



Annual Report on Obstetric Fistula in Bangladesh Progress and Highlights: 2023





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Published By

Maternal Health Program

Directorate General of Health Services

Government of the People's Republic of Bangladesh

Published

January 2024

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Abbreviations

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

Executive Summary

The persistence of obstetric fistula—a devastating childbirth injury primarily affecting poor, marginalized women and girls in Bangladesh and around the world—constitutes a human rights violation and a public health crisis. The Sustainable Development Goals (SDGs) aim to "leave no one behind," and failing to eliminate fistula jeopardizes the attainment of several of these goals. In 2018, Member States of the United Nations adopted a resolution to end fistula within a decade, building upon recommendations from the UN Secretary-General's 2018 Report on Obstetric Fistula. This resolution calls for significantly increased commitments and investments to eradicate fistula. In 2022, UN members states adopted another resolution on intensifying efforts to end fistula.

The Government of Bangladesh, committed to the goal of reducing the number of fistula cases to zero by 2030, adopted a division-based approach in its interventions, focusing on increasing the identification and diagnosis of cases, and enhancing coordinated referral management and rehabilitation services for fistula survivors. The UNFPA supports the Ending Obstetric Fistula programme of the Ministry of Health and Family Welfare in the Rangpur, Sylhet, Chattogram and Rajshahi divisions, with the assistance of implementing partners and professional societies.

In 2023, a total of 680 fistula patients were admitted for repair in 18 government and private hospitals. A total of 526 surgeries were performed in these facilities, with a 92.4 percent (486) success rate. Among the admitted patients, 52.1 percent were diagnosed with obstetric fistula, while 43.2 percent of cases were iatrogenic fistula. Of the diagnosed iatrogenic fistula cases, approximately 53.6 percent resulted from hysterectomy.

The Directorate General of Health Services (DGHS) continued to strengthen rehabilitation and reintegration support for fistula survivors in collaboration with the Department of Social Welfare, Department of Women Affairs, and other relevant stakeholders. Under this programme, more than 300 fistula survivors received some form of rehabilitation and reintegration support in 2023. For the reintegration of survivors, several were engaged in various training and capacity-building activities, such as preparing handicrafts, making paper packets and receiving sewing training. The 3rd National Strategy on Obstetric Fistula in Bangladesh was developed in 2023.

This report outlines the key details of each intervention, achievements and lessons learned from 2023.

Introduction

Genital fistula is a devastating maternal morbidity that affects approximately two to three million women and girls worldwide, predominantly in low- and lower-middle -income countries such as Bangladesh. The two major causes of genital fistula are obstetric and iatrogenic, with other etiological factors including trauma, sexual assault, congenital anomalies, and carcinoma.

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

Fistula has a devastating impact on the physical, mental, and social well-being of survivors. Their stories are often marked by misery, isolation, and helplessness. The negligence and stigma associated with fistula increases the vulnerability of the affected women manifold. Bangladesh, along with many African and Asian countries, has significant obstetric fistula cases, presenting a serious maternal health concern.

In the last few decades, Bangladesh has shown remarkable progress in maternal and child health. The maternal mortality rate decreased from 596 (per 100,000 live births) in 1996 to 136 (per 100,000 live births) in 2023. Despite this significant progress, 35 percent of all childbirths in the country still occur through home-based delivery, which is a predisposing factors for obstetric fistula. Measuring the exact number of fistula patients in Bangladesh is challenging due to a lack of quality data. In 2003, the prevalence of obstetric fistula was found to be 1.69 per 1,000 women. According to the Bangladesh Maternal Morbidity Validation Survey 2016, the national prevalence rate for obstetric fistula is 0.42 per 1,000 women with at least one birth. The survey also estimated that approximately 20,000 women live with obstetric fistula, and two-thirds of them are between the ages of 15 and 49, with an estimated several new cases each year.

While the number of birth-related fistula has decreased over the last decades, the incidence of iatrogenic fistula has recently increased in Bangladesh. Despite the remarkable progress achieved since the International Conference on Population and Development (ICPD) in 1994, thousands of women and girls, including the most marginalized and stigmatized, still suffer from fistula. To complete the unfinished business of the ICPD commitments, Bangladesh aims to achieve zero obstetric fistula by 2030. To attain this goal, the country's health system focuses on identifying existing cases, providing proper support for reintegration and rehabilitation, and ensuring a quality of life for survivors. Identifying gaps and challenges in the process is also necessary to develop proactive and better solutions.

Committed to an obstetric fistula-free future, Bangladesh launched the Second National Strategy for Obstetric Fistula 2017-2022 in line with the vision to eliminate obstetric fistula by 2030. The revision and finalization of the second national strategy for 2023 – 2030 were completed in 2023. This report focuses on the progress made and features key highlights of the programme in 2023. Specifically, it provides an overview of the special measures undertaken in response to the progress made on fistula identification, referral, management, rehabilitation, and reintegration support for survivors.

Fistula Identification

Process of fistula identification

Identifying genital fistula cases is a challenging task, especially at the community level, due to the lack of a routine reporting system to capture fistula cases. Identification of fistula cases is only possible if the patient comes to the facility for diagnosis, a healthcare provider identifies the case, or the case is referred to the facility for diagnosis. Moreover, in suspected fistula cases due to an operative procedure like a C-section or hysterectomy, it is usually the respective Obs- Gynae consultant or facility that refers the fistula patient to the referral facility for further management.

In 2023, The End Obstetric Fistula Programme employed various approaches to fistula identification, including community-level identification mechanisms, case identification at the fistula corner in district hospitals and upazila health complexes, and fistula screening camps. All government community-level healthcare providers from the eight districts in Rangpur division, including health and family welfare assistants, were oriented on issues related to fistula. These orientations proved effective; as a result, an increasing number of community healthcare providers reported potential fistula cases. Additionally, fistula screening camps were set up in different locations to diagnose potential patients.

In Sylhet and Rangpur division, UNFPA supported the Civil Surgeon's Office in identifying fistula patients from the community, focusing on women living in marginalized communities and hard-to-reach areas like the tea gardens and Haor area. Community health workers were trained to visit each household to identify patients with symptoms of fistula and refer them to the referral facility for confirmation and management. Community fistula advocates or fistula ambassadors also supported the identification of fistula cases. Besides fistula screening camps were also set up to reach fistula patients. In 2023 we have screened over 4000 women, out of them 1000 women are prominently suspected as fistula cases. Over 600 were diagnosed as fistula during screening.

Methods of Identification	Who identified the cases
<ul style="list-style-type: none">● By Household Visits● At the Fistula Corners in district hospitals● Fistula screening camps● VIA screening camps	<ul style="list-style-type: none">● Health Assistants / Family Welfare Assistants● Community volunteers● Community Fistula Advocates● Nurses /Midwives● Doctors

Fistula Management

In 2023, a total of 680 fistula patients were admitted to 18 selected facilities. Among them, 526 patients were repaired. The average duration of hospitalization was 18 days. Overall success rate was 92.4%, among them 84.6% were successful and dry and remain 7.8% were successful but not dry.

Sl	Name of the facility	Number of patients admitted	Number of patients operated	Average duration of hospital stay (days)	Outcome		
					Successful (Dry)	Successful (Not dry)	Failed
1	National Fistula Center, Dhaka Medical College Hospital (DMCH), Dhaka	143	78	22	63	5	10
2	Bangabandhu Shekh Bangabandhu Sheikh Mujib Medical University(BSMMU), Dhaka	7	5	18	5	0	0
3	Sir Salimullah Medical College Hospital, Dhaka	8	8	45	7	0	1
4	Rajshahi Medical College Hospital, Rajshahi	0	0	-	0	0	0
5	Modern General Hospital, Sylhet	5	5	18	4	0	1
6	Rangpur Medical College Hospital, Rangpur	30	15	14	15	0	0
7	Mymensingh Medical College Hospital, Mymensingh	0	0	-	0	0	0
8	Faridpur Medical College Hospital, Faridpur	5	5	14	5	0	0
9	Shahid Ziaur Rahman Medical College Hospital, Bogura	16	6	15	4	2	0
10	MAMM'S Institute of Fistula and Women's Health, Dhaka	137	102	25	85	5	12
11	LAMB Hospital, Dinajpur	120	120	18	99	21	0
12	Hope Foundation Hospital, Cox'sbazar	128	107	15	91	6	10
13	Kumudini Hospital, Tangail	30	29	14	26	0	3
14	Dr. Mottalib Community Hospital, Dhaka	7	7	15	7	0	0
15	Sylhet MAG Osmani Medical College Hospital (SOMCH), Sylhet	18	15	30	13	1	1
16	OGSB Hospital, Mirpur, Dhaka	13	11	18	8	1	2
17	Al Haramine Hospital, Sylhet	2	2	30	2	0	0
18	Sher-E-Bangla Medical College Hospital, Barisal	11	11	15	11	0	0
	Total	680	526	20	445	41	40

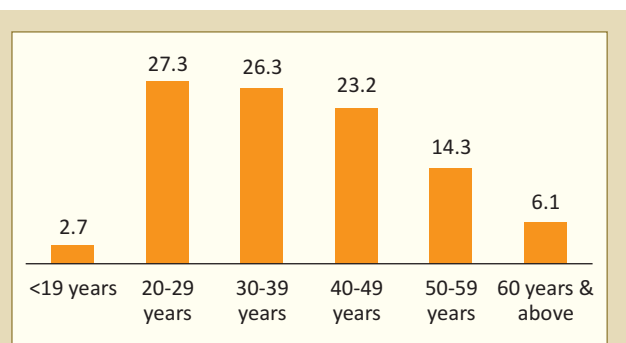
Fistula repaired cases analysis in 2023

In 2023, a comprehensive data collection effort was carried out across 18 facilities, resulting in a total of 526 cases being recorded. Among these cases, 274 were identified as occurring due to obstetric causes, while 227 were attributed to iatrogenic causes. Additionally, 10 cases were congenital in nature, while 15 others were the result of traumatic events. Among the iatrogenic cases, 97 were associated with C-section, 122 with hysterectomy, and eight with laparoscopic surgery. Out of repaired cases the majority of them were vesico-vaginal. Total 45 cases of recto-vaginal fistula, 27 cases of Uretero-vaginal fistula, and 454 cases of vesico-vaginal fistula. The cause of fistula, types of fistulas, route of operation, and outcome of the operation were analyzed based on all 526 data.

We have further analyzed purposively selected 293 fistula repaired cases according to different aspects including age at marriage, age at first delivery, number of children, mode and place of last delivery, the person who conducted the last delivery, time duration between delivery and fistula occurrence, duration of suffering from fistula, and the outcome of the last delivery.

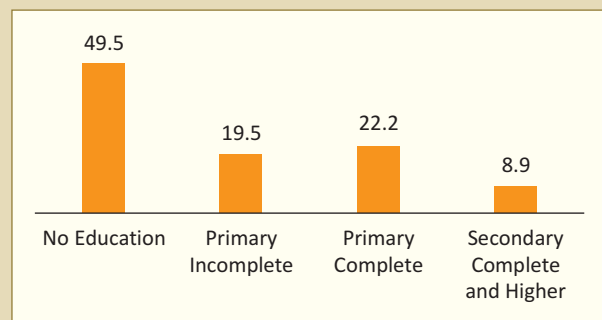
Age of the patients

Of the 293 fistula cases, prevalence of fistula was the highest among women in the 20-29 years' age range (27.3 percent), followed by the 30-39 years age range (26.3 percent) and the 40-49 years range (23.2 percent). Adolescent girls (below 19 years) comprised about 2.7 percent of the total patients.



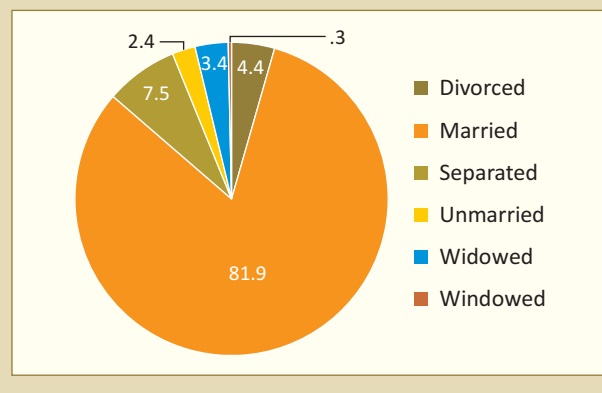
Education of the patients

Approximately 49.5 percent of the women with fistula had no education, whereas only 8.9 percent completed secondary and higher levels of education.



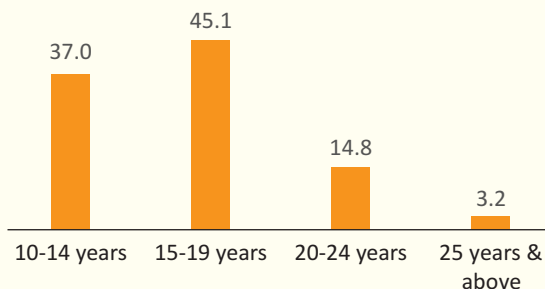
Marital status

About 81.9 percent of the women with fistula were married and living with their husbands, whereas 7.5 percent were separated, and 3.4 percent were widowed. Notably, 0.3 percent of the patients were divorced due to fistula.



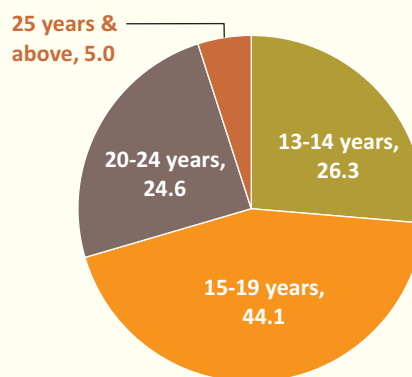
Age at marriage

It was found that about 82.1 percent of women had child marriage; 37 percent of them were married within the 10-14 years' age range, and 45.1 percent were married between the ages of 15-19 years.



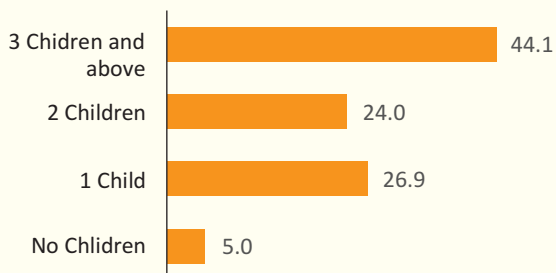
Age at first delivery

About 70.4 percent of women with fistula had their first delivery during adolescence.



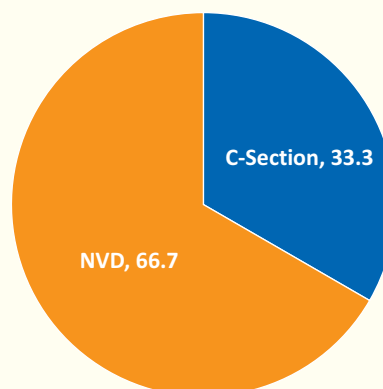
Number of children

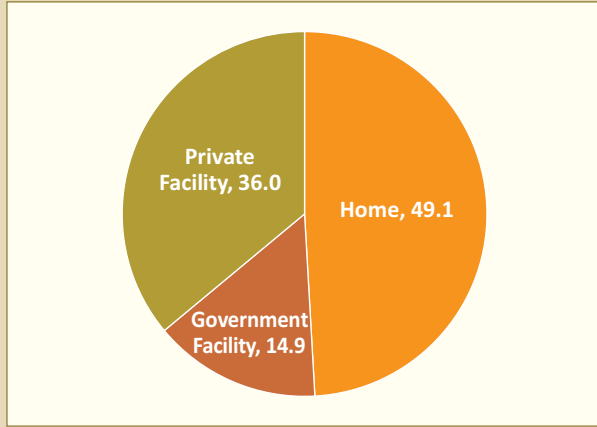
Approximately 44.1 percent of women with fistula had three or more children. About 5 percent of the women had no children.



Mode of last delivery

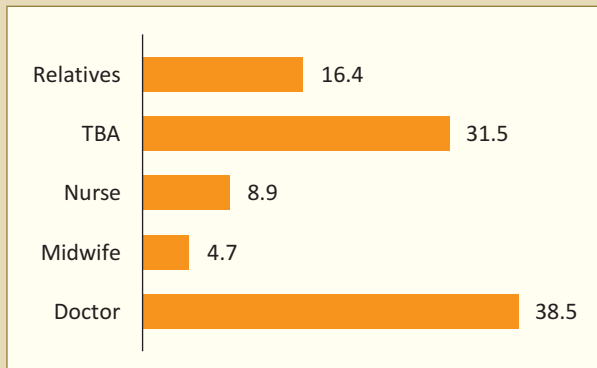
About 66.7 percent of women with fistula had normal vaginal delivery (NVD) during their last pregnancy, whereas 33.3 percent had a C-section.





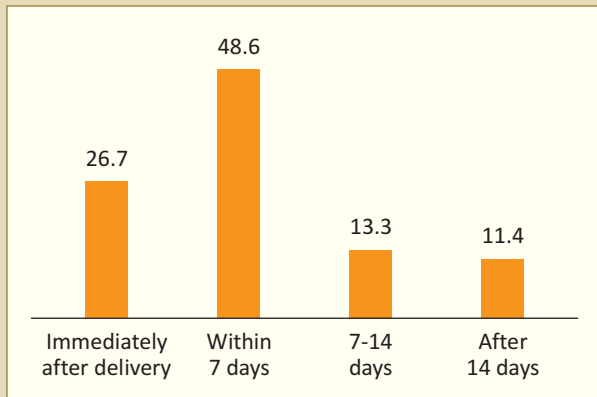
Place of last delivery

Majority of the women (49.1 percent) with fistula had their last delivery at home, with 36 percent at private facilities, and remaining at government facilities.



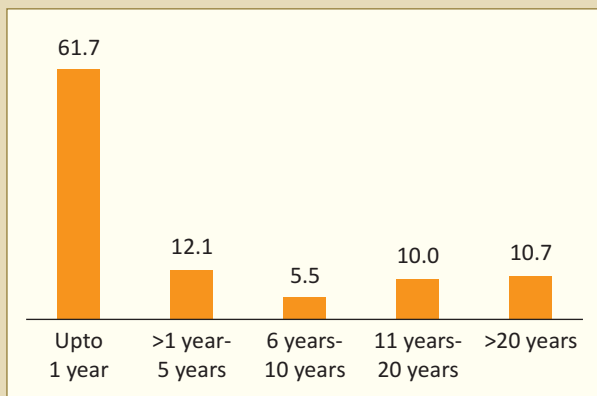
Delivery conducted by

In most cases, the last delivery was conducted by traditional birth attendants (TBA) and relatives of the patients (47.9 percent). About 38.5 percent of women with fistula had their delivery conducted by doctors. About 8.9 percent and 4.7 percent of the deliveries were conducted by nurses and diploma midwives, respectively.



Time duration of fistula occurred after delivery

Over 48% fistula developed within seven days of delivery and over 26% cases, it happened immediately after delivery.

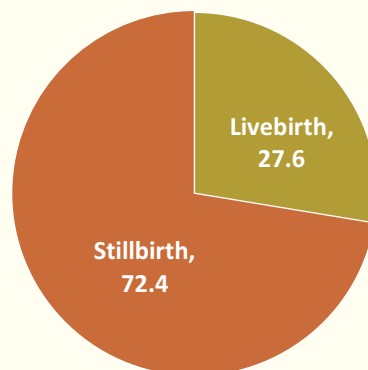


Duration of suffering from fistula

Over 61% of women were suffered more than one year whereas over 10% were suffered more than 20 years.

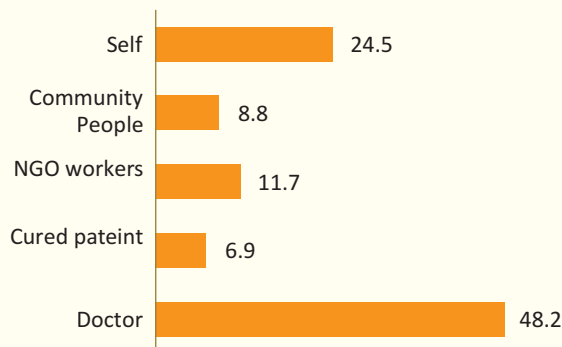
Outcome of last delivery

About 72.4 percent of the deliveries were stillbirths and remaining were live birth.



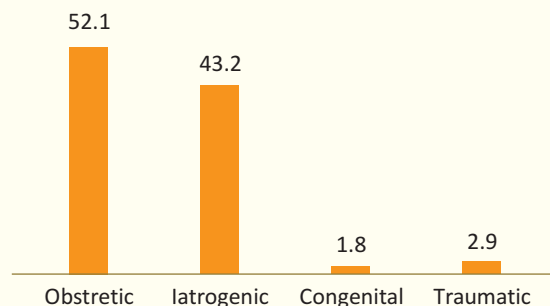
Person who referred the women to the facility

About 48.2 percent of the fistula patients were referred by doctors, 11.7 percent by NGO workers, and 6.9 percent by cured fistula patients.



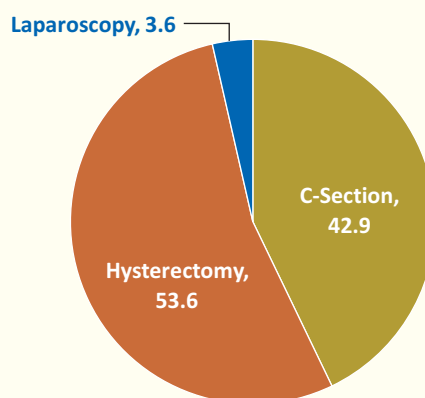
Cause of fistula

Out of 526 cases about 274 (52.1%) of women had obstetric fistula, 227 (43.2%) had iatrogenic fistula, 10 (1.8%) had congenital fistula, and 15 (2.9%) had traumatic fistula.



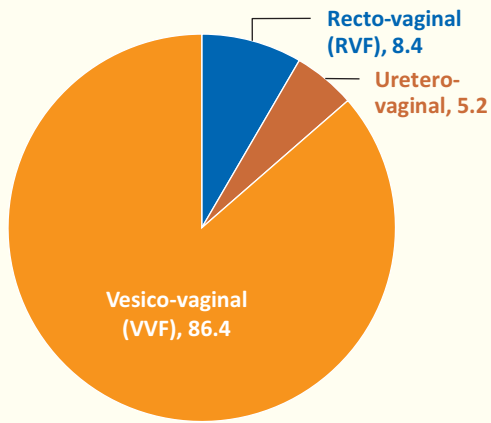
Cause of Iatrogenic fistula

Among the 227 iatrogenic fistulas, 122 (53.6%) occurred due to hysterectomy, 97 (42.9%) due to C-section, and 8 (3.6%) due to laparoscopic surgery.



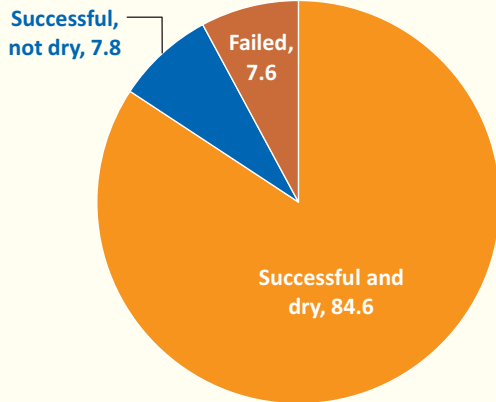
Type of Genital fistula

The most common type of genital fistula among the 526 patients was vesico-vaginal fistula which is 454 (86.4%). Total 45 (8.4%) cases were recto vaginal fistula, and 27 (5.2%) were uretero-vaginal fistula.



Outcome of Surgery

Among the 526 fistula surgeries conducted, 445 (84.6%) of the operations were successfully repaired with a dry condition, and about 40 (7.6%) of the surgeries failed.



Rehabilitation and Reintegration of Survivors

In 2023, four advocacy meetings were organized by the Civil Surgeon's office in Rangpur, Rajshahi, Bogura, and Sirajganj on the rehabilitation and reintegration of fistula survivors. Representatives from the Department of Social Welfare, Department of Women and Children's Affairs, and Department of Youth and Development of the respective districts took part in these meetings.

To aid in the socio-economic rehabilitation and reintegration, with the support of the program, 28 survivors received cattle, while 24 received sewing machines. Additionally, other supporting tools, including cash support, food packages, and non-food items were provided to 35, 147, and 16 survivors, respectively. Widow allowance, maternity allowance, VGD cards, and handicraft materials were also provided to some survivors. In addition, 26 survivors received hands-on skills training in paper packet making, sanitary pad making, and sewing.



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

Type of support	Individual support	NGO	Union Council	UNO Office	Social Services	Women Affairs Office	Upazila Health Office	Grand Total
Cash Support		17	10	1	3	4		35
Cattle		28						28
Non Food items like Sari, Lungi etc.		2	7	7				16
Food package (Rice, Potato, Oil etc.)		7	18	6		3	113	147
Sewing machine	1	22				1		24
Widow allowance					3			3
VGD card			1			1		2
Maternity allowance						1		1
Handicraft materials		12						12
Total	1	88	36	14	6	10	113	268

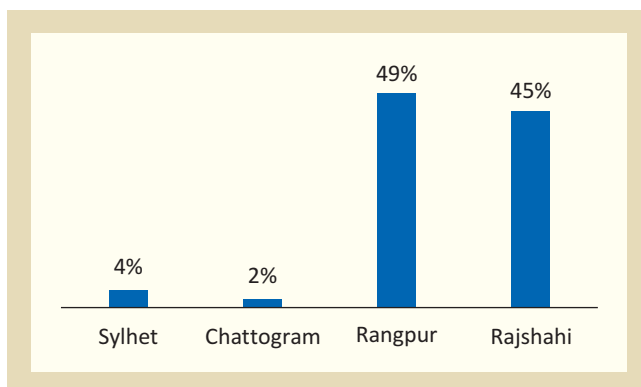
Training support given in 2023:

Type of training	Government	NGO	Grand Total
Sewing training	4		4
Paper packet making training	2		2
Pad making training		20	20
Total	6	20	26

Capacity Development

Capacity development of Health Care Providers

To enhance the capacity of health service providers in fistula case identification, orientation sessions on fistula were organized across all programme divisions. These sessions engaged over 5000 health staff members, including Health Assistants (HA), Family Welfare Assistants (FWA), Family Welfare Visitors (FWV), Family Planning Inspectors (FPI), Health Inspectors (HI), Community Health Care Providers (CHCP), midwives, and volunteers. These participants received primary orientation on the identification of fistula cases. Additionally, more than 3,000 pocket handbooks on fistula patient identification and 1,500 posters with fistula awareness messages were distributed among field-level government healthcare providers during these capacity development sessions.



Advance Skill Workshop on fistula repairs

A workshop focused on the surgical repair of genital fistulas was held at MAMM's institute on March 22, 2023. This event was a collaborative effort involving the International Society of Obstetric Fistula Surgeons (ISOFS), MIFWOH, CIPRB, and UNFPA. In two days workshop there was several lecture, interactive discussion and had advance skill surgical repair session. 12 fistula cases were repaired in two days workshops. Doctors form medical college hospitals were the key participants.

The training program included lectures and surgical sessions. Prof. Dr. Sayeba Began with informative lectures on the general definition of fistulas, various types, and their surgical treatments. Following the lectures, practical surgeries were conducted on fistula patients. Ten individuals from diverse institutions participated.

During discussions, Prof. Dr. Sayeba and Prof. Dr. Anwara proposed involving surgical societies to enhance fistula awareness and refine the training process for new fistula surgeons in Bangladesh. They also suggested organizing regional or district-level campaigns on fistulas. In response to trainees' feedback, they advocated for a workshop on safe surgical techniques aimed at preventing fistulas.



Advocacy, Planning and Monitoring

3rd National Strategy on Obstetric Fistula in Bangladesh developed

The Third National Strategy on Obstetric Fistula was planned in alignment with the 5th Operational Plan (OP), spanning a period of five years from 2023 to 2030. This alignment aims to translate the directives of the National Obstetric Fistula Strategy into actionable plans within the Ministry of Health and Family Welfare (MOHFW). This strategy will serve as a guiding document for the next eight years, helping Bangladesh reach its goal of becoming free from obstetric fistula by 2030 or within the next generation.



National Workshop on End Obstetric Fistula

On 17 December, 2023, a National Workshop on Obstetric Fistula was held at Lakeshore Hotel, Gulshan-2, Dhaka. The Maternal Health Program, DGHS organized the workshop with technical support from UNFPA. The meeting was chaired by the Director & Line Director, MNC&AH, DGHS. The ADG, Admin, DGHS; ADG, Planning and Development, DGHS; DG, DGFP; DG, DGNM; Program Manager, Maternal Health; President, OGSB; and Chief of Health, UNFPA participated in the workshop. Two panel discussion sessions were conducted during the workshop.

Special guests included Director General, Directorate of Family Planning; Additional Secretary, Department of Nursing and Midwifery; Additional Director General (Planning and Development), Directorate of Health; Additional Director General (Administration), Directorate of Health; and Chief of Health, UNFPA.



Dr. Azizul Alim, Program Manager, Maternal Health of DGHS presented the current situation of obstetric fistula. Prof. Dr. Farhana Dewan, President, OGSB, presented a paper on OGSB's efforts to eliminate obstetric fistula in Bangladesh. Professor Dr. Anwara Begum, Past President, OGSB, discussed "How ISOFS can help Bangladesh improve the skills of surgeons." Prof. Dr. Saeba Akhter, President, ISOFS, and Past President, OGSB, presented on "How Bangladesh can improve obstetric fistula management." Two panel sessions focused on 'Road Map to Eradicate Obstetric Fistula in Bangladesh: What can be done beyond?' with participation from concerned experts.

Obstetric fistula remains a neglected women's health issue in Bangladesh. Currently, about 20,000 women are living with this condition. Obstetric fistula can be cured with treatment, and about 500 fistula patients are successfully operated on each year in Bangladesh. Continuous progress in the maternal and child health sector has relatively decreased the prevalence of obstetric fistula. The Government of Bangladesh is determined to eradicate obstetric fistula by 2030 and bring all female fistula patients under the healthcare system. The workshop concluded with a pledge to work together to eliminate obstetric fistula by 2030.

Obstetric Fistula free Declaration in nine upazilas in Rangpur, Rajshahi, and Sylhet division

In the year 2023 obstetric fistula free was declared in nine upazilas of nine districts by the respective Civil Surgeon and/or Divisional Director (Health). A total number of 981,576 population was covered through households 201,361 visit. Of 141 suspected cases, 33 were classified as obstetric fistula, and 7 as iatrogenic fistula. Among these, 23 cases were repaired, 2 cases were deemed incurable, and 39 individuals received rehabilitation support.

Parbatipur Municipality

On December 2, 2023, Parbatipur Municipality was declared an Obstetric Fistula Free municipality in the Dinajpur district. A total of 125 individuals participated in the End Obstetric Fistula Free Declaration program, including the Director of Health, Rangpur division, Deputy Director of Health, Rangpur division, Assistant Director of Health, Rangpur division, CS, Dinajpur, Executive Director LAMB, UNFPA Fistula focal person, LAMB, UH&FPO, Parbatipur Upazila Health Complex, Mayor Parbatipur Municipality, health workers, and mothers from the community. Before the declaration, health workers from Parbatipur Municipality conducted household visits to identify fistula patients based on a fistula identification checklist. Five primarily suspected patients were identified through this household survey. After final diagnosis, all cases were found to be non-fistula.



Domar Upazila

On December 3, 2023, Domar Upazila, Nilphamari was declared an Obstetric Fistula Free Upazila in the Nilphamari district. A total of 150 individuals participated in the End Obstetric Fistula Free Declaration program, including the Director of Health, Rangpur division, Deputy Director of Health, Rangpur division, Assistant Director of Health, Rangpur division, CS, Nilphamari & Gaibandha District, UNFPA Fistula focal person, and UH&FPO, Domar Upazila Health Complex. Among 150 Participants male was 45 and female was 105. Before the declaration, CHCP of the Domar Upazila identified fistula patients, identifying 58 primarily suspected patients. After diagnosis at Domar Upazila Health Complex through a Fistula Screening camp, only three cases were confirmed as fistula. All three patients were referred for management, including need-based rehabilitation. No new cases of obstetric fistula were identified at the time of declaration.



Rangpur Sadar Upazila

On December 4, 2023, Rangpur Sadar Upazila, Nilphamari was declared an Obstetric Fistula Free Upazila in the Nilphamari district. A total of 120 individuals participated in the End Obstetric Fistula Free Declaration program including the Deputy Director of Health, Rangpur division, CS, Rangpur, UNFPA Fistula focal person, Medical Officer, Rangpur Upazila Health Complex, UP chairman Horidepur Union, Multi Support Health Volunteer (MHV) of UHC, Rangpur Sadar, Fistula Survivor. Before the declaration, MHV of Domar Upazila worked to identify fistula patients, identifying 26 primarily suspected patients. After diagnosis at Rangpur Medical College Hospital, Urology Department through a Fistula Screening camp, no cases were confirmed as fistula. No new cases of obstetric fistula were identified at the time of deceleration.



Nachol Upazila

On December 23, 2023, Nachol Upazila was declared an Obstetric Fistula Free Upazila in the Chapainawbganj district. A total of 155 individuals participated in the End Obstetric Fistula Free Declaration program including Deputy Director Health, Rajshahi division, CS, Chapainawabgonj, UH&FPO, Nachol Upazila Health Complex, MODC & MO, Nachol Upazila Health Complex, fistula survivor, CHCH of all community clinics and community members. Among 155 participants 22 were male and 133 were female. Before the declaration, CHCP of Nachol Upazila identified five primarily suspected



fistula patients. After diagnosis at Nachol Upazila Health Complex, only one patient was confirmed with obstetric fistula. She was referred for management, including need-based rehabilitation. No new cases of obstetric fistula were identified at the time of declaration.

Kamarkhand

On December 26, 2023, Kamarkhand Upazila, Sirajganj was declared an Obstetric Fistula Free Upazila in the Sirajganj district. A total of 100 individuals participated in the End Obstetric Fistula Free Declaration program including the Assistant Director (Health) Rajshahi Division, CS & DCS Sirajganj, ADC General Sirajganj, Upazila Chairman Kamarkhand, Assistant Commissioner, Sirajganj, UH&FPO & MODC UHC, Kamarkhand, Field Officer UNFPA, Sirajganj, project staff of FRRei Project, MHV, and community members. Among 100 participants 35 were male and 65 were female. Before the declaration of MHV of the UCH, Kamarkhand identified 11 primarily suspected patients. After diagnosis at Kamarkhand Upazila Health Complex through a Fistula Screening camp, only two cases were confirmed as fistula. Both patients were referred for management, including need-based rehabilitation. No new cases of obstetric fistula were identified at the time of declaration.



Four upazilas in Sylhet division

On December 27, 2023, a divisional workshop on ending obstetric fistula was organized at the office of the Divisional Director (Health) in Sylhet. Dr. Md. Harun-or-Rashid, Divisional Director (Health), inaugurated the workshop. Brig. General Mahbubur Rahman Bhuiyan, Director of MAG Osmani Medical College Hospital, Md. Mazharul Haque Chowdhury, Divisional Director (Family Planning), Prof. Dr. M. Khalilur Rahman, Senior Consultant of BIRDEM General Hospital, Prof. Dr. Ferdowsi Begum, former president of OGSB, and Dr. Animesh Biswas, Technical Officer of United Nations Population Fund (UNFPA) participated as resource persons. The four fistula-free declared upazilas include Kulaora in Moulvibazar, Biswanath in Sylhet, Chunarughat in Habiganj, and Bisomborpur in Sunamganj



The speakers in the workshop reviewed in detail the progress and challenges of the obstetric fistula program in the Sylhet Division. It was further informed that the "Fistula Elimination Program-2030" is being implemented in all districts of Sylhet Division in collaboration with Ministry of Health and Family Welfare and United Nations Population Fund. Center for Injury Prevention and Research Bangladesh (CIPRB) is providing technical support for the implementation of the program. Under this program, assistance is mainly provided for fistula patient identification, referral and rehabilitation support.

Table: Obstetric Fistula Free declaration update in 2023

Sl	District	Upazila	Population covered	Household visited	Number of suspected cases	Number confirmed fistula cases	Number confirmed fistula cases	Iatrogenic Fist (IF)	Repaired (OF)	Incurable (OF)	Rehabilitation (OF)
1	Sylhet	Biswanath	37993	8480	8	7	7	0	3	0	6
2	Moulvibazar	Kulaura	200195	8450	7	4	4	0	2	1	10
3	Sunamganj	Bisomborpur	82,970	9720	23	14	11	3	4	1	10
4	Habiganj	Chunarughat	347875	9860	9	9	8	1	8	0	8
5	Chapai Nawabganj	Nachol	129200	29800	5	1	1	0	1	0	1
6	Sirajganj	Kamarkhand	154200	36191	11	2	2	0	2	0	1
7	Nilphamari	Domar	2,45,250	58,196	58	3	0	3	3	0	3
8	Rangpur	Sadar Rangpur	1,50,018	35,354	15	0	0	0	0	0	0
9	Dinajpur	Parbatipur Pourashava	29143	5310	5	0	0	0	0	0	0
Total		9	981576	201361	141	40	33	7	23	2	39

Case Stories

Case Story-1

Story of Rupali Begum

Rupali Begum (45), wife of Mohammad Ohidul Haque from Kishoreganj upazila in Nilphamari district. She married at 17 while studying in class 11 at Jaldhaka Degree College. After her marriage, Rupali began teaching at BRAC Pre-Primary School but took a break after a year due to pregnancy. Her husband later took over the teaching position at the BRAC Pre-Primary school. Rupali's first daughter was born two years after their marriage at home, without complications. One and a half years later, she became pregnant again. This time, due to complications, she gave birth to a daughter via cesarean section in Rangpur. The family was thriving with their two daughters. Seven years later, Rupali became pregnant again and gave birth to a son. The family continued to do well with two daughters and one son. When her son was seven years old, Rupali suddenly began experiencing lower abdominal pain and bleeding. Medication alleviated the discomfort, but four years later, she was diagnosed with tumors in her lower abdomen requiring surgery. Four days post-operation, she began urinating constantly. She consulted doctors in Rangpur, who diagnosed her with a rupture.

Rupali recounts, "When I returned home, my entire family was in tears, worried. I went to the Upazila Hospital, and they recommended I go to LAMB Hospital." With the support of her family and community, Rupali went to LAMB Hospital, where she was examined. Three months later, she was called back for her operation, which was entirely free of charge. "Since the operation, I've been fine. Many thanks to the hospital for restoring my family's and my smiles."



Case Story-2



Story of Jaba Rani Sarkar

"My name is Jaba Rani Sarkar, and I live in Aaj Paragaon, a small village in Sadar Upazila, Habiganj. My journey has been one of struggle and hope. At 15, I was married and forced to stop my education in the 7th standard. Soon after, I became a mother, but my second pregnancy was filled with pain. I endured a day and night of intense labor with no help, until a compassionate person noticed my suffering and reached out. With the support of the Fistula Coordinator, I was diagnosed with obstetric fistula at the Habiganj district hospital. Despite my fear, I found the courage to seek treatment, and with my husband's support, I took the steps towards healing. Today, I am grateful for the care I received and the chance to live a healthier life. I'm no longer just a survivor—I am a woman who found her strength in the face of adversity."- Jaba Rani Sarkar, a fistula survivor, Habiganj

Case Story-3

Story of Shorifa Begum

Shorifa Begum, 18, resides in Village Sadar Para, Union Thapherhat, Upazila Sadullapur, District Gaibandha. She suffers from a congenital fistula. At five years old, her parents noticed continuous urine leakage. They sought treatment from various doctors across Gaibandha, Rangpur, and Bogra districts for four years, but to no avail. Financial constraints forced them to halt treatment after spending over one lakh taka.

Despite her condition, Shorifa attended school. One day in fourth grade, a classmate noticed urine under her bench, reporting it to the teacher. The teacher called her parents and urged immediate treatment. Due to the smell of urine, Shorifa left school in sixth grade. She became isolated, with no friends or playmates, and even her sister refused to share a bed with her. Fistula Survivor Shorifa with Her Husband A woman named Saeba Khatun, who had recovered from urine incontinence, heard about Shorifa's suffering and suggested treatment at Parbatipur LAMB Hospital. Shorifa went there, where doctors confirmed a congenital fistula. A month later, she underwent successful surgery. She resumed school, advancing from eighth to ninth grade. In 2020, during the coronavirus pandemic, she married while in ninth grade. In 2023, she gave birth to a son via cesarean section at a private clinic in Rangpur without complications, now leading a happy life.



Case Story-4



Story of Rahima Begum

Rahima Begum, 40, married at 15 to Abdul Hussain. She lives in Shadinpur, Bashkhali, Chattogram. Four years after marriage, she gave birth to her first child at home. She had two more children, all delivered by an unskilled traditional birth attendant, resulting in severe illness. Even walking and doing household chores had become very difficult for her. During her fourth pregnancy, complications arose, leading to a rushed delivery at Chattogram Medical. After many hardships, her normal delivery was completed. Her family was very happy as the delivery was normal and the baby was fine. However, the day after delivery, Rahima began uncontrollably leaking urine. Diagnosed with a fistula, she underwent unsuccessful surgery.

For eight years, Rahima suffered both physically and socially. Her husband and family neglected her due to the stench, and the village shunned her. She lived a solitary, grief-stricken life.

One day, a field worker from the Hope Foundation visited her. Rahima shared her story, and the worker arranged treatment at Hope Hospital. The doctors and staff provided support, leading to successful surgery and recovery. Rahima and her family were grateful for the care and assistance.

Case Story-5

Story of Rupa Bala

Rupa Bala, 25, from Khagrachori district, is married to Shopon Kumar. They married when she was only 19. Both are illiterate. Rupa, a housewife, lives in a remote hilly area, where she puts in a lot of effort to grow grains for her family. At 20, she gave birth to her first child. At the age of 25, she gave birth to her second child, for which her family brought in a traditional birth attendant. They did not transport her to any kind of medical facility. Additionally, she did not receive the appropriate prenatal care during her whole pregnancy. Her contractions lasted for more than three days and nights. During her delivery, she experienced a prolonged, obstructed labor, resulting in a stillborn.

Approximately 20 days later, she began leaking urine uncontrollably. Thus, her life became miserable and unbearable, people, as she was socially shunned. After several weeks, her husband took her to the local government hospital, where she was diagnosed with obstetric fistula but could not be treated.

They were referred to a Hope Foundation fistula outreach worker by a member of the staff at that hospital. Her family reached out to the foundation and shared their grievances. Hope Foundation took care of all the necessary arrangements to send her to Hope Hospital for treatment of her condition. According to the surgeon there, she was diagnosed with Vesico vaginal Fistula (VVF). Rupa underwent successful surgery on April 5, 2023. Her condition improved, and she and her family were overjoyed, expressing gratitude to the doctors and staff for the free treatment.



Case Story-6



Story of Minara Begum

" I was married at 17 and gave birth to my first child at 18. Due to complications during labor, I stayed at home for three days with an unskilled midwife. Eventually, I had to undergo a cesarean section at Sylhet Osmani Medical College Hospital, but my baby was stillborn. After that, I developed obstetric fistula, and for 19 long years, I suffered from continuous urine leakage. This condition led to my husband divorcing me, and I was left to live alone with my brother's family. In 2019, I was diagnosed, and in 2020, I went to Dhaka MAMS Hospital for treatment, only to learn that my condition could not be cured. But in 2022, something changed. At the Obstetric Fistula Workshop at Sylhet division, I received a sewing machine as a gift. This was a turning point in my life. With the sewing machine, I began stitching clothes and now earn between 300 to 500 taka a day. Before, I felt like a burden, but now I can support myself with dignity. I am very grateful for this opportunity. I can now live independently, and for the first time in years, I have hope. As I always say, 'You can't help everyone, but you can help some people. And that's how you help everyone—by doing something.' This sewing machine has given me a new purpose in life, and I am so thankful for it. I will never forget the kindness that was shown to me."- Minara Begum, Fistula Survivor, Sunamganj

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

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

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

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

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

Member:

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

Acknowledgement

Fistula Centres

- National Fistula Center, Dhaka Medical College Hospital (DMCH), Dhaka Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka Sir Salimullah Medical College Hospital , Dhaka
- Rajshahi Medical College Hospital, Rajshahi
- Modern General Hospital, Sylhet
- Rangpur Medical College Hospital, Rangpur
- Mymensingh Medical College Hospital , Mymensingh
- Faridpur Medical college Hospital, Faridpur Shahid Ziaur Rahman Medical College Hospital, Bogura
- MAMM'S Institute of Fistula and Women's Health, Dhaka
- LAMB Hospital, Dinajpur
- Hope Foundation Hospital, Cox'sbazar
- Kumudini Hospital, Tangail
- Dr. Mottalib Community Hospital, Dhaka
- Sylhet MAG Osmani Medical College Hospital (SOMCH), Sylhet
- OGSB Hospital, Mirpur, Dhaka
- Al Haramine Hospital, Sylhet
- Sher-E-Bangla Medical College Hospital, Barisal

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Technical Support

Centre for Injury Prevention and Research, Bangladesh (CIPRB)



