. Subsequently, Resident Doctors and Specialist Gynaecologist were engaged through series of one-on-one discussions between trainers and trainees, as well as gradual exposure to fistula surgery using identified simple cases. They also participated

in case review conference re-assessments and discussions for very complex including fistulas deemed inoperable.

Theatre and Ward Nurses: Knowledge and skills were developed through their active participation in the clinical review meetings, complex cases review conferences, and during daily ward rounds. Fistula Foundation Nigeria also provided orientation on the crucial role of pre- and post-operative counselling for obstetric fistula patients and culturally appropriate counselling techniques.

Medical Students: Undergraduate medical students from the University of Maiduguri Teaching Hospital, on posting to the department of Obstetrics and Gynaecology at the State Specialist Hospital in Maiduguri, were introduced to the field of obstetric fistula and participated in group discussions on definitions, causes, diagnosis, pre-operative and post-operative management of patients.

In summary, the knowledge and skills of 6 consultant obstetricians and gynaecologists, 8 peri-operative and anaesthetist nurses, and 9 ward nurses were built on fistula repair and care.



Figure 6: Obs/Gynae departmental seminar and post-operative ward round, @ the State Specialist Hospital in Maiduguri.

- 6 consultant obstetricians and gynaecologists
- 8 peri-operative and anaesthetist nurse
- 9 ward nurses





Figure 7: North-south knowledge and experience sharing sessions

IV. KOICA Comprehensive Maternal Health Project Launch

The KOICA Comprehensive Maternal Health project was launched at the Borno State Government House in Maiduguri. Present at the unveiling were the Executive Governor of Borno State, H. E., Hon. Kashim Shettima, and members of the State Executive Council. UNFPA's delegation was led by the Nigeria Country Office Representative a.i., Dr Eugene Kongnyuy, and comprised of the Ambassador of Korea to Nigeria, H.E. Lee In Tae (Rtd), the First Secretary of Canadian Embassy in Nigeria, Ms. Emilie Milroy, and the Country Director and Regional Representative of KOICA, Mrs Sook Hyun Park Lee. The delegation had earlier paid a courtesy call on the Executive Governor of Borno State.

The newly unveiled UNFPA/KOICA three-year (2018-2021) 5 million dollar project is titled, "Fostering resilience and provision of basic medical services for women and girls in Borno State". The project is aimed at increasing access to

lifesaving basic health care interventions and services for vulnerable internally displaced persons and host communities in three local government areas of Maiduguri Metropolitan Council, Jere, and Konduga. The goal is to build resilience communities through restoration of access to basic medical and social services³. The project objectives are to:

- Increase access to comprehensive maternal and child health care
- Increase access to fistula care, and
- Improve capacity for result based data management system.

The expected results are to reach a total of 543,094 women and girls with services including 47,429 assisted deliveries; 600 fistula repairs; 200 fistula survivors rehabilitated and re-integrated; and 10,861 survivors of Gender Based Violence provided medical and social cohesion services.

According to the Korean Ambassador, the project is outcome of "the government of People's Republic of Korea and UNFPA's shared vision for the realisation of reproductive rights for all and to support access to widespread sexual and reproductive health services..."



Figure 8: UNFPA Rep a.i., Dr Eugene Kongnyuy; H.E Gov. Kashim Shettima; Amb of Korea, H.E. Lee In Tae (Rtd) @ launch of KOICA project, Borno Government House

³ <https://www.dailytrust.com.ng/korea-launches-n1-8bn-healthcare-support-in-borno-263773.html>



Figure 10: H.E. Gov. Kashim Shettima; First Sec. of Canada, Emilie Milroy; Korea Amb., H.E. Lee In Tae (Rtd), inaugurating the Fistula Theatre Complex @ State Specialist Hospital in Maiduguri

V. Inauguration of Fistula Theatre Complex

The Executive Governor formally launched the Borno Fistula Campaign at the State Specialist Hospital, more than 400 people comprising of government officials, UN agencies and non-governmental organisations, State Specialist Hospital staff, student nurses/midwives, and the general public attended the ceremony. According to the state government, “the Fistula Treatment Centre was established in response to the high fistula burden.” The state government showed commitment to the fistula campaign by providing befitting accommodation to the team of surgeons and ensured involvement of the State Ministries of Health and Women Affairs.

The Executive Governor went round the fistula ward and interacted with patients recuperating, understanding their plight and pledged to support with the economic rehabilitation of all beneficiaries.

The dedicated Fistula Theatre Complex and Ward is located within the State Specialist Hospital, and was commissioned in 2003. Due to the insurgency and resulting humanitarian situation in the State, poor funding led to dilapidation of the Centre, lack of trained and skilled fistula surgeons and care givers and lack of appropriate surgical equipment. With improvement in the security situation, the Fistula Centre witnessed high flow of client seeking services, some women having to wait between three years to twelve years at the Centre seeking for cure.

To meet the needs of women and girls for quality fistula treatment services, UNFPA with the support of the government of Canada⁴ : remodelled, renovated and fully equipped the fistula operating theatre – now contains 2-operating suites, 1-nursing station, 2-consulting rooms, 1-recovery room, 5-toilets, and 1 store; procured and supplied essential furniture in the fistula theatre; procured and supplied surgical consumables and drugs to enable free repairs; expanded the 18-bed space Ward to contain 16 additional patients; and constructed a 20-bed temporary shelter for pre-operative patients⁵ .

⁴ <https://uncova.com/boko-haram-canada-spends-75m-on-humanitarian-response-in-north-east>

⁵ <https://guardian.ng/news/unfpa-others-launch-fistula-theatre-in-borno/>

The Government of Canada reiterated that, “it’s support for the fistula treatment centre underscores Canada’s commitment to empower women and girls through the recently launched Feminist International Assistance Policy...that puts women and girls at the centre of Canada’s assistance”.

UNFPA also used the opportunity to handover medical equipment and furniture procured for the state as requested by the Executive Governor to the late Executive Director of UNFPA during his last visit to Maiduguri in 2017. The items

and quantities include: 10 sets of delivery beds, 10 sets of hospital beds with mattresses, 6 sets of gynaecological operating tables with accessories, and 6 sets of gynaecological examination tables.

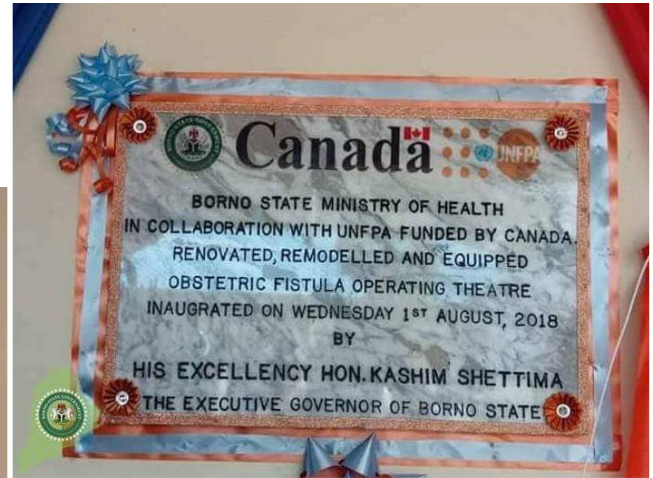


Figure 11: H.E. Gov. Kashim Shettima, @ the newly inaugurated Fistula Theatre Complex, State Specialist Hospital in Maiduguri



Figure 9: H.E. Gov. Kashim Shettima interacting with recuperating patients @ the VVF ward



Figure 12: Sets of hospital equipment handed over to the State Government

VI. High level Fistula Seminar

The theme of the seminar is, “Together we can end fistula in Nigeria”. The main objective was to raise awareness and mobilize support for obstetric fistula among members of the diplomatic community and development partners in Nigeria. The high-level fistula awareness seminar brought together members of the diplomatic corps, government partners and donor agencies including representative of traditional leaders and all invited fistula surgeons involved in the fistula campaign. Dignitaries present at the seminar include the Ambassador of Korea, H.E. Lee In Tae (Rtd), the First Secretary of Canadian Embassy in Nigeria, Ms. Emilie Milroy, the Federal Minister of Health, Prof Isaac Adewole, the Minister of State, Budget and Planning, Hajia Zainab Ahmed, and the Country Director and Regional Representative of KOICA, Mrs Sook Hyun Park Lee.

The award winning social conscious film “Dry” produced by Mrs Stephanie Linus, UNFPA Regional Goodwill Ambassador for West and Central Africa was screened. The film links socio-cultural issues like child marriage, female genital mutilation, and sexual violence including rape to development of vesico vaginal fistula.



Figure 13: Professors Oladosu Ojengbade, Alain Le Duc, Ludovic Falandry, and Claude Dumurgier @ High-level Fistula Seminar, Abuja





Figure 14: Minister of Health, Prof. Isaac Adewole, Minister of State, Budget/Planning, Hajiya Zainab Ahmed, and UNFPA Rep. a.i., Dr Eugene Kongnyuy @ the High-level Fistula Seminar.



Figure 15: Minister of State for Budget/Planning, Hajiya Zainab Ahmed, and Minister of Health, Prof. Isaac Adewole, interacting with participants @ High-level Fistula Awareness Seminar.



Figure 16: Dignitaries @ the High-level Fistula Awareness Seminar, Abuja

Achievements

\$5m

KOICA maternal health project for Borno State was launched.



280



Total number of patients mobilized

53



Total number of patients surgically treated

154



Total number of patients registered

15



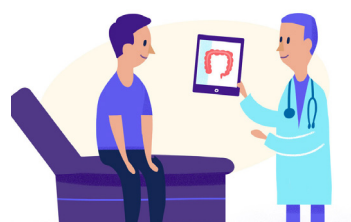
Total number of patients treated medically

85



Total number of patients screened

16



Total number of complex cases referred

Capacity of health workers developed on fistula management



6

consultant obstetricians and gynaecologists



8

peri-operative and anaesthetist nurse



9

ward nurses

Maternal care equipment handed over to Borno State Government

10

sets of delivery beds,



10

sets of hospital beds with mattresses,



6

sets of gynaecological operating tables with accessories



6

sets of gynaecological examination tables.



- Inaugurated remodelled and equipped fistula operating theatre.
- Expanded fistula ward bed capacity - 54 bed spaces
- Increased awareness on cause and prevention of Obstetric Fistula among the general population.
- Increased knowledge about obstetric fistula as priority health issue among the government and donor community.
- Renewed Borno State and Federal Government's commitment to ending fistula within a generation.

Recommendations

1. The Campaign approach should be an annual event, probably rotated among the six geopolitical zones of Nigeria.
2. The arrangements for referral of complicated cases including fistula deemed inoperable to Centres with capacity for advanced and staggered surgery is commendable, and should be the model of future campaigns.
3. To maximize knowledge and skill sharing, adequate provision should be made to minimise language barrier during future campaigns involving non-English speaking experts.
4. UNFPA should organise a follow up exercise to provide treatment to backlog of patients from the Borno Fistula Campaign.
5. Acknowledged the commendable efforts of the team and look forward to more success in the future.



Delivering a world where every pregnancy is wanted, every child is safe and every young person's potential is fulfilled.

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