



Annual Report on Obstetric Fistula in Bangladesh

Progress and Highlights in 2022





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Maternal Health Program

Directorate General of Health Services

Government of the People's Republic of Bangladesh

Published

January, 2023

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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
SACMO	Sub Assistant Community Medical Officer
SAFOG	South Asian Federation of Obstetrics and Gynecology
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
VF	Vesico-vaginal Fistula
WHO	World Health Organization



Message

Obstetric fistula is a profoundly devastating condition associated with childbirth, characterized by a tear in the birth canal. Often occurring as a result of prolonged and obstructed labor, this condition predominantly affects women in the developing world who lack access to timely and adequate medical care. While the developed world has made significant strides in eradicating fistula, it continues to afflict the lives of countless women and girls in developing countries.

To combat this issue and achieve the goal of eliminating Obstetric Fistula by 2030, the Ministry of Health and Family Welfare (MoH&FW) has undertaken various initiatives in collaboration with UNFPA. The Directorate General of Health Services (DGHS), under the Ministry of Health and Family Welfare, has launched the 2nd national strategy to end obstetric fistula in Bangladesh. This strategy emphasizes the government's commitment to eradicating Obstetric Fistula in the country by 2030. To achieve this goal, efforts have been made to strengthen systems for improved identification, referral, management, rehabilitation, and reintegration of fistula survivors. DGHS, with technical support from UNFPA and OGSB, has developed informative materials such as posters, pocket handbooks, and standardized data recording forms for healthcare facilities. Additionally, a series of national-level technical workshops were conducted in 2022 to expedite actions aimed at reducing the number of fistula cases to zero by 2030.

Throughout 2022, DGHS continued to collaborate with the Department of Social Welfare, Department of Women Affairs, and relevant local government bodies to enhance rehabilitation and reintegration support for fistula survivors.

It gives me great pleasure to announce the publication of the Annual Report on Obstetric Fistula in Bangladesh 2022 by DGHS, with the technical support of UNFPA and OGSB. This report provides an overview of the fistula situation in Bangladesh and documents the progress achieved over the past year in the elimination of fistula. Furthermore, it serves as a valuable evidence base for monitoring progress, facilitating planning, and enhancing the government's management of initiatives aimed at eradicating Obstetric Fistula in Bangladesh.

Together, through these concerted efforts, we aspire to bring an end to the suffering caused by Obstetric Fistula and improve the lives of women in Bangladesh.

Prof. Dr. Ahmedul Kabir

Addl. Director General (Planning and Development)
DGHS



Message

The prevalence of fistula in Bangladesh remains relatively high, primarily due to a shortage of trained and skilled fistula surgeons. This shortage has resulted in a backlog of women in need of treatment and repair for fistula, leading to a significant unmet demand. While Bangladesh has made commendable progress in reducing maternal mortality and is on track to achieve Sustainable Development Goal three by 2030, persistent maternal morbidity issues such as Obstetric Fistula continue to pose substantial challenges to this progress.

Over the past few decades, Obstetric Fistula has emerged as a significant women's health concern in Bangladesh, prompting the government to take robust actions for response and elimination, with a specific focus on female genital fistula, particularly Obstetric Fistula. Remarkable progress has been made over the past decade. However, a new challenge has arisen with the increase in fistulas caused by surgical trauma, especially after cesarean section and hysterectomy operations in recent years (referred to as iatrogenic fistula).

Presently, DGHS is prioritizing fistula elimination activities in Rangpur, Rajshahi, Sylhet, Chattogram, and other divisions. Our approach aims to enhance fistula identification at the community level, expand diagnostic capabilities at fistula centers, and improve the referral, management, rehabilitation, and reintegration of fistula survivors nationwide. At DGHS, we are committed to generating evidence by collecting periodic data and information on fistula, with support from UNFPA. Despite recent improvements in the overall fistula situation in Bangladesh, there is still a significant number of cases that require comprehensive attention and response.

The Annual Report on Obstetric Fistula 2022 provides a comprehensive account of the key activities undertaken in Bangladesh to combat this debilitating maternal health condition last year. It serves as an evidence base and can be used as a reference point for monitoring progress and devising future actions to eliminate fistula.

Dr. Md. Shariful Islam
Line Director, MNC&AH
DGHS



Message

Obstetric fistula is a devastating condition that affects approximately one million women globally, with around 20,000 cases reported in Bangladesh. It involves the formation of a hole between the birth canal and bladder and/or rectum, resulting from prolonged and obstructed labor, often due to limited access to timely and high-quality medical care. This condition causes women to suffer from urinary and/or fecal incontinence, leading to chronic health issues, emotional distress, social isolation, and deepening poverty.

Bangladesh has made significant progress in the fight against obstetric fistula in recent decades. In alignment with the United Nations' call to end obstetric fistula within a generation, Bangladesh is dedicated to achieving this goal by 2030. The second national strategy to end fistula (2017-2022) has been synchronized with the 4th Health, Population, and Nutrition Sector Program (HPNSP) timeline, reflecting the strong commitment of the Maternal Health Program office to eliminating fistula in the country.

The annual report on fistula for the year 2022 highlights the key activities undertaken by the Directorate General of Health Services (DGHS) in collaboration with the technical support of UNFPA and OGSB to eliminate fistula in Bangladesh. During the report's preparation, the Maternal Health Program of DGHS diligently collected and compiled available data on fistula from dedicated fistula centers across the country in order to provide a comprehensive overview. It is our hope that this report contributes to a better understanding of the current status of our journey towards zero fistula cases in Bangladesh and guides us in generating effective actions to further strengthen the systems working towards fistula elimination in the country.

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

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



Message

Obstetric fistula is a debilitating condition that affects approximately one million women worldwide. In Bangladesh, recent surveys indicate that around 20,000 women are currently suffering from obstetric fistula, with an additional thousand new cases emerging each year. This condition poses a significant public health challenge in developing countries, primarily due to inadequate emergency obstetric care, limited access to fistula repair services, and a scarcity of trained fistula surgeons. Furthermore, affected women often have limited knowledge of where to seek fistula care, further exacerbating the problem. Obstetric fistula has profound social and psychological consequences for the women affected, but successful repair can bring about a dramatic improvement in their quality of life.

As one of the most serious and tragic childbirth injuries, obstetric fistula represents a significant public health and human rights concern that has long been neglected. While the prevalence of fistula remains relatively high in Bangladesh, the existing healthcare system faces significant challenges in responding to this issue due to a shortage of trained and skilled fistula surgeons. This inadequacy in response has resulted in a backlog of women suffering from this condition, awaiting necessary treatment.

The Obstetrical & Gynecological Society of Bangladesh (OGSB) is dedicated to the goal of eliminating fistula by 2030. As part of its operational mandate, OGSB prioritizes actions to address this often-overlooked maternal morbidity issue. In 2019, OGSB established a technical task force committee to provide expert guidance and professional support to the government in addressing fistula cases. OGSB offers direct medical assistance to fistula patients through the National Fistula Centre at Dhaka Medical College Hospital, as well as other government and private healthcare facilities. We are committed to continuing our partnership with UNFPA Bangladesh to support the government's efforts in ending obstetric fistula by 2030. The Annual Report on Fistula 2022 provides a comprehensive overview of the progress made in the elimination of fistula. This report serves as a crucial reference point for tracking our progress and informs future actions. It is vital that all stakeholders make concerted efforts to ensure the timely elimination of this maternal morbidity issue.

Prof. Dr Ferdousi Begum
President
OGSB, & SAFOG

Executive Summary

The persistence of obstetric fistula, a devastating childbirth injury predominantly affecting marginalized women and girls in Bangladesh and worldwide, constitutes a grave violation of human rights and a significant public health crisis. The Sustainable Development Goals (SDGs) emphasize the principle of "leaving no one behind," and the failure to eliminate fistula poses a threat to the achievement of several SDGs. Recognizing this urgency, the United Nations adopted a resolution in 2022, calling for the eradication of fistula within a decade. Building on the recommendations of the UN Secretary General's 2018 Report on Obstetric Fistula, the resolution emphasizes the need for increased commitments and investments to end fistula.

The Government of Bangladesh is committed to the ambitious goal of eliminating all fistula cases by 2030 and has adopted a division-based approach to interventions. This approach focuses on enhancing the identification and diagnosis of fistula cases, as well as improving coordinated referral management and rehabilitation services for fistula survivors. UNFPA provides crucial support to the Ending Obstetric Fistula program of the Ministry of Health and Family Welfare in the divisions of Rangpur, Sylhet, Chattogram, and Rajshahi.

The Directorate General of Health Services (DGHS) has made significant progress in implementing the Ending Obstetric Fistula program, benefiting from technical support from UNFPA and its implementing partners. In 2022, a total of 719 fistula patients were admitted to 18 government and private facilities, where 547 surgeries were successfully performed, achieving a remarkable success rate of 91.4 percent across the program divisions. Among the admitted patients, 49.8 percent were diagnosed with obstetric fistula, while 47.4 percent were diagnosed with iatrogenic fistula, including cases resulting from hysterectomy procedures.

In collaboration with the Department of Social Welfare, the Department of Women and children Affairs, and other relevant local government bodies, DGHS has also worked diligently to strengthen rehabilitation and reintegration support for fistula survivors. In 2022 alone, over 400 fistula survivors received various forms of rehabilitation and reintegration assistance. Additionally, several survivors participated in training and capacity-building activities, such as sanitary pad making, paper packet making, and sewing training, facilitating their reintegration into society.

DGHS acknowledges the invaluable support provided by the professional society, OGSB, and UNFPA in the successful implementation of the ending fistula program. This report provides a comprehensive overview of the interventions, achievements, and lessons learned in 2022, showcasing the progress made towards ending fistula in Bangladesh.

Introduction

Genital fistula is a devastating maternal morbidity that affects millions of women and girls worldwide, particularly in low and lower-middle income countries like Bangladesh. It can be caused by various factors, including obstetric complications, iatrogenic reasons, trauma, sexual assault, congenital conditions, and carcinoma.

Among the types of obstetric fistula, the most common are vesico-vaginal fistula (VVF) and recto-vaginal fistula (RVF). These conditions, resulting from prolonged, obstructed labor, create an abnormal connection between the birth canal and bladder and/or rectum. The lack of timely and quality medical treatment leads to involuntary leakage of urine, feces, or both, often causing chronic health problems, depression, social isolation, and deepening poverty.

Fistula has devastating physical, mental, and social impacts on survivors, leaving them in a state of misery, isolation, and helplessness. The neglect and societal taboo surrounding fistula further exacerbate the vulnerability of affected women. Bangladesh, along with many other countries in Africa and Asia, faces a significant burden of obstetric fistula cases, posing a major concern for maternal health. The majority of these cases are concentrated in around 50 countries, primarily in regions with low socio-economic development, such as Africa and South Asia. Recognizing the urgency, the United Nations General Assembly has called for intensified efforts to eliminate obstetric fistula by 2030.

Bangladesh has made remarkable progress in maternal and child health over the past few decades, with a significant reduction in maternal mortality rates. However, 34.9% of all childbirths still occur through home-based deliveries, which contributes to the prevalence of obstetric fistula. Due to a lack of quality data, it is challenging to determine the exact number of fistula patients in Bangladesh. The prevalence of obstetric fistula in 2003 was estimated at 1.69 per 1000 women. According to the Bangladesh Maternal Morbidity Validation Survey 2016, the national prevalence rate of obstetric fistula in Bangladesh is 0.42 per 1,000 women with at least one birth. The survey also estimates that around 20,000 women are living with obstetric fistula, and approximately a thousand new cases are added each year. While the number of birth-related fistulas has decreased in recent decades, the incidence of iatrogenic fistulas has seen an increase in Bangladesh.

Despite the progress made since the International Conference on Population and Development (ICPD) in 1994, there are still thousands of marginalized and stigmatized women and girls suffering from fistula who have not benefited from the promises of the ICPD. To fulfill the unfinished business of the ICPD commitments, Bangladesh is determined to achieve zero obstetric fistula by 2030. The country's health system is focusing on identifying existing cases, providing comprehensive support for reintegration and rehabilitation, and ensuring a better quality of life for fistula survivors. Identifying gaps and challenges in this process is crucial for developing proactive and effective solutions.

The Sustainable Development Goals (SDGs) emphasize the principle of "leaving no one behind," and the elimination of fistula is essential for achieving several SDGs. In 2018, the United Nations adopted a

resolution calling for an end to fistula within a decade, building upon the recommendations of the UN Secretary General's 2018 Report on Obstetric Fistula. The resolution emphasizes the need for increased commitments and investments to eradicate fistula. In line with this vision, Bangladesh launched the Second National Strategy for Obstetric Fistula 2017-2022, aiming to eliminate obstetric fistula by 2030.

This report evaluates the success of the Obstetric Fistula program in eradicating fistulas in 2022 within this framework. The report focuses on the program's accomplishments and provides important highlights, including special measures taken to improve fistula identification, referral, management, rehabilitation, and reintegration support for survivors.



Identification

Case Identification


Identifying cases of Genital Fistula presents significant challenges, particularly at the community level, due to the absence of a routine reporting system for fistula cases. This lack of a reporting mechanism means that identification largely relies on patients voluntarily seeking diagnosis at healthcare facilities or healthcare providers recognizing and referring potential cases for further evaluation. Additionally, in situations where fistula is suspected as a result of surgical procedures like C-section or hysterectomy, it is typically the responsible consultant or facility that refers the patient to a specialized facility for comprehensive management.

In 2022, the Ending Obstetric Fistula Program implemented various approaches to enhance fistula identification. These included community-level identification mechanisms, establishing fistula corners in district hospitals and upazila health complexes, and organizing fistula screening camps. In the Rangpur division, all government community-level healthcare providers, such as health and family welfare assistants, received training on fistula-related issues. This training has proven effective, leading to an increased number of community healthcare providers being able to identify potential fistula cases. Additionally, fistula screening camps were set up in different locations to facilitate the diagnosis of potential patients.

In the Sylhet division, UNFPA supported the Civil Surgeon's Office in identifying fistula patients from marginalized communities and hard-to-reach areas like tea gardens and the Haor region. In the Chattogram division, the project's implementing partner undertook household-level screening by training volunteers to visit households, identify individuals with fistula symptoms, and refer them to referral facilities for confirmation and management. Furthermore, community fistula advocates or ambassadors were also supported to aid in identifying fistula cases. Fistula screening camps were established in Rajshahi, Rangpur, Sylhet, and Chattogram divisions to extend outreach to fistula patients at the Upazila level.

Methods of Identification	Who identified the cases
<ul style="list-style-type: none">• By household visit• Using the four questions checklist• At the Fistula Corner in the district hospital• Fistula screening camp	<ul style="list-style-type: none">• HA/FWA/CHCP/FWW• Community Fistula Advocate• Community Volunteer / people• Doctor• Nurse/ Midwife





Diagnosis, Referral, and Management

In 2022, a total of 719 fistula patients were admitted to 18 selected facilities for treatment. Among these patients, 547 underwent surgical procedures. The average length of hospitalization was 18 days. The surgeries had a success rate of over 91 percent, while the remaining 8 percent resulted in unsuccessful outcomes.

Name of the facility	Number of patients admitted	Number of patients operated	Average duration of hospital stay (days)	Outcome	
				Successful	Failed
National Fistula Center, DMC	131	75	15	65	10
University Fistula Center, BSMMU	4	4	30	3	1
Sir Salimullah Medical College Hospital	25	10	14	9	1
Chattagram Medical College Hospital	13	2	18	2	0
Rajshahi Medical College Hospital	55	15	28	14	1
Barishal Medical College Hospital	2	2	14	2	0
Modern General Hospital	9	9	14	8	1
Rangpur Medical College Hospital	17	12	14	12	0
Mymensingh Medical College	12	12	14	12	0
Faridpur Medical college Hospital	9	9	14	9	0
Shahid Ziaur Rahman Medical College Hospital, Bogra	1	1	15	1	0
MAMM'S Institute	144	128	24	109	19
Lamb Hospital	102	100	18	99	1
Hope Foundation Hospital	92	87	18	81	6
Ad Din Hospital	14	14	25	13	1
Kumudini Hospital	17	10	15	9	1
Dr. Mottalib Hospital	9	8	15	7	1
OGSB Hospital	63	49	21	45	4
Total	719	547	18	500	47

Cause and Types of Fistula by Facilities

In 2022, a comprehensive data collection effort was carried out across 18 facilities, resulting in a total of 547 cases being recorded. Among these cases, 287 were identified as occurring due to obstetric causes, while 244 were attributed to iatrogenic causes. Additionally, eight cases were congenital in nature, while eight others were the result of traumatic events. Among the iatrogenic cases, 105 were associated with C-section, 136 with hysterectomy, and three with laparoscopy.

Regarding the types of genital fistula observed among the patients, the following were identified: 63 cases of recto-vaginal fistula, 15 cases of Uretero-vaginal fistula, 36 cases of ureterovaginal fistula, nine cases of Vesico-uterine fistula, 11 cases of Vesico-cervical fistula, and 413 cases of Vesico-vaginal fistulae.

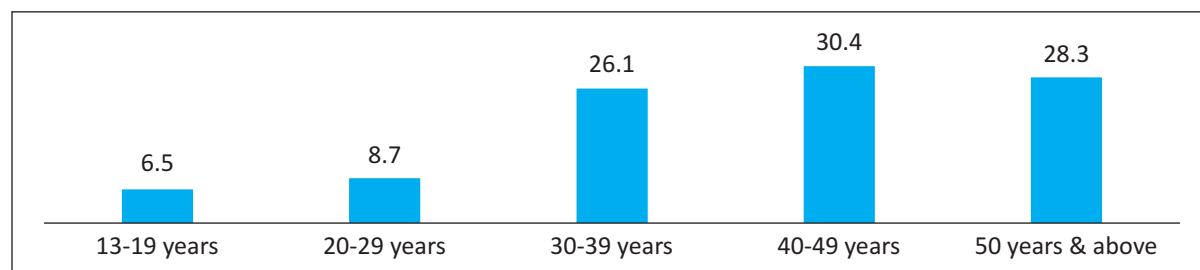
In terms of the route of operations employed for treatment, vaginal surgery was performed in 418 cases, abdominal surgery in 51 cases, and Abdomino-perineal surgery in one case.

Background and demographic characteristics of the fistula patients

Data was collected on a total of 422 fistula cases to analyze the background and demographic characteristics of the patients. These characteristics included the patients' age, education, and marital status. Additional information was gathered on the 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. The cause of fistula, types of fistulas, route of operation, and outcome of the operation were also analyzed based on these data.

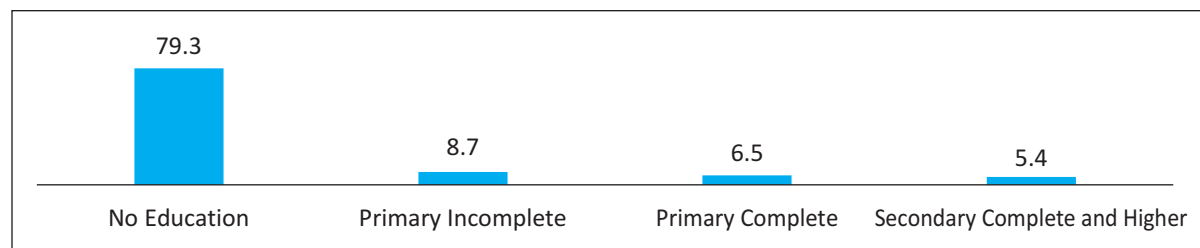
Age of the patients

Among the 422 fistula cases, the highest prevalence of fistula was observed among women in the age range of 40-49 years (30.4 percent), followed by those aged 50 and above (28.3 percent), and the age range of 30-39 years (26 percent). Adolescent girls (13-19 years) accounted for approximately 6.5 percent of the total patients.



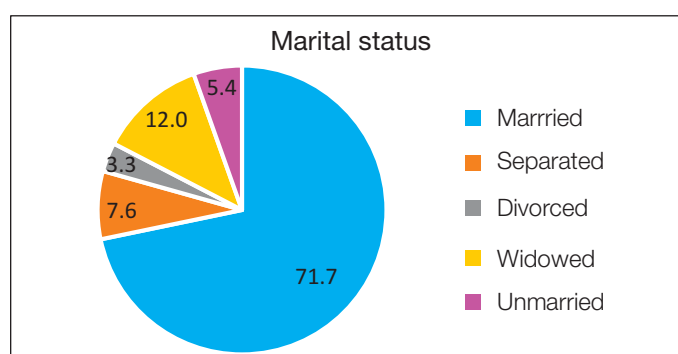
Education of the patients

A significant majority, approximately 79.3 percent, of the women with fistula had no formal education, while only 5.4 percent had completed secondary or higher levels of education.



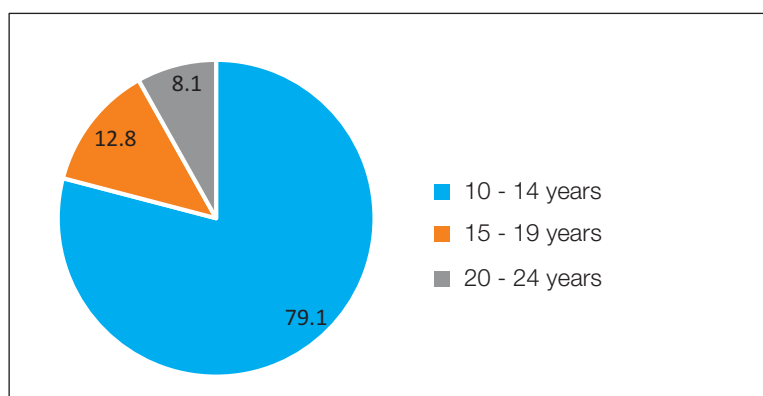
Marital status

Around 71.7 percent of the women with fistula were married and living with their husbands, while 7.6 percent were separated and 12 percent were widowed. Notably, 3.3 percent of the patients had experienced divorce due to fistula. Only 5.4 percent of the total patients were unmarried.



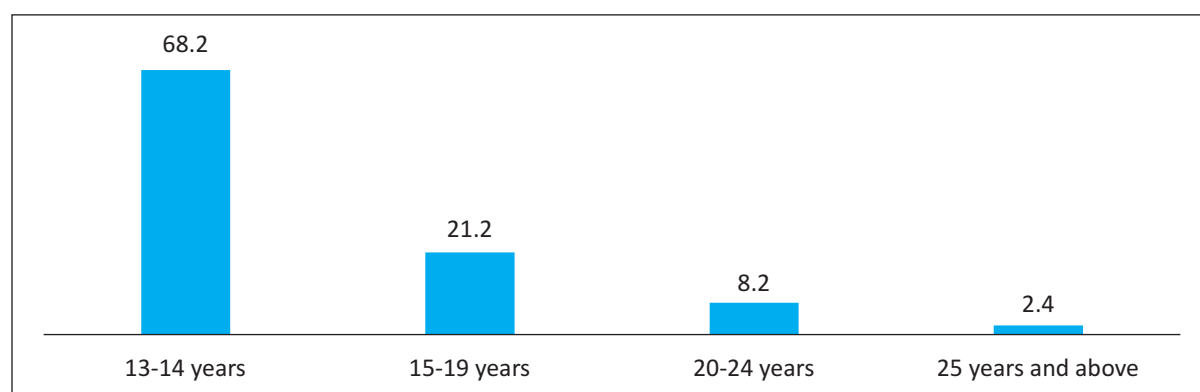
Age at marriage

It was observed that approximately 91.9 percent of women with fistula were married during their adolescence, with 79 percent of them being married between the ages of 10 and 14, and 12.8 percent getting married between the ages of 15 and 19.



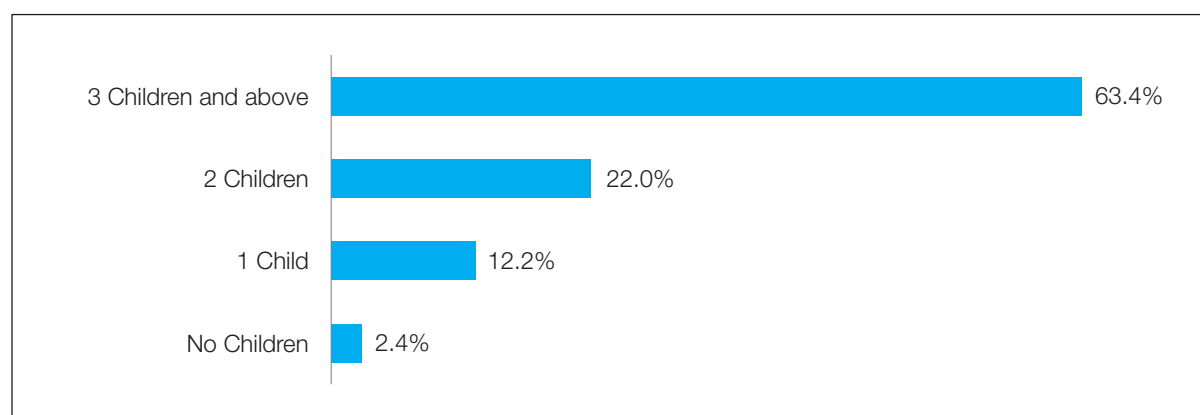
Age at first delivery

Around 89.4 percent of women with fistula had their first delivery during adolescence (13-19 years).



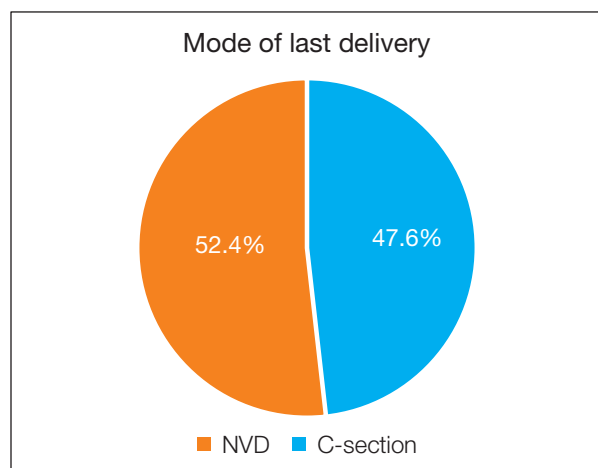
Number of children

Approximately 63.4 percent of women with fistula had given birth to 3 to 8 children, while around 2 percent of the women had no children an age between 15-19 years.



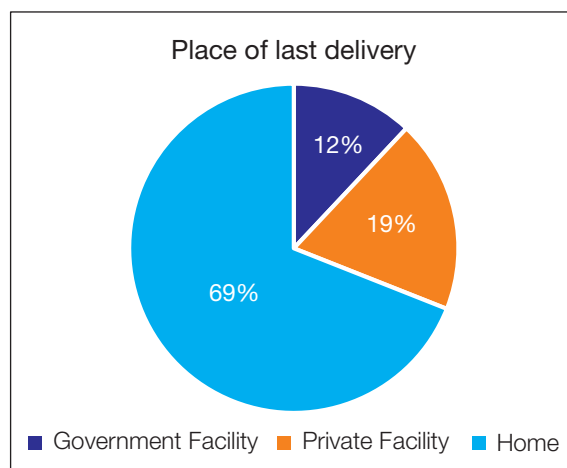
Mode of last delivery

Over 52 percent of women with fistula gave birth naturally through vaginal delivery, while approximately 47.6 percent underwent a C-section.



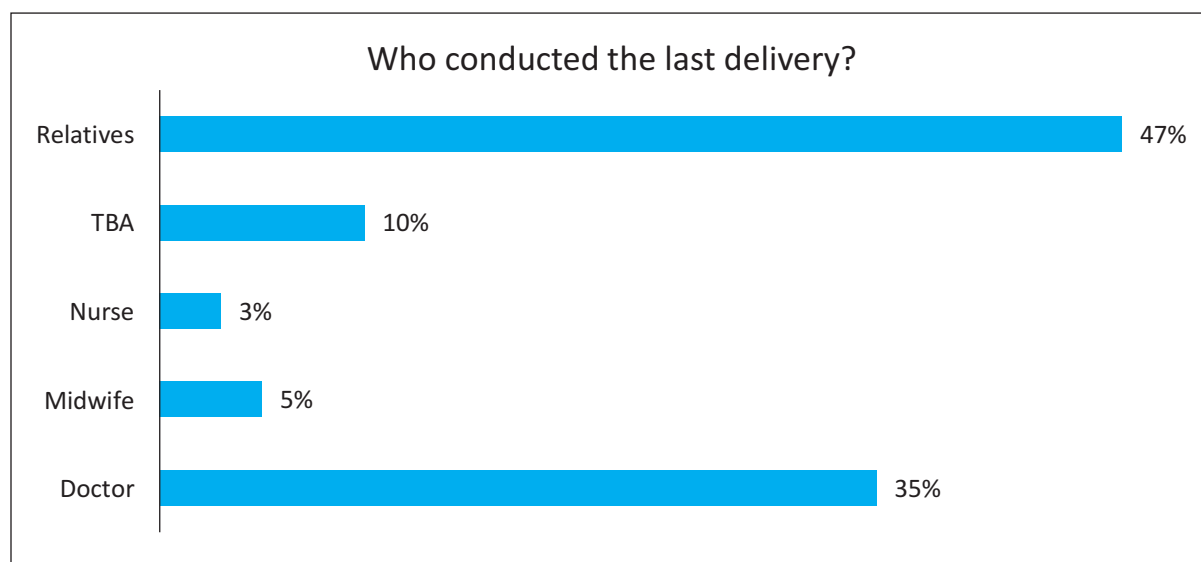
Place of last delivery

The majority of women (69 percent) who developed fistula had their last delivery at home, with only 12 percent occurring at government facilities.



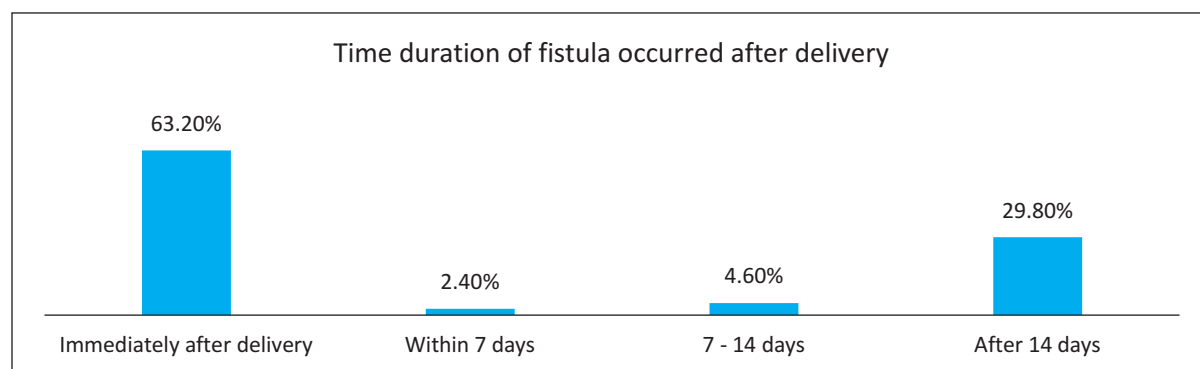
Who conducted the last delivery?

Among these cases, approximately 35 percent of the last deliveries were conducted by doctors, while a small number were attended by midwives and nurses. The majority of deliveries were conducted by traditional birth attendants (TBAs) and relatives.



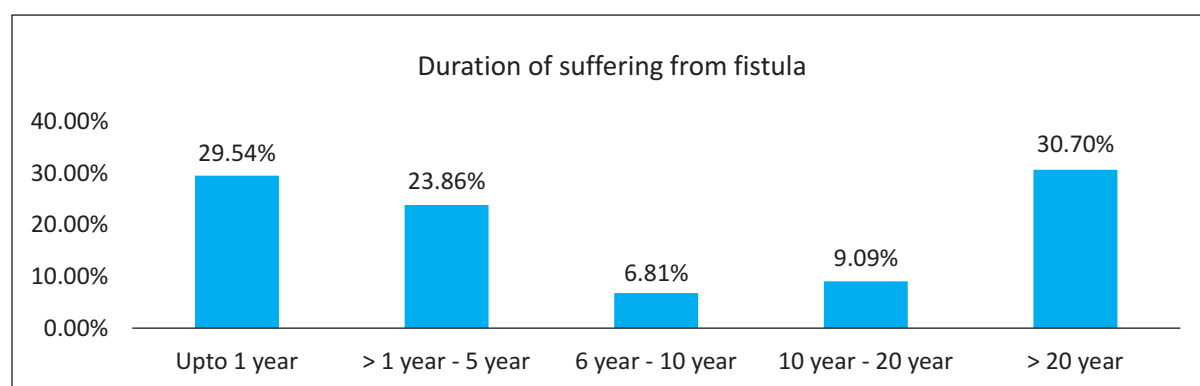
Time duration of fistula occurrence after delivery

Over 63 percent of women, fistula developed immediately after delivery, while in 29.8 percent of cases, it occurred within 14 days after delivery.



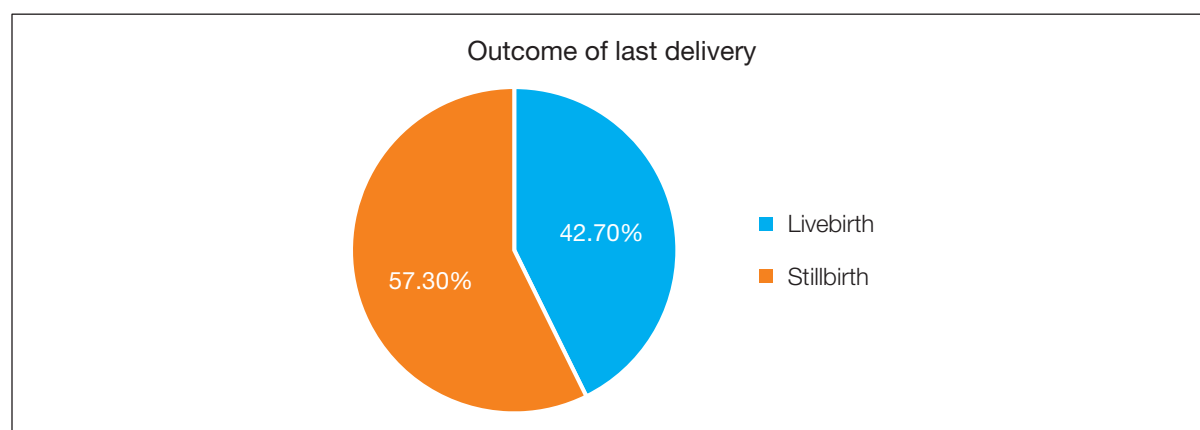
Duration of suffering from fistula

Approximately 31 percent of women endured fistula for more than 20 years, while about 30 percent suffered from fistula for up to one year.



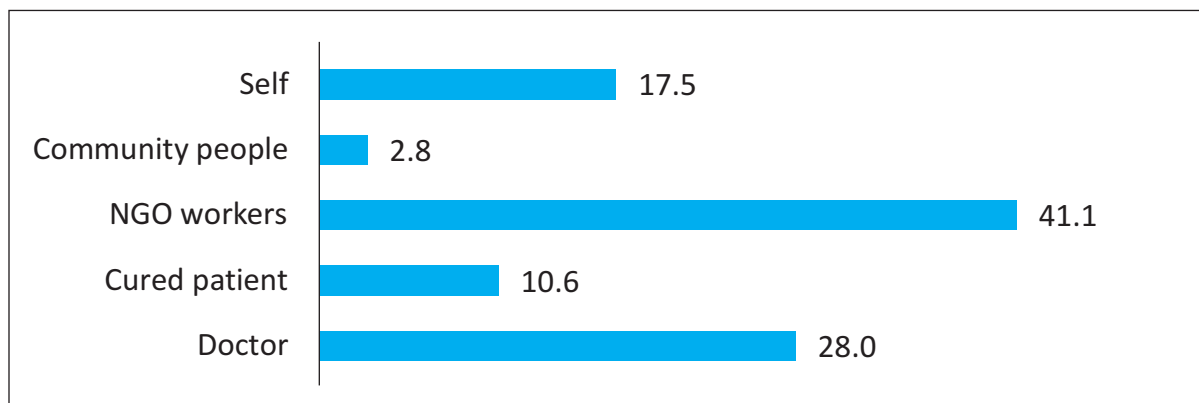
Outcome of last delivery

About 57 percent of the deliveries were stillbirths.



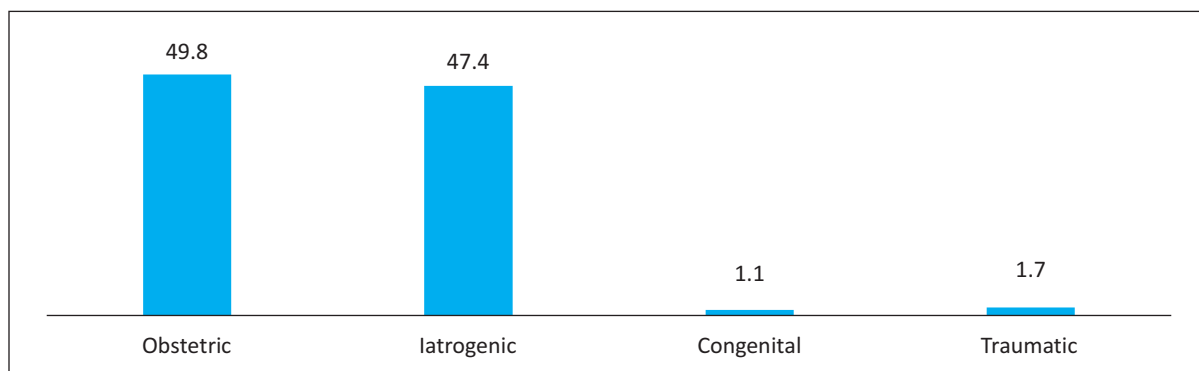
Person who referred the women to the facility

Approximately 41 percent of the fistula patients were referred by NGO workers, while 28 percent were referred by doctors, and 10.6 percent were referred by previously cured fistula patients.



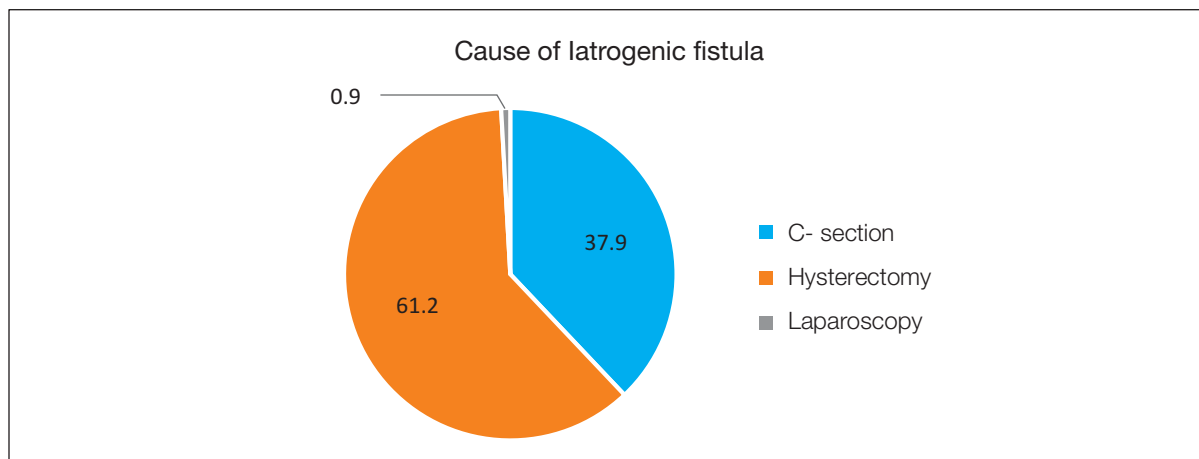
Cause of fistula

Around 50 percent of women had obstetric fistula, 47 percent had iatrogenic fistula, 1 percent had congenital fistula, and 1.7 percent had traumatic fistula.



Cause of iatrogenic fistula

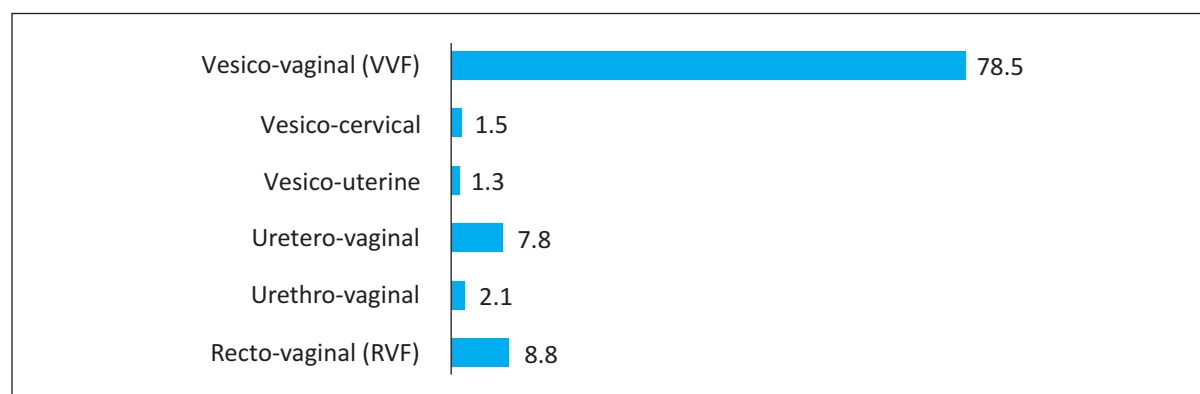
Among the 47 percent of iatrogenic cases, approximately 61 percent occurred due to hysterectomy, 37.9 percent occurred because of C-section, and 0.9 percent of cases were due to laparoscopic surgery.



Type of genital fistula

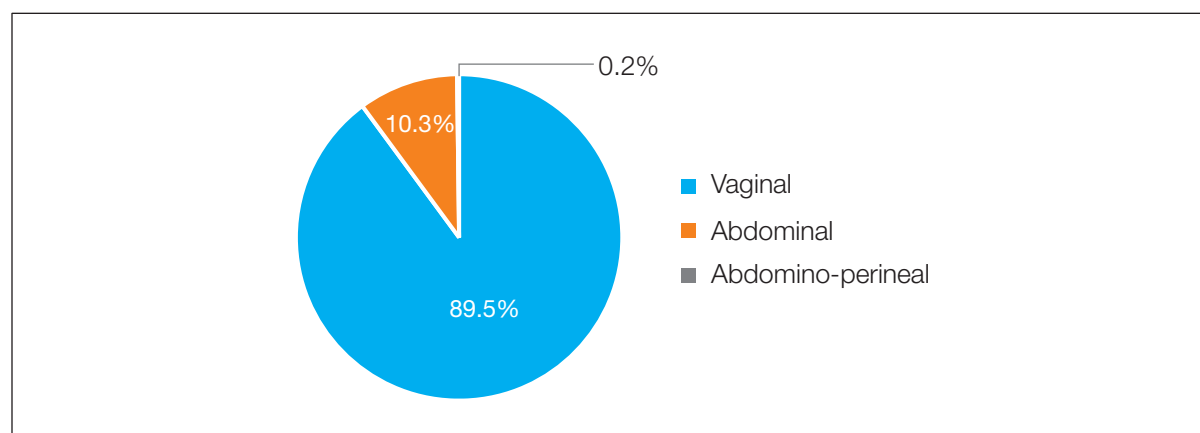
The most common type of genital fistula among the patients was vesico-vaginal fistula (78.5 percent), followed by recto-vaginal fistula (8.8 percent) and uretero-vaginal fistula (7.8 percent).

Vesico-cervical fistula accounted for 1.5 percent of the cases.



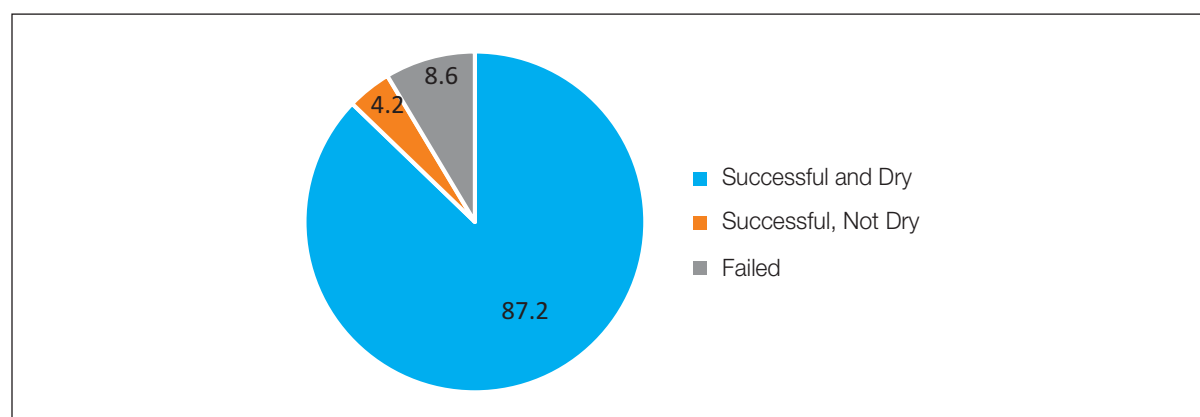
Route of Operation

The majority of the patients (89.5 percent) underwent vaginal surgery, while 10 percent underwent abdominal surgery.



Outcome of Surgery

Out of the 547 fistula surgeries performed, 91.4 percent of the operations resulted in successful repairs, while only about 8.6 percent of the surgeries were unsuccessful.





Rehabilitation and Reintegration

In 2022, a total of 448 out of 547 fistula cases (82%) received various forms of rehabilitation and reintegration support, including psycho-social support, from government and non-government organizations. To facilitate the rehabilitation and reintegration of fistula survivors, four advocacy meetings were organized by the Civil Surgeon's office in Rangpur, Rajshahi, Bogura, and Sirajganj. Representatives from the Department of Social Welfare, Department of Women and Children's Affairs, and Department of Youth and Development from these districts participated in these meetings.

As part of the program, 28 survivors were provided with livestock to support their socioeconomic rehabilitation, while 24 survivors received sewing machines to aid in their reintegration. Additionally, 35 survivors received cash support, 147 received food packages, and 16 received non-food items as other forms of support. Some survivors were also provided with widow allowance, maternity allowance, VGD card (Vulnerable Group Development card), and handicraft materials.

Furthermore, 26 survivors underwent hands-on skills training in areas such as paper packet making, sanitary pad making, and sewing to enhance their vocational skills and prospects.

Table: Details of the support received from the different stakeholders

Type of 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	22				1		24
Widow allowance				3			3
VGD card		1			1		2
Maternity allowance					1		1
Handcraft materials	12						12
Psycho-social support	64	35	12	5	2	62	180
Total	153	71	26	11	12	175	448

Table: Training support provided

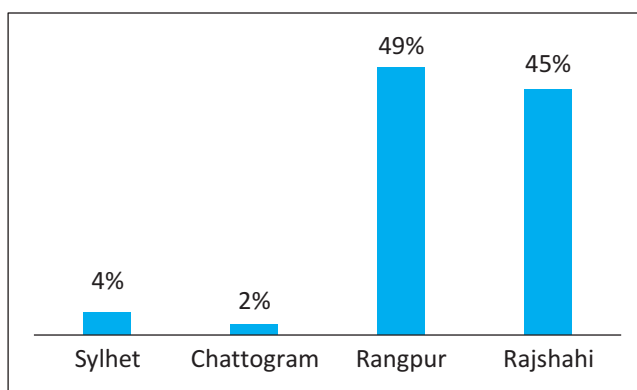
Type of training	GoB	NGO
Sewing training	4	
Paper packet making training	2	
Pad making training		20
Total	6	20



Capacity Development

5000 field level health workers are oriented on fistula case identification

To strengthen the capabilities of health service providers in the field of fistula elimination, orientation sessions on fistula were conducted across all program divisions. These sessions involved the participation of more than 5000 health staff, 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. The health staff received primary orientation on the diagnosis and treatment of fistula cases.



As part of the capacity development efforts, more than 3000 pocket handbooks on fistula patient identification and 1500 posters containing fistula awareness messages were distributed during these sessions among government health care providers at the field level.

Health care providers are working at Fistula Corners trained on fistula case diagnosis

Emphasizing the importance of early diagnosis of fistula patients to combat the disease, a day-long training session on 'Fistula case diagnosis, data management, and reporting' was conducted at the LAMB Training Center in Parbatipur upazila town on November 24, 2022. The training program was attended by 24 senior staff nurses from two medical college hospitals and district-level hospitals in Rangpur and Rajshahi divisions.


During the training program, there was an open discussion session that involved the participation of the Upazila Health and Family Planning Officer (UHFPO) of Dinajpur Sadar and the Medical Officer of Panchagarh Civil Surgeon Office.

Additionally, Dr. Hafiza, an Obstetric Consultant and Fistula Surgeon, along with Dr. Bea, facilitated various sessions during the training program. Dr. Hafiza focused on teaching the participating senior nurses how to diagnose fistula disease through thorough analysis of patients' medical history and conducting



proper physical examinations. The objective was to equip the nurses with the necessary skills to accurately identify and diagnose fistula cases.

Dr. Bea, on the other hand, provided practical insights and knowledge gathered directly from patients who were admitted to hospitals. This included strategies on how to effectively interact and communicate with fistula patients, ensuring they receive appropriate care and treatment. The goal was to enhance the nurses' ability to engage with patients empathetically and create a supportive environment for their recovery and treatment journey.



Advocacy, Planning and Monitoring

Prioritizing fistula elimination in Bourga and Rangpur division

The National Advocacy meeting held on 28 December 2022 in Bogura aimed to address the issue of obstetric fistula and work towards its elimination. The event was jointly organized by the Department of Family Planning (DFP) offices of Rangpur and Rajshahi divisions.

Dewan Morshed Kamal, the Rangpur Divisional Director of the DFP, graced the event as the chief guest. A total of 25 participants, including relevant stakeholders and representatives, attended the meeting.

The meeting emphasized the importance of ensuring institutional delivery for pregnant mothers, promoting regular antenatal and postnatal care, and enhancing supervision to detect high-risk cases. It also highlighted the significance of avoiding unnecessary cesarean surgeries, which can contribute to the prevention of obstetric fistula.

The objective of the advocacy meeting was to raise awareness, discuss strategies, and garner support from key stakeholders to collectively work towards the prevention and eradication of obstetric fistula in the Rangpur and Rajshahi divisions.



Fistula free Ramu and Kutubdia

On September 25, 2022, a meeting titled "End Obstetric Fistula in Cox'sbazar: Lesson Learnt and Way Forward" took place in Cox's Bazar. The objective of the meeting was to assess the current situation of obstetric fistula in the region, draw lessons from past experiences, and devise strategies to overcome this issue. The session was chaired by the Civil Surgeon of Cox's Bazar, with the Divisional Director of Health, Chittogram, attending as the chief guest.

During the meeting, the Civil Surgeon of Cox's Bazar presented a comprehensive overview of the prevailing status of obstetric fistula in the area. The discussion shed light on the factors contributing to the persistence of obstetric fistula, including low awareness levels, inadequate healthcare infrastructure, and limited access to maternal health services. It was emphasized that obstetric fistula primarily arises from prolonged obstructed labor, which can be attributed to the absence of skilled birth attendants in a timely manner.



The meeting served as a crucial platform to analyze the existing challenges associated with obstetric fistula in the region, identify the root causes, and propose effective strategies to combat the problem. The participants stressed the importance of bolstering maternal health services, enhancing access to skilled birth attendants, engaging the community actively,

and securing government support. By fostering collaboration among stakeholders, it is believed that obstetric fistula can be eradicated in Cox's Bazar, leading to improved maternal health outcomes.

Divisional meeting stressed on End fistula in Rangpur division

RANGPUR, Dec 14, 2022 - In an advocacy meeting held today, experts emphasized the importance of ensuring institutional delivery for pregnant mothers and providing comprehensive antenatal and postnatal care as vital steps towards eliminating obstetric fistula. The event was organized with the support of LAMB (Elimination of Genital Fistula by Capturing, Treating, Rehabilitating, and Reintegrating) and UNFPA Bangladesh.



Under the guidance of Professor Dr. Bimal Chandra Roy, Principal of Rangpur Medical College, the meeting brought together key figures including the Vice Principal of RpMC, the Acting Rangpur Divisional Director (Health), the Deputy Director of Rangpur Medical College Hospital, the Head of the Department of Urology of RpMCH, and the Head of the Department of Obstetrics and Gynecology. Distinguished guests virtually in attendance included Professor Dr. Rowshan Ara

Begum and Professor Dr. Anowara Begum, past Presidents of the Obstetrical and Gynaecological Society of Bangladesh (OGSB), as well as Dr. Bilkis Begum.

During the event, the experts highlighted the ongoing implementation of the fistula elimination program in Rangpur division, which has been under the direct supervision of the Department of Health and has received technical assistance from UNFPA Bangladesh since 2018.

The meeting underscored the significance of promoting institutional delivery, where pregnant mothers receive care within healthcare facilities, and emphasized the need for comprehensive antenatal and postnatal supervision. These measures are crucial for preventing and addressing obstetric fistula. By combining efforts and leveraging the expertise of various stakeholders, the goal of eliminating fistula in the Rangpur division can be achieved, improving the overall reproductive health outcomes for women in the region.

Raising awareness on fistula prevention in Sylhet

SYLHET, Dec 29, 2022 - A divisional workshop was recently held at the Sylhet Divisional Health Director's office, focusing on the issue of obstetric fistula. The session was chaired by Brigadier General Dr. Mahbubur Rahman Bhuiyan, Director of Sylhet MAG Osmani Medical College Hospital. During the workshop, Dr. Bhuiyan emphasized the significance of individual, family, and social awareness in preventing and controlling this women's obstetric disease.

Dr. Bhuiyan announced that the fistula center at Sylhet Osmani Hospital would soon be reopened, providing free medical services to fistula patients. He emphasized the importance of educating and treating fistula patients, noting that the lack of awareness during childbirth is a major contributing factor to the contraction of this condition.

As part of the rehabilitation assistance program for fistula patients, a sewing machine was presented to an incurable fistula patient during the event. The workshop was attended by various beneficiaries, including the Civil Surgeon of Sylhet Division, district-level representatives of the Family Planning Department, media personnel, and representatives from the Duncan tea garden company.



The workshop served as an important platform to raise awareness about obstetric fistula, promote the reopening of the fistula center, and highlight the importance of rehabilitation assistance for affected patients. By addressing the root causes of the disease and providing comprehensive support, the workshop aimed to improve the lives of fistula patients and prevent future cases in the Sylhet region.

Advocacy Meeting with Electronic & Printing Media held in Rajshahi Division

BOGURA, Dec 22, 2022- An advocacy meeting on the fistula project was recently held in Bogura, where Lamb Hospital authorities, doctors, and consultants shared valuable insights during a discussion with local journalists.

The advocacy meeting aimed to raise awareness among electronic and printing media professionals about the severity of fistula and the importance of its eradication. By involving the media, the meeting aimed to leverage their influential role in disseminating information, educating the public, and mobilizing support for ending fistula in the Rajshahi Division.

Through collaborative efforts and increased public awareness, it is hoped that the prevalence of fistula can be reduced, and affected women can receive the necessary care and support for a better quality of life. The meeting served as a crucial platform to encourage media engagement and advocacy, ultimately contributing to the global efforts to end fistula and improve the well-being of affected women.





Case Stories

Case Story-1

"From Desperation to Hope: Fistula Patient Shamsunnahar Embraces a New Life"

Sunamganj, Bangladesh - Shamsunnahar Begum (32), a resilient woman residing in a small village in Sunamganj district, has overcome immense challenges to reclaim her life. Married at the tender age of 16, Shamsunnahar embarked on a journey fraught with hardships, including the birth of four daughters, two of whom are disabled.

Hopeful for a son, Shamsunnahar conceived for the fifth time. However, her joy was cruelly shattered when she experienced prolonged labor pains. Hindered by inadequate transportation, it took her three arduous hours to reach the district Sadar Hospital. Tragically, her unborn child did not survive, and she underwent an emergency C-section. Soon after the procedure, Shamsunnahar found herself unable to control her urinary functions, grappling with the devastating effects of obstetric fistula.

For seven agonizing days, Shamsunnahar lived with a fitted tube, enduring unimaginable pain and anguish. Seeking solace and a cure, she journeyed to the Sylhet Osmani Medical College, but her search for relief proved fruitless. It was during this dark period that the district referral coordinator (DRC) of the fistula project reached out to her, extending a glimmer of hope.



Transported to the district Sadar hospital, Shamsunnahar underwent a comprehensive assessment that confirmed her condition: obstetric fistula. With newfound determination, she was referred to the esteemed MAMMS Institute in Dhaka, where she underwent a life-transforming surgery, successfully repairing her fistula.

Reflecting on her journey, Shamsunnahar shared, "I endured unimaginable suffering from this affliction. My clothes were perpetually soiled, burdening my daughters with the painful task of cleaning up after me. But now, I am fully cured, and my family could not be happier."

Thanks to the support of the End Fistula program, Shamsunnahar's disabled daughters received special support cards from the government, providing them with essential assistance. Additionally, Shamsunnahar herself obtained a VGF card, offering her crucial aid during her recovery and reintegration into society.

Shamsunnahar's remarkable story serves as a testament to the resilience of the human spirit and the transformative power of medical intervention. With renewed hope and a brighter future ahead, she stands as a beacon of inspiration for others facing similar challenges. Through the collective efforts of programs like End Fistula, countless women like Shamsunnahar can reclaim their lives, restoring dignity, and embracing a future full of promise and joy.

Case Story-2

Rashida's Triumph: Ending 30 Years of Suffering and Embracing Life

Rangpur, Bangladesh - Rashida, a resilient soul, was married off in the Rangpur district at the tender age of 14. Just a year into her marriage, she eagerly anticipated the arrival of her first child. Little did she know that this joyous occasion would mark the beginning of a painful and arduous journey.

During her labor, complications arose, and a full day passed without relief. In desperation, her husband sought assistance from a Traditional Birth Attendant (TBA) in their village. After enduring over 40 hours of excruciating agony, Rashida's hope turned into heartbreak as she gave birth to a stillborn child. It was at this moment that her life took an unexpected turn, as she began to suffer from continuous urinary leakage.

Driven by love and concern, Rashida's husband took her to various doctors in Rangpur in search of a remedy. Sadly, her sufferings persisted, and her hopes for relief were dashed. It was during a visit to the Gangachara Upazila Health Complex (UHC) that Rashida's fortunes changed. A compassionate government employee informed her about the free care provided by LAMB Hospital for obstetric fistula patients.

Guided by newfound hope, Rashida's doctor at Gangachara UHC referred her to LAMB Hospital. There, she was diagnosed with type VVF (Vesicovaginal Fistula), a devastating condition resulting from prolonged obstructed labor. On March 10, 2022, Rashida underwent a life-changing surgery at LAMB Hospital, and her recovery was nothing short of miraculous. After nearly three decades of suffering, she finally experienced the joy of a normal, healthy life.

Expressing her gratitude, Rashida shared, "I endured unimaginable pain and hardships for almost 30 years. LAMB Hospital's unwavering support has transformed my life. I am forever grateful for the care and compassion they have shown us."

Rashida's story is a testament to the resilience of the human spirit and the power of compassionate healthcare. Through the dedication of LAMB Hospital and their commitment to providing free care, Rashida's journey from suffering to healing has inspired hope in countless others facing similar challenges.

As Rashida embraces this new beginning, she looks forward to a life filled with happiness and dreams. Her triumphant story serves as a beacon of hope, reminding us that with compassion, determination, and access to quality healthcare, we can overcome even the most daunting obstacles and build a future filled with promise.



Case Story-3

Ruby Marma: A Triumph Over 18 Years of Challenges

Rangamati, Bangladesh - Ruby Marma, a resilient resident of Barua Para in Rajasthali upazila, faced the daunting ordeal of obstetric fistula for a staggering 18 years. At the age of 23, she entered into marriage and, two years later, eagerly anticipated the arrival of her first child.

However, when labor pains began, Ruby's mother-in-law sought the assistance of a Traditional Birth Attendant (TBA) from a neighboring village. Despite their efforts over three long days, the TBA's attempts proved futile. Tragically, Ruby went through the heartbreaking experience of delivering a stillborn child at home, only to be left with a continuous and uncontrollable urinary condition.

For years, Ruby endured the physical, emotional, and social consequences of obstetric fistula, her hope diminishing with each passing day. Yet, a glimmer of hope emerged after 18 long years of suffering.

A fistula field worker from HOPE Hospital, having heard about Ruby's plight through local community members, reached out to her. With compassion and determination, the field worker confirmed Ruby's diagnosis of fistula. Engaging with Ruby's family, they facilitated her journey to HOPE Hospital, where she underwent life-changing surgery.

The moment Ruby regained her health, a newfound sense of joy permeated her life. Today, she resides in happiness, surrounded by the love and support of her family. Grateful for the intervention of HOPE Hospital, Ruby extends her heartfelt appreciation for the care she received.

Ruby Marma's story stands as a testament to the endurance of the human spirit. Her unwavering perseverance and the timely intervention of HOPE Hospital have transformed her life, symbolizing the triumph of hope over adversity.

Through Ruby's journey, we are reminded of the urgent need for accessible and compassionate healthcare services for women affected by obstetric fistula. Her story reinforces the importance of raising awareness, advocating for quality maternal care, and providing support to those who have endured the challenges imposed by this condition.

Ruby's renewed hope and restored well-being serve as a beacon of inspiration, igniting our commitment to ensuring a future where no woman suffers in silence.



Case Story-4

Gulnihar Begum Finds Tranquility and Hope After Decades of Suffering

Sylhet, Bangladesh - Gulnihar Begum, a woman burdened by the effects of obstetric fistula for over three decades, has finally found solace and a renewed sense of purpose. Married at the tender age of twelve, Gulnihar endured immense hardship throughout her life. Her first childbirth, devoid of medical assistance, brought forth excruciating pain, and tragically, her child was stillborn. It was at this moment that Gulnihar's life took an unexpected turn.

Ever since that fateful day, Gulnihar has lived with the constant flow of urine, enduring unimaginable discomfort and isolation. Over the course of 34 years, she bore the weight of her condition, raising fourteen children, of which only three survived. Faced with financial constraints, Gulnihar initially sought medical attention at Sylhet Rakib Rabeya Hospital but had to forego treatment, prioritizing her children's future.

However, a ray of hope entered Gulnihar's life when she learned about the Comprehensive Initiative on Fistula and received the news that they provide free treatment for fistula patients. With newfound determination, she was transferred to Dhaka, where she underwent a life-changing fistula surgery.

Speaking of her transformation, Gulnihar expressed, "All I ever wished for was to find peace, even if it meant leaving this world. With your support, God has granted me the serenity I sought. I now aspire to regain my health and extend a helping hand to others in my neighborhood who suffer from fistula. I will actively seek out those in need and offer my support."

In heartfelt gratitude, Gulnihar extended her appreciation to the Comprehensive Initiative on Fistula and said, "You have bestowed upon me a remarkable life, and for that, I am immensely grateful. I now live in tranquility alongside my children."

Gulnihar's remarkable journey serves as a testament to the transformative power of medical intervention and the unwavering resilience of the human spirit. With her newfound lease on life, she strives to make a positive impact in her community, becoming a beacon of hope for those who share her plight. The Comprehensive Initiative on Fistula, through their dedicated efforts, has not only restored Gulnihar's health but has also bestowed upon her the gift of peace and the opportunity to live her remaining years with dignity and purpose.



Case Story-5

Rawshan Ara: Reclaiming Life with Courage and Support

Rangpur, Bangladesh - Rawshan Ara, a young woman, was married off before reaching the age of 18. As fate would have it, within a couple of years of her marriage, Rawshan found herself expecting a child. However, her family's financial constraints made it impossible for them to afford an institutional delivery or the services of a trained birth attendant.

Living approximately 20 kilometers away from the Rangpur Medical College Hospital, where advanced healthcare facilities are available, Rawshan faced numerous challenges. Eventually, she had no choice but to give birth at home, assisted by a traditional birth attendant known as a Dai.

Soon after the delivery, Rawshan noticed something amiss—she was experiencing difficulties in controlling her urine. It was then that she received the devastating diagnosis of obstetric fistula, a condition that left her feeling hopeless and burdened with immense challenges.

"I lost all hope, clinging only to the possibility of divine intervention for my recovery," Rawshan Ara recalled, her voice filled with a mix of despair and longing.

However, amidst her struggles, Rawshan stumbled upon a glimmer of hope. She learned about the free treatment for fistula offered at LAMB, a beacon of support and healing for women like her. Determined to reclaim her life, Rawshan sought assistance at LAMB and underwent a successful fistula surgery. Gradually, she emerged from the darkness that had overshadowed her existence, experiencing a complete restoration of her health and dignity.

Today, Rawshan stands as a testament to the transformative power of compassionate care and support. She exudes confidence, gratitude, and a renewed sense of purpose. Rawshan extends her heartfelt appreciation to LAMB and the UNFPA for their unwavering support throughout her recovery journey.

Rawshan Ara's story is a poignant reminder of the resilience and strength of women facing obstetric fistula. Her triumphant journey, fueled by courage and aided by the compassionate efforts of organizations like LAMB and the UNFPA, serves as an inspiration to all. It highlights the importance of accessible and affordable healthcare, empowering women to reclaim their lives, restore their dignity, and embrace a future filled with hope and possibility.



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
- University Fistula Center, BSMMU, Dhaka
- Sir Salimullah Medical College Hospital (SSMCH), Dhaka
- Chittagong Medical College Hospital (CMCH), Chittagong
- Rajshahi Medical College Hospital (RMCH), Rajshahi
- Mymensingh Medical College Hospital (MMCH), Mymensingh
- Sylhet MAG Osmani Medical College Hospital (SOMCH), Sylhet
- Shahid Ziaur Rahman Medical College Hospital (SZMCH), Bogura
- Khulna Medical College Hospital (KMCH), Khulna
- Rangpur Medical College Hospital (RpMCH), Rangpur
- MAMM'S Institute of Fistula and Women's Health, Dhaka
- Dr. Mottalib Community Hospital, Dhaka
- Modern Hospital, Sylhet
- Lamb Hospital, Dinajpur
- Kumudini Hospital, Tangail
- Hope Foundation Hospital, Cox'sbazar
- Ad-Din Hospital, Dhaka

Report Compilation

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Technical Support in Printing

Centre for Injury Prevention and Research, Bangladesh (CIPRB)



