



FEDERAL MINISTRY OF  
**HEALTH**

NATIONAL SOCIAL AND  
BEHAVIOUR CHANGE STRATEGY FOR THE  
**ELIMINATION OF OBSTETRIC  
FISTULA IN NIGERIA**  
(2020-2024)

**FIRST EDITION**





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**HEALTH**

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CHANGE STRATEGY FOR THE  
**ELIMINATION OF OBSTERIC  
FISTULA IN NIGERIA** (2020-2024)

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# Foreword

Obstetric Fistula is preventable and treatable, but thousands of Nigerian women and young adolescent girls continue to become victims of obstetric fistula. Despite the debilitation, marginalization and social exclusion it causes its victims, it remains a largely neglected and 'hidden' disease, making it not a priority health problem by most governments in the three tiers. Past hospital records painted obstetric fistula more as a problem of poor, illiterate rural women, who have little or no access to health care. However, emerging scenarios now indicate that women in their 20s and 30s including those that have had previous successful vaginal deliveries, are becoming obstetric fistula victims, which calls for a re-strategizing in the approach to elimination of obstetric fistula.

The Federal Ministry of Health (FMoH) previously developed and implemented two National Strategic Frameworks and a Plan of Action for Obstetric Fistula (2005-2010, 2011-2015). It resulted in the establishment of 17 treatment centres, working in collaboration with State Governments and the private sectors, especially the Faith Based Organizations that run health facilities. It is on record that many obstetric fistula victims have had access to free treatment, mainly surgical repairs at these facilities. The vision in the current framework 'The National Framework for the Elimination of Obstetric Fistula in Nigeria (2019-2023)', "Nigeria becomes a country free of Obstetric Fistula", aligns with the aim of the United Nations to eliminate obstetric fistula within a generation.

The framework identifies social and behaviour change communication as being crucial for achievement of the National vision and targets, of which a priority area is the development of an evidence-based advocacy and strategy. This is in line with the objective of getting all the main sectors of the society (members of the community, the health services and advocacy groups) to join hands in addressing what leads to obstetric fistula.

This is the first initiative to develop the SBCC strategy for obstetric fistula in Nigeria and is meant to provide a guide to individuals or institution who plan to work in this area.

It also highlights activities that could be considered for implementation that would have significant impact on the targets that had been set under the National Strategic Framework.

This document will also serve as a useful national reference tool on Advocacy, Social and Behaviour Change and Demand creation interventions that can be adapted, modified and used by Stakeholders including State actors, to meet specific obstetric fistula goals.

The Federal Government believes this is a good start to bringing issues around obstetric fistula to the limelight and on the priority list of stakeholders, especially governments at all tiers. I look forward to getting more support for obstetric fistula interventions as we roll out the implementation of the strategy to achieve our National targets by December 2023.



**Dr. Osagie E. Ehanire**  
*Honourable Minister of Health*  
*Abuja, Nigeria*  
*January 2020*

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On behalf of the Federal Ministry of Health, I wish to acknowledge all the Stakeholders that were involved in the development of the first edition of the National Social and Behaviour Change strategy for the Elimination of Obstetric Fistula in Nigeria. The enormous contributions gave us an assurance that the information gained have become an eye opener towards realizing the importance of obstetric fistula and its elimination from Nigeria.

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# Acronyms & Abbreviations

<b>ACSM</b>	Advocacy Communication and Social Mobilization
<b>AGPMP</b>	Association of Private and General Medical Association of Nigeria
<b>ANC</b>	Antenatal Care
<b>BCC</b>	Behaviour Change Communication
<b>CBO/As</b>	Community Base Organization/Associations
<b>CDA</b>	Community Development Association
<b>CDC</b>	Community Development Committee
<b>CHEWs</b>	Community Health Extension Workers
<b>CHIPS</b>	Community Health Influencers Promoters Services
<b>CHPs</b>	Community Health Promoters
<b>CHW</b>	Community Health Workers
<b>CHV</b>	Community Health Volunteer
<b>CORPs</b>	Community Oriented Resource Persons
<b>DFID</b>	Department for International Development
<b>FBOs</b>	Faith-Based Organisations
<b>FCT</b>	Federal Capital Territory
<b>FGoN</b>	Federal Government of Nigeria
<b>FMoC</b>	Federal Ministry of Communications
<b>FMoE</b>	Federal Ministry of Education
<b>FMoH</b>	Federal Ministry of Health
<b>FMoI&amp;C</b>	Federal Ministry of Information & Culture
<b>FMoWASD</b>	Federal Ministry of Women Affair and Social Development
<b>HMH</b>	Honourable Minister of Health
<b>HOD</b>	Head of Department
<b>HPD</b>	Health Promotion Division
<b>ICT</b>	Information Communication Technology
<b>IEC</b>	Information, Education and Communication
<b>IPC/C</b>	Inter Personal Communication and Counseling
<b>LGA</b>	Local Government Area
<b>mCPR</b>	Modern Contraceptive Prevalent Rate
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MDGs</b>	Millennium Development Goals
<b>MOH</b>	Ministry of Health
<b>NATIP</b>	National Agency for Prohibition of Trafficking in Persons
<b>NDHS</b>	Nigerian Demographic Health Survey
<b>NGO</b>	Non-Governmental Organization
<b>NMA</b>	Nigerian Medical Association
<b>NOA</b>	National Orientation Agency
<b>NPHCDA</b>	National Primary Health Care Development Agency
<b>NURHI2</b>	Nigeria Urban Reproductive Health Initiative 2
<b>OF</b>	Obstetric Fistula
<b>OBS</b>	Obstetric Emergency Care

<b>PHC</b>	Primary Health Care
<b>RH</b>	Reproductive Health
<b>RVF</b>	Recto-vaginal fistula
<b>SBCC</b>	Social and Behaviour Change Communication
<b>SDGs</b>	Sustainable Development Goals
<b>SMoC</b>	State Ministry of Communications
<b>SMoE</b>	State Ministry of Education
<b>SMoH</b>	State Ministry of Health
<b>SMoI&amp;C</b>	State Ministry of Information & Culture
<b>SMoWASD</b>	State Ministry of Women Affair and Social Development
<b>SPHCDA</b>	State Primary Health Care Development Agency
<b>SWOT</b>	Strengths, Weaknesses, Opportunities and Threats
<b>SOML</b>	Saving One Million Lives
<b>TBA</b>	Traditional Birth Assistant/Attendants
<b>ToT</b>	Training of Trainers
<b>UBEC</b>	Universal Basic Education Commission
<b>UN</b>	United Nations
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nation International Children Emergency Fund
<b>USAID</b>	United States Agency for International Development
<b>VDC</b>	Village Development Committee
<b>VHW</b>	Village Health Workers
<b>VVF</b>	Vesico-vaginal fistula
<b>WDC</b>	Ward Development Committee
<b>WHO</b>	World Health Organization
<b>WRA</b>	Women of Reproductive Age



# Executive Summary

This is the first edition National Social and Behaviour Change Communication strategy for Obstetric Fistula in Nigeria developed in response to the need for advocacy, social mobilization and communications to contribute to the achievement of the objectives and set targets as stated in the National Strategic Framework for the elimination of obstetric fistula in Nigeria (2019-2023).

The SBCC Strategy effectively responds to the priority areas as itemized in the National Strategic Framework that communication can speak to the: Causes, Prevention, Treatment, Rehabilitation, Reintegration and Strategic Communication.

The goal of the communication strategy is to increase the knowledge and promote positive health seeking behaviour and practice of the primary audience towards the prevention and treatment of obstetric fistula, obtain the commitment of the health service delivery and achieve a conducive environment in order to have an unhindered implementation of SBCC interventions.

The development of this document involved extensive desk research, since very little work was found to have been published on community level formative research except the Federal Ministry of Health's sponsored research in Cross Rivers and Zamfara States. A lot of triangulations were done to provide the evidence for the development of the strategy. The strategy was guided by some theories and models (1) Social Ecology Model, and (2) Communication Pathway to an Obstetric Fistula Free Society, (3) Health belief model, and (4) Precaution Adoption Process Model/ Steps to change in behaviour model.

Three primary audiences were identified with high level of priority on the first two if funding is a constraint (a) Pregnant women and girls (10-49 years) that had never

experienced obstetric fistula (b) Women and girls (10-49) who had been victims of obstetric fistula whether treated or untreated and (c) Other women and girls that had never experienced obstetric fistula.

The strategy also addressed the domain of health service delivery comprising of the health providers in health facilities and community health volunteers while the governments at all levels (policy makers and political leaders), media and the community gate keepers constitute the advocacy domain.

A multi-media multi-channel set of activities were suggested to be used within zonal, State and LGA specific context. However, a National radio campaign was suggested considering the new emerging dimension of obstetric fistula that is moving from the known obstetric fistula victim profile of 'poor, young, illiterate, rural, never used health facility for antenatal care ' to a new audience profile definition having a national spread comprising of women in their 20s and 30s and who had had successful vaginal deliveries previously as victims.

A set of messages were developed and were guided by communication objectives. They were simply guides and generic and can be adapted and/or modified to meet the needs of implementation. The SBCC strategy's last chapter was on monitoring and evaluation with a set of process and impact indicators.

# How to Use this Document

The National Obstetric Fistula Social and Behaviour Change Communication Strategy provides a guide to any stakeholder and partner that would like to work in communication interventions in obstetric fistula in Nigeria. Being the first strategy to be developed in this area in Nigeria, efforts had been made to provide as much information as possible to guide decision making in planning communication interventions.

This document was developed keeping in mind that it is National in outlook with the understanding that the States and LGAs are at liberty to adapt and domesticate the document considering their socio-cultural and religious context. The strategy also provides for communication professional suggestions on factors to use to guide further audience segmentation as the need arises at the level of design.

Any adaptation should, however, ensure that the vision of a 'Nigeria free of Obstetric Fistula' resonates and permeates the whole process and all efforts should be made to contribute to achieving the National targets as stated in the National strategic framework for the elimination of obstetric fistula in Nigeria.



# Introduction

Obstetric fistula (OF) is an abnormal opening between the vagina, bladder and/or rectum, often caused by prolonged obstructed labour and is marked by incontinence of urine, faeces or both (NSF 2019-2023). It is closely and directly linked to maternal mortality and morbidity. Basically, there are two main types: (a) Vesico-vaginal fistula (VVF) which is a situation in which the abnormal opening is between the bladder and the vagina resulting in continuous leakage of urine and, (b) Recto-vaginal fistula (RVF), which is a situation when the opening is between the rectum and the vagina resulting in leakage of faeces.

Prolonged obstructed labour is the main cause of Obstetric Fistula; which is a situation when labour is prolonged beyond 12 hours due to an obstruction from a mismatch in size between the presenting part of the baby and the birth canal. Women with OF experience extreme physical, emotional, psychological conditions and sufferings (NSF 2019-2023). Obstetric fistula is often associated with a high possibility of foetal loss, foot drop, depression, stigmatization, rejection and secondary infertility. Many OF patients have become outcasts in their communities and some have taken to begging and prostitution for survival. The condition (OF) has been listed as one of the international public health problems affecting women and girls in less resourced countries of the world.

Fortunately, OF is both preventable and treatable. It can be prevented if every pregnancy experience is supervised by skilled birth attendant and necessary steps are taken to guide against the three delays that contribute to the development of obstetric fistula, that is: a) delay in seeking medical attention; b) delay in reaching a medical facility; and c) delay in receiving medical care at a health care facility.

Obstetric Fistula is a treatable condition. Currently, there are many specialised Vesico-vaginal fistula treatment centres and units in Nigeria that are charged with the responsibility of providing such services for women and girls with OF. Some VVF cases that are less than four weeks duration

could be successfully treated by the insertion of urethral catheter for up to four weeks (Engender Health 2010). While majority of obstetric fistula can be surgically closed and continence regained, about 10% of these women remain incontinent. However, accessibility to the fistula treatment services in those centres is still a challenge due to inadequate number of facilities and skilled providers to meet the demand.

The condition (OF) is embedded in another public health service – maternal and child health. That being the case, a two-layered communication strategy is needed to address the problem of obstetric fistula in Nigeria. The first layer of the communication strategy should promote the health seeking behaviours of the pregnant women and girls on Antenatal Care (ANC), facility delivery and/or delivery under the supervision of skilled birth attendants (SBAs) and appropriate use of family planning/child spacing methods to delay or limit number of births. Antenatal care offers the opportunity for pregnant women to be educated and counselled about the causes, prevention and treatment of obstetric fistula. The focus of the SBCC strategy would be to analyse the factors that influence registration and regular attendance of ANC services, promote ANC utilization and facility delivery under the supervision of skilled birth attendants. The second layer is to create public awareness, educate and empower the general population about the causes, prevention, treatment and how to rehabilitate and reintegrate OF victims into the society.



# Situation Analysis

## Global Context

The World Health Organization (WHO) observed that it is difficult to accurately obtain the global and national prevalence rates for obstetric fistula due to non-availability of a reliable data collection system or underreporting. Globally, about 2 million women are estimated to be suffering from OF (Geneva, World Health Organization, 2014). Globally, an estimated 50,000 to 100,000 women develop fistula annually.

Obstetric Fistula (OF) is a burden in almost 60 countries including Nigeria but it is virtually non-existent in developed countries (UN-Sec. Gen report 2018). An estimated annual incidence of 250 cases of vesico-vaginal fistula occurs per year in the whole of England and Wales, which are entirely from non-obstetric origin. Obstetric fistula, therefore, has been eradicated in the developed countries of the world due to their excellent obstetric care.

Complications from pregnancy and childbirth are the leading cause of death among girls between the ages of 15 and 19 years in many low-income and middle-income

countries. However, it has been reported that one in five girls globally will be married before the age of 18.

In 2003, the United Nations Population Fund (UNFPA) and its allies started a global campaign to end fistula and Nigeria was one of the 20 countries that benefitted from the programme. United Nations declared OF as a global health problem and commemorated the first international day to end OF on 23rd May, 2013 to raise awareness and mobilize support for the elimination of obstetric fistula. The day is being observed yearly since then.



## Nigeria Context

Nigeria is the most populous country in Africa with a projected population of over 189 million people (NSF 2019-2023). With the current growth rate of 3.2% and fertility rate of 5.3% (NDHS, 2018), Nigeria is projected to become the 3rd most populous country in the world behind India and China in 2050. Nigeria runs a Federal system of government comprising 36 States and Federal Capital Territory (FCT), 774 local government areas (LGAs) and 9,572 political Wards. The health system comprises three levels of care:

- Primary health care (PHC), which is the fulcrum of the Nigeria health system (Nigeria health policy, 2016), is managed by the local governments. Unfortunately, the PHCs are the weakest link in the health care system with poor capacity and commitment;
- Secondary health care, consists of general hospitals and is managed by the states governments and the Private sector; and
- Tertiary health care, comprises teaching hospitals, specialist hospitals and the Federal Medical Centres, are managed by the Federal and State governments and private organizations.

Nigeria also has a vibrant private health sector that complements the public health sector and provides health and other care services to Nigerians along the three tiers of government (federal, state and local), either for profit or on a cost recovery basis.

The maternal health indices in Nigeria, though improving gradually, are still challenging. The NDHS 2018 reported a maternal mortality of 31.3% among women of reproductive age (15-49 years) and a maternal mortality ratio of 512/100,000 live births. This accounts for 23% of the global maternal deaths and for every 1,000 live births in Nigeria, approximately five women die during pregnancy, childbirth or within 2 months after childbirth (NDHS 2018). For every woman who dies from childbirth in Nigeria, at least 20 others suffer morbidities (illnesses and/or disabilities) such as obstetric fistula (WHO/UNFPA, 2011). Obstructed labour accounts for 10% of the maternal deaths in Nigeria.

The commonest cause of obstetric fistula in Nigeria is prolonged obstructed labour and this accounts for between 65.9% to 95.6% of cases seen in various treatment

centres (Ijaiya et al, 2010). This situation requires access to emergency obstetrics services that could provide medical intervention for the women experiencing prolonged labour. While every childbirth is to be supervised by a skilled birth attendant so as to be able to detect complications early and take appropriate action, in Nigeria unfortunately, only 43.3% of births are assisted by skilled health workers with regional variations (e.g. 5.4% in Sokoto and 92.6% in Imo (NDHS 2018). On the supply side, access to emergency to obstetric care in Nigeria is limited. A study conducted in three northern states of Nigeria (Zamfara, Katsina and Yobe States), as part of a study in six developing countries, found only 2% and 0% of facilities in the sampled states offering emergency obstetric care. None of the States met the criteria of the provision of basic and comprehensive emergency obstetric care signal functions respectively (Ameh et al 2012). While most states run free maternal and child health care, services being provided are poor due to limited provision of resources (human, financial and material). For states that do not provide free caesarean section, the cost is a limitation to access. Other barrier factors include ignorance, socio-cultural practices, beliefs, poor education, gender norms that limits decision making ability of women and poor transportation services in case of emergencies.

Findings from 2018 NDHS indicate that 31% of women have heard of fistula symptoms which is the same figure reported during 2008 NDHS. This implies that knowledge of fistula has remained stagnant at 31% over the last decade. A similarly low level of awareness was reported in the findings from the FMOH's sponsored research in Zamfara and Cross Rivers States that indicated that 40% of women of reproductive age were aware of obstetric fistula in Zamfara while 18% were aware in Cross Rivers State. This could be an indication of higher level of awareness in the Northern part of the country. In general, these results support the arguments that, despite the fact that OF is a global health problem, it is still being neglected in Nigeria. The report from the FMOH's sponsored research in Zamfara and Cross Rivers States indicated that about 75% of women with VVF perceived OF is caused by childbearing process (prolonged labour, delivery by caesarean section or other instrumental delivery procedures), an indication that majority attributed its cause to child bearing challenges. However, 11% and 5% in Zamfara and Cross Rivers States respectively opined that OF was caused by a spiritual attack (FMOH Study, 2016).

A pregnant girl under age 18 has a higher risk of obstructed labour, which is the main cause of obstetric fistula, because her birth canal in most cases is not yet fully developed. However, 2018 NDHS reported that median age of marriage in Nigeria is 19.1 years with wide variations across the country with North West and North East zones having the lowest figures of 16.9 years and 16.7 years respectively. Also, the national teenage (15-19) pregnancy rate is 19% with North West and North East regions recording teenage pregnancy rates of 28.5 % and 24.5% respectively (NDHS 2018). Ijaiya et al (2010) in their review of fistula cases in Nigeria stressed that a disproportion of VVF patients in the Northern Nigeria had early marriages; 93.6% of Sokoto patients had married before the age of 18 years, while 81.5% and 52.3% of the patients in Kano and Maiduguri respectively were married by the age of 15 years.

Governments had taken some steps to improve these indices which had not been very effective. For example, at the Federal level, the Child Rights Act that sets the legal age for marriage at 18 was passed into law in 2003. The Act has not been fully effective as only 23 States had so far domesticated the Act as at May 2016. Moreover, national modern contraceptive prevalence rate (mCPR) is low (12%, NDHS 2018) despite the provision of free family planning/child spacing services in government health facilities.

About 150,000 women are living with fistula in Nigeria (NSF, 2019 – 2023), a disproportionate 7.5% of the global burden, and about 12,000 new cases of fistula are added each year (NSF 2019-2023). The NDHS 2008 estimated the prevalence of obstetric fistula as 0.4% among women 15-49 years of age; the figure was used by Maheu-Giroux et al to arrive at a computed prevalence rate of 3.2 per 1,000 deliveries (Ci: 2.1-4.3) (Maheu-Giroux et al, May 2015). While the NDHS 2018 report indicated that less than 1% have experienced OF symptoms.

In the study sponsored by FMOH in Zamfara and Cross Rivers States in 2016, (FMOH study, 2016), the prevalence rates obtained were:

- Overall (2 states combined) estimated prevalence rate was 3 per 1000 WRA
- Cross Rivers state was 2 per 1000 WRA
- Zamfara state was 4 per 1000 WRA
- Among WRA who were either divorced or separated about 10 per 1000 women in the 2 States

- Among those who married at less than 20 years of age about 9 per 1000 women

About 6,000 fistula repairs are done annually with a backlog of over 150,000 clients awaiting repairs (NSF, 2019-2023). The report of the FMOH's sponsored study in Zamfara and Cross Rivers States among women of reproductive age (FMOH

Study, 2016) indicated that a good proportion of the women perceived VVF as treatable while a few (15% in Zamfara and 2% in Cross Rivers States) perceived obstetric fistula as untreatable. While VVF Centres were the main preferred source for treatment in Zamfara State, the women in Cross Rivers State suggested a combination of government and private health facilities. It is important to note that 20% of women in Zamfara State and 11% in Cross Rivers State mentioned traditional healers as preferred source for treatment. About 25% of Cross Rivers State and more than 33% from Zamfara State reported their VVF had successfully been repaired while 10% of VVF patients from Cross Rivers State and 47% from Zamfara State were still experiencing leakages after the repairs.

About 22% of the women (Cross Rivers State (20%), Zamfara State (23%)) did not seek for any treatment when they experienced OF because of the following reasons:

- Did not know where to go - about 33%
- Cost of treatment – about 33%
- Poor quality of care at treatment facilities – 20%

Rehabilitation and reintegration of women living with obstetric fistula in Nigeria were supported by the Federal Ministry of Women Affairs, some State Ministries of Women Affairs, Development partners like UNFPA, MDG, and international NGOs like Fistula Foundation USA. The interventions were implemented by local NGOs and dedicated fistula treatment centres (NSF 2019-2023). Fistula Foundation Nigeria is the main NGO involved with rehabilitation and between 2014 and 2016, rehabilitated 595 women living with obstetric fistula in five states in the North West Zone of Nigeria including the provision of six months institution-based rehabilitation skill acquisition training programme. After successfully acquiring the skills, beneficiaries were given a start off support of basic equipment like a sewing machine or knitting machine in accordance with the skill acquired.

Strength	Weakness
<ul style="list-style-type: none"> <li>• The FMoH has a Desk Officer</li> <li>• There are 3 FMoH-recognized and approved National OF Centres and 14 other States and Faith-based owned OF treatment centres</li> <li>• There is an updated National Strategic Framework for the Elimination of Obstetric Fistula in Nigeria (2019-2023)' and many other existing policies that supports OF programming</li> <li>• There are Standard of Practices (SoPs) for OF treatment.</li> <li>• Some level of trainings in OF for variety of health providers were conducted</li> <li>• There is a standing technical committee on OF that meets within funding constraints</li> </ul>	<ul style="list-style-type: none"> <li>• A poorly known and neglected condition</li> <li>• A part of maternal and child health – may be subsumed or neglected</li> <li>• Many States and LGAs do not show appreciable interest in OF</li> <li>• Weak synergy of efforts among partners and stakeholders working in the field of obstetric fistula</li> <li>• Poor political will and poor funding</li> <li>• Poor data availability on prevalence and incidence</li> <li>• Poor coordination and fragmented management</li> <li>• Poor community participation and ownership</li> </ul>
Opportunity	Threats
<ul style="list-style-type: none"> <li>• Partners were increasingly investing in the education of the girl child as a strategy for improved Reproductive Health (RH) Outcomes</li> <li>• Globally recognized as a public health problem</li> <li>• UN Secretary General's statement of support for its elimination within a generation</li> <li>• The enactment of International Day for OF by the United Nations (UN) and is being observed globally</li> <li>• Sustainable Development Goals (SDG) 1, 2, 3, 4, 5, 10, and 17 are in tandem supporting elimination of obstetric fistula.</li> </ul>	<ul style="list-style-type: none"> <li>• Limited interest of many development partners</li> <li>• Donor driven interventions especially for SBCC</li> </ul>

Most of the dedicated fistula centres provided guidance and counselling to women living with obstetric fistula, but they appeared to be having challenges establishing support for rehabilitation and reintegration of women living with obstetric fistula, the services are subject to availability of funds. Social workers are currently not involved in rehabilitation and reintegration women post-obstetric fistula repair.

Furthermore, there is no comprehensive national plan for rehabilitation and reintegration of women living with obstetric fistula (NSF, 2019-2023). Currently, there are insignificant work in this area and future programming should build on this type of support for the poor women affected by OF.

## Federal Ministry of Health's Research on OF

In order to address the dearth of information available about the level of knowledge, attitudes and behaviour of the people at the community level on OF, cross-sectional quantitative and qualitative research was sponsored by FMoH in 2016. The sample was made up of randomly selected 57,440 females aged 15 years and above or married below 15 years in selected households. It comprises 45,871 (79.9%) from Cross Rivers State and 11,569 (20.1%) from Zamfara State (FMoH Study, 2016). The results of the study indicated that 40% and 18% of respondents from Zamfara State and Cross Rivers State respectively were aware of fistula. The research also showed that women in urban

areas are more aware than those in the rural. The estimated prevalence rate of obstetrics fistula in Cross Rivers state was 2 per 1,000 women while in Zamfara State it was 4 per 1,000 women. In both States, obstetrics fistula was more prevalent among women who married when they were less than 20 years of age; for example, it was 9 per 1,000 among women who married less than 15 years in Zamfara State.

More than half of the women living with OF reported fistula occurred after a difficult delivery and a good proportion of the women perceived VVF as treatable. About two-thirds of women with VVF from Cross Rivers State sought treatment from either government or private hospitals while the VVF centre was the place of choice for treatment by affected women in Zamfara State. About 40% of women with VVF in Cross Rivers State and 60% of those in Zamfara State had child birth after VVF repairs, and the route was mostly vaginal deliveries (Cross Rivers state (88%) and Zamfara (68%)).

Women living with obstetric fistula used a variety of mechanisms to cope with the leakages of urine and/or faeces and these included: pieces of rag or wrapper 69% (Cross Rivers state (60%) and Zamfara State (72%)); sanitary pads - 11% in Zamfara and 17% from Cross Rivers; and tissue papers - about 3%. In order to reduce the quantity of leakages, OF victims took the following steps: drink less water (37% from Cross Rivers and 41% from Zamfara); place something on their vagina to block urine (29% from Zamfara and 3% from Cross Rivers; sought herb remedy 13%; while 4 women from Cross Rivers sought spiritual help.

A major concern was how hygienic could these women be in order to avoid infections. The study showed that they were conscious of their status and took a variety of actions like washing the materials daily, changing the pads at least once a day and discarding them while a few said they did nothing.

## SWOT Analysis on Obstetric Fistula

Organizations	Messages	Channels
UNFPA	<ul style="list-style-type: none"> <li>Elimination of Obstetric Fistula in Nigeria, A Call to Action</li> </ul>	Leaflet
FMoH	<ul style="list-style-type: none"> <li>Obstetric Fistula, A Preventable Condition Affecting Our Mothers, Join Us!</li> <li>Let us Prevent the Scourge Together, A Pictorial Guide for Community Advocates</li> </ul>	Flip Chart
FMoH	<ul style="list-style-type: none"> <li>Frequently Asked Questions About Vesico-Vagina Fistula (VVF)</li> </ul>	Leaflet
USAID-Sponsored projects FMoH Fistula Care Plus EngenderHealth	<ul style="list-style-type: none"> <li>Vesico-Vagina Fistula (VVF) is preventable, attend ante-natal care and deliver with a skilled birth attendant to prevent prolonged Obstructed</li> <li>Labour, A girl who gives birth before 18 is at greater risk; Make child bearing a happy experience</li> <li>• Vesico-Vaginal Fistula (VVF) is Curable &amp; Treatment is FREE, "VVF is a Condition that Causes women and girls to leak urine and/or stool from the private part (vaginal) without control; Visit any of The Designated Fistula Centres Nearest to You (Contains a list of 13 VVF health centres)</li> <li>• VVF is Curable &amp; Treatment is FREE; Visit Any of The Designated Fistula Centres Nearest to You (Contains a list of 13 VVF health Centres)</li> </ul>	Poster
	<ul style="list-style-type: none"> <li>A treated VVF Client is One of Us; Welcome Her</li> <li>Be friendly!!!, VVF Cannot Be Spread from Person to Person, Support Her</li> </ul>	

Some VVF patients (36% in Cross Rivers and 41% from Zamfara State) received financial support from either their families and or from the government and religious organizations. About two-thirds of the VVF patients reported their husbands' family members either remained unchanged, supportive or encouraged them or are sympathetic to their conditions. Half of VVF patients from Cross Rivers State and a quarter of those from Zamfara State reported that the community was not aware of their situation. Less than 10% experienced discrimination or hostility.

The study found that the proportion of women with VVF who were not living with their husbands jumped from 26% before they experienced VVF to 41% after. The reasons for separation were mainly due to urine/faecal leakage as reported by 77% of those who were separated.

The majority of VVF patients particularly from Zamfara State reported that their conditions affected their emotional states as expressed by depression 46% (Zamfara women 53% and Cross Rivers 29%); or sadness - 41% (Cross Rivers state - 45% and Zamfara 40%). Many had to stop working - 41% (Cross Rivers (43%) and Zamfara states (41%); while some could not work regularly - 20% (Cross Rivers (31%) and Zamfara (15%) and 8% had to change jobs.

When asked to gaze at the future as an OF victim, 83% and 54% of the women affected by VVF respectively in

Cross Rivers and Zamfara perceived with optimism their present condition. Some were, however, not as optimistic and described their future in many forms: hopeless - 25% from Zamfara and 7% in Cross Rivers; helpless - 10% (13% from Zamfara and 2% from Cross Rivers); and bleak - 33% (Zamfara (42%) and Cross Rivers (19%)).

In order to address the dearth of information available about the level of knowledge, attitudes and behaviour of the people at the community level on OF, cross-sectional quantitative and qualitative research was sponsored by FMoH in 2016. The sample was made up of randomly selected 57,440 females aged 15 years and above or married below 15 years in selected households. It comprises 45,871 (79.9%) from Cross Rivers State and 11,569 (20.1%) from Zamfara State (FMoH Study, 2016). The results of the study indicated that 40% and 18% of respondents from Zamfara State and Cross Rivers State respectively were aware of fistula. The research also showed that women in urban areas are more aware than those in the rural. The estimated prevalence rate of obstetrics fistula in Cross Rivers state was 2 per 1,000 women while in Zamfara State it was 4 per 1,000 women. In both States, obstetrics fistula was more prevalent among women who married when they were less than 20 years of age; for example, it was 9 per 1,000 among women who married less than 15 years in Zamfara State.

# Strategic Considerations for the SBCC Strategy

## National Strategic Framework for the Elimination of Obstetric Fistula in Nigeria (2019-2023)

The National Strategic Framework for the Elimination of Obstetric Fistula in Nigeria (2019-2023) was the third national strategic plan and framework providing strategic direction for ending OF in Nigeria. The Nigeria Government (FMoH) had developed two earlier ones: 2005-2010 and 2011-2015 strategic plans. The current plan has the following main features:

### Vision

Nigeria becomes a country free of obstetric fistula.

### Mission

Strengthen health care systems so that women have access to quality, effective, and affordable maternal health care services and address the development and human right issues affecting women and girls; poverty, gender inequality, lack of education, and early childbearing through sustained collaborative efforts with partners and stakeholders at all levels.

### Goals

- To prevent women from developing fistula through health promotion and behaviour change communication and universal access to high quality comprehensive maternal health services;
- To ensure that all women with fistula have access to quality treatment services, including treatment of complex cases; and
- To ensure that women with OF are re-integrated into their communities.

In addition, the wider social determinants that increase the vulnerability of women and girls to OF are addressed through collaboration with other relevant sectors.

### Strategic Objectives

- Eliminate the incidence of obstetric fistula through

ensuring universal access to sexual and reproductive health services and maternal health services for women in the reproductive age group;

- Strengthen and expand OF treatment centres nationwide for reducing the prevalence of VVF;
- Foster community participation, intersectoral and inter-disciplinary collaboration or the re-integration of obstetric fistula patients and for addressing the social determinants of obstetric fistula; and
- Promote reproductive health care seeking behaviour

### Targets - Between 2019 and 2023

The targets are:

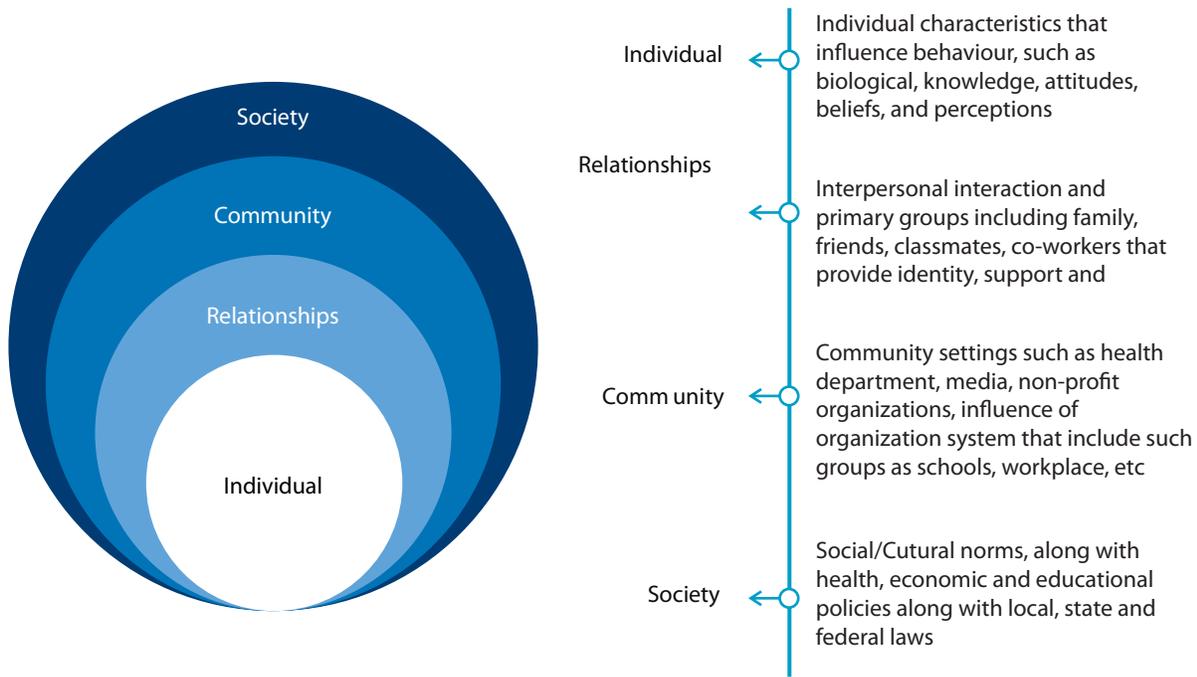
- To promote reduction in the incidence of obstetric fistula by 30%
- To reduce the backlog of obstetric fistula cases by 30% and
- To promote and facilitate the rehabilitation and re-integration of 30% of the needy treated fistula patients into their communities.

### Communication Theories and Models for SBCC Strategy

The two main interrelated theoretical models used in guiding the development, monitoring and evaluation of this SBCC strategy are:

- The social ecological model (SEM), and
- The Pathway to Healthy Competent Society for the

# Social Ecological Model (SEM)



elimination of obstetric fistula as the framework for the campaign to eliminate OF from the community.

Behavioural change models or theories are attempts to explain reasons for behaviours change and each model or theory focuses on different factors that explain behavioural change (Wikipedia).

This SBCC Strategy was designed with the understanding that an individual’s behaviour is not only influenced by his or her own knowledge and attitudes (intra-personal), but also by the larger socio-cultural factors that are context specific (i.e. this may vary across the States/zones, ethnic nationalities, etc.). Therefore, the strategy utilized is a multi-level approach to deliver culturally-appropriate and context-specific messaging through various channels to best reach and resonate with key segments of the beneficiary population.

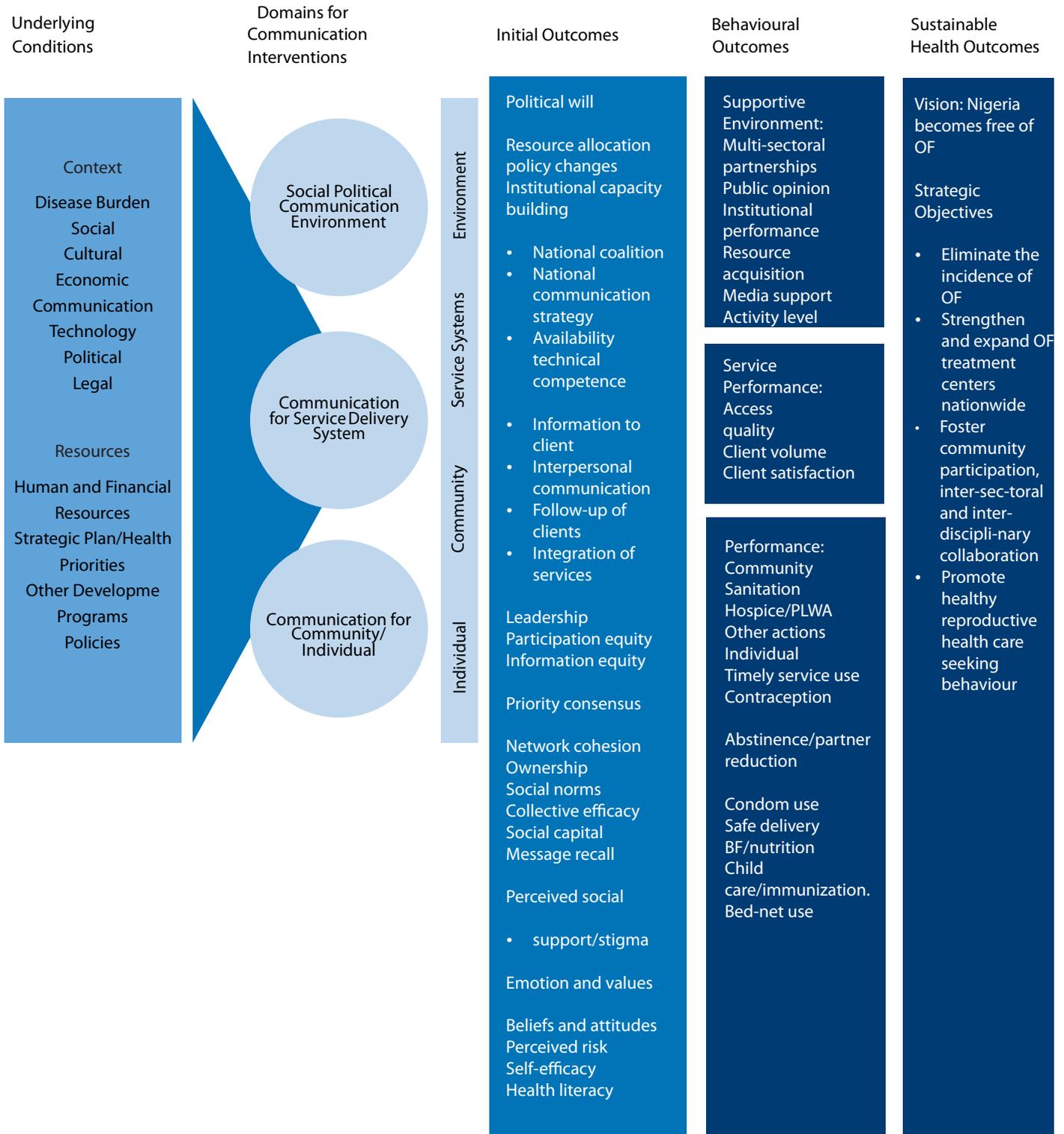
The Social Ecological Model (SEM) postulates that there are influences at different levels affecting individual behaviour, some that are personal and others that are environmental (McLeroy, Bibeau, Steckler, & Glanz, 1988). That is, the ability to predict the health seeking behaviour or practice

of an individual (in this case pregnant women and girls) is interwoven within a host of other multi-level determinants that impact on her ability to carry out or not carry out that behaviours. For example, the decision of a pregnant woman at the onset of labour is affected not only by her level of awareness and knowledge about best practices and the risk factors, but by both intrapersonal and other interpersonal issues such as her husband’s support, appropriate transport to a health facility that may be many hours away from the community or the facility not staffed for delivery or may not be operating on weekends (service/policy). The SEM identifies four levels of influence on an individual decision on health practice namely; individual, relationships, community, and society (see diagram or Figure below).

At the individual level, individual characteristics such as knowledge, attitude, perception and beliefs influence health behaviours.

At relationships level, the constant interactions at interpersonal levels, among primary groups, families, friends, co-workers help to provide support for or play a role in changing or reinforcing beliefs and norms.

# Conceptual Framework: Communication Pathways to an OF-Competent Society





At the community level, community settings such as health facilities, schools, markets, mosques and churches, the media and other organizations exert considerable influence on the norms and behaviours of members of the community.

At society level, societal and cultural norms along with government-approved health policies, guidelines, laws and regulations regularly combined to influence health behaviours.

Each level of influence represents or offers a critical pathway or a tool to interventions in preventing a particular problem. The audiences targeted by this strategy – individual, community, service and policy/political and community leaders are explained by the model.

Another model that situates this in a framework format is the Pathway to an Obstetrics Fistula free society as illustrated in the figure below. It guides planners in making informed choices about what and how.

### Conceptual Framework: Communication Pathways to an OF-Free Competent Society

More specifically, the model more clearly describes the 3 domains within which communication occurs (individual/community, service delivery and advocacy (social political environment)). This strategy presents the audience for each domain while implementation will prioritize who to address depending on available resources and needs. The other components addressed by the model include communication objectives which when implemented will increase the likelihood of the desired behaviour change, behaviour objective and health outcomes. The model also includes underlying social, political and economic environment (context) that could enable or constraint impact of communication program and contexts.

Two other models are also found relevant:

### Health Belief Model

This model addresses the individual's perceptions of the threat posed by a health problem (in this case obstetric fistula) where the pregnant woman or her loved ones examine her level of susceptibility to OF and the severity



of the problem, the benefits of avoiding the threat, and factors influencing the decision to act (barriers, cues to action, and self-efficacy).

Simply put, a pregnant woman and/or her loved ones will most likely change their health behaviour if they feel the pregnant woman is at a serious risk of becoming a victim of obstetric fistula which could bring about suffering for life especially if they knew a way to avoid it. In Nigeria, pregnancy is a normal marital responsibility of every married woman and because many women had their deliveries without challenges had made many others to perceive that their deliveries would not pose a problem. With SBCC interventions, the level of perceived risk can be raised in such a way that more pregnant women will

feel threatened and the threat level will spur them to, for example, attend ANC and seek delivery under the supervision of skilled birth attendants.

### Precaution Adoption Process Model

This model says that every individual is at one of these 7 stages in taking a decision about a health problem: (1) Unawareness (2) Aware (3) Decision (4) Decision to act or Decision not to act (5) Action (6) Maintenance and (7) Follow up. It is particularly useful in audience segmentation and designing appropriate interventions and message targeting individual at each stage of health behaviour decision making.



# SBCC Strategy for the Elimination of Obstetric Fistula

## Rationale and Context

This document is an offshoot of the Strategic Framework for the Elimination of Obstetric Fistula in Nigeria (2019-2023). This is with the recognition that social and behavioural change communication is a key component for the achievement of the Vision, Mission, goals, strategic objectives and targets for the OF elimination in Nigeria, hence the development of this strategic document. More specifically, the SBCC Strategy is intended to create an enabling environment and promote acquisition of positive health seeking behaviour and practice for OF prevention for non-OF victims and treatment, rehabilitation and reintegration of obstetric fistula victims in Nigeria.

## 4.2: Domain – Individual

### 4.2.1: Audience Analysis and Segmentation (Individual)

The primary audiences under the strategy are: Women and girls aged 10-49 years. The theory of steps to behavioural change indicates that each of these audiences are at various knowledge, attitude and behaviour levels in

respect of obstetric fistula and therefore have different communication needs. While some might not have heard of obstetric fistula, some of the primary audiences are already living with OF. This leads to the need for audience segmentation. For effective implementation of the communication strategy, the audience will be segmented into:



- Women and girls (10-49 years) that have never been victims of obstetric fistula
- Women and girls (10-49 years) who have been victims of obstetric fistula, successfully treated, receiving treatment, treatment unsuccessful or have not accessed treatment.

Another area of segmentation that could be considered is by age to address more specifically child pregnancy, considering the high relationship between child marriage/ pregnancy and OF. In order to make the strategy simple for implementation (also being a National document), this level of segmentation will be addressed at program implementation level and by health communication personnel at that level as they found desirable.

From the situation analysis discussed earlier, while young adolescent girls (10-17 years) are more prone to OF, evidence indicates that all the age groups within the women of reproductive age (15 - 49 years) are currently being affected. Segmentation by zones in Nigeria also could be considered due to varied socio-cultural and religious beliefs and practices that promote incidence of obstetric fistula. These factors are more pronounced in the North East and North West zones. At the point of implementation of activities proposed in this document, the health SBCC Officers (e.g. health educators/promoters) at each state and LGA levels will domesticate them to suit their local contexts.

Another factor to use in further segmentation is by the current health seeking behaviour of target audience (pregnant women and girls) by degree of attendance at ANC and deliveries supervised by skilled birth attendants. The segmentation might be into two:

- pregnant women and girls who are not using ANC for their current pregnancy and
- pregnant women and girls who register (either early or late) for ANC for their current pregnancy.

These two categories are great determinants of those that would deliver at the health facility and/or under the supervision of skilled birth attendants. While ANC registration was 67% nationally (NDHS, 2018), there is wide variability across the States/ Regions (e.g. 15% in Kebbi and 97% in Imo State etc. NDHS, 2018). This could also be used at the level of implementation by the health SBCC Officers (e.g. health educators/promoters) depending on

the research result and local context.

Lastly, while every woman and every girl are expected to be aware and understand the danger of obstetric fistula in order to take appropriate action to prevent its occurrence, it is important to put into consideration the fact that OF is mostly about pregnancy, labour and child birth. In order to shape the audience and get the message to be more effective, this strategy as mentioned earlier will have the primary audience segmented into:

- Pregnant women and girls (10-49 years) that have never been victims of obstetric fistula
- Women and girls (10-49 years) who have been victims of obstetric fistula (successfully treated, receiving treatment, treatment unsuccessful or have not accessed treatment).

While women and girls were grouped together in the definition of primary audiences, it should be noted that the health seeking behaviour of young adolescents (less than 18 years) might be different from the older women even in ANC and delivery.

The vision of the National Strategic Framework for the Elimination of Obstetric Fistula speaks about the need to address some of the factors that made women to have low status in the society considering the fact that some of the causes of obstetric fistula can be traced to this situation. It will be helpful for a campaign to have a target audience that could be used to address some of these issues if finance would permit.

- Other women and girls (10-49 years) that have never been victims of obstetric fistula

This third primary audience becomes essential because a major factor that contributes to incidence and prevalence of obstetric fistula is the low status of women in the society that has the tendency to make them to have low decision-making authority. In the core North for example, early marriage is tolerated within the cultural and religious context and many women have no decision-making authority to attend to their health needs without consent from a male member of the household. There is also economic inequality that makes a significant proportion of women to depend on men for their healthcare. The strategy is not aimed at addressing this audience on its own, except an opportunity arises as part of collaboration with line

Ministries, Departments and Agencies (MDAs), Partners and other Stakeholders. The issue of early marriage/early pregnancy, for example, could be treated under this audience segment for girls less than 18 years. This can be achieved by collaborating with the Ministry of Education or Universal Basic Education Commission/Board during their campaign for enrolment, retention and completion of girl-child education.

## Profile of a Typical OF Primary Audience

A typical profile of an obstetric fistula victim is a young, poor, illiterate rural girl who has been given out in marriage at a very early age, became pregnant soon after, has no benefit of antenatal care, laboured at home for days and ended up with a stillbirth and obstetric fistula. Recent information has indicated that this profile is changing even in the north west and north east states of the country where it was the predominant mode of presentation. Fistula surgeons report that the women who present with fresh fistula now cut across all age groups. There has been, in recent time, an emergence of a new scenario of the incidence of obstetric fistula among older multiparous women in their twenties and thirties, who have previously successful vaginal deliveries (Ijaiya et al. 2010, Ezegwi and Nwogu- Ikojo 2015). These are largely attributed to declining access to skilled obstetric care personnel and increasing recourse to alternative healthcare systems, including the use of faith-based organisations and maternity homes and facilities that have no skilled birth attendants/personnel to assist during delivery.

In addition, Fistula Surgeons have reported a rising trend in iatrogenic fistula (fistula caused unintentionally by health care provider in the health facility) across the country of which majority might be attributable to caesarean sections performed by poorly skilled doctors and sometimes by quacks to relieve obstructed labour and also from poorly performed hysterectomies. There is the need for more research into this emerging scenario in order to address the problem with more appropriate messaging and communication interventions.

## Behavioural Objectives for Priority Areas (Individual)

### Priority Area 1: Prevention

Program Objective: To promote the reduction of the incidence of Obstetric Fistula by 30% by 2023

Primary Audience 1: Pregnant women and girls (10-49 years) that have never been victims of OF

Behavioural Objective: To increase by 50% in 2023 the proportion of pregnant women and girls that take precautionary measures and tenacity guiding against the risk of having OF through:

- Early registration and regular ANC attendance,
- Delivery supervised by skilled birth attendants in a facility,
- Promptly accessing emergency obstetric and newborn care services if the need arises,
- Accepting caesarean section if recommended by a Doctor to save the lives of the mother and baby.

### Priority Area 2: Treatment

Program Objective: Reduce the prevalence of untreated OF by 30% by 2023

Primary Audience 2: Women and girls (10-49 years) who have been victims of obstetric fistula.

Behavioural Objective: To increase by 50% in 2023 the proportion of women and girls who are:

- Currently living with OF, that registered and received treatment for OF at approved health facilities,
- Currently living with OF and are practicing hygienic lifestyles, and
- had been successfully treated of Obstetric Fistula and are practicing healthy behaviour to prevent reoccurrence.

### Priority Area 3: Rehabilitation and Reintegration

Program Objective: To promote rehabilitation and reintegration of 30% of treated fistula client/ patients into their communities by 2023

Primary Audience 2: Women and girls (10-49 years) who have been victims of obstetric fistula

Behavioural Objectives: To increase by 50% women and girls living with OF who will be comfortably living within their communities without stigmatization, harassment or discrimination through advocacy.

### Primary audience 3

Primary Audience 3: Other women and girls (10-49 years) that have never been victims of OF

Behavioural Objectives: To Increase by 50% the proportion of primary audience 3 that:

- Delay marriage and or pregnancy until at least age of 18 years,
- Enrol and stay in school until completion of at least senior secondary level,
- Practice healthy behaviour that would avoid becoming an Obstetric Fistula victim (OF).

## Domain - Secondary Audiences or Influencers

The secondary audiences are those that influence the behaviour of the primary target audience(s) and these include:

- Husbands, relatives, especially mothers-in-law, heads of households, friends/peers,
- Parents especially for girls,
- Community health volunteers, Traditional Birth Attendants (TBAs), Community Health Influencers, Promoters and Services (CHIPS) Ward Development Committees (WDCs), Community Oriented Resource Persons (CORPS), etc.
- Traditional Rulers and Religious leaders,
- CBOs/NGOs and Faith-Based Organisations/Associations (FBO/As), Trade Unions and other Associations.

### Audience Analysis & Description (Influencers)

Most of the decisions being made by the primary audience are influenced by their husbands. In the South and some parts of the north central where the level of education is relatively higher, women are more empowered to take decisions on their health. But in the north east and north west zones, although changing, women health seeking behaviour and decision-making authority are largely influenced by males as consent to use health services has to be obtained from the husbands or male heads of households. This is compounded by cultures, religion, economic dependence and poor level of education. The male folks are more educated than their wives and have access to the media and could be reached more easily

with educational messages. Men are and should be treated as an integral part for the success of the OF elimination campaign.

The mothers-in-law in traditional settings are very influential, especially in the North. They are regarded as custodians of knowledge about pregnancy and delivery but they are generally less educated and reaching them with information may, therefore be more challenging. Friends and peers are also known as influencers in many reproductive health decisions and should be considered.

Since issues such as early marriage affect the prevalence of obstetric fistula, the gate keepers (religious, traditional and sometimes opinion leaders) have a critical role to play in the process of achieving social change. The influence of traditional rulers in decision making in the south is getting weaker over time but in many parts of the north, statements issued by the Traditional Rulers are well respected since they are regarded as custodians of the customs and tradition and known to mean well for their communities. In general, religious leaders are very influential on their followers and partnering with these gate-keepers is essential for the success of the campaign to end OF. The role of these leaders in educating their followers and communities cannot be over-emphasized. Leaders can be trained to integrate information on obstetric fistula and positive health seeking behaviours into their sermons and messages, thus promoting the health and well-being of their followers and community members and subsequently leading to a healthier behaviour that is beneficial to the society.

Community health volunteers and traditional birth attendants are still being patronized in many parts of the country by pregnant women especially in the rural areas where getting access to health facilities is challenging. The audiences need to know their limitations and understand that their role by government policy on pregnancy, labour and delivery is limited to encouraging the pregnant women to visit the health facility/centre for ANC, labour and delivery, and postnatal care.

### Behavioural Objectives for Priority Areas (Influencers)

#### Priority Area 1: Prevention

Secondary Audience: Husbands and significant others, traditional and religious leaders

Behaviour Objective: To increase by 50% the proportion of:

- Husbands, and significant others of primary audience that:
  - Demonstrate supporting their wives and other pregnant women to attend ANC and deliver under the supervision of skilled birth attendants through for example: provision of money for transport, accompany their wives to the health facility, support in house hold chores etc.
- Traditional and religious leaders that:
  - Encourage pregnant women and girls in their communities to attend ANC and deliver under the supervision of skilled birth attendants,
  - Take some actions to create a conducive environment for safe pregnancy and delivery in their communities (e.g. advocacy to LGA Chairmen to equip health facilities and build skill acquisition centres, provision of transportation, etc.).
  - Speak openly against girl-child marriage and withdrawal of girl-child from school before completion of senior secondary,
  - Speak against delivery at home without the supervision of skilled birth attendants,
  - Insist and encourage TBAs, Community health volunteers, CORPS, etc. to operate within government policy by simply encouraging the pregnant women to go to the health facilities during labour and delivery.

### Priority Area 2: Treatment

Secondary Audience: all

Behaviour Objective: To increase by 50% the proportion of secondary audience that:

- Facilitate the use of the available treatment centres for women and girls living with OF.
- Identify OF victims and encourage them to seek for treatment at designated centres.

### Priority Area 3: Reintegration and Rehabilitation into Community

Secondary Audience: all

Behaviour Objective: To increase the proportion of

secondary audience that:

- Took specific actions to stop stigmatization or discrimination of people living with OF,
- Support the rehabilitation and reintegration of people living with OF into their communities.
- Provide vocational centres and personnel within their communities with resources (e.g. funds) to encourage them to take in more OF victims.

### Priority Area 3: school enrolment, retention and completion

Secondary Audience: all

Behaviour Objective: Increase by 50% proportion of parents and significant others of young adolescent girls that:

- Enrol their daughters in schools and ensure they stay in schools until they complete at least senior secondary level.
- Do not give out their daughters in marriage before the age of 18 years.

## Domain – Health Service

### Audience Analysis and Description (Health Service)

The audience includes:

- Trained and skilled health facility-based providers (public and private): Doctors, Midwives Nurses, etc.
- Community health volunteers including TBAs: Their role stops at mobilization. They are simply to encourage and send pregnant women to the health facilities for ANC, during labour and at delivery (government policy).

The success of the OF intervention depends to a large extent on the technical competence and commitment of the health providers. Their roles are most significant, considering the fact that prevention of obstetric fistula does not involve the use of any drug but a combination of technical procedures of health personnel and positive health seeking behaviours of the pregnant women and girls. The health providers are segmented into two categories – health facility-based workers and community-based volunteers.

The health facility-based workers in private and public sectors are professionals, trained and skilled to handle ANC and delivery, how to manage complications and counsel appropriately. They need to be properly equipped with capacity building, provision of necessary consumables e.g. partograph, urethral catheter etc. and be motivated to support OF elimination. They also need encouragement and support to provide community outreaches, community mobilization and awareness creation. The information they provide are always highly respected by the community members.

The community health volunteers can also support the OF elimination efforts by educating and mobilizing the community members for good health seeking behaviour during pregnancy, labour and delivery. They cannot do referral (government policy) which is a two-way system. Hence their role is simply to encourage all pregnant women and girls about the value and benefits of patronizing health facilities and to encourage and send them to the appropriate health facility during pregnancy, labour and delivery.

Unfortunately, there are reported rising trends of iatrogenic fistula across the country of which majority might be attributable to caesarean sections performed by poorly skilled doctors and sometimes by quacks to relieve obstructed labour and also from poorly performed hysterectomies.

## Behavioural Objectives for Priority Areas (Health Service)

### Priority Area 1: Prevention

Program Objective: To promote the reduction of the incidence of Obstetric Fistula by 30% by 2023

Prevention Strategy: To increase access to quality sexual and reproductive health services.

Behavioural Objective 1: Increase by 50% the proportion of Health Facilities (HF) based personnel (Doctors, Nurses, Midwives, etc.) that:

- Conduct community outreach to create awareness and correct myths and misinformation about ANC and OF,
- Provide OF counselling services during ante-natal visits and at deliveries,

- Implement adequate established referral system for pregnancy and delivery complications,
- Adhere to appropriate pregnancy and delivery protocol and use of accompanied Job Aids,
- Build the capacity of community health workers in prevention of obstetric fistula, their roles and supporting those living with OF.
- Supervise every delivery as assigned and professionally too.
- Motivate community members to create a conducive environment to prevent OF (e.g. communal transportation for emergency obstetrics, motivation of the CHWs for awareness creation, etc.).
- Encourage women to access antenatal care and delivery under the supervision of skilled birth attendants.

Behavioural Objective 2: Increase the proportion that:

- Create awareness about obstetric fistula (what it is, how to prevent and treat it etc.) especially as it relates to child spacing and limiting births;
- Encourage the use of effective contraceptives both for pre and post OF cases.

### Priority Area 2: Treatment

Program Objective: Reduce the prevalence of untreated OF by 30% by 2023.

Treatment Strategy: Strengthen community capacity to help women access VVF treatment services.

Behavioural Objective: Increase the proportion of health service providers that:

- Encourage anyone with OF to seek for urgent treatment at the designated health centres.
- Committed to performing professional duties of surgical repairs for women and girls living with OF.

### Priority Area 3: Rehabilitation and Reintegration

Program Objective: Promote rehabilitation and reintegration of 30% of treated fistula patients into their communities by 2023.

Behavioural Objective: Increasing the proportion of health service providers that:

- Initiate and/or support any rehabilitation and re-integration efforts of treated OF clients.

## Domain – Advocacy

### Audience Analysis & Description (Advocacy)

#### Policy, Political and Community Leaders

The policy makers and political leaders include governments at Federal, State and LGA levels. Government at the Federal level had taken some steps in creating an enabling environment for the elimination of obstetric fistula such as having in place necessary policy and guidelines and training tools, establishing OF treatment centres in each geopolitical zone, creation of obstetric fistula Unit at the FMOH with appointment of Head of Unit, etc. Some few State Governments have also supported elimination efforts of the Federal government with - creation of VVF Centres in General Hospitals, having a budget line for obstetric fistula, training of personnel including healthcare and social workers, etc.

The Local Governments still remain the weakest link in the OF programme and none had been seen to demonstrate any concrete actions in support of obstetric fistula elimination.

The community gatekeepers (traditional rulers and religious leaders) are very relevant and significant being the closest to those women and girls including those affected by the OF. They are targets for advocacy because they are well respected by their communities and followers. They are known for community mobilization and sensitization and can play a strong role, depending on their Class, on governments especially the LGA Chairmen. They could provide support in rehabilitation/ reintegration of the OF victims into their communities. They also have a role to play in ensuring community ownership.

Targeting Primary Audience 3, as previously discussed, would require collaboration and cooperation with other relevant stakeholders. Therefore, reaching the audience requires conducting appropriate advocacy activities targeting the heads of other MDAs (Women Affairs, Education, Information, Communications, Justice, National Orientation Agency etc.), Legislature, Local Government Service Commission and the Civil Society Organizations (CSOs).

#### Media

One of the most important vehicles to convey information in Nigeria is the media and they are largely recognized and accepted by the members of the community. Print and electronics are subgroup under the Media. In general, almost every household in Nigeria owns a radio and or television (TV). Current trend in ICT has expanded electronic media beyond radio and television with very many interactive channels (SMS, WhatsApp, Instagram, etc.) that are available to anyone with handset/telephone. Each of the media has its advantages and limitations and therefore the type to use is determined by the audience. It should be noted that there is gender disparity in readership and listenership, but one cannot fault the fact that the media is an opinion moulder and agenda setters in Nigeria. Partnering with the media has multiple advantages among which are to boost the publicity, create and increase awareness about OF, call for necessary actions/instructions to be taken regarding OF and to correct myths and misconceptions surrounding OF. Media advocacy is also a strong weapon since media can greatly influence government policies and actions.

Efforts should be made to partner with the media by training them on correct information about OF so as to report OF issues from the position of knowledge with emphasis on positive behavioural change. There is also the need to partner with mobile telephone providers.

### Programme Objectives (Advocacy)

#### Policy, Political and Community Leaders

To increase the proportion of target audience that:

- Provide enabling environment for the reduction in the incidence/prevalence of obstetric fistula and its eventual elimination;
- Adapt and implement the OF strategic framework at State and LGAs levels;
- Enact and implement relevant policies and laws for OF programming;
- Make pronouncements to support elimination of obstetric fistula in the community;
- Provide effective funds for the management of obstetric fistula;
- Equip relevant HF with appropriate equipment and skilled manpower for emergency obstetric care and for OF management at each level of care;



- Provide materials and commodities for the prevention and management of obstetric fistula;
- Provide continuous training for all categories of health personnel on maternal child health and OF;
- Support awareness creation activities and provide necessary communication materials on OF;
- Make treatment of obstetric fistula free and accessible in all designated public health facilities;
- Support rehabilitation and reintegration of obstetric fistula clients into their communities.

## Media

Increase the number of media outfit that:

- Include issues about OF in their health programmes (print, electronic and social media);
- Increase the number of airing slots, time and space for covering of obstetric fistula issues in the print and electronic media;
- Publish and/or broadcast human angle stories about OF.

## Behavioural Objectives for Priority Areas (Advocacy)

### Priority Area 1: Prevention

Program Objective: To promote the reduction of the incidence of Obstetric Fistula by 30% by 2023.

Prevention Strategy: Increase awareness and access to quality sexual and reproductive health services.

Behavioural Objectives: To Increase by 50% the number of states and LGAs that increase the number of health facilities that provide high quality OF preventive services (antenatal care, family planning/child spacing and emergency obstetric and new born care, availability of skilled birth attendants at every delivery).

### Priority Area 2: Treatment

Program Objective: To reduce the prevalence of untreated OF by 30% by 2023.

Treatment Strategy 1: Strengthen community capacity to help affected women access VVF treatment services.

- Strengthen and support NPHCDA to empower existing community structures including the ones under their supervision to mobilize the community to leverage resources to assist women with OF requiring treatment.

Treatment Strategy 2: Establish a sustainable OF treatment support systems

- Encourage community leadership to create a functioning and sustainable 'community purse' that will be used to assist and support OF victims' treatments

Behavioural Objectives: To increase by 50% the number of Federal, States and LGAs owned health facilities that can guarantee availability, affordability and accessibility of obstetric fistula treatments for women with fistula.

#### Priority area 3: rehabilitation and reintegration

Program Objective: To promote rehabilitation and reintegration of 30% of treated fistula patients into their communities by 2023.

Rehabilitation Strategy: Client-centred rehabilitation and reintegration.

Behavioural Objective 1: To Increase the number of states

and LGAs that rehabilitate and reintegrate OF treated clients by at least 50%.

Behavioural Objective 2: To increase the proportion of stakeholders (NGOs, CBOs and FBOs) that:

- Support rehabilitation and reintegration of people with OF;
- Mobilize the community members through State Health Educators, LGA Mobilizers, NOA, WDCs, VDCs, CHIPs and the media in reintegration of obstetric fistula treated clients.

#### Priority Area 4 - Strategic Communication

Program Objective: To create enabling environment and promote behavioural change for OF prevention

Behavioural Objective: Increase the number of States that:

- Launch and implement OF SBCC Strategy at Federal State and LGA levels;
- Orientate/Train State and relevant stakeholders on the OF SBCC Strategy;
- Advocate, promote and institutionalise OF SBCC Strategy at their levels;
- Committed to the elimination of obstetric fistula in Nigeria.



# Social and Behavioural Change Communication Activities

## Individual Domain

There are two critical audiences to be addressed in this SBCC Strategy which do not overlap, these are:

- Pregnant women and girls that have never experienced Obstetric Fistula, and
- Women and girls that have experienced OF (treated or untreated).

The former is fairly large in population and live in both rural and urban areas all over the country, while the later are relatively smaller in population and are more in the rural areas. Reaching the first group by interpersonal communication may be challenging both in terms of management and cost. For the second group, their communication needs may require the use of IPC and counselling as the priority channel. In general, a multimedia approach is being suggested for both groups.

### Women and girls that have never experienced OF

- *Mass media campaign on OF*

Conduct an umbrella national mass media campaign using the radio as the primary channel. A theme/or slogan should be developed (e.g. 'Living a life free of Obstetric Fistula is possible, attend antenatal care regularly during pregnancy and deliver at the health facility'). The objective of the national mass media campaign is to sensitize, create awareness, educate, inform and mobilize pregnant women and girls on positive healthy behaviours and actions to prevent them from having OF and to correct any myths and misconceptions about OF. It had been stated earlier that positive healthy behaviour is the only way a pregnant woman can use to avoid OF at childbirth. She needs to know what OF is, its causes and correct behaviour to inculcate during pregnancy, labour and delivery. The campaign will use a combination of interventions- (jingles, radio drama, phone-in programs, discussions, testimonials, etc.) subject to financial resources and cooperation obtained from the radio houses as part of their social responsibilities. At the Federal level, generic radio materials will be developed and the States will be encouraged to domesticate them to their specific contexts. Fortunately, almost every household in

Nigeria have access and listen to radio.

The timing for the airing of the radio campaigns should, however, favour the intended audience. States willing to use television stations for the campaign should be encouraged as it would add value to the program as people are likely to remember and act on behaviours they see and hear consistently through the media.

- *Interpersonal Communication channels*

While radio is the preferred channel, evidence had indicated its limitations; some of these include their short signals not reaching every part of the country, especially the hard to reach rural populations. This is in addition to poor funding that had limited their capacity running extended broadcast hours.

It had been established that a higher proportion of obstetric fistula victims live in the rural areas which implies that the IPC should be prioritized as a major channel for reaching them. Implementers for instance will have to prioritize activities that available resources could support.

The first step is to conduct mapping of existing local IPC

agents in the communities such as:

- Non-Governmental Organizations (NGOs),
- Community Based Organizations, Community Development Associations and Community Based Associations (CBOs/CDAs CBAs),
- Ward Development Committees (WDCs),
- Village Development Committees (VDCs),
- Community Oriented Resource Persons (CORPs),
- Community health workers (CHWs),
- Community health promoters (CHP),
- Community Health Influencers Promoters Services (CHIPS),
- Social Mobilization Committee (SMC).

Identified health focused NGOs, CBOs and community-based health volunteers should be empowered to educate and mobilize pregnant women and pregnant girls in the communities about OF (meaning, causes and prevention). They need to know the benefits of ANC and delivery in the health facility and/or under the supervision of skilled birth attendants for the prevention of obstetric fistula. The CBOs, NGOs, etc. should be mobilized to use variety of interpersonal communication channels such as house to house campaigns, community dialogues, OF community assistance forum, compound/town hall meetings, market day's rallies, etc. to reach the intended audiences. They are to sensitize and create awareness, mobilize and encourage all the pregnant women to go to the designated health facilities. Being a face to face interactions, the pregnant women would be encouraged to ask questions and the forum will be used to address rumours and to correct any myths and misconceptions.

In the Southern States for example, due to the higher use of ANC services, should concentrate more on providing information on what to do during prolonged labour that could lead to fistula and discourage home delivery not supervised by SBAs. On the other hand, the North West and North East should promote all the information since their current use of ANC is relatively low. The North should also focus on discouraging early child marriage and child pregnancy, while the Southern States should escalate messages highlighting current trend and make the target audience to be aware that every pregnancy is at risk of obstetric fistula even among those with previous successful vaginal deliveries

One of the challenges pregnant women in the rural areas

do have especially in case of obstetric emergency is transportation to the health facility. The IPC agents will work with community leaders especially traditional rulers and religious leaders to put a structure in place such as arranging with the Nigeria Union of Road Transport Workers (NURTW), Tricycle Riders (Keke) and Okada Associations in order to ensure immediate transportation assistance to the intended audience in need.

Efforts should be made to identify and recruit successfully treated, rehabilitated, reintegrated and satisfied OF victims and bring them together to form an OF support group. Empower them to become OF Ambassadors and role models sharing their experiences about pregnancies and deliveries and making current pregnant women not to make same mistakes they made that resulted in having OF. They can be used to mobilize the pregnant women to deliver in the health facilities that have skilled birth attendants. They can also encourage OF victims to seek for treatment.

- *Integrating Health Messages into existing Programmes*

Many of the government Ministries, Agencies, Departments and Partners have health programs on radio and at the community levels (e.g. IPC) and the themes can easily accommodate OF messages. For example, Safe motherhood is promoting ANC and safe delivery, Ministry of Women Affairs is promoting the gender equality and/or equity and empowerment for women and the Ministry of Education/ States Universal Basic Education Commission (UBEC) are promoting enrolment, retention and completion of girl-child education. Simple OF messages could be built into existing programmes of these collaborating MDAs. It has the added advantage of integrating health messages in the minds of beneficiaries at the community levels.

Existing communication support materials can be modified to accommodate the collaboration. For example, the Ministry of Women Affairs could collaborate with other relevant stakeholders to rehabilitate and reintegrate successfully treated OF victims to their communities through enrolling them into vocational schemes and on completion, provide them with equipment and seed money to start a new life.

- *Message and materials development workshop*

In order to develop SBCC materials to be used at all levels.



Some prototype of these support materials could be developed during the workshop at the National level for adaptation at the State levels.

- *SBCC Support Materials and Job Aids*

There is the need to produce relevant and appropriate SBCC support materials in both print (e.g. posters, leaflets, etc.) and electronic (radio jingles, television spots, etc.) media including Job Aids (Counselling Cards, IPC Charts, etc.). Emphasis should be on what will make the most impact to the target audience.

- *Addressing Gaps*

Conduct formative qualitative research among women and girls to get improved understanding of knowledge, attitudes and behaviour and practices about obstetric fistula at the community levels.

## Women and girls that have experienced OF

The objective of communicating with this audience is to identify and motivate them to get treated and for those that had been successfully treated, to mobilize and encourage them to live a healthy life to avoid reoccurrences.

This group require more of interpersonal communication interventions i.e.:

- Promote the identification and registration of women and girls with OF at designated treatment centres,
- The same IPC Agents mentioned above will also identify all women living with OF that had not been treated. The objective is to motivate and support them (within available resources) to register and access treatment. Fortunately, all public treatment centres provide free services.
- Sensitize their husbands, relatives and community members to raise financial resources for their

treatment.

- Identify some of the husbands that had been very supportive of their wives that experienced OF and had been successfully treated and make them OF Champions. They can be empowered as role models and spokespersons representing responsible men and motivators for other men in their communities to emulate them in supporting their wives and other women that have OF.
- Sensitize male dominated groups such as NURTW, “Okada” Riders Associations, Barbers’ Associations, Traditional and religious leaders, as partners to join the campaign against divorce, separation, stigmatization, discrimination, abandonment and neglect of obstetric fistula victims. They could also mobilize resources for OF victims.
- The IPC Agents could work with traditional and religious leaders on the need to speak against stigma with their community members and followers.
- One of the major burdens of obstetric fistula victims is the need to ensure they live hygienic lives in order not to suffer from other diseases resulting from inability in managing the uncontrollable urine and/or faeces. The NGOs/ CBOs should educate and encourage them on appropriate hygiene practices. If possible, they can be encouraged by providing them with disposable sanitary pads for hygiene and cleanliness. Those using clothes should also be encouraged to ensure cleanliness.
- Hold meetings with OF victims, counsel and remind them on appropriate healthy living behaviour to avoid relapse/ reoccurrence (e.g. use of FP/child spacing to delay pregnancies, if pregnant, the need to use health facilities for ANC and delivery considering their high-risk level. Educate their husbands and their significant others on the need to support them.
- Devise appropriate data collection system on SBCC activities and impact

## Secondary Audience or Influencers Domain

As mentioned earlier, some of the secondary audiences include:

- Husbands, relatives, especially Mothers-in-Law, Heads of households, Friends/Peers,
- Parents especially for girls,
- Community health volunteers, Traditional Birth

Attendants (TBAs), CDAs/CDCs/VHWs/WDC’s, CHIPS, CORPS, etc.

- Traditional and religious leaders,
- CBOs/NGOs and Faith-Based Organizations (FBOs), Trade Unions and Associations,

## Activities for Influencers Domain

Activities for Secondary audience should aim at:

- Providing them with knowledge about obstetric fistula in order to appreciate the severity of the problem and be motivated to do all things possible in support of pregnant women and girls in their communities. For example, let them know that OF is preventable and treatable.
- Value the use of health facilities for ANC and child delivery under the supervision of a skilled birth attendant and making the secondary audiences know who a qualified SBA is with great emphasis on reasons why TBA is unqualified.
- Acquiring positive health seeking behaviour themselves in order to effectively support their wives, relatives, in-laws, community members, neighbours, etc. at every point of their pregnancy, labour and deliveries.

Sensitization and awareness creation activities like rallies, health talks during meetings of male dominated associations, sermons especially at Friday prayers and Sunday services, etc. could be planned to get their buy-in in support of the elimination efforts. These can be achieved as follows:

- During association or union meetings, orientation sessions on OF can be conducted. Apart from imparting knowledge on the members and executives, a plan of action that can be monitored should be developed to support OF elimination. There is the need to distribute BCC support materials such as leaflets/fliers for the audience to learn more and share with friends.
- Some committed members can be identified and supported to form elimination of obstetric fistula support group and made to create awareness among some specific audience e.g. men, husbands, etc.
- Develop some SBCC materials targeting the secondary audience. e.g. IPC flipchart, leaflets, etc.



## Service Providers Domain

- Train and retrain health personnel on OF Interpersonal Communication and Counselling (IPCC). The health workers are highly respected by the community members and information provided by them is often taken as authentic by their clients. At every opportune contact such as ANC and delivery, the service provider should reinforce information about prevention of obstetric fistula among women and girls.
- Service providers should be encouraged to perform their professional duties of providing detailed counselling/health education for women with OF.
- The health personnel should be provided with Counselling Cards and other job aids and SBCC support materials. It is important that they are trained and/or re-oriented on how to use the materials.
- Train IPC Agents including WDCs and other community level health volunteers (e.g. CORPS and CHIPS) to enable them disseminate clear information and understandable OF centred messages to community members. Also train these volunteers on their roles and responsibilities emphasizing their limitations. They cannot provide facility to facility referral based on government current policy but they can mobilize pregnant women to the facility and ensure compliance. Their main role is to send every pregnant woman to the health facility and they can follow-up to ensure compliance.
- For health workers in treatment centres, follow up counselling should be encouraged subject to funding.

This could be done on the phones to keep reminding and reinforcing counselling messages given to treated OF clients in order to avoid reoccurrence.

- In areas with high prevalence of obstetric fistula, service providers should be supported to conduct community outreach to educate the members of such communities on OF and how to prevent it as well as mobilize them to access services.

## Activities for Advocacy Domain

- Launch the SBCC document at Federal and State levels. The essence of the launch is to get the policy makers and other relevant stakeholders' buy in and commitment to the programme. It is also an opportunity to get high level gate keepers sensitized for their buy in especially the traditional and religious leaders that will be part of the launch. The media should be involved to provide publicity and sensitize the community members. If do-able, the support group of satisfied treated and rehabilitated OF victims should be involved to share their experiences and give testimonies. Some representatives of the States could be invited to be part of the National launch (zonal representation). The objective is to motivate them to do the same in their States.
- There is the need to encourage the States and LGAs to do similar launch at their levels.
- There is the need for the training of communication personnel of collaborating Ministries, Departments, Agencies, and partners at the Federal level on how

to use the strategy. This will serve as a Training of Trainers (ToT) and the trained personnel can step it down to the States and LGAs.

- Print Advocacy kits and other SBCC support materials e.g. leaflets. Distribute appropriately.
- Ensure that the World OF day (May 23 every year) is observed with some level of funfair and media blitz – press conference by the Minister, press releases, Rallies, etc. Radio and television jingles and other programs like discussion and phone in program should be supported to mobilize the communities
- Conduct necessary advocacies promoting increase in number of HFs and personnel for fistula treatment and making the services free and/or accessible and affordable
- Establish a functioning intersectoral ACSM working group on OF at Federal and State levels to coordinate SBCC activities. share workplans to avoid duplication of efforts and ensure compliance with guidelines as in the communication strategy.
- Promote building a critical mass to address the social determinants of maternal morbidity and mortality that disempowered women and compromise their health (the dearth of female education, early marriage and childbearing, poor nutrition of girls and women, female subjugation etc.)
- Advocacy to States and LGAs to support establishment of fistula desk officers and budget lines in all SMOH to coordinate fistula activities.
- Ensure placement of document in the FMOH website

for wider accessibility by prospective users.

### Building Partnership with the Media

Nigeria has a very vibrant media both print and electronic including social Media/on-line facilities. The Ministry had been having long term collaboration with the Media on its own, or in collaboration with the Ministry of Information (Federal and States). However, there is the need to provide an orientation for the Media on obstetric fistula. It is always valuable to report health issues from the position of knowledge.

### Social Media

The social media had opened the space for reaching mass audience more quickly and more interactively especially with a significant proportion of the population having access to smart phones, internet and with the level of literacy that continues to increase couple with interest the technology is generating. Even among people with low literacy, audio and video messaging are also available. Each State should explore whatever opportunity that will bring great impact at reasonable cost. For example, some States can explore use of bulk SMS especially where the literacy level is high. The social media is currently being confronted with how to manage rumours and misinformation that could emerge on its use. We should be guided by the profile of the primary audience.

# Messages Guides

## Introduction

This chapter is a collection of do-able actions and benefit-oriented messages for various audiences being addressed for the elimination of obstetric fistula in Nigeria. The message development was guided by findings from various researches used in the process of developing this communication strategy. Since this is the first Communication Strategy being developed in Nigeria for OF, most of the messages had not been tested although many were adapted from tested messages from other health communication interventions.

The aim is to guide users in promoting similar priority issues and to serve as a reference tool to help each project and organization coordinate and prioritize messages. Most of the messages were developed by the National Consultant but were refined and revised as appropriate while new ones were added during the two (2) stakeholders' meetings. Some of the messages were just to provide knowledge and may not be complete and users are expected to add call to action to meet their need.

The messages were not developed as slogans or to be used literally in communication or advocacy materials. In using the messages be guided by your intended audience and what you want the audience to remember. Then identify the appropriate message or messages in the guide and develop appropriate materials or scripts (print and electronic), speech or community talk, drama sketch or a slogan for a campaign that contain the identified message points while making sure they include a benefit for each do-able action.



In order to achieve the behavioural objectives, the communication strategy will work on a set of program objective that will drive the messages for the accomplishment of the set objectives.

## Messages for Primary Audience Domain

### Knowledge

#### Women and girls that have never experienced OF

- Obstetric Fistula is a condition that occurs after child birth that makes women and girls to leak urine and/or stool from their private part without control.
- Prolonged obstructed labour is the main cause of Obstetric Fistula.
- Obstetric fistula is preventable if every pregnant woman and girl attends ante-natal care and delivers under the supervision of a skilled birth attendant who knows how to manage prolonged obstructed labour
- A girl who gives birth before age 18 years is at greater risk of developing Obstetric Fistula. Make child bearing a happy experience. Avoid marriage below 18 years.
- For your health and that of your baby, recognize the danger signs in pregnancy and delivery; Implement the complications readiness plan
- You can avoid maternal death and disability after child birth, Know and avoid the risk factors that cause Obstetric Fistula
- Skilled health personnel, as referenced by SDG indicator 3.1.2, are competent maternal and new born health (MNH) professionals educated, trained and regulated to national and international standards.
- They are competent to:
  - provide and promote evidence-based, human-rights-based, quality, socio-culturally sensitive and dignified care to women and new born;
  - facilitate physiological processes during labour and delivery to ensure a clean and positive childbirth experience; and III. identify and manage or refer women and/or new born with complications.

#### Women and girls that have experienced OF

- Obstetric Fistula is treatable through surgical repairs by Fistula Doctors available at government designated treatment centres, do not patronize quack doctors

- Not all health facilities provide treatment for Obstetric Fistula. Ask your health provider to direct you appropriately
- To Feel comfortable. Persons living with Obstetric Fistula can be treated and recover fully. Visit the designated obstetric centre today
- Be happy, you will soon be out of the stigma and discomforts that go with Obstetric Fistula. Bear with treatment inconveniences.

### 6.2.2: Attitudes

- Seek for skilled birth attendants during every delivery, it is essential to achieving a successful child birth without Obstetric Fistula
- Obstetric Fistula can be prevented, adhere and comply with all the counselling provided and you will be free of complications during delivery and from Obstetric Fistula
- Have a positive disposition to attending antenatal care for the management and monitoring of pregnancy and early detection of danger signs
- Live a happy and healthy life after delivery. Adhere and abide with counselling on Obstetric Fistula provided by health facility service providers during antenatal care, community outreach and home visits
- Have positive attitudes. Support women living with Obstetric Fistula in your community. You will be highly appreciated
- Stop harmful traditional practices like female genital mutilation and “Gishiri” cut. It could save a pregnant woman from obstetric fistula during child birth
- Stop patronizing traditional birth attendants (TBAs) and native doctors. They are not trained to take delivery. They may make your delivery experience worse, like developing Obstetric Fistula
- Obstetric Fistula is not peculiar to any State or zone, it is found in all parts of the country. Support the elimination in your community
- Obstetric Fistula is not caused by witchcraft. Visit your health provider and get the correct information and how to prevent and treat it

#### Family Planning/Child Spacing for Women

- Use of family planning/Child Spacing methods allows women with obstetric fistula repairs to fully recover and still enjoy her sexual life. Visit family planning/child spacing provider today for the method suitable for you.

- Up to one-third of all maternal deaths and injuries including obstetric fistula could have been prevented if women had access and use effective contraceptives. Visit the nearest family planning/child spacing clinic/provider today for information and services
- Family planning/child spacing can also help women with a repaired fistula achieve a successful pregnancy by helping them delay a future pregnancy until they are fully healed.
- Women who have experienced repair from Obstetric Fistula should comply with counselling given (e.g. abstain from sexual relationship for a period of time to allow full recovery).
- Visit a trained family planning/child spacing provider and get the knowledge on the use of contraceptives to prevent an unwanted/unintended pregnancy.

### Perceived Risk and/or Benefit

- Obstetric Fistula is one of the most dehumanizing afflictions of women. The shame of social isolation can lead to depression, divorce or even suicide. Supporting people with obstetric fistula is my/our responsibility.
- Every pregnancy carries some risks of complications, disabilities and even death but all are preventable. Avoid having Obstetric Fistula by registering at the health facility for antenatal and ensure you deliver under the supervision of a skilled birth attendant.
- Understand that Obstetric Fistula is a threat to quality of life but could be prevented. Get more information on how to prevent it from your Health care provider.
- The risk of having disabilities such as obstetric fistula is minimized through antenatal care attendance and delivery under the supervision of skilled birth attendants.
- People are concerned that their loved ones could develop obstetric fistula if the pregnancy is not well managed by skilled health personnel. Learn more about obstetric fistula, visit your health provider.
- Early registration, regular ANC attendance and facility delivery will help in ensuring you have a healthy pregnancy outcome.
- Preventing Obstetric Fistula is easier than treating it, register early and attend ANC regularly.

### Emotional Response

- Pregnancy is a period of joy and happiness of womanhood, do not allow 'I don't care' attitudes to

destroy this. Use skilled providers during pregnancy and skilled birth attendants at delivery.

- Be happy always for fulfilling the role of womanhood. Use skilled birth attendant during delivery.

### 6.2.5: Self-Confidence/Efficacy

- Getting the right information about obstetric fistula will build your confidence on how to avoid being a victim. Visit designated health centres for information on obstetric fistula.
- Prevent Obstetric Fistula by attending ANC and delivering under the supervision of Skilled Birth Attendants.
- Convince your relatives/family members (Husbands, mother in laws, etc.) to support you in using ANC services and in delivery under the supervision of Skilled Birth Attendants.
- Comply with information provided during counselling sessions at the health facility It could save your life and that of your baby.

### Perceived Social Support:

- Obstetric fistula is a preventable condition affecting women and girls. Join us! let us prevent the scourge together.
- A treated Obstetric Fistula client is one of us in this community; Welcome and support her.
- Be friendly to an Obstetric Fistula Client. Obstetric Fistula cannot spread from person to person, Support her
- Establish and strengthen existing social and cultural structures in your community to assist pregnant women in labour (e.g. transport system, funding, etc.)
- Support the availability of skilled birth attendants within your community. They could supervise delivery even at home for they had been certified for that.

Stigma: - Stop stigmatization and discrimination against women with Obstetric Fistula, they need our care and support.

### Personal Advocacy

- I have been successfully treated for Obstetric Fistula and now live a normal life with my husband. Do not be afraid of being treated. Register today for treatment.
- As a community leader, I support the elimination of Obstetric Fistula campaign by mobilizing the men to

support their wives that had Obstetric Fistula.

- As a community leader, I have taken concrete steps to prevent pregnant women from Obstetric Fistula during delivery (e.g. arranged for transportation, escorting pregnant women to health facility, engage Skilled Birth Attendants for pregnant women and girls during delivery, etc.).
- Our religion supports the use of health facilities for the management of pregnancies and deliveries. You had taken correct decision by attending the antenatal clinic.
- Obstetric Fistula is preventable and treatment is FREE. Stop punishing yourself by hiding your Obstetric Fistula status
- Identify Obstetric Fistula victims in your community and encourage them to go to treatment centres. You will be recognized for doing that.
- If you prevent and/or discourage girls less than 18 years from getting pregnant. You are contributing to the elimination of Obstetric Fistula.
- My daughter will not live a sad life being an obstetric fistula victim. I will never support giving out my daughter for marriage until she finishes at least her secondary education.
- Talk to somebody today about the danger of under-age pregnancy to reduce Obstetric Fistula from our society.

## Messages for Secondary Audience Domain

### Knowledge

- Obstetric Fistula is a condition that occurs after child birth that makes women and girls to leak urine and/or stool from their private parts without control.
- Prolonged obstructed labour is the main cause of Obstetric Fistula. Take the pregnant woman in labour immediately to the health facility to save the lives of the mother and the baby.
- Obstetric fistula is preventable if every pregnant woman and girl attends ante-natal care and delivers under the supervision of a skilled birth attendant.
- There is a relationship between obstetric fistula and early child pregnancy, a girl who gives birth before age 18 years is at greater risk of developing Obstetric Fistula.
- Make child bearing a happy experience, avoid girl-child marriage, pregnancy and delivery before 18 years of age.

- Recognize the danger signs in pregnancy and delivery; Implement the complications readiness plan.
- Obstetric Fistula negatively impacts the quality of life of those affected. Support its elimination from our community.
- Skilled health personnel, as referenced by SDG indicator 3.1.2, are competent maternal and new born health (MNH) professionals educated, trained and regulated to national and international standards. They are competent to:
  - provide and promote evidence-based, human-rights-based, quality, socio-culturally sensitive and dignified care to women and new born;
  - facilitate physiological processes during labour and delivery to ensure a clean and positive childbirth experience; and III. identify and manage or refer women and/or new born with complications

## Attitudes

### Rehabilitation and Reintegration to the Community

Men and Women:

- Show concern to women living with Obstetric Fistula, get them re-integrated into their communities.
- Do not stigmatize or discriminate against people with OF. Support their rehabilitation within the community.
- Show love and care to women and girls affected with Obstetric Fistula as it makes you a partner in the fight against Obstetric Fistula.
- Ensure your daughters eat adequate diet for proper development of her pelvis for the delivery of children without problems in future.
- Community leaders, religious leaders, traditional leaders.
- Be a change agent, show love and care for people living or affected by OF. Mobilize the community resources to assist them.

Community members:

Organize and support (materially, financially and psychologically) women and girls living with Obstetric Fistula to mitigate its impact on the community

## Perceived Risk and/or Benefit

Men:

- Preventing Obstetric Fistula is easier than treating it, register early and attend ANC regularly.
- Take your pregnant wives to health facility to register early for ante natal care and ensure they deliver in the health facility to reduce the risk of your babies dying at child birth or your wives developing obstetric fistula
- Encourage your sisters and daughters to register for ante natal care as soon as they get pregnant to ensure better care during pregnancy and delivery.

## Emotional Response

Women and girls living with Obstetric Fistula

Men/Husbands:

- Your wife can live a healthy and happy life again after treatment for Obstetric Fistula. Give her all the support she needs during and after treatment.
- It is your duty to assist your wife to live a healthy and happy life despite being a victim.
- Community members
- Encourage and support women with OF to register and get treated in approved Obstetric Fistula centres. The community will recognize you as a caring member
- Promote availability of resources for obstetric emergency care (transport, funding, etc.). It could save the lives of the pregnant mother and her baby, and in addition prevent her from having Obstetric Fistula.
- Encourage and support your wife to get treated for Obstetric Fistula and to adhere to the post treatment counselling given to avoid re-occurrence.

## Self-Confidence/Efficacy

Community leaders, religious leaders, traditional leaders

- Ensure obstetric fistula victims are rehabilitated, reintegrated and empowered in your community.
- Stop “Gishiri” cutting and Female Genital Mutilation (FGM) to protect women from OF

Community members

- Encourage your wives, sisters and daughters to register for ANC as soon as they get pregnant and deliver under the supervision of skilled birth attendants to prevent Obstetric Fistula.
- Confident that my wife can comply with information provided during counselling sessions at the health facility/ Centre. She will not be a victim of obstetric fistula

People Living with OF

- Have the right knowledge and information on where to go for OF treatment. Visit your health provider today.
- People living with OF are Confident of community’s acceptance and integration after treatment.

Media

- Advocate to the decision makers and stakeholders for the provision of quality obstetric emergency care so that women can deliver safely and avoid getting OF.
- Sensitize community members about the causes, prevention and treatment of Obstetric Fistula as part of your corporate social responsibility and as a partner in health care service delivery.
- Create awareness among the general public on the dangers of giving birth at home under unskilled birth attendants.

TBAs

- Encourage pregnant women who report to you to go to the nearest health facility. You will be contributing significantly to the elimination of obstetric fistula. The community will appreciate you for this bold action.
- Private Health sectors
- Contribute to the reduction in the occurrence of new cases of Obstetric Fistula by ensuring early recognition, prompt intervention or referral of women with prolonged obstructed labour.

## Perceived Social Support

Men

- Educate and encourage young under-age (adolescent) girls to abstain from pre-marital sex so that they can be free from child pregnancy that could

result into Obstetric Fistula during child birth'

- Empower the underage girls (adolescent) by sending them to school to delay early marriage and pregnancy to prevent Obstetric Fistula.

## Personal Advocacy

- It is the duty of every one to play a part in reducing and/or eliminating Obstetric Fistula in this community, Join us in the concrete steps we have taken to prevent pregnant women from developing Obstetric Fistula during delivery (arrange transportation, escorting pregnant women to health facility, engage SBAs to assist pregnant women and girls during delivery, etc.)
- We are a vanguard in getting people treated and rehabilitated as a result of Obstetric Fistula. Do not be left out. Join us
- Be a role model, motivate those living with Obstetric Fistula to seek for treatment

## Messages for Service Providers Domain

### Knowledge

- I am a highly trained and skilled health provider in managing pregnancy and child delivery. Trust my ability to help you
- I am skilled to identify and resolve danger signs during labour to protect women from Obstetric Fistula. Please trust me
- I am a skilled birth attendant, talk to me about any problem you may have and be assured of my professional support
- It is part of my professional ethics to value compliance with relevant medical guidelines and protocols including use of Job Aids and SBCC support materials
- Skilled health personnel, as referenced by SDG indicator 3.1.2, are competent maternal and new born health (MNH) professionals educated, trained and regulated to national and international standards. They are competent to:
  - provide and promote evidence-based, human-rights-based, quality, socio-culturally sensitive and dignified care to women and new born;
  - facilitate physiological processes during labour and delivery to ensure a clean and positive childbirth experience; and
  - identify and manage or refer women and/or new born with complications

## Attitudes, Beliefs, Values

- I keep whatever you tell me confidential. This is one of the oaths I had taken as a service provider. Be assured of my confidentiality
- I perform my duties as a professional health provider following Guidelines and protocol for ANC, delivery and Obstetric Fistula treatment
- I am skilled in inter-personal communication and Obstetric Fistula counselling. You will enjoy our interactions.

## Treatment

- I educate and counsel Obstetric Fistula treated women and girls on post treatment lifestyle they have to abide with to avoid reoccurrence and earn their respect and confidence.
- I am friendly and supportive to clients during follow-up visits and is appreciated by my clients and their families.

### 6.4.4: Perceived Risk and/or Benefits

- There is a risk in every surgical operation (Caesarean section, surgical repairs, etc.), Be sure you are emotionally stable before you do any operation
- Stop doing any surgical operation (especially caesarean) if you are not trained and skilled in doing it. The hand of the law will soon catch up with you
- Be friendly in providing interpersonal communication and counselling services on obstetric fistula. It could save the pregnant mother from OF and you will gain the confidence and respect of your clients.

### 6.4.5: Emotional Response

- I enjoy supporting women throughout their pregnancy and delivery. Feel free to discuss any concerns you may with me.
- It is my duty to help reduce incidences and prevalence of Obstetric Fistula in the community. Please cooperate with me
- As a responsible health worker, I am passionate about reaching women with information that would assist in the prevention and treatment of Obstetric Fistula.

## Self-Confidence/Efficacy

- I am confident in providing Obstetric Fistula services, I

have won the community members respect

## Perceived Social Support

- Every health worker in this maternity unit is ready to help you in your pregnancy, delivery and prevention of Obstetric Fistula. Feel free to talk with any of us on any problem you may have

## Personal Advocacy

- Solicit extra support from your professional colleagues for Obstetric Fistula repair, this will help reduce the incidences of unsuccessful repairs.
- It is your responsibility to render service to the community towards the reduction and/or elimination of Obstetric Fistula in the community. The community will love you for your efforts

## Messages for Advocacy Domain

### Knowledge

To all Advocacy Target audiences

- An obstetric fistula is an abnormal opening connecting the vagina and the bladder or the rectum and the vagina which leads to uncontrollable leakage of urine, faeces or both.
- An obstetric fistula most often develops during labour when the baby (the passenger) is too big to pass through the birth canal (the passage) resulting in prolonged obstructed labour without immediate intervention
- Obstetric Fistula can be prevented through the following ways;
  - Good nutrition from childhood for female children
  - Girl child education, enrolment and retention in school
  - Delay in child bearing to at least 18 years of age
  - Register early and attend ANC regularly
  - Avoid harmful traditional practices like female genital mutilation and Gishiri cut
  - Ensure the use of skilled birth attendance at every delivery
  - Accept caesarean section if recommended by your Doctor to save mother and baby
  - Avoid the three delays that can cause obstetric fistula: delay in seeking medical attention at the onset of labour, delay in reaching a medical facility during

labour and delay in receiving medical care once at the facility.

- Obstetric fistula can be treated through catheterization or surgical repair. Some types of obstetric fistula can be treated through catheterization if detected early.
- Obstetric fistula can be treated at government designated hospitals and some private and faith-based hospitals.
- Internationally, every 23rd May of the year is observed as World Obstetric Fistula Day to create awareness in the fight against Obstetric fistula elimination.
- Globally, OF burden is estimated at 2 million cases (WHO 2014)
- About 150,000 women are living with fistula in Nigeria (NSF, 2019 – 2023) a disproportionate 7.5% of the global burden.
- About 12,000 new cases of fistula are added each year (NSF 2019-2023).
- About 6,000 fistula repairs are done annually with a backlog of 150,000 clients awaiting repairs (NSF, 2019-2023).
- It is the responsibility of individuals, community and government in the prevention of Obstetric Fistula.
- Skilled health personnel, as referenced by SDG indicator 3.1.2, are competent maternal and new born health (MNH) professionals educated, trained and regulated to national and international standards. They are competent to:
  - provide and promote evidence-based, human-rights-based, quality, socio-culturally sensitive and dignified care to women and new-born;
  - facilitate physiological processes during labour and delivery to ensure a clean and positive childbirth experience; and
  - identify and manage or refer women and/or new-born with complications

### Attitudes, Beliefs, Values

- A healthy life free of Obstetric Fistula is a human right, as a Policy Maker, it is our responsibility to provide quality obstetric care for all pregnant women and girls
- Lobby for the adoption and implementation of the Child Rights Act in every State in Nigeria. You are contributing to prevention of obstetric fistula
- Elimination of Obstetric Fistula in Nigeria, A call to action by all Nigerians that love the womanhood



### 6.5.3: Perceived Risk and/or Benefit

- Make treatment for Obstetric Fistula free, accessible and affordable. The community will recognize your government as a king one
- People will perceive you as a concerned government that feel the plight of women and those suffering from obstetric fistula by establishing more high-quality obstetric emergency care facilities
- You will feel fulfilled for reducing the pains of people living with OF, they will never forget you for wiping their tears
- Reduction and elimination of Obstetric Fistula could be used as part of achievements of government in health and as dividends of democracy.

### 6.5.4: Emotional Response

- Encourage government to showcase their achievement in the area of Obstetric Fistula elimination, the public will commend your efforts
- Made treatment of Obstetric Fistula free or highly subsidized in all treatment centres
- Support capacity building of health workers at all levels for prevention and treatment of obstetric fistula as well as rendering support for women living

with obstetric fistula in the communities

- Support and motivate NGOs and partners to reintegrate and rehabilitate women treated for OF into the society
- Provide health facilities with necessary communication support materials and Job Aids for Obstetric Fistula
- Enact an act to make fistula treatment free in both private and public hospitals in Nigeria
- Strengthen referral services through the provision of ambulance and communication services at health facilities
- Strengthen women development centres at state level to provide livelihood skills training for rehabilitation of poor women with fistula
- Implement existing laws against child marriage
- Develop and implement a capacity building plan for training and re-training of health workers in IPCC to ensure timely attainment of the goals for the elimination of Obstetric Fistula.
- Develop appropriate counselling Job Aids on OF and train health workers on its use
- Community leaders, religious leaders, traditional leaders: Be a caring leader, identify and mobilize women and girls with

- OF to seek for counselling and treatment
- Equip existing facilities and establish new ones for improved service delivery and the attainment of treatment for all OF cases
- Ensure availability of trained and skilled personnel to manage Obstetric Fistula cases
- Get recognized by international community as a government that cares for the elimination of Obstetric Fistula in the world
- Establish a budget line for OF care and repair at all levels of government

### 6.5.5: Treatment

- Advocate to States and LGAs to provide adequate resources for managing OF cases
- Foster public-private sector partnerships to improve services for the elimination of Obstetric Fistula and reduce its burden on the society.
- Improve the capacity of trained birth attendants in the management of obstructed labour. This will ensure an early attainment of the elimination of Obstetric Fistula.

### Self-Confidence/Efficacy

- Yes, we can eliminate Obstetric Fistula in Nigeria. There are Obstetric Fistula treatment Centres and trained Surgeons, Midwives and Nurses in many States of Nigeria.
- Communities groups in most settlements had been fully mobilized to support emergency obstetric cases in support of campaign to eliminate Obstetric Fistula.

### Perceived Social Support

- Observed World Obstetric Fistula day with the active participation of policy makers and community leaders
- Work towards International community ranking Nigeria among those doing well in global efforts aimed at eliminating Obstetric Fistula in this generation

### 6.5.8: Personal Advocacy

- A healthy life free of obstetric fistula is human right. Do your best to address and support OF free Nation



# Monitoring and Evaluation (M&E)

## Process Indicators

### Interpersonal Communication

- Number of IPC agents supported or engaged for community mobilization activities
- Number of community mobilizers engaged by type of IPC approach and number of persons reached (disaggregation by sex):
  - House to house visits/sessions
  - Community dialogues,
  - Obstetric Fistula community assistance forum
  - Compound/town hall meetings
  - Market day's rallies, etc.
- Number of the IPC approaches used that were monitored

### SBCC Workshops and Training

- Number of training workshops conducted by type and number that participated
  - Community mobilizers
  - Traditional and religious leaders
  - NGOs, CBOs and other IPC Agents or groups (WDCs/VHWs, etc.)
  - Obstetric Fistula support group (made up successfully treated, rehabilitated, reintegrated and satisfied Obstetric Fistula victims)
  - Male dominated groups and associations

### Media Indicators

- Number of obstetric fistula radio and/or television programs produced and aired:
- Radio jingles and TV spots
- Drama, documentaries, phone-in programs and discussions etc.

## SBCC Support Materials

- Number of Advocacy Kit, SBCC Job Aids and other SBCC support materials produced and used

## Social Media

- Number of SMS messages sent to target population

## Women and girls that have experienced OF

- Number of obstetric fistula victims traced
- % OF traced victims that register for treatment, Number that were treated
- Number rehabilitated and reintegrated into their communities
- Number of obstetric fistula clients that were trained on how to live hygienically in coping with their conditions and were supported in doing so
- Number of empowerment meetings held,
- Number of collaborating stakeholder and partners that accepted Obstetric Fistula messages to be integrated into their on-going communication activities (radio and IPC) by specific interventions

## Health Providers

- Number of health providers trained on OF counselling and number of counselling sessions conducted
- Number of obstetric fistula counselling integrated into other stakeholders and partners training curriculum
- Number of Counseling Job Aids developed and produced
- Number of IPC agents trained on IPC by the health workers
- Number of community outreach conducted



## Advocacy

- Number that launched SBCC Strategy document (Federal and States) and number that attended by categories of audience
- Number of SBCC Strategy document produced and distributed
- Number that attended ToT on how to use the Strategy (ToT at Federal level and step down at States and LGAs)
- Number of advocacy materials produced and distributed
- Observance of World OF day and reach with messages
- Number of advocacy interventions conducted
- Number of Advocacy, Communication and Social Mobilization (ACSM) working Group setup (Federal and States) and number of members and meetings held
- Media
- Number of media interventions

## Radio and Television

- % that describe correctly Obstetric Fistula
- % that know what causes Obstetric Fistula
- % that know how to prevent Obstetric Fistula
- % that know the benefits of delivering under the

supervision of skilled birth assistants

- % that heard message about OF on the radio
- % that correctly recount the message on OF correctly
- IPC Impact
- % that delivered under the supervisor of SDAs at (health facility and (b) at home
- % of communities with specific plans to manage emergency obstetric care (e.g. transportation, funding, etc.)
- Number of obstetric fistula support group
- % of obstetric fistula victims that were divorced, separated, discrimination, abandonment and/or neglected

## Monitoring and Evaluation indicators

- Proportion of people who recall hearing or seeing the message through;
- Radio and Television
- Health Worker
- Town Announcer
- Church/Mosque
- Community Volunteers
- Friends and neighbours
- Others

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