



■ Technical Brief

APPLYING A HOLISTIC APPROACH TO FISTULA CARE IN NIGERIA

MOMENTUM SAFE SURGERY IN FAMILY PLANNING AND OBSTETRICS IN NIGERIA seeks to accelerate reductions in maternal and newborn mortality and morbidity in Nigeria by enabling institutions, organizations, and networks to build awareness of, equitable access to, and provision of high-quality care for (1) safe and appropriate cesarean delivery (CD) and peripartum hysterectomy, (2) fistula prevention and repair (including prevention of iatrogenic fistula resulting from unsafe CD and hysterectomy), and (3) management of maternal health complications arising from female genital mutilation/cutting (FGM/C).

A female genital fistula is an abnormal opening between the genital tract and the bladder and or the rectum that causes uncontrollable, constant leakage of urine or feces. Women with genital fistulas often experience devastating social and economic consequences. The most common causes of genital fistulas are prolonged or obstructed labor, surgical error (most often during cesarean section), or trauma such as sexual violence. In Nigeria, this condition is treated through surgical repair or non-surgical (catheterization) intervention at health facilities (such as National Obstetric Fistula Centers (NOFICs) or state-level vesicovaginal fistula (VVF) centers) or through organized surgical campaigns.

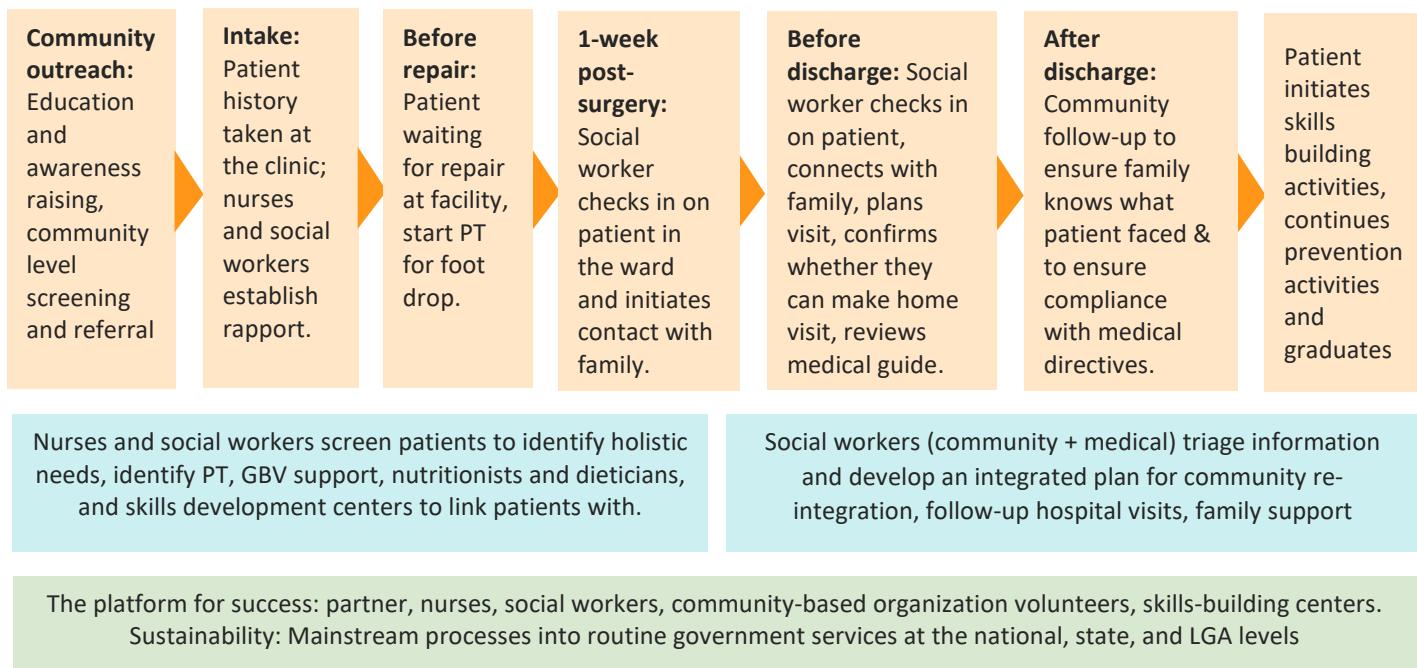
The project has supported fistula prevention efforts by strengthening provider capacity to perform high quality obstetric surgeries, introducing quality improvement approaches for obstetric care (Maternal and Perinatal Death Surveillance and Response, Robson classification, and the WHO Surgical Safety Checklist), and by training primary health care workers and nurses on the use of preventive catheterization as part of the management of prolonged or obstructed labor.

A holistic fistula care approach addresses the full range of patients' needs from prevention to treatment to rehabilitation and reintegration, providing or linking them to the services that they may require. In Nigeria, this holistic care approach was primarily implemented at NOFICs and state VVF centers.

What does a holistic approach to fistula care look like?

1. **Expanding services** available at facilities beyond screening and surgical repair to meet the patient's needs (e.g. physical therapy [PT], economic reintegration, family planning [FP] referral, gender-based violence [GBV], nutrition etc.)
2. **Strengthening care teams** (nurses and social workers) capacity to link patients to (or provide) care across the continuum from pre-, intra-, and post-operative services
3. **Establishing individual-level information systems** to optimize data for monitoring and decision-making, as well as minimizing loss to follow-up

Figure 2. Continuum of Care Conceptual Framework for Holistic Fistula Case Management



How MOMENTUM Safe Surgery in Family Planning and Obstetrics supported holistic fistula care implementation in Nigeria

PROVIDER-LEVEL: STRENGTHENING THE CAPACITY OF NURSES AND SOCIAL WORKERS TO ADDRESS PATIENT NEEDS ALONG THE CONTINUUM OF CARE

Nurses, and medical social workers were trained by the Center for Population and Reproductive Health (CPRH), a project partner, to manage fistula cases as a team. Specifically, the training introduced them to the cascade of care under a holistic care framework and delineated their roles. To facilitate this teamwork, the project worked with the Federal Ministry of Health (FMOH), State Ministries of Health (SMOH), Federal and State Ministries of Women Affairs (MOWA), as well as NOFICs and VVF centers to develop a social screening tool which allows the nurses and social workers to assess the social, rehabilitation and reintegration needs of fistula patients and develop an action plan to support the patient, in collaboration with other health workers.

The project also relied on observations and facility reports sourced during supportive supervision to monitor the extent to which nurses and social workers were working as a team. For example, if a facility report lacked any mention of social workers, the project’s technical staff followed up with the facility. This follow up could elaborate whether there was only an issue related to documentation or whether there were actual challenges in the partnership between the nurses and social workers. In one such instance, the project hosted a one-day round table discussion to bring all parties together to resolve identified issues.

SERVICE-LEVEL: STRENGTHENING PROVISION OF AND LINKAGES TO ESSENTIAL SERVICES

Patients receiving treatment for a fistula require services beyond surgical repair. The project contributed to strengthening services such as PT and supported building linkages with other services including FP, GBV prevention and response, nutritional care, and psychosocial support (Figure 3). In addition to strengthening linkages between fistula care and support services through intra-unit meetings and referrals, the project engaged with private sector entities to mobilize resources for rehabilitation and reintegration (R&R), including facility renovations made possible with private fundraising in Sokoto and Kebbi states (Figure 4). MOMENTUM Safe Surgery partners the Chartered Institute of Social Work Practitioners of Nigeria (C-ISOWN), CPRH, and the Daughters of Virtue and Empowerment Initiative (DOVENET) led this work. The project also engaged the National

Social Registry Unit to consider indigent fistula clients for enrollment into government economic support programs.

In parallel, MOMENTUM Safe Surgery emphasized strengthening and sustaining surgical and non-surgical fistula treatment services. This included developing and implementing pre-service education programming, including the National Training Manual for Doctors and Nurses on Fistula Management (in collaboration with UNFPA), and the National Standard Operating Protocol for the Assessment and Management of Women Living with Obstetric Fistula (in collaboration with CPRH). The project has pursued decentralization of fistula training and care through the establishment of urogynecological training programs in teaching hospitals. For example, the project supported the University of Abuja Teaching Hospital to strengthen its urogynaecological unit and advocated to the Committees of Chief Medical Directors of Tertiary Hospitals to establish or strengthen fistula training in their centers. Finally, MOMENTUM Safe Surgery linked project-level training to recognized certificate programs to build opportunities for health worker professional development. Five fistula surgeons were enrolled into the NOFIC Abakaliki training program, leading to advanced certification and opportunities for promotions.

Facility-based service strengthening approaches were complemented with an ensemble of community outreach and social behavior change strategies (i.e. community education). These strategies aimed to reach communities with awareness and education messaging on fistula prevention and treatment and sought to catalyze referral so that women experiencing fistulas can enter the continuum of care under a holistic approach:

- Interactive voice response through Viamo's 4-2-1 platform enables people to call in and receive key messages on fistula treatment options.
- Volunteers trained on DOVENET's interpersonal communication approach disseminate key messages related to fistula prevention and treatment through household visits and town halls, documenting referrals
- Community volunteers trained by USAID's Breakthrough Action project on key messages, who then share these messages through household visits and document referrals.
- Community-level sensitization activities to commemorate specific events (e.g., International Day to End Obstetric Fistula)

INFORMATION SYSTEMS: ESTABLISHING A TRACKER TO FOLLOW FISTULA PATIENTS FROM REFERRAL THROUGH IN-FACILITY CARE TO POST-DISCHARGE REHABILITATION & REINTEGRATION (R&R)

The impact of a holistic fistula care model, in linking fistula clients to essential services (Figure 1) across the continuum of care (Figure 2), depends on the presence of robust information systems that enable providers to use real-time data to optimize how they provide care, document outcomes, and link patients with needed services, as well as enabling policymakers to orient resources toward appropriate programming. The project supported the Ministry of Health in developing a fistula dashboard on the Nigerian Health Management Information System (HMIS). However, as an aggregate national data system, the HMIS does not include individual patient data.

To address this gap, MOMENTUM Safe Surgery and the Nigeria Health Information System Program (HISP) supported the Department of Planning, Research and Statistics and the Fistula Division of the FMOH to develop a fistula client tracker. The tracker is also housed on the existing national DHIS2 platform, which ensures government ownership and sustainability. To develop the tracker, approval by the Health Data Consultative Committee (HDCC) was sought and received in 2022. A national HMIS stakeholders' workshop was then held in 2023 to design the schema and process flow. The client tracker enrolls clients at the time of diagnosis (registration, which includes data related to demographic information), and captures information on treatment, post-operative outcomes, rehabilitation and re-integration, and six-month follow-up. All the NOFICs and VVF centers, working with the FMOH, uploaded retrospective data for 2023, and are now using this to routinely document and better manage patient care along the continuum. To formally handover the system to national stakeholders, two national workshops were held with policymakers, the FMOH and SMOH, NOFIC leadership, State VVF centers' leadership, the Federal and States MOWA, and the Social Registry Unit.

Figure 3. MOMENTUM Safe Surgery in Family Planning and Obstetrics Holistic Fistula Care Service Strengthening Approaches



Figure 4. Sokoto State Vesico-Vaginal Fistula Center Refurbishment from Private Sector Engagement between the Sokoto State MOWA and the Nigerian Army Officer Wives Association

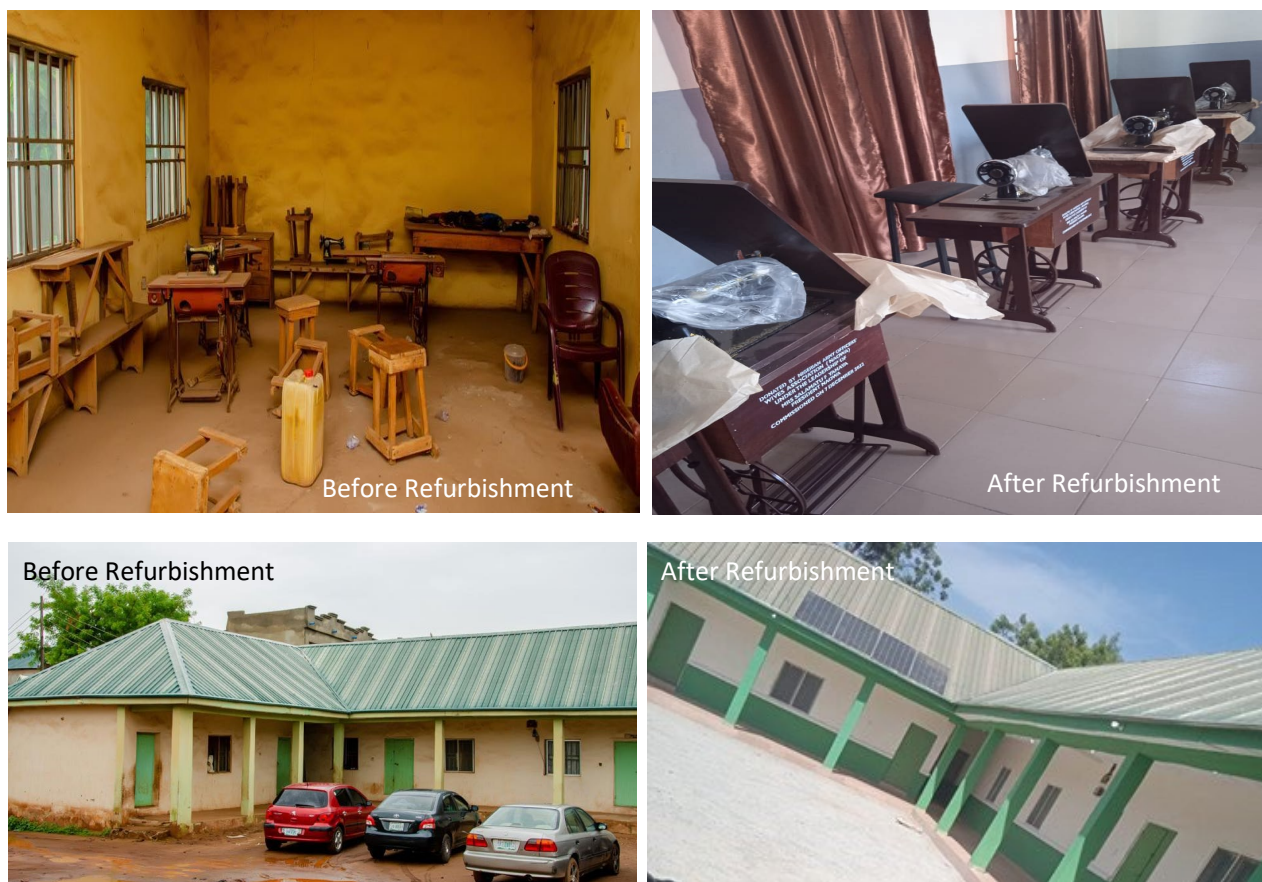


Photo credit: Young Star Photography, Sokoto

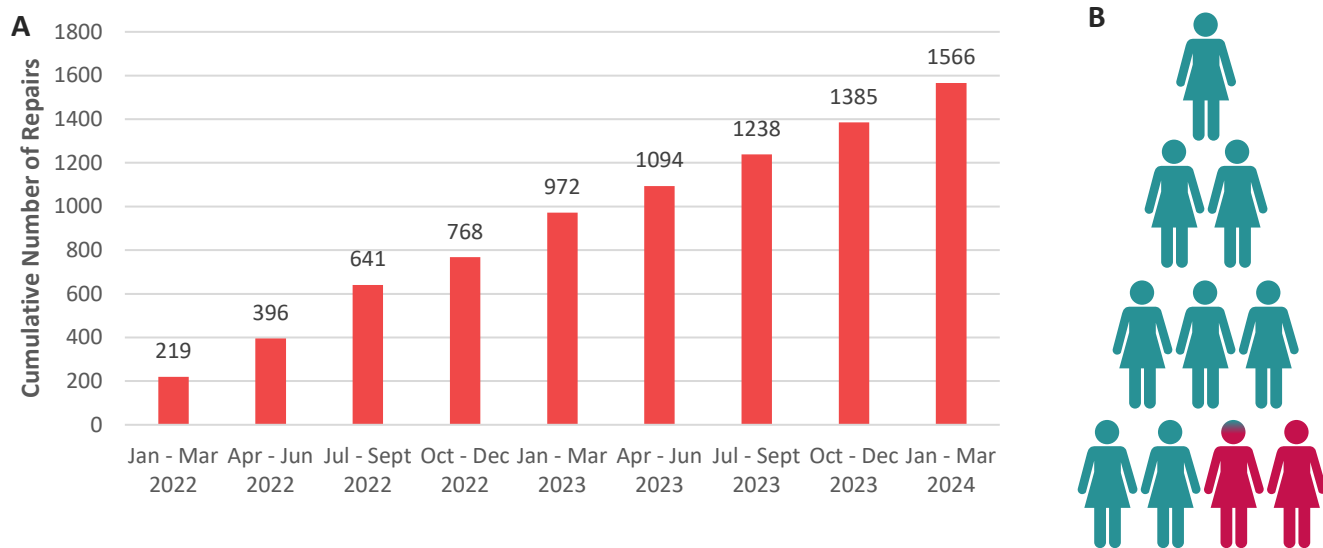
Outcomes

Over the life of the project, **1.3 million individuals** were reached with awareness and education messaging on fistula prevention and treatment, **28 providers** were trained in surgical treatment for fistula, and **84 providers** were trained in non-surgical treatment (catheterization). **1,566 surgical and non-surgical fistula repairs** were conducted at project-supported facilities (see Figure 5a for quarterly figures). Of these repairs, **81% were closed** at discharge (Figure 5b).

Implementing holistic fistula care management has resulted in hundreds of clients receiving essential services.

- The proportion of fistula clients receiving R&R services at project-supported fistula sites increased from 17% (July through Sept. 2022) to 80% (July through Sept. 2023).
- 183 fistula clients were screened for GBV over the life of project. Of these, 33 were referred for GBV services. All (100%) project supported facilities now have an active or recently updated GBV referral list or directory.
- 106 fistula clients were screened for nutrition services.
- 50 providers were trained in PT in Kebbi and Ebonyi States. 62 fistula clients received PT services in Ebonyi and seven (7) in Sokoto.
- 125 fistula clients received economic reintegration support, specifically on digital skills (75 in Ebonyi and 50 in Sokoto).
- 581 fistula clients received psychosocial and FP counseling.

Figure 5. A. Cumulative Number of Fistula Repairs (Surgical and Non-Surgical) and B. Percentage of Fistula Patients Closed at Discharge Over the Life of Project



Legend: Figure 5b shows the percentage of fistula patients closed at discharge (green) versus not closed (red).

Looking Back, Looking Ahead

These experiences demonstrate how a holistic fistula approach can be implemented. Outcome data indicate that such an approach can effectively link fistula survivors to the range of services they need. For example, the proportion of fistula patients receiving R&R services has increased over the life of project. More fistula clients are being linked to psychosocial and FP counseling, are receiving PT services, and participating in economic reintegration support activities.

In addition to the provider, service, and information system strengthening activities described above, MOMENTUM Safe Surgery in Family Planning and Obstetrics successfully mobilized resources for holistic fistula care. This included work with the Sokoto State MOWA to mobilize private sector resources for R&R (see Figure 4), advocating to the SMOH for inclusion of fistula funding during annual operational planning and budgeting processes, and engaging the universal health coverage program to include fistula prevention, treatment, and rehabilitation in national insurance programs. Over the life of project, commitments were secured from the Bauchi State Health Contributory Management Agency to enroll 500 fistula survivors in their basic health care provision fund to access free maternal and newborn health services. The project also secured the approval of the Sokoto House of Assembly to budget ₦200 million (approximately \$133,000) for the purchase of consumables and equipment at Maryam Abacha Women and Children’s Hospital. Engagement with national and subnational policy platforms was integral to these successes, including the Commissioners for Health, Hospital Services Management Board, State MOWA, State Primary Health Care Development Agencies, State Health Insurance Agencies, and Social Registry Officers.

For a holistic fistula care approach to be scaled-up sustainably in Nigeria as global and national efforts continue to end fistula by 2030, we have identified four key considerations for policymakers:

- Support well-structured surgical and R&R systems through strengthened policy, strategy, and interministerial operational collaboration at national and subnational levels, sustaining the National Fistula Provider Network forum, and continued support to the National Fistula sub-committee of the National Reproductive Health Technical Working Group. Fistula should be included as a serious morbidity to address under the Health Sector Renewal Investments Initiative (HSRII) and Sector Wide Approach (SWAp) of the FMOH.
- Strengthen the interconnections between fistula care, social protection programs, and Universal Health Coverage programs. This can be done through utilization of the actuarial study on holistic fistula provision carried out by the National Health Insurance Authority to improve fistula tariffs and benefits, and by state


insurance agencies including fistula as part of their benefit packages. The use of data from the DHIS2 fistula client tracker (developed with support from the project) can provide valuable information on the level of need for fistula clients within health insurance and social protection services.


- Invest in human resources and infrastructure. This includes recruitment and training of additional health workers such as social workers, physiotherapists, nutritionists and dieticians, and GBV case officers to meet the human resource requirements for implementation of a holistic fistula care system. The social worker system must be strengthened through investments in capacity building team approaches and better linkages between medical and community social workers. R&R centers, within and outside the fistula centers, need refurbishment and supplies. These needs extend to general hospital, who act as decentralized fistula service provision outposts and support the work of the National and State Fistula Centers.
- Institutionalize robust tracking and follow up mechanisms within the health system. These mechanisms are crucial for ensuring that patient’s needs are identified, and that social workers’ follow-up plans can be implemented to link patients to economic re-integration opportunities, prepare patients for their six-month post-operative follow-up hospital visits, and engage with patients’ families to support recovery. Individual-level information systems are essential to both monitoring the status of the various services associated with fistula care, completion of referrals, and for ensuring that the patient remains within the continuum of care even if they move between treatment sites.


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