HOPE Final Report

1. a. Organization Name: HOPE Foundation for Women and Children of Bangladesh
   b. Program Title: Obstetric Fistula Team to Support Sustainable Fistula Program
   c. Grant Amount: $45,000
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2. Program Outcomes:
   a. To establish an obstetric fistula team that will provide fistula repair surgeries on a year-round basis.
   b. To train members of our hospital staff to be specialized in obstetric fistula care that will work specifically for fistula patients.
   c. Implement an outreach campaign to build community awareness and prevention.
   d. Reduce the amount of women who develop obstetric fistula.
   e. Increase the amount of obstetric fistula surgeries we perform yearly in order to reduce suffering.
   f. To establish HOPE Hospital as a "center of excellence" for treating obstetric fistula.

3. Program Accomplishments:
   a. HOPE Foundation now has an official fistula-dedicated team. Dr. Nrinmoy Biswas remains as HOPE's fistula surgeon and he is supported by Dr. Prantika Chakrabaty as supporting physician, Ms. Shahida Begum as fistula nurse, Ms. Runa Das as social worker and Mr. Aby Musa Ash'ary as program coordinator. Dr. Chakrabaty has been supporting Dr. Biswas as he performs the repair surgeries, and is now very knowledgeable in the procedure. This has been immensely helpful to Dr. Biswas as he has adequate, knowledgeable support throughout the operations. It is intended for Dr. Chakrabaty to perform the surgeries when the team agrees she is ready. Shahida Begum has been equally supportive on the clinical side of the fistula program, as she is educated on how to provide specific fistula care and at the same time provides comfort to the women before and after surgery, as she has cared for all of the fistula patients since the start of this program. Ms. Runa Das has gone door to door with the team in recruiting patients and talked them through the entire process, explaining what they can expect and assessing and responding to their emotional needs. She is a constant personal support to the patients and works diligently after surgery to follow-up with them and provide counseling, advice, helping to reunite their families, and truly whatever each case requires. Mr. Musa, who is well regarded in the local communities, has realty increased patient recruitment. He works well alongside female community health workers he takes into the remote communities who are better suited to make initial contact with potential fistula patients, and he then becomes a trusted contact for the elders of the community to assist the patient in transportation from the village, to the hospital and back. Many women who lost ties to their family because of their fistula have regarded him as their personal support and escort, and he has provided a lot of comfort to these women. Dr.

Biswas, as a result of the support he has received from the team, is conducting all surgeries without the help of an international visiting surgeon, including a lot of complicated repairs. He did receive help in 2014 on complicated cases but did all surgeries himself in 2015. In 2016 after the HOPE Maternal Health and Fistula Conference, Dr. Biswas and his mentor Dr. Arrowsmith of Fistula Foundation did a repair camp togerther.

b. As HOPE's fistula program is one of our largest programs, our entire staff has become specialized in the care and knowledge of fistula patients and their needs. In 2014 an Australian Nurse Educator worked at the hospital for 6 months to train the junior nurses and support the inpatient ward. Mrs. Jacquie Smith, a global fistula nurse who has worked all over the world in fistula repair surgeries, visited in 2014 and again in 2015, working specifically with the fistula dedicated team and the entire clinical staff on best practices for clinical care. She worked with them to ensure proper storage of medicines and supplies, proper sanitation and clean-up in the operating theater, how best to support Dr. Biswas during a procedure, and so much more. The nurses and doctors gained considerable experience and knowledge in the two trips she made, and her policies are still in place today in the nursing ward. Dr. Tom Reed from the UK in 2015 came to HOPE and created a pro forma for the dedicated team to fill out on each patient. This standardized set of records includes valuable data on each patient that will provide great value to research on obstetric fistula and maternal health in this region. He worked with the team to as well as those who work in the maternity care corner on establishing protocols and proper record keeping. HOPE's 240 trained community health workers received a special course in obstetric fistula and to this day, work in the communities to refer patients to HOPE for surgery. They are further taught how to educate rural communities on how fistula develops and how it can be prevented. These health workers are from the local area, which assists in the acceptance of such information that tends to go against cultural beliefs on fistula. The fistula dedicated team often brings these health care workers with them when they go into the field for recruitment as well as for the outreach/prevention campaign. To engage our fistula patients once they are repaired, we have the Fistula Ambassador Network which supports fistula survivors in educating their communities, identifying and referring patients for surgery and mentoring patients before and after surgery. Superstition is strong in remote communities here, and having an actual fistula survivor mentor the patients who are fearful of surgery is of great value and influence. It also assists the patients in regaining social skills and we provide financial support to them for the great outreach work they are conducting.

c. HOPE's outreach campaign to build community awareness and prevention has been extensive. The fistula-dedicated team carried out a total of 46 workshops in the last two years; 16 workshops with HOPE's Mothers' Clubs, 10 workshops for men and elder community leaders, 10 with the fistula dedicated team engaging local communities and 10 with village health workers. In addition, HOPE hosted 21 rural health camps in 2015 alone, where many patients were identified as candidates for fistula repair. The Fistula Ambassador Network is most directly supporting the outreach campaign, as well as HOPE's Village Pharmacist Network, which is a network made up of local village pharmacists who received training on identifying obstetric fistula and the promotion of safe delivery. These

pharmacists have identified many patients as women go to their local pharmacist first, before seeing a doctor. The fistula team has attended Government meetings where local residents attend, to give them information on the free care available for fistula patients at HOPE, as well as the signs and symptoms and how to refer a patient for care. HOPE's midwives, as part of their training, have been deployed into the field to educate the community on safe pregnancy and delivery, and the importance of antenatal care and ensuring skilled attendants at delivery. The midwives themselves have referred patients but have worked largely on the prevention side. In addition to this, the following outreach campaign activities were executed: passing out of brochures and information pamphlets, advertising on HOPE hospital patient folders and take home items, using a microphone and announcing through villages that if anyone is suffering, help is available, putting ads in local newspapers, having HOPE's doctors routinely let families know how to refer someone for care who may be suffering in their community.

d. As indicated in the last reports, it is difficult to assess whether we are reducing the amount of women who develop obstetric fistula. It is further difficult as there is no known number of how many women in this area have fistula and develop it year-by-year. A way to determine the effectiveness of this program is to evaluate how long the women are enduring fistula before they find out about our program. As mentioned in the last reports, in 2014 the median was 7 and in 2015 that t number decreased to 4 years. In 2016 there have been many younger women who have had fistula for only a few months to one year, but the median will be determined at the end of the year. This is significant, because when we started our fistula work many women had fistula for 25 years and more. We want to restore women's lives and dignity as early as possible, so that they move on and live happy, healthy lives. This also tells us that communities are aware of what fistula is, as they are referring these young women to us, very early on. This is incredible progress for us.
e. We have made great progress in increasing the amount of surgeries we perform per year. In 2012 we performed 45 surgeries. In 2013 we performed 34 surgeries. This was before the funded project began. In 2014, with the support of the program, we completed 63 surgeries, the highest amount of surgeries we had ever performed. In 2015, we beat that number by 1, completing 64 surgeries, the best year thus far. In 2016 we have already completed 52 surgeries and expect to beat our previous number. Dr. Biswas's success rate has increased and as mentioned before, he is conducting all of the complicated cases on his own. We are very proud to report the progress on this objective.
f. HOPE is no doubt a "center of excellence" for teaching obstetric fistula. Many groups are interested in hearing about our program and success in patient recruitment. As mentioned in 2015, Dr. Mahmood co-authored an article on obstetric fistula in the Lancet journal. HOPE is building a 75-bed Maternity and Fistula Center that will be the absolute representation of our care and progress on obstetric fistula. In 2016 HOPE hosted the first HOPE Maternity Health and Fistula Conference, with a fantastic crowd of NGOs, government representatives, researchers, academics, and fistula surgeons. The crowd was international, with attendees coming from Norway, Haiti, Nepal, USA, and of course many from Bangladesh.

4. There were a few challenges in executing this project. The monsoon season in 2015 was very harsh, which limited the team to go into the communities, as well as limiting the patients to come to the hospital. Many surgeries had to re-scheduled as it was just too dangerous for people to travel. Flash flooding, mudslides and unnavigable roads faced the team and patients. Furthermore, Bangladesh experienced some political tension which also limited movement during times of curfew. During the monsoon season we called all of the patients to ensure they were able to still come for surgery and if not, we rescheduled and created a transportation plan for each patient. During times of political unrest, the teams would go out during times of non-curfew such as on Fridays, and get into the field as much as possible. The Fistula Ambassador Network and Village Pharmacist Network were developed during these times, to support recruitment efforts. Lastly, recently our fistula dedicated team and administration has met with local doctors to educate them on the care available at HOPE and this has returned incredible results. We are receiving referrals from hospitals very distant to us, and there seems to be a constant stream of referrals from doctors which means our program is widely known and trusted.
5. Our organization is essentially the same as when we applied but with the addition of 4 new board members and Mr. Hasnain Sabih Nayak taking over as Country Director, where he was previously the Chief Operating Officer.
6. The most important lessons learned largely revolve around creating trust with the patients, the communities and how to connect with them to not only educate them about fistula but on safe maternal care as well. We learned that the outreach has to be incredibly comprehensive, involving as many different groups that have stakes in the communities and in maternal health, as possible. We started out reaching out to patients in the villages and through traditional methods such as brochure distribution but have clearly expanded and involved our midwives, community health workers, fistula survivors, local doctors, local pharmacists, local government, village health workers and HOPE's Mothers' Clubs. We also learned very early that it was critical to involve men and the village leaders, as we needed to gain their trust and ensure that they were supportive of the work we were promoting in their communities. Educating them on fistula and our work not only helps us work more efficiently and reach more patients, but it also supports fistula prevention, as these men were learning the importance of skilled attendants at birth and what a mother needs during pregnancy. The obstetric fistula effort is not simply between us and the patients; it involves the entire community and region.
7. The organization has been changed by this project in connection to the previous answer. We have connected with so many groups and truly expanded our network and made connections with other maternal health organizations working on similar objectives. We have connected with the local Rotary Club and government groups and truly increased our presence in order to receive better results in our projects.
8. There were quite a few unexpected outcomes. We did not expect to connect and partner with so many new organizations. We recently have signed MOUs with maternal health organizations for referral to HOPE for fistula repair and other maternal health services. We also are stounded at how many fistula patients are coming forward and being referred to us. We did not expect the fantastic support from the community and could not be happier. On another note, we

received funding from another giving circle and then funded on a larger-scale by another organization to provide safe pregnancy care to women in need. What was so unexpected was the amount of husbands that were coming with their wives for antenatal care, where normally the husbands do not attend. All of our work in the community and educating the men has had significant impact on the entire community in regards to maternal health.

9. We did not stray too much from our original strategy, however as mentioned above, the weather and political stress encouraged us to find alternative ways to reach the women in the more remote communities, such as our Fistula Ambassador Network, Village Pharmacist Network and local doctors. As a result of how successful these strategies have proven, we will continue to use a variety of groups to reach out to patients and help us reach our objectives. Doing so will safeguard us from similar challenges in the future.
10. There have been so many lives touched by this program, both direct and indirectly. Directly: 179 fistula patients have received surgery; 4 of the fistula dedicated team including were trained and at the forefront of this program and Dr. Biswas who has reaped the benefits of the team's support. Indirectly: 80 hospital staff members were trained on fistula care; 240 community health workers received special training on obstetric fistula; 28 midwives went into the field to educate on fistula; 480 women in HOPE's mothers' clubs were educated on safe pregnancy and fistula; 15 Fistula Ambassadors are now working prevention and recruitment; 50 village pharmacists are educated on fistula and involved in referring patients; 1,000 women and girls were educated on maternal and reproductive health through outreach. That is a total of: 2,077 people directly and indirectly touched by this program.
11. The measurement used to monitor success was done qualitatively, as sheer numbers were able to indicate the success. The qualitative measurements were:
    - How many fistula surgeries were performed: 179 total, from 34 per year being doubled at 63 and 64, respectively. The increase in surgeries implies more women came for surgery meaning the outreach campaign was success.
    - How many workshops were conducted:46with 30 community members in attendance on average
    - Is there a difference in the mean of years women suffered before they heard about our program: Yes, a difference of 3 years since the start of our program with significant outliers, one woman who waited 50 years.
    - How many HOPE's Mothers' Club members were educated: 480
    - How many women and girls were educated on fistula and its prevention through community outreach: 1,000
    - How many were trained on the fistula dedicated team: 4
    - Was Dr. Biswas able to perform more complex surgeries without the assistance of an international visiting surgeon? Yes, in 2015 he completed all surgeries by himself.
12. The program will continue however in a different way. Now that the fistula dedicated team is trained, there is no additional need for training. The fistula dedicated team will still work together and conduct the outreach campaign which will continue based on successful results and current needs. The team will try to reach more remote communities that were not heavily

penetrated during this program. The expected results are that Dr. Biswas and the team will identify more patients, the outreach efforts will result in more referrals of patients, and the number of surgeries performed yearly will continue to increase.

13. Expenses: Please see Appendix A.
14. This grant did not per se help us in obtaining other funding or partnerships as it is hard for us to determine as we began many new projects and relationships at the same time, but the program itself with the expansion of our fistula program certainly helped in obtaining new relationships with other organizations and the partnership with Dining for Women helped in increasing confidence if some were unsure of our work. This project and Dining for Women as whole has been incredibly beneficial for us.