

Interim Progress Report

Organizational Name: HOPE Foundation for Women and Children of Bangladesh

Program Title: Obstetric Fistula Team to Support Sustainable Fistula Program

Grant Amount: \$45,000 over two years

Contact Person: Ashley Pugh

Address: 16401 NW 2nd Ave. Ste. 202 Miami, FL 33169

Original Outcomes:

1. To establish an obstetric fistula team that will provide fistula repair surgeries on a year-round basis.
2. To train members of our hospital staff to be specialized in obstetric fistula care that will work specifically for fistula patients.
3. Implement an outreach campaign to build community awareness and prevention
4. Reduce the amount of women who develop obstetric fistula.
5. Increase the amount of obstetric fistula surgeries we perform yearly in order to reduce suffering.
6. To establish HOPE Hospital as a “center of excellence” for treating obstetric fistula.

Change in Funding: No change in the funding has occurred for this program.

Change in Organization or Program Structure: No change was made in the organization’s structure but additions were made to the program structure. The Fistula Dedicated Team has added four female field workers to support recruitment, prevention and education efforts in rural villages. HOPE has used its own funding for this and has not changed the budget or funding from DFW in any way.

Project Challenges: The monsoon season proved to be harsh this summer. In June there were torrential rains, landslides and flash floods in Cox’s Bazar. On July 6th, Tropical Cyclone Komen affects 1.5 million along Bangladesh's districts near the coast including Cox's Bazar; a total of 199 deaths and the destruction of 55,000 homes for those living along the Bay of Bengal resulted. On July 21st Tropical Cyclone Two brought more than 800 mm of rainfall to Cox's Bazar. The excessive flooding and landslides caused many to retreat to shelters and others remained stuck in their homes in rural villages. Not only was HOPE’s staff unable to reach the remote areas for recruitment and outreach, but the patients were unable to travel to the hospital for surgery. HOPE is working diligently to make-up the surgeries during the time lost and to reschedule any surgeries that were unable to be performed due to the weather. The addition of

the 4 field workers is to increase patient recruitment and support patients through the entire process.

Revision of Original Objectives: No changes have been made to the original objectives.

Progress towards Objectives:

1. To establish an obstetric fistula team that will provide fistula repair surgeries on a year-round basis.

The team is excellent and Dr. Biswas claims that he feels more supported than ever before. He finds that he not only has more support in surgery, but for the entire program from recruitment to counseling to outreach. The team has been recruiting patients in an increased capacity and seamlessly arranging their trip to the hospital for surgery, providing high quality care and assisting them home to facilitate improved communal and familial relations. The monsoon season interrupted the rate of surgeries but this was in no way related to a diminished capacity of our staff. Dr. Biswas has not received any support from visiting international surgeons and is completing simple, intermediate and difficult repair surgeries with ease due to the support of the Fistula Dedicated Team.

2. To train members of our hospital staff to be specialized in obstetric fistula care that will work specifically for fistula patients.

HOPE's entire clinical and non-clinical team emphasizes obstetric fistula repair as one of our most important programs. Hospital nurses, medical assistants and midwives have participated in information sessions provided by the Fistula Dedicated Team and continue to implement the recommendations made by fistula nurse Mrs. Jacquie Smith and her visit in December 2014. HOPE's 240 community health communicators continue to participate in the incentive program to identify and refer fistula patients to HOPE for repair surgery and have been critical in explaining the injury to community and family members. Many community health communicators and hospital nurses join the Fistula Dedicated Team's outreach programs in rural communities. In July 2015 Dr. Tom Reed, a doctor from the UK interested in global health worked at the hospital for approximately a month. During his time there Dr. Reed spent considerable time working with the Fistula Dedicated Team to create a data collection sheet to be completed on fistula patients which was explained to all HOPE staff members supporting the program. This will assist the entire hospital in fistula research which at this point is minimal in Bangladesh.

3. Implement an outreach campaign to build community awareness and prevention.

HOPE's Fistula Dedicated Team has been incredibly active in providing prevention, awareness and education to the rural communities surrounding HOPE Hospital. Since the last report, 6 workshops took place in HOPE's Mothers' Clubs, 2 workshops specifically for men on education of fistula and 6 meetings for village health workers. In addition to the organized camps, the Fistula Dedicated Team has gone into rural villages and spoke with community members in passing as well as disbursed information on fistula for the villagers to share with their friends, families and neighbors. This method has proven

effective for reaching women who might have missed an organized workshop or community education session and provides a one-on-one or small group session for the women to ask questions of the team in a more informal setting. Dr. Biswas reports that the team is now attending Government meetings and sharing HOPE's activities to promote understanding, knowledge sharing and to ensure more people are aware of where women can receive free treatment.

4. Reduce the amount of women who develop obstetric fistula.

As stated in the last report this is a hard objective to measure and will be best proven after a significant time has passed, statistically. The objective is to evaluate, at the mark of 5 years, how many women have been identified as being fistula patients in year 5 and compare that number to the previous years to determine if less women are developing the disability. In the interim, one way we can calculate HOPE's effectiveness in reaching those most in need is to calculate the length of time the patients have lived with fistula, prior to learning about the service offered. In 2014 the median length of years of living with fistula was 7 years, with one patient living with fistula for 50 years. In 2015 the median was 4 years, demonstrating that our awareness is penetrating the communities. We can infer from the fact that so many women are quickly learning about fistula and the repair surgery available to them that increased women are hearing the accompanying messages of how fistula is caused and how to prevent it through proper care during pregnancy and delivery.

5. Increase the amount of obstetric fistula surgeries we perform yearly in order to reduce suffering.

HOPE has excelled in this objective. For comparison sake, in 2013 before the program, HOPE completed 34 fistula surgeries and in 2012, 45. Since the DFW program began in August 2014, HOPE has completed 55 fistula repair surgeries. HOPE completed the most surgeries in a single year in 2014 with 63 surgeries. The year 2015 is not complete but 30 repair surgeries have been completed with the goal of reaching a minimum of 60 by December. The difficulty brought on by the monsoon season is the reason for the numbers to be a bit behind in 2015 but the team is working hard to overcome this difficulty. To note, Dr. Biswas has completed more difficult surgeries since he had the support of the team and he has seen a higher success rate of first repairs. This demonstrates clinically, how the team is critically improving the program.

6. To establish HOPE Hospital as a "center of excellence" for treating obstetric fistula.

HOPE is quickly reaching this objective. As mentioned in the last report, HOPE is building a 75-bed HOPE Maternity and Fistula Center, and at its groundbreaking was the US Ambassador to Bangladesh, the Honorable Dan W. Mozena. HOPE Hospital was just visited by a group of UK medical students through the organization Selfless, who wanted to learn more about obstetric fistula and see HOPE's program first hand. Dr. Mahmood, HOPE's Founder co-authored an article on obstetric fistula in the Lancet journal, which can be found here: <http://www.thelancet.com/pdfs/journals/lancet/PIIS0140->

6736(15)61277-6.pdf and HOPE's work can further be found on the UN's Campaign to End Fistula here: <http://www.endfistula.org/video/giving-hope-women-and-children-bangladesh>. HOPE is increasingly becoming one of the top fistula experts in the country.

Timeline Difficulties: All of the objectives will be reached and the program will conclude successfully according to the timeline provided in the original application. The number of fistula surgeries might be as high as HOPE was aiming for given the monsoon season but we have already surpassed the number of surgeries we had done before this program was in place.

***Include several high resolution jpg photographs of the program depicting girls/women who have benefited from the grant funds in your assigned Dropbox. Photos should be submitted with the right to use in all forms and media in DFW documents and website. Include confirmation of grantee's right and consent to use photo/video as per local law.**