



# Annual Report on Obstetric Fistula in Bangladesh

Progress and Highlights 2019







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### Cover Photo

Dr Animesh Biswas

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## Message

Obstetric fistula is a debilitating condition that affects a total of one million women globally. In Bangladesh, recent survey results show that around 20,000 women are suffering from obstetric fistula currently, and another 1000 cases are adding every year. The trend of the iatrogenic fistula is increasing now a day in comparison to obstetric fistula in Bangladesh. DGHS through the Ministry of Health and family welfare has launched the 2nd national strategy to end obstetric fistula highlighted to End Obstetric Fistula from Bangladesh by 2030. The government has prioritized this neglected maternal morbidity, therefore strengthen the fistula identification, referral, management and rehabilitation and reintegration for the fistula survivors. DGHS in 2019 launched the fistula pocket handbook for the health workers for better identification of fistula suspected patients from the community. DGHS also established functional fistula corners in 18 district hospitals for the detection of genital fistula.

I am pleased to know that an annual report on fistula has been developed by the DGHS with the technical support of UNFPA and OGSB. To accelerate the fistula elimination tasks in Bangladesh, this report will be beneficial for everyone to track the progress.

I wish to see Bangladesh Fistula Free by 2030.

A handwritten signature in black ink, consisting of a stylized 'A' followed by a long horizontal stroke.

**Prof. Dr Abul Kalam Azad**  
Director-General of Health Service (DGHS)  
Ministry of Health and Family Welfare



## Message

Bangladesh has made substantial progress in reducing maternal mortality in last decades and on track to achieve the sustainable development goal 3 by 2030. However, maternal morbidity like Obstetric fistula is still a big challenge for the country. To reaching the zero obstetric fistula by 2030 as the target set by the United Nations, Bangladesh is committed to reach to goal on time. MoH&FW is taken a number of initiatives to address the issues. With the support from UNFPA, MoH&FW has taken approach elimination of obstetric fistula by division. currently, DGHS is focusing the elimination of fistula activities in Rangpur, Sylhet and Chattogram division and also to other divisions. Current approach includes fistula identification from the community, diagnosis at the fistula corners, referral, management and rehabilitation and reintegration for the fistula survivors. DGHS also committed to generate evidences through gathering periodic information of fistula with the support from UNFPA.

The annual report on fistula has been developed to accelerate the fistula elimination activities in Bangladesh and is aimed to use the information to effectively plan and intervene to address the one of the neglected maternal morbidity in Bangladesh.

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

**Prof. Dr Nasima Sultana**

Additional Director-General and  
Project Manager, UNFPA's Support to 4th HPNSP through DGHS



## Message

Obstetric fistula is a debilitating condition that affects a total of one million women globally and about 20,000 women in Bangladesh. It is one of the most serious injuries of childbearing causing a tear in the birth canal due to prolonged, obstructed labour in the absence of timely and adequate medical care. Fistula has been almost eliminated in developed nations, but in the developing world, it is estimated that hundreds of thousands of women and girls live with the condition.

Many women and girls who suffer from fistula are often excluded from daily community life and abandoned by their husbands and families. This results in social and emotional isolation, increasing poverty and suffering. However, obstetric fistula is preventable and, in most cases, can be repaired surgically.

Promoting quality of care and preventing fistula is possible when women get timely high-quality maternity care, including skilled birth attendance, midwifery care and emergency obstetric care. This is especially important in humanitarian emergencies, such as the current COVID-19 situation. Mothers continue to give birth, and birth attendants must be equipped with the skills to be deliver emergency obstetric care and prevent fistula. This is why, UNFPA supports the Government of Bangladesh in strengthening the National Midwifery programme and the Emergency Obstetric and Newborn Care programme. By doing so, we can save mothers' lives.

On this International Day of Obstetric Fistula, we express our sincere appreciation to the Director General of Health Services for the leadership and development of the Fistula Annual Report 2019, and reaffirm our continued commitment to the Government of Bangladesh in eliminating fistula. Together, we can.

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

Dr Asa Torkelsson  
UNFPA Bangladesh Representative





## Message

Over the decades, obstetric fistula is known as a significant women's health concern in Bangladesh. In recent years, Bangladesh has experienced a distinct change in the causes of female genital fistula. The obstructed delivery fistula incidence is reduced. However, fistula due to surgical trauma (iatrogenic fistula), especially after caesarean section and hysterectomy operation has become more common. The UN has called upon all countries to end obstetric fistula within a generation, and Bangladesh is committed to attaining this goal on or before 2030. The second strategy (2017-2022) has been aligned with the 4th HPNSP timeline. The maternal health programme office is concentrating on fistula elimination in Bangladesh. In 2019, along with the national strategy launching, DGHS developed a poster on fistula to build awareness at the community level, developed fistula pocket handbook, fistula uniform data recording form for the facilities with the technical support from UNFPA and OGSB. Besides those, a number of national technical workshops were conducted by the DGHS in 2019 to explore what's need to do to eliminate fistula from Bangladesh by 2030.

Publication of an annual report 2019 on fistula is a part of recommendations come from last year technical national workshop. This report will guide us to strategy concentrate on fistula elimination tasks in Bangladesh and support to monitor the progress.

A handwritten signature in black ink, appearing to read 'Shaque', with a long horizontal line extending to the right.

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



## Message

An obstetric fistula is the most serious and tragic childbirth injuries. This becomes a neglected public health and human rights issue. Its occur due to a hole between the birth canal and bladder and/or rectum, it is caused by prolonged, obstructed labour without access to timely, high-quality medical treatment. It leaves women leaking urine, faeces or both, and often leads to chronic medical problems, depression, social isolation and deepening poverty. The burden of fistula in Bangladesh is still high due to the shortage of trained, skilled fistula surgeons, and a huge unmet need to treat and repair the backlog of women suffering from this condition.

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

The annual report on fistula in 2019 has been accommodated progress and highlights on fistula works in Bangladesh will be a resource for everyone to track our progress in the coming years.

A handwritten signature in black ink, appearing to be 'Sameena Chowdhury', written in a cursive style.

**Prof. Dr Sameena Chowdhury**  
President

Obstetrical & Gynaecological Society of Bangladesh (OGSB)



## Message

Obstetric fistula is a public health challenge in developing countries associated with inadequate emergency obstetric care, limited fistula repair services and a lack of fistula surgeons to manage the affected women. Limited knowledge among those affected on where to access fistula care is also a challenge. Obstetric fistula can have immense social and psychological consequences for the affected women. Whereas, Successful repair of obstetric fistulas can lead to a dramatic change in the woman's quality of life.

Despite the improvement of fistula burden in Bangladesh in decades, there is a significant number of fistula cases yet to repair. Bangladesh has made good progress in eliminating obstetric fistula by 2030, focusing on fistula identification, referral, management, rehabilitation and reintegration, including capacity development.

The annual report on fistula in 2019 highlighted key activities performed by the DGHS with the technical support of UNFPA and OGSB to eliminate fistula in Bangladesh. Maternal Health Programme of DGHS collected the fistula patient's data of 2019 from the dedicated fistula centres in Bangladesh will give clear information on where we are at this moment and what else we need to do further to strengthen fistula elimination intervention in Bangladesh.

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

**Dr Md. Azizul Alim**

Program Manager, Maternal Health  
Directorate General of Health Services

# 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
DGFP	Director General of Family Planning
DGHS	Director General of Health Services
DHIS2	District Health Information System, 2nd Edition
DMCH	Dhaka Medical College Hospital
FWA	Family Welfare Assistant
GOB	Government of Peoples Republic of Bangladesh
HA	Health Assistant
ISOFS	International Society of Obstetric Fistula Surgeons
MCWC	Maternal and Child Welfare Centre
MNC&AH	Maternal Neonatal Child & Adolescent Health
NGO	Non-Governmental Organization
OF	Obstetric Fistula
OGSB	Obstetrical and Gynecological Society of Bangladesh
SACMO	Sub Assistant Community Medical Officer
SDG	Sustainable Development Goals
SIU	Stress Incontinence of Urine
UHC	Upazila Health Complex
UHFPO	Upazila Health and Family Welfare Officer
UN	United Nations
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VF	Vesico-vaginal Fistula
WHO	World Health Organization

# Executive Summary

Obstetric fistula (OF) refers to a devastating injury between the vagina and rectum or bladder in women that is caused by prolonged obstructed labour. In these instances, childbirth may have been obstructed for up to 7 days. OF is one of the leading neglected in developing countries, including Bangladesh. Although the burden of fistula has decreased over the last two decades, still there are some 20,000 OF cases present with almost 1000 new cases adding up to it every year. Trend in iatrogenic fistula has also seen an upward rise compared to obstetric fistula. However, no concrete evidence is available to identify the actual magnitude of the problem. In order to eliminate OF from Bangladesh by 2030, substantive efforts are needed to reach the target on time. The Directorate General of Health Services of the Ministry of Health and Family Welfare of Bangladesh has already launched the 2nd national strategy, recognizing fistula as one of the key maternal morbidity issues. In 2019, DGHS with the technical support of UNFPA and OGSB has taken a number of initiatives to revitalize actions to eliminate fistula, including the launching of strategy, developing a uniform tool for fistula data record in the surgery facility level as well as communication tools to build awareness in the community on fistula prevention and identification of cases. A fistula pocket handbook for the field level health workers to identify fistula at the community level and provide effective referral services was also developed. A number of 15 fistula corners have been set up in 15 district hospitals dedicated to diagnosing fistula and providing referral services. The Government has also taken initiative to scale up the fistula corners in all 64 districts. Division based fistula elimination approach has also been undertaken in Rangpur, Chattogram and Sylhet divisions. A series of national level workshops were held involving the policy makers and fistula surgeons to develop action plans for the full elimination of fistula. Divisional and district level workshops were organized to develop capacity and facilitate local level planning at the district level. Through a total of 35 fistula camps using a community level identification approach, more than 700 suspected fistula cases were identified, of which over 650 women have been referred for diagnosis and management. Different community level initiatives, engaging union parishad (local government), community groups and support groups (at the community clinic) were also taken. Special measures have been taken to identify cases from the hard-to-reach areas and underprivileged communities like in the hoar, tea garden area in Sylhet division, and Char areas in Rangpur division.

A number of 589 fistula repairing surgeries were performed in 2019 in 17 govt. and private facilities with a success rate of 82%. Among the patients who went under surgery, 68% had obstetric fistula, the remaining cases were iatrogenic. Vesicovaginal fistula cases were around 81%. Different approaches to rehabilitation were undertaken and trialed in the Rangpur division, involving other ministries including the Ministry of Social Welfare and Ministry of Women and Children's Affairs. A number of fistula survivors' have undergone the rehabilitation and reintegration support system from these ministries, and successfully restored their life with dignity. Besides, surgeons received skilled based training on fistula to enhance their skills on fistula surgery through different initiatives in 2019.

# Introduction

Genital fistula is a devastating maternal morbidity, which affects some two to three million women and girls, mostly in low and lower-middle income countries like Bangladesh. There are two major causes of genital fistula- obstetric and iatrogenic. Other etiological factors include trauma, sexual assault, congenital, carcinoma etc. There are different types of obstetric fistula but the most prevalent ones are: vesico-vaginal fistula (VVF) and recto-vaginal fistula (RVF). Occasionally, some patients present both forms of fistula.

Globally, obstetric fistula is one of the most serious and tragic childbirth injuries, which refers to a hole between the birth canal and bladder and/or rectum, caused by prolonged, obstructed labour without access to timely, high-quality medical treatment. It leaves women leaking urine, faeces or both, and often leads to chronic medical problems, depression, social isolation and deepening poverty.

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

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

While the number of birth related fistula has reduced, iatrogenic fistula has been increasing, which needs urgent attention. Despite the remarkable progress achieved in Bangladesh since the International Conference on Population and Development (ICPD) in 1994, there are still thousands of women and girls who have not benefited from the promise of ICPD—including the most marginalized and stigmatized women and girls who suffer from fistula. To complete the unfinished business of the ICPD commitments, Bangladesh is set to achieve zero obstetric fistula by 2030. To attain this goal, the health system of the country first needs to identify those cases who are silently suffering; provide them proper support to reintegrate; and rehabilitate them to ensure quality of life. Identifying gaps and challenges is also needed to come up with proactive and better solutions. In 2016, the Global Conference of the Society of Obstetric Fistula Surgeons suggested a new pathway by focusing on basic formula of treating current cases, and preventing new cases to eradicate the long overdue obstetric fistula. Committing to an obstetric fistula free future, Bangladesh launched The Second National Strategy for Obstetric Fistula 2017-2022 in line with the vision to eliminate obstetric fistula by 2030. Now it's time to see how Bangladesh fared so far in the elimination of obstetric fistula. However, there is no report generated annually representing the actual context of obstetric fistula in Bangladesh. Therefore, this year the annual report on fistula has focused on the progress made and highlights pertaining to fistula in 2019, including fistula identification, referral, management, rehabilitation and reintegration support for the fistula survivors.

# Capacity Development

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## Health care providers trained on Fistula identification and referral

In Rangpur division, under the guidance of Director, Health, Rangpur division, Civil Surgeons from eight districts organized an orientation meeting for the health care providers on fistula identification and referral in 2019. LAMB Hospital provided implementation support to the government with technical support from UNFPA. A number of orientation sessions were also organized in Cox's Bazar district for health workers with implementation support from Hope

Foundation. More than 4611 health workers, including doctors, nurses, midwives, SACMOs, family welfare visitors, health inspectors, family planning inspectors, community health care providers, health assistant and family welfare assistants were trained through a total 66 orientation sessions.

**Table 1: Capacity development on fistula at the district level**

District	Number of Orientation	Number of participants
Dinajpur	13	860
Nilphamari	6	474
Rangpur	13	932
Lalmonirhat	6	394
Panchagarch	6	377
Thakurgaon	5	329
Gaibandha	8	639
Kurigram	9	606
Cox's Bazar	20	610
<b>Total</b>	<b>66</b>	<b>4611</b>



## Training for fistula surgeons on vesicovaginal fistula in Dhaka

Retention of skills of fistula surgeons is crucial to ensure the quality of fistula surgery. In line with this, a daylong hands-on skills training on repairing vesicovaginal fistula was held for fistula surgeons in Dhaka on 7 April 2019. The model-based training was facilitated by a Canadian surgeon who provided intensive training to some 60 surgeons to enhance their skills and capacity to improve the quality of fistula surgery in Bangladesh. The training was organized jointly by the MAMMS institute of fistula and women health, OGSB and International Society of Obstetric Fistula Surgeons (ISOFS) with support from UNFPA.





## Capacity development of health care providers on fistula diagnosis

LAMB hospital organized a daylong training for government health care providers, including doctors and nurses, on fistula diagnosis at the fistula corners in the district hospitals under Rangpur division with the support of DGHS and UNFPA. The sessions were facilitated by surgeons from the LAMB Hospital, which included lectures, hands-on training and group work. A number of 7 medical officers, 21 nurses and 2 Midwives from eight different district hospitals under Rangpur division took part in the training.



## Hands-on Skills training for fistula surgeons in Cox's Bazar

Hope Foundation hospital in Cox's Bazar organized hands-on skill training for fistula surgeons working in the organization to improve their skills and competency to perform fistula surgery. Dr. Thomas Raassen, a world leading fistula surgeon came to Bangladesh for a five days' training programme in December 2019 at Hope Hospital for fistula with support from the Fistula Foundation. A total of 15 fistula repairs were performed by Dr. Thomas and three fistula surgeons from Bangladesh.

# Fistula Identification



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

Different modalities of fistula identification were utilized in 2019, including the identification from the community, at the fistula corner in the district hospital, reproductive health centers and in fistula screening camps.

In Rangpur division, all government field level health care providers from eight districts

including health and family welfare assistants were given a brief orientation. Community Health Care Providers in the community clinics also informed about potential cases of fistula. Moreover, another approach was taken in the Rangpur division by setting up fistula screening camps for diagnosis.

In Sylhet division, UNFPA supported the four Civil Surgeons Office to find fistula patients from the community focusing on the women living in marginalized communities and hard-to-reach areas like the tea gardens, Haor area etc.

In the Chattogram division, Household level screening was undertaken by the implementing partner in Cox's bazar district. Volunteers were trained to visit each of the households to capture patients with symptoms of fistula, and refer them to the referral facility for confirmation and management. Moreover, community fistula advocates or fistula ambassadors also supported to identify fistula cases. Besides, fistula screening camps were also organized in Rangpur, Sylhet and Chattogram divisions to capture fistula patients at the upazila level.

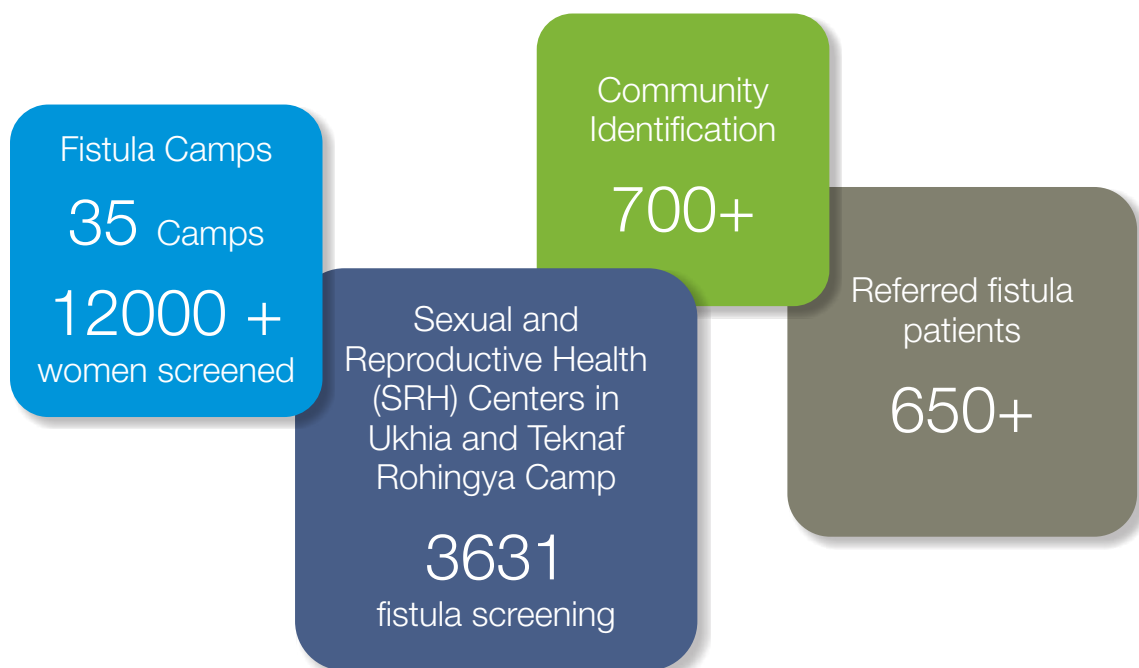


Figure 1: Fistula identification in 2019

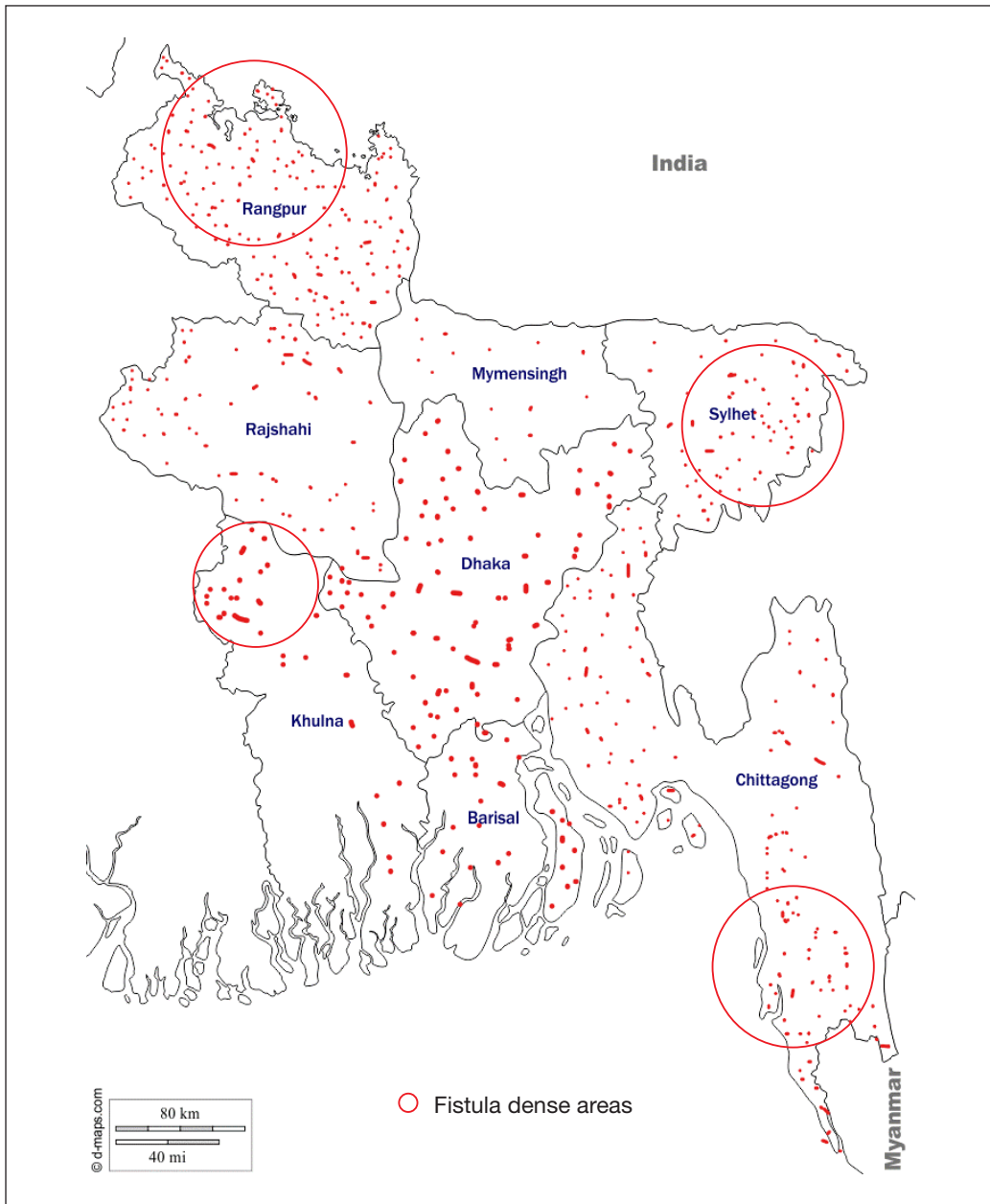


Figure 2: Mapping of fistula cases in 2019

Fistula identification method	Who identified fistula cases
<ul style="list-style-type: none"> <li>● By household Visit</li> <li>● Using the four questions checklist</li> <li>● At the Fistula Corner at district hospital</li> <li>● Fistula screening camp</li> <li>● SRH Clinics in Rohingya camps</li> </ul>	<ul style="list-style-type: none"> <li>● HA, FWA, CHCP</li> <li>● Community Fistula Advocate</li> <li>● Community volunteer</li> <li>● Doctor</li> <li>● Nurse /Midwife</li> </ul>

# Fistula Diagnosis, Referral and Management

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Primarily symptomatic patients with complains of leaking urine or feces or both are identified by health workers at the field level, who then bring the patients to the upazila health complex or the fistula corner at the district hospital where an Obs-Gynae consultant takes the detailed history of the patients, and physically examine them and diagnose using the dye test.

In the fistula screening camps, a team consisting of Obs-gynecologists, nurses and midwives attend the camp, and examine the women with the primary symptoms. Diagnosis is usually made in the camps.

All patients who have been confirmed to have genital fistula (VVF/RVF) are referred to the referral facility for further clinical management. Currently in Bangladesh, 12 govt. medical college hospital and 8 private hospitals provide management for fistula. UNFPA supports the



government through its partner in the referral of diagnosed patients to the referral facilities in Rangpur, Sylhet and Chattogram division (Cox's Bazar and Bandarban).

In 2019, around 785 patients were identified from eight divisions of Bangladesh. Out of them, 700 patients were referred to the facilities for surgical management.

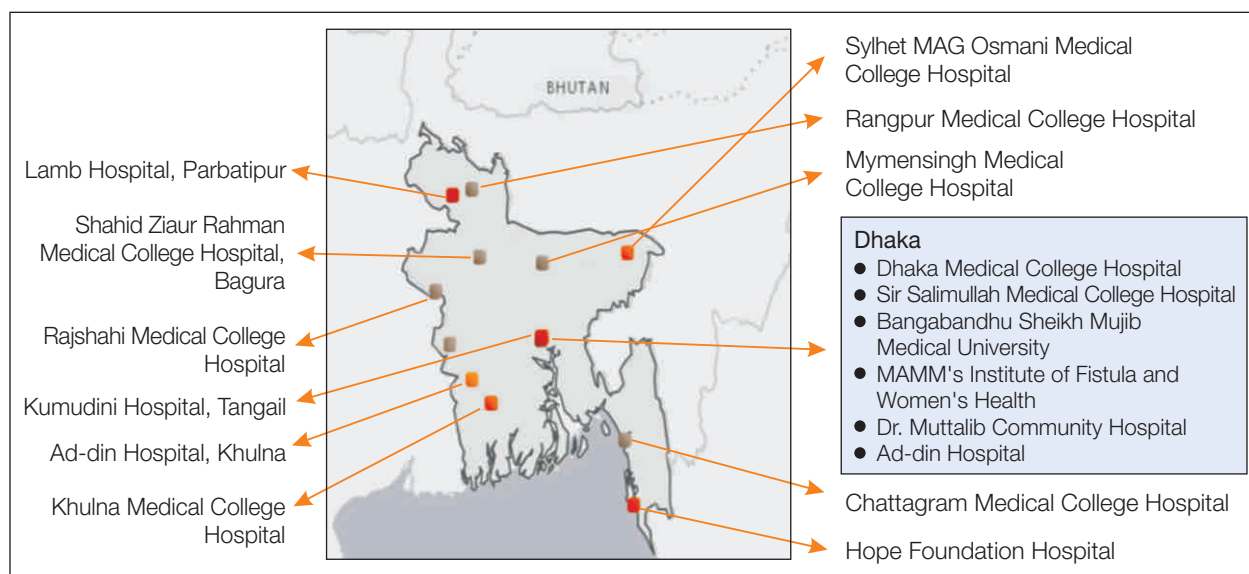


Figure 3: Facility map

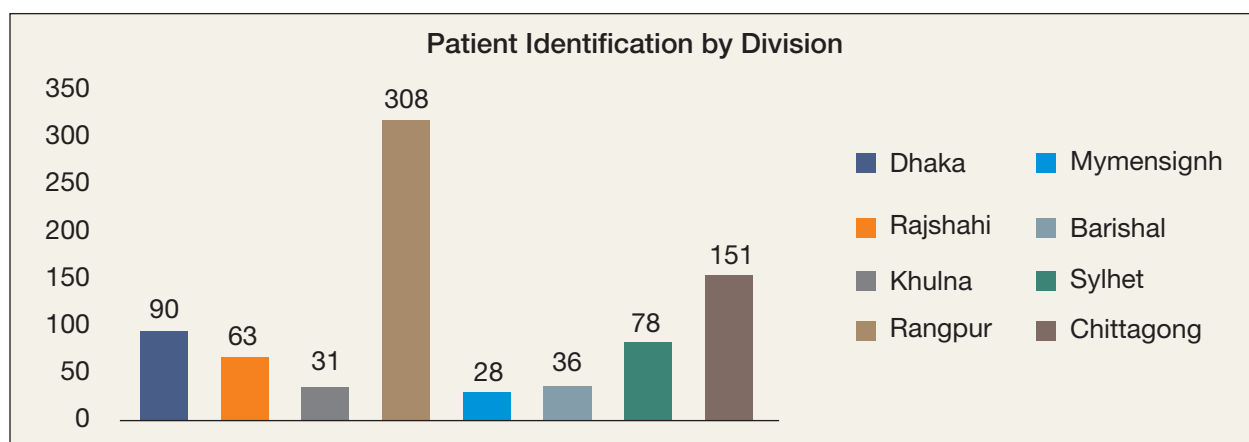


Figure 4: Patient identification by division

In 2019, a total of 785 patients were referred to the referral facilities (govt. and private). Of them, 589 patients were operated on. The National Fistula Centre in Dhaka medical College hospital repaired 75 fistula patients. Whereas, in the private facilities, MAMMS institute for Fistula operated 128 fistula cases, LAMB performed 104 surgery and Hope Foundation operated some 93 cases [ table – 1]. Among the operated cases, 68% was due to obstetric reasons, 32% was due to iatrogenic causes, and remaining cases happened due to other

causes. [ figure -1]. Among the iatrogenic fistula cases, most of these occurred due to hysterectomy (68%), while 31% of the cases happened due to cesarean section [ figure-2].

Vesicovaginal was the most common form of fistula among the patients, consisting over 80% of the total cases. 94% of the fistula cases were operated per vaginally, only 5% were conducted per abdominal [ figure -3]. Out of all surgeries , the success rate was high at 82% with only 9% cases failing.

**Table 1: Fistula repair: Distribution as per facility**

Name	Number of patients admitted	Number of patients operated	Average duration of hospital stay	Outcome (%)		
				Successful, dry	Successful, not dry	Failed
National Fistula Center, DMC	75	75	43	77	9.2	13.8
University Fistula Center (BSMMU)	28	28	27	86	3.6	10.4
Sir Solimullah Medical College (SSMC)	5	1	14	100	0	0
Chittagong Medical College (CMC)	18	18	25	75	0	25
Rajshahi Medical College (RMC)	26	26	40	69	23	8
Mymensingh Medical College (MMC)	5	2	36	100	0	0
Sylhet MAG Osmani Medical College (SOMC)	15	15	24	40	26.7	33.3
Shahid Ziaur Rahman Medical College (SZMC)	21	2	32	100	0	0
Khulna Medical college (KMC)	18	8	21	100	0	0
Rangpur Medical College (RMC)	6	6	21	100	0	0
MAMM'S Institute of Fistula	128	128	31	85	11	4
Dr. Mottalib Community Hospital	14	14	15	93	0	7
Modern Hospital, Sylhet	6	6	24	40	20	40
Lamb Hospital	300	104	21	76.4	16.6	7
Kumudini Hospital	15	15	21	93	0	7
Hope Foundation Hospital	93	93	15	90	2.9	7.1
Ad-Din Hospital	12	12	27	83.4	8.3	8.3
<b>Total</b>	<b>785</b>	<b>589</b>	<b>25.7</b>	<b>81.8</b>	<b>9.3</b>	<b>8.9</b>

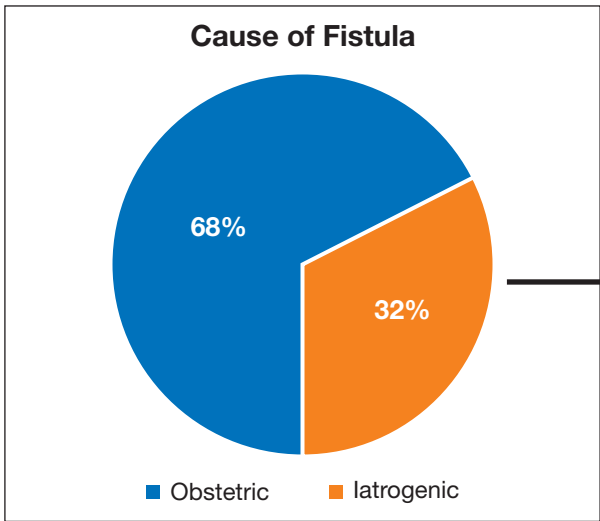


Figure 5: Cause of Genital Fistula

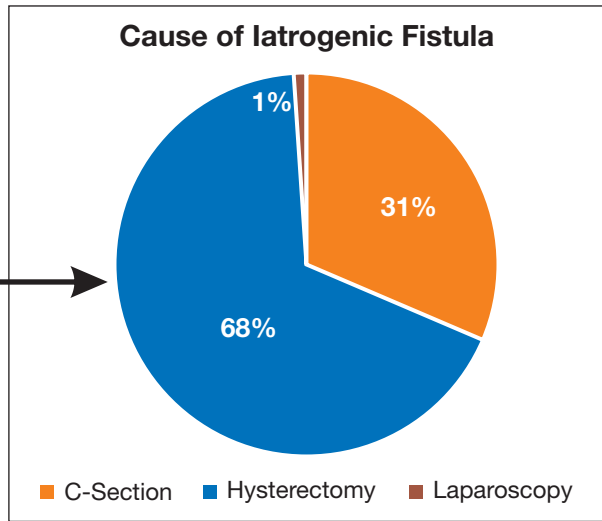


Figure 6: Cause of Iatrogenic Fistula

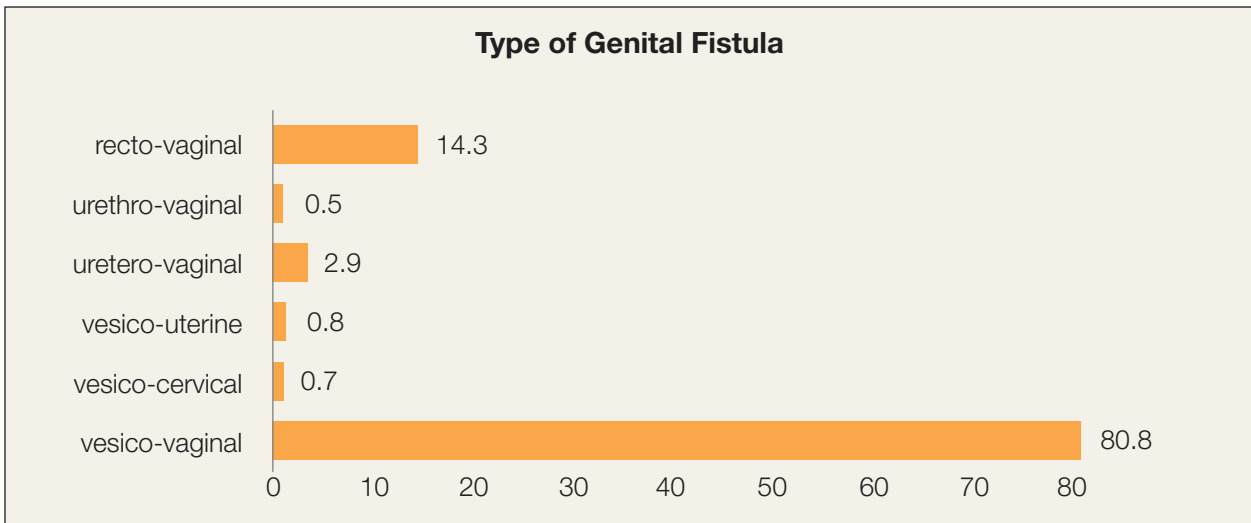


Figure 7: Type of Genital Fistula

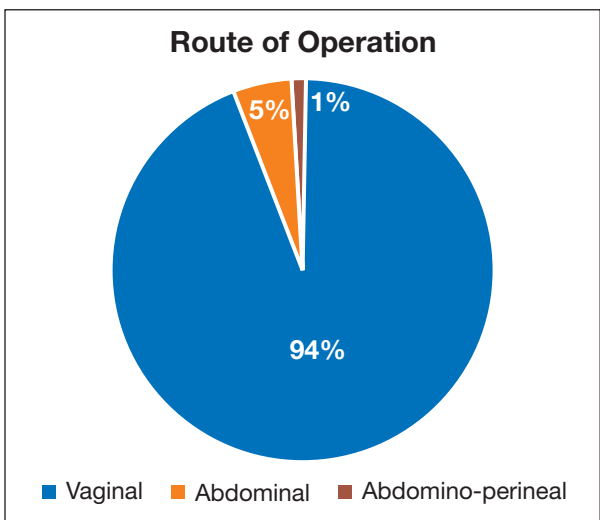


Figure 8: Route of Operation

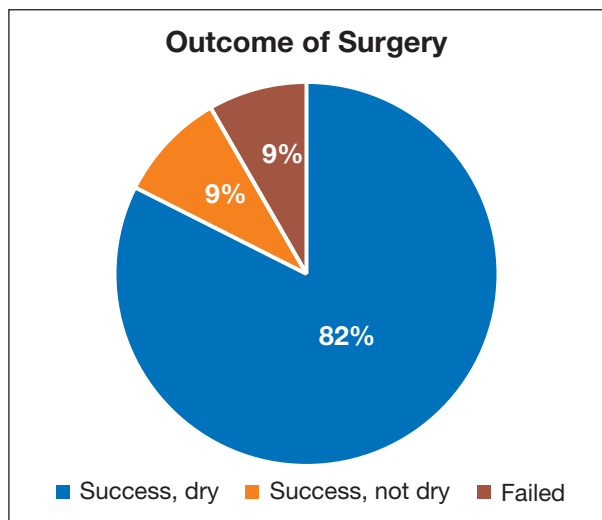


Figure 9: Outcome of the Surgery



# Fistula Rehabilitation and Reintegration

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Rehabilitation and reintegration are the key strategies to restore the dignity of genital fistula affected women in the society. Rehabilitation includes psychosocial support for the fistula patient from preoperative, per operative to the postoperative period. In the government facilities, each patient received counseling as part of the psychosocial support. Furthermore, the Rangpur division became the first to initiate an integrated approach to ensure rehabilitation and reintegration of fistula survivors by involving the Ministry of health and family welfare, Ministry of Social Welfare, Ministry of Women and Children Affairs and Ministry of Youth Development in the process. This integrated approach was led by the divisional director's office, Rangpur with technical support from UNFPA. The Directors and Deputy Directors of different ministries at the district level extended their support and showed a high level of commitment to restore the dignity of fistula affected women. As part of this integrated approach, a number of successful initiatives were taken by the other ministries to support the fistula survivors. Lamb hospital in Rangpur division is assessing each of the patients after getting admitted to the hospital. Based on the assessment, LAMB assesses which fistula survivors will require what type of support and

accordingly recommended them to the other ministries to enable the support. A number of women also received skill based training, sewing machines, and different other supports under the existing social safety net (widow allowance, divorcee allowance, old age allowance etc). Hope Foundation in Cox's Bazar followed a similar approach for the reintegration of fistula survivors in the society. [Table – 3].



Deputy Director, Social Welfare of Nilphamari district said,

“ We are using an integrated approach in the district involving other ministries. The fistula survivors can be rehabilitated better with our concerted support. But, in order to design our services better we need proper information as to what sort of supports and services they require, and coordination among different stakeholders. With our hands joined, it's very much possible to bring an end to fistula. ”

# Development, Advocacy and Planning



গণপ্রজাতন্ত্রী বাংলাদেশ সরকার  
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়

প্রসবজনিত ফিস্টুলা সনাক্ত করণ ও  
প্রতিরোধে স্বাস্থ্য সেবা প্রদানকারীদের  
পকেট নির্দেশিকা



বিলম্বিত ও বাধাগ্রস্ত প্রসব রোধ করণ  
ফিস্টুলামুক্ত মাতৃত্ব নিশ্চিত করণ



Advocacy is one of key components to building awareness, influencing decision making and reforming policies. In 2019, different levels of advocacy and planning workshops were undertaken from national to district and local level bringing an array of stakeholders, including the policy makers, government, fistula surgeons, development partners, non-government organizations, professionals, media, service providers at different tier.



## National Workshop

For a country that has done wonders in terms of socio-economic development in the last decades, elimination of obstetric fistula is not an impossible feat for Bangladesh. However, in order to achieve the goal of zero obstetric fistula within a decade, Bangladesh needs to put concerted efforts in this regard. To that aim, a two day-long workshop on 8th and 9th April 2019 was organized by the Maternal Health Programme- MNCA&AH, DGHS with technical support from UNFPA. of the Parliament, fistula surgeons, representatives from DGHS and DGFP, health care professionals'

society OGSB, UNFPA, developmental partners, NGOs, journalists, who are currently working for the elimination of genital fistula in Bangladesh were the key participants in the sessions. The workshop has opened up a space for focused discussions in different groups, as well as two panel discussions exploring what's needed to eliminate fistula. The strategic need for adequate human resources, quality of service delivery, data management, and logistics-supplies were under sharp focus in the discussions.



## National technical workshops

Two national level technical workshops were organized by DGHS to develop a uniform tool for fistula data recording at the facility level where

fistula surgeries are conducted. Moreover, a fistula poster has been developed to build awareness at the community level on fistula identification, referral and prevention. A fistula pocket handbook was also developed for field level government health workers to build their knowledge on identification of suspected fistula patients at the community level along with the associated timely referral services. More than 42 participants, including representatives from DGHS, DGFP, OGSB, , fistula surgeons, health managers from divisional and district level, development partners, and implementing partners participated and contributed to the development of the final content.



## Divisional Workshops

Division based interventions in the elimination of obstetric fistula is one the key approach of the Bangladesh government. In 2019, MoH&FW with the support of UNFPA organized three divisional level workshops in Rangpur, Chattogram and Sylhet. All three workshops were leveraged to plan different intervention strategies to eliminate fistula in the respective divisions. The Director of Health from each of the divisions took the leadership to ensure that every fistula case will be identified, diagnosed and referred for proper management. A plan of action was developed in consultation with the participants in each of the workshops using different interactive methods. Over 120



participants, including the Directors of Health of the divisions, Director of Family planning of the divisions, all Civil Surgeons, divisional chiefs from social welfare and women affairs department, OGSB, development partners, implementing partners participated in the workshops.

*“Obstetric fistula is treatable and preventable, if diagnosed and properly referred to the appropriate hospital and facility. There is a high chance of complete cure”*

Prof. Dr. Nasima Sultana, ADG (Admin), DGHS stated in a divisional workshop on the elimination of obstetric fistula in Bangladesh at Chattogram.



## District Workshops

A number of district level workshops were also organized in 2019 to develop action plans for the elimination of obstetric fistula in the respective districts. Two workshops were organized by the



Civil Surgeons' office in Cox's Bazar and Bandarban along with one in Rangpur. District Civil Surgeons, Deputy Directors of Family planning; upazila level health and family planning managers; district level officers from the social welfare department, department of women's affairs and youth development took part in the workshops. Reflecting on their local context, each district planned and developed a coordination mechanism to ensure proper rehabilitation and reintegration support for fistula survivors. Each district in the Rangpur division formed a team to support fistula survivors and planned to sit on a periodic basis to discuss and plan further. Led by the Civil Surgeon, district officers from the social welfare department, women affairs and youth and development department are members of the team.

# Highlights

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## Bandarban district plans to eliminate obstetric fistula at the soonest

Honorable Minister Bir Bahadur U Shei Ching, MP, Minister for Hill Tracts Affairs has urged to eliminate obstetric fistula from the hill tract districts, starting with Bandarban. The district Civil Surgeon office in partnership with the implementing partner Hope Foundation with technical support from UNFPA has planned to adopt a union based approach to identify

patients from the community; diagnose at the fistula corner; and provide timely referral for management. The implementation of the action plan started with organizing a fistula camp in the sadar upazila on 22 February 2019. Honorable Minister Bir Bahadur U Shei Ching, MP inaugurated the camp. A total of four patients with fistula were identified from the camps.



# Launching of Fistula strategy

The Government of Bangladesh in collaboration with UNFPA and USAID launched a National Strategy to End Obstetric Fistula. The strategy entails a renewed commitment from the government to end obstetric fistula by 2030 and to look at fistula not just as a medical issue but also a social issue.



The *Second National Fistula Strategy* has provided guidelines for expected levels of fistula care through different tiers of health services. A distinct role has been proposed for community clinics for prevention, care and referral of fistula patients.

প্রসবজনিত ফিস্টুলা  
সংক্রান্ত জাতীয়  
কৌশলপত্র  
২০১৭ - ২০২২

স্বাস্থ্য অধিদপ্তর  
স্বাস্থ্য সেবা বিভাগ  
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়  
গণপ্রজাতন্ত্রী বাংলাদেশ সরকার

USAID UNFPA

The strategy has emphasized on ensuring that service providers have appropriate skills for fistula care through enhanced quality of training, mentoring to retain surgical skills in institutions and designating fistula repair sites only when they meet a set standard for quality services.





# Observing the International Day to End Obstetric Fistula 2019

Ensuring universal access to quality sexual and reproductive health services; eliminating gender-based social and economic inequities; preventing child marriage and early childbearing; promoting education and broader human rights; and foster community participation in finding solutions, including the active involvement of men as well as fistula survivors as advocates, are some of the prerequisites for a fistula free society. Ensuring access to fistula treatment (surgical repair) for all women and girls is intrinsically an important strategy to end fistula.

The International Day to End Obstetric Fistula 2019 has been observed jointly by DGHS and UNFPA with the slogan- “Fistula is a human rights violation - end it now.”The day was



Photo: Health Department, Bandarban organized a workshop at the district hospital in Bandarban on the day to build awareness among the health care providers to identify and managing fistula patients.

observed both nationally, and at the district level. The day observance also coincided with the launching of the 2nd national strategy to end obstetric fistula.

Photo: Health Department, Bandarban organized a workshop at the district hospital to build awareness among the health care providers to identify and manage fistula patients.



## Launching of data record sheet and fistula poster

A centralized and uniformed record keeping system at the hospitals performing fistula surgery is key to realize the trends of fistula in Bangladesh. The detailed patient's treatment data also gives a clear road map of what intervention is required further to eliminate fistula. Recently the government has taken an initiative to develop a uniform data record tool to use in all facilities performing fistula surgery. The tool has been adopted from the previous version of fistula data record form used in the national fistula Centre at Dhaka Medical College Hospital. The tool was launched on December 12 by DGHS with technical support from OGSB and UNFPA.

Besides, to build awareness among the community to prevent fistula and identify suspected cases of fistula, a poster has been

**ফিস্টুলা প্রতিরোধ**

**ফিস্টুলা প্রতিরোধের উপায়**

- বাল্যবিবাহ এবং কম বয়সে বাচ্চা নেয়া কখনোই উচিত নয়
- হাসপাতালে নিরাপদ প্রসব করান
- বাড়ীতে প্রসব পরিহার করুন
- বিলম্বিত প্রসব বা বাধাগ্রস্ত প্রসব চিকিত করার সাথে সাথে হাসপাতালে নিন
- গর্ভবতী মায়ের ক্ষেত্রে কোনো বিপদচিহ্ন দেখামাত্রই হাসপাতালে প্রেরণ করুন
- তলপেট বা জরায়ুতে অপারেশনের ক্ষেত্রে দক্ষ চিকিৎসকের পরামর্শ গ্রহণ করুন

**ফিস্টুলা চেনার সহজ উপায়**

- মহিলার প্রসবের রাস্তা দিয়ে সব সময় প্রস্রাব বা পায়খানা অথবা উভয়ই ঝরতে থাকবে
- সমস্যা শুরু হবে বিলম্বিত প্রসবের পর অথবা তলপেট বা জরায়ুতে অপারেশনের পর

**ফিস্টুলা চিকিৎসার জন্য যোগাযোগ করুন**

মেডিকেল কলেজ হাসপাতাল, বিশেষায়িত হাসপাতাল, জেলা হাসপাতাল অথবা উপজেলা স্বাস্থ্য কেন্দ্রে তৎক্ষণাৎ যোগাযোগ করুন এবং সঠিক স্বাস্থ্য সেবা গ্রহণ করুন

UNFPA

developed and launched at the same time by the DGHS. The poster will be displayed in the district hospitals, upazila health complexes, community clinics and in the important public places.



## Launching of fistula pocket handbook

Government health care providers at the field level, especially health and family welfare assistants are the key working force in identifying suspected obstetric fistula cases from the community. However, the health service providers need to have a clear understanding of how a suspected fistula case can be identified from the community. Most of the field level health workers lack a clear understanding of fistula identification. Considering the gap, the directorate general of health services has taken the initiative to develop a pocket handbook for the field level health workers to identify fistula from the community as well as to prevent imminence of fistula. The pocket handbook has been developed with the support of OGSB and UNFPA. The book was launched in the 28th International Conference of OGSB in Cox's bazar on 20 December 2019 by the Line Director, MNA&AH of DGHS.



# Media workshop and radio talk show on obstetric fistula

Engagement of media in the efforts to prevent fistula, especially in building awareness among the people, is crucial to ending obstetric fistula by 2030. In 2019, a media workshop was organized with print and electronic media journalists to share the current situation of fistula in Bangladesh, and how the media can play a significant role in its prevention. The



media workshop was organized by EngenderHealth under the USAID supported Care project in collaboration with OGSB and UNFPA. EngenderHealth also organized a community radio talk show to build community awareness under the same project on the occasion of International Day to End Obstetric Fistula.



## 2nd National Strategy for Obstetric Fistula disseminated

A symposium on obstetric fistula in Bangladesh was held in the 28th International conference of OGSB in December 2019, featuring four eminent speakers, who elaborated on the prevention and strategy for obstetric fistula in Bangladesh. Speakers at the session also briefly discussed the challenges and the way forward for Bangladesh. Moreover, the 2nd National Strategy for Obstetric Fistula has been presented in the 12th South Asian Federation of Obstetrics & Gynaecology (SAFOG) conference on April 2019 in Dhaka.



## Fistula corners in Bangladesh

Diagnosis of obstetric fistula is the first step before referring the patient to further referral facilities from the district or sub district level. Recently, the Director, Hospital and Clinic of DGHS circulated an official letter to the Superintendents of all district hospitals in Bangladesh to open a fistula corner within the existing available resources to diagnose fistula, detecte obstetric labour, store their data and and refer them to the right facility for management when needed. UNFPA is supporting the government to establish these fistula corners in the district hospitals. In 2019, a total of 15 fistula corners have been established and are currently operating. Those include district hospitals in Bandarban, Moulvibazar,



Sunamganj, Siranjanj, Netrokona, Jamalpur, Barisal, Patuakhali, Habiganj, khagrachari, Panchagarh, Kurigram, Gaibandha, Nilphamari and Thakurgaon. A number of 39 patients were diagnosed with fistula in the fistula corners, among them 2 were from Netrokona, 10 from Moulvibazar, 19 from Sunamganj and 8 from Sirajganj.



## Success Story

### Rawshan returns with renewed hope and dignity

*"I lost all hope, only if the almighty God wished, would I be cured one day"* – said Rawshan Ara (21). She was in tears when telling her story. Rawshan got married before the age of 18 as her mother left her many years earlier. It was her father who then arranged a marriage for Rawshan Ara all of a sudden. Rawshan was not ready for the marriage at all but unfortunately for her little could she do to avoid it, meaning that she was bound to get married although her father-in-law's family was not financially solvent enough. However, Rawshan's father and mother-in-law were very unhappy as Rawshan's father was also poor. Rawshan's husband, a part-time teacher, was the only son of his parents. Within two years of her marriage, Rawshan got pregnant and the family was unable to pay for an institutional delivery or even to hire a trained birth attendant.

*“I waited for many hours before the delivery,” Rawshan said. “Initially, my husband's family thought they will handle the delivery by themselves, but after failing to do so, they called the Dai. After many hours of painful labour, my daughter, who is now one and a half years old, was born”*



Rawshan was living about 20 kilometers away from the Rangpur Medical College Hospital, where tertiary level facilities are available. Eventually, Rawshan's baby was delivered at home with the help of a Dai (traditional birth attendant).

Rawshan realized that she was leaking faeces a few days after her delivery; she shared the issue with her husband and other family members as well. However, they were not in favor of sending her for any treatment because of the expenses involved. Moreover, they had very little understanding of the condition causing this leakage. On top of that, Rawshan was continuously falling victim to physical and mental violence by her in-laws' family. Even after her marriage, she had been continuing her studies, and by the time her daughter was born, Rawshan was studying in the second year of her Bachelor's Degree. So, she had to attend classes regularly amid everything, although the leakage left her unconfident and ashamed of her own body. She was anxious to meet her friends or even to go out. At one point, Rawshan stopped going to her college.. "I used to cry alone for the most of the time alone. I kept wondering what was my fault and why it happened to me. My father and mother-in-law did not accept me but my husband was so supportive of me throughout the time. Women who suffer from obstetric fistula live a stressful and at times, inhuman life. They may be deprived and isolated from their families and society. Psychosocial support is one of the key elements for the fistula survivors before and after the surgical treatment. The counseling brings back the confidence and strength to restore the patient's dignity in society. Trained counselors at LAMB are supporting each of the fistula women admitted in the hospital with quality counseling and psychosocial support.

*"I am seeing the smile on the faces of those who have recovered. When I talk to them, they feel that everything is getting back to normal, they gain confidence to establish their right in the family and society"* – Said Swapna Akter, Counselor, LAMB.

Each woman is also followed up when she returns to her community to help her reintegrate. We had to stay in a rental house as there was no option for us to live at my in-laws'. Surprisingly, one day I met a health worker and shared my problem with her, who then assured me that it is completely curable and that I can avail a free treatment if I go to the LAMB hospital where fistula surgeries are performed. This information has changed my life forever as I immediately went to the LAMB Hospital after discussing with my husband, I underwent a surgery on 3rd

March 2019. And fortunately, I am completely cured now."Rawshan said with a smile on her face. She is now returning to a healthy life and has resumed her Bachelor studies. She is more confident now, and she wants to show that a woman can make a change and establish their rights in the society.

Rawshan has expressed her gratitude to LAMB and UNFPA for their cordial support throughout the recovery process.

## Income generating training changes life of fistula survivors

When a woman gets cured of genital fistula and goes back to a healthy life with no more licking of urine or faces, no more wet or smelly clothes, their hopes and aspirations of life also gets renewed. However, its big challenge for the survivors to fully reintegrate into their families and societies, and to restore a dignified normal life. Therefore, the rehabilitation and reintegration elements in the response to obstetric fistula were set as priorities in the fistula strategy in Bangladesh. However, in order to fully realize the strategy, the approach needs to be a multi sectorial one, rather than being limited to the Ministry of Health and Family Welfare. With UNFPA's support, LAMB hospital is supporting the government to strengthening rehabilitation and reintegration for fistula survivors in the country.

Golapi Begum and Sajada Begum from Panchagar district have suffered from obstetric fistula. They were identified by the community health workers and referred to LAMB hospital for treatment. After undergoing a successful surgery, LAMB hospital assessed the type of support they need to restore their normal life. Both of them expressed interest to go through a skill training for income generating activities.



The hospital then coordinated with the Civil Surgeon's office, the Department of Women Affair in Pancharagh to enroll them in a two-month sewing training. Golapi and Sajada applied for the course and finally got enrolled. After completing the training, they were handed certificates and a one-time allowance for attending the course.

Both of them used that money to buy a swing machine and started a small business at home. Golapi and Sajada now earn an average of 80 taka per day from their sewing business, and living a dignified life.



## Rina: A fistula fighter with a vision

The plights of the women suffering from fistula often goes unnoticed as many of them suffer for years in silence. Life turns upside down for them. They get alienated and isolated from their families and societies. Many of the fistula survivors informed that they lost their belief in life, tagging it as God's will. To them, it is a never-ending journey, one that is irreversible. Yet, they keep on dreaming and anticipating for a miracle to happen and take the 'curse' away. They dream of a normal dignified life like everyone else.

For those who already have a fistula, the first step to recovery is to identify the case. The screening process rather simple that does not require much (if a woman is leaking urine or faces or both and if it's after delivery or lower abdomen surgery).



Rina Akhter, A District Referral Coordinator for fistula is working in Sunamganj District under the guidance of the Civil Surgeon through its partner CIPRB, supported by UNFPA. She is the only person in the district whose work is primarily focused on the identification of fistula cases and the referring them to the appropriate facilities. Rina explores different platforms, seek support from different level of government initiatives, coordinates and connects with them. At the same time, she is constantly advocating for the prevention of fistula in the district, while ensuring better care for the ones already affected.



Rina met with UNOs and other local government officials to effectively coordinate with the health department. She also participated in several sessions organized in Sunamganj by the government, including courtyard meeting, seminar etc. While this is simply not enough to eradicate fistula for once and for all, Rina believes that every single initiative could turn to a bigger one, leaving a larger impact. It takes only the passion and concerted efforts to reach the goal of a building a fistula free Bangladesh, she says.

*“ I want to find each and any of the women suffering from fistula in Sunamganj, and I want to ensure that none of them goes uncured. I know it's very challenging but not an impossible task. When a woman is identified with fistula, gets proper diagnosis, treatment and comes back to health with a smile on their face, it gives me a sense of fulfillment. I feel rejuvenated , forget all the struggles and start finding ways to do more for fistula patients. ”*



## Reaching the unreached - Restoring the dignity of a Fistula Survivor from the marginalized teagarden community



Mita Madok lives in the remotest Teagarden at Kamalganj upazila. She was suffering from genital fistula since October 2018, which was developed after she underwent a lower abdominal surgery in Moulvibazar district. Seeing the symptoms, her husband wanted to see her cured and restored to the normal life. They went to several places, met several consultants/ doctors, and even took some traditional treatment (Kabiraji), yet there was no sign of improvement. Not only the fistula took the joy away from their family, it snatched all their dreams and ambitions. Her husband had to sell the only piece of land they own for her treatment.

Mita was later identified for her fistula by a teagarden volunteer. She was diagnosed and referred to Dhaka for advance treatment. The journey was not easy for Mita. Ms. Nargis, the Fistula Coordinator working in Moulvibazar

district under Civil Surgeon's office through the implementing partner- CIPRB, worked intensively with Mita. She provided counselling to the mother, assuring her time and time again that it will be resolved. After operating in MAMMS Institute for Fistula, Mita was finally recovered and got back to her normal life within a month.

Teagarden women are some of the most left behind women whose stories and sufferings remain latent. But fortunately, Mita bounced back to life joining her daily works in the garden and starting to earn again. She is now living happily with her family with renewed aspirations.



## Smile put back on Kalapana's family



Kalpana suffered from obstetric fistula for the last 3 years following the birth of her third child. It was an obstructed labour and Kalpana delivered a stillbirth, while developing fistula. She sought for treatment from the local traditional healers but nothing changed. She was licking urine whole day and night, and lost all hope. Her husband was in deep jeopardy as they did not have the money to go for better treatment.

Kalpana was identified from the field by field level health care providers, and finally underwent surgery in LAMB Hospital in 2019. She has been fully cured of her fistula. During her assessment, LAMB identified that the family did not have the money even to secure three meals a day for them. The hospital then coordinated with the Civil

Surgeon and the Department of Social Welfare in the district. Kalpana, who had a previous sewing training, was overwhelmed with joy when she received a sewing machine from the Department of Social Welfare. Now she owns her own small business at home and earns on an average of 800tk per month. Kalpana dreams big. With this small initiative, she wants to open up a big tailor shop someday and keep her family happy.



## Small financial grants help fistula survivors to reintegrate

Saroda Bala suffered from obstetric fistula for over 10 years, while Bahaone Begum suffered for two. They were identified by the field level health care providers, diagnosed at the fistula corner in the district hospital in Pancharagh, and referred to LAMB hospital for further management. After going through the surgery, LAMB assessed their financial and social status for their reintegration into society only to find out their neediness. Following the due procedure, LAMB coordinated with the district Civil Surgeon along with the social welfare and women affairs departments asking for a grant support for the women. The Social Welfare department reviewed the women's applications and enlisted them for a one-time funding support,

which were then handed over to them. Both of the fistula survivors used the money to buy goats for their household with the grant and started seeing new rays of hope in life.



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

The Obstetric and Gynaecological Society, Bangladesh (OGSB) has formed a technical task force in 2019. The main objectives of the committee are: to provide technical support to the government and fistula surgeons with a view to eliminate obstetric fistula from Bangladesh. In

2019, the members of the task force have closely worked with the government and UNFPA in the development of a range of uniformed tools to end fistula, including tools for health facilities, pocket handbook for health care providers and awareness raising poster.

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

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

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

Member:

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



