

Interim Progress Report

February 28, 2014

Organization: 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

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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 to reduce suffering.
6. To establish HOPE Hospital as a “center of excellence” for treating obstetric fistula.

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

Change in Organization or Program Structure: There have been a few changes within the organization’s structure. First of all, HOPE’s Country Director position is now filled by Hasnain Nayak, who was previously the Chief Operating Officer. Additionally, we have received through AusTraining a wonderful Australian nurse who works as an educator to our nursing team. HOPE’s US office has recently added Ms. Cristina Fandino to assist in administration and capital campaign fundraising. HOPE is planning to build a 75 bed Maternity and Fistula Center by 2016 which would be a fantastic addition to this program. Lastly, HOPE has added four new Board of Directors – Dr. Kristina Deeter, Dr. Reshma Murthy, Dr. Rose Joseph and Dr. James Howell.

Project Challenges: The program has started with little hindrance or challenges. The challenge HOPE is currently facing, is that starting in January 2015 there has been political violence in Bangladesh. This has impacted the outreach aspect of the program as it has prevented women from leaving their homes, and has made travel even locally, dangerous for our staff. Our team in Bangladesh has overcome this by holding more meetings, educational sessions and rural health camps at HOPE’s rural centers. Since the violence began HOPE also focused on targeting the men of the community i.e. husbands,

leaders, herbalists and quack doctors to educate and teach about fistula, as it is safer for men than women to travel. Working with the men of the community is just as important if we want to prevent fistula and encourage safe deliveries. It is also the village herbalists and quack doctors that are now educated on fistula and its symptoms and can refer these women to HOPE for surgery. The violence has not interrupted the training of the fistula team in any way.

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

Progress toward Objectives:

1. To establish an Obstetric Fistula Team that will provide fistula repair surgeries on a year-round basis.

This part of the program is very strong! Dr. Nrinmoy Biswas, HOPE's fistula surgeon remains as the team leader, of course. The DFW supported team consists of: Dr. Prantika Chakrabarty as supporting physician, Ms. Shahida Begum as fistula nurse, Ms. Runa Das as social worker and Mr. Abu Musa Ash'ary as program coordinator. Dr. Chakrabarty is not only supporting Dr. Biswas while he performs surgery but is actually learning how the surgical procedure is done, so perhaps one day she may be able to do the surgery herself. Dr. Chakrabarty is passionate about safe delivery and the prevention of morbidities and works extensively at night to deliver children in the hospital. Ms. Shahida Begum is gaining extensive experience in the operating room and as she is present for all fistula surgeries, she is acutely aware of their needs post-surgery. She is caring and supportive to the women prior to surgery, and provides comfort to the women who are fearful as she is now an experienced fistula nurse. Ms. Runa Das works with the women before and after surgery, and not only helps them with things such as education on personal care but travels with the patients to their homes and counsels the family and community. The community needs to be made aware of how fistula is caused, how the patient developed it and that she is now cured. Ms. Das makes frequent calls to these women to follow-up with them and visit with them at their homes to see how well they are integrating back into society. Last, Mr. Abu Musa Ash'ary is fulfilling his role as program coordinator. He excels at finding patients in the remote areas as a respected community member, and travels long distances to the most remote areas where there are a high number of fistula patients. He furthermore takes along with him on occasion, female community health workers that have been trained by HOPE, in case the women want to speak privately to another female, as it is more comfortable. Dr. Biswas is overjoyed to have such a support team.

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

In addition to the fistula team, the Australian Nurse Educator works with all of the nurses and assistants in the ward to care for fistula patients and help them understand her needs. Moreover, Mrs. Jacquie Smith, a global experienced fistula nurse came to the hospital in December 2014 to train all nurses, junior doctors and medical assistants on proper fistula care, patient needs and assessments, and appropriate operation theater behavior and sanitation. HOPE's 240 community health communicators received a special educational course by the

fistula team on fistula and has created an incentive program for these young girls to find patients within their villages and assist them in seeking care. There is not a single employee at HOPE Hospital that is not well-versed at this point in what fistula is, how to prevent it, how to refer patients for care, and many are now trained on how to care for them.

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

The outreach campaign has been successful in recruiting patients and creating awareness in the villages. In addition to the 7 workshops that took place in HOPE's Mothers' Clubs, 6 workshops have been held for men, and 5 meetings for village community health workers. We have certainly surpassed the number of originally intended workshops. To combat with the political violence, the team travels on Fridays and Saturdays to gather small groups in the villages and discuss fistula, how to prevent it and to recruit patients. This method of smaller gatherings has been effective during the more difficult times. Since HOPE started this program with DFW's support, thirty-four women were reached and referred to HOPE for care. Out of these thirty-four women, twenty-six already received their life-changing surgery and the remaining eight will be operated on in March.

4. Reduce the amount of women who develop Obstetric Fistula.

This will be a hard outcome to measure at the present, but we do know that village women, pharmacists, herbalists, quack doctors and community leaders are now aware of what obstetric fistula is. They are well informed as to how it is caused and we are eager to learn whether our efforts bear the outcome of less sufferers. We can calculate this outcome in the next 5 years by charting the women's age when she developed the fistula, and how long she suffered before coming to HOPE. This will accomplish two things. One, we can say with a certain degree of certainty that if women are seeking HOPE's care soon after developing fistula, then our awareness raising and outreach efforts are successful. Two, we can infer that if less women are developing fistula after the start of our program, the program is then preventing fistula from occurring in the first place. We will track this every year and be able to deliver reports on how the data changes per annum. We believe 5 years is an appropriate time, statistically speaking to demonstrate significance.

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

HOPE has dramatically increased the amount of fistula surgeries done per year, with the help of this program. In 2014 HOPE carried out a record number of surgeries, totaling 63 for the year. In 2013 we did just 34 and in 2012, 45. So far in 2015, 5 *complicated* cases were done; in past years HOPE's surgeon Dr. Biswas relied heavily on visiting fistula surgeons to assist him in repairing complicated cases. In 2014 Dr. Biswas did all 63 surgeries and received his certification by Fistula Foundation after he was evaluated by world-renowned fistula surgeon Dr. Steven Arrowsmith. The support of the Fistula Dedicated Team allows Dr. Biswas to do surgeries on a continuous basis. The surgeries themselves are much smoother now that the staff is trained in proper operation theater practices and able to assist in the care for these patients per their specialized needs.

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

HOPE is absolutely becoming the center of excellence for treating obstetric fistula in Bangladesh. In 2014 we were the biggest provider of fistula in the entire country. Now that

HOPE boasts a fistula dedicated team and is routinely visited and trained by leading fistula medical professionals from around the world, HOPE is demonstrating just how to create a strong, grassroots fistula program. The medical care patients receive at HOPE is unmatched anywhere else in Bangladesh, thanks to our new team. Our outreach efforts such as community health workers, HOPE's Mothers' Clubs and community workshops exemplify the communal ties and personal contact that is required for gaining the patient's trust and the community's trust. Our additional programs that support the prevention of fistula, namely the community-based midwifery diploma program, antenatal care and safe delivery program and the training of community health workers ensures that HOPE is developing a *comprehensive* model for fistula care. In December 2014 HOPE laid the first stone for the groundbreaking of the HOPE Maternity and Fistula Center; because so many have heard about our fistula work, attendees of the ceremony included USAID, and the US Ambassador to Bangladesh.

Timeline Difficulties: There are no foreseen timeline difficulties for completion of this project.