

## Annual Report 2015

### Fistula Treatment Program



Funded by:



With additional support from:



## **PART I: 1st Fistula Treatment Week in May 2015.**

### **1.2. Report**

#### **Preparation and training for community outreach teams**

In the preparatory phase Terrewode, a NGO experienced in the outreach and mobilization of VVF patients, was asked to partner with CoRSU to help with their expertise in patient mobilization.

A planning meeting was held on 11.12.2014 with Moses Kiwanuka, the head of the CBR programme at CoRSU, Sarah Hodges, the medical director of CoRSU, Alice Emasu, executive director of Terrewode and Lillian Awizia, Program Manager of Terrewode and Dr. Judith Stenkamp, Head of VVF Treatment Programme at CoRSU. A Memorandum of Understanding on cooperation between CoRSU and Terrewode was agreed.

A training workshop for community outreach personnel on VVF patient mobilization was held on the 08./09.01.2015. Terrewode facilitated this training. The training aimed at the community outreach department of CoRSU as well as other stakeholders from the districts of Wakiso and Kalangala who are involved in community outreach, such as district village health team members. The workshop provided an introduction to VVF. It was designed to help community outreach personnel understand the psychosocial problems associated with VVF to help understand the problems which might occur in mobilizing VVF patients as well as techniques to sensitize and mobilize the VVF patients. The programme and report of the training from Terrewode is attached.

In total the training had 20 participants. Participants from Wakiso District and Kalangala District were refunded their transport costs. The participants from Kalangala were also provided with accommodation as the islands are far away.

#### **Mobilization and screening of patients**

The training was well received and the participants seemed very motivated to start searching VVF patients. With the team from Kalangala we agreed to conduct a screening day on the 29.01.2015 at the Kalangala Health centre IV. For Wakiso District as well as CoRSU catchment area we agreed to have a screening day on 22.01.2015. Up to this date, the community outreach teams were to search for patients.

Through the Sese FM, the radiostation of Sese Island (Kalangala) we arranged for a jingle and a drama to be broadcasted for three weeks. Likewise village-radio announcements were made in several villages of Wakiso District. The CoRSU - CBR outreach workers followed up potential VVF cases during their visits to the villages four times per week.

On the 22.01.2015, we screened 25 patients from Wakiso District, of whom 3 were eligible for surgery. One patient which was transported from home due to a paraplegia and incontinence following childbirth was diagnosed to have Pott's disease (Tb of the bones) and was started on Anti Tuberculosis Treatment. One patient had to be postponed due to a low CD4 count (129) and had to be started on ARV treatment first. She will be recalled after six months.

On the 29.01.2015, we screened patients in Kalangala District / Sese Islands. The team from Terrewode had made the contacts to the district officials prior to the training workshop. It was therefore agreed to go as a CoRSU / Terrewode team. We met with the district health official in charge, prior to the screening. Unfortunately the preparation of the screening by the Kalangala team was insufficient. We managed to see only two patients, both of which did not have a fistula.

Because until one week before the camp we had only managed to recruit four patients (CoRSU –CBR team three patients from Wakiso District, the Kalangala District Health Team none, CoRSU Referral System one) we resorted to the network of Terrewode for additional mobilization. Terrewode was able to mobilize eleven patients through their contacts.

### **Equipment**

A dedicated VVF Treatment Program room was provided by CoRSU. The room was prepared as an examination room with an old theatre table and stirrups, specula, partition curtain and the necessary items to do a dye test if needed.

The Ministry of Health, through Peter Mukasa - the UNFPA VVF Advisor, provided CoRSU Hospital with two VVF surgery kits and two kits of consumables from UNFPA, so the basic equipment for surgeries and examination was available. The remaining missing items were ordered through Crown Medical Services (pregnancy tests, Specula, Methylenblue, Foley catheter CH14&16).

### **Treatment Week and postoperative care**

On the 02.02.2015 the treatment week started together with Dr. Andrew Browning. Dr Browning's participation in the camp is covered by a personal grant to Dr Browning. Dr Stenkamp contributes her working time as a volunteer.

Surgeries took place from 02.02.2015 to 05.02.2015: in total 15 patients were operated.

Summary of patients treated:

- Ten patients were dry and well, of these one had a vaginal prolapse with cystocele after hysterectomy.
- Two patients had to be trained on urethral plugs No2 due to a small bladder capacity but managed well and were dry.
- One patient had a urinary diversion in 2001 and had complained of increased leakage at night which improved after an anal sphincter repair with perineal body repair. Electrolytes were normal, Urea and Crea slightly elevated.
- One patient got a urinary retention after a sling procedure and was discharged with intermittent self catheterization. She will be recalled after one month.
- One patient did not have an incontinence but complained of a widened episiotomy which was repaired.

During their stay VVF patients were staying in the Hostel of CoRSU Hospital. The nurse in charge also participated in the training workshop and was instructed during ward rounds on special needs and requirements in the care of VVF patients.

### **Health education for the patients, recruitment as “VVF ambassadors”**

In the second week after the surgeries a teaching session for all patients was organized with Terrewode. The session covered the causes of fistula, myths around it, the postoperative time (abstinence from sex and avoiding pregnancy after the repair), feeling responsible for other patients and sending them for treatment, etc.

Before being discharged, each patient was provided with a small laminated information card on the CoRSU VVF Treatment Programme, with some guiding questions to help identify other women suffering from VVF and the contact to CoRSU for referral.

## **Debriefing with the involved CoRSU staff**

On 16.02.2015 a debriefing meeting was conducted to get a feedback of all the involved staff. As this was the first time for CoRSU Hospital to conduct a VVF treatment week, it was important to hear what the staff thought about this. The feedback was positive: all thought it was good for CoRSU to help women suffering from fistula. The Medical Officer and the Nurse in charge of the VVF – Hostel were tasked to develop guidelines for pre- and postoperative management of VVF patients at CoRSU. Attached to this report find the minutes of the meeting.

Another feedback meeting with the community outreach team is planned for March to reflect about the experiences in the mobilization.

## **1.1. Lessons learnt**

**Finding 1: CoRSU Hospital was well able, with its staff and infrastructure, to provide quality care for VVF Patients.**

- A critical factor is acceptance of VVF Treatment as a new program area at CoRSU. The staff feedback was positive in this regard.
- In-house surgical capacity combined with visiting surgical capacity can be a successful approach towards establishment of capacities for a continuous VVF Treatment Programme.
- CoRSU has been able to mobilize complementary resources from MoH/UNFPA towards its programme, indicating MoH interest in the programme.

**Finding 2: The key challenge is effective mobilization of continuous stream of patients, this needs to be worked on. CoRSU will follow a three pillar approach: the CoRSU system of referral from other hospitals, the CoRSU CBR outreach program and partnership with Terrewode, as an external CBR outreach network. In particular it was learned:**

- Mobilization of patients needs more time and supervision, especially in the initial phase, where CBR need to develop their skills in identifying VVF patients. The time between the training and the treatment week with just three weeks was short and did not allow for learning / feedback loop.
- The health officials from Kalangala and Wakiso Districts need more follow-up, as their engagement in patient mobilization after the training was low and their effort did not produce any patients.
- The existing CBR network of CoRSU shall be used to work in other districts beyond Wakiso District as well.
- Terrewode has a very good and effective network for mobilizing VVF patients and was able to mobilize patents quickly. We shall build this partnership as a complementary pillar to the CoRSU CBR Programme.
- The CoRSU VVF treatment program now needs to be communicated widely throughout CoRSU referral network.
- To facilitate patient mobilization through all the above channels, improved communication material need to be developed (Poster for Health Facilities, Flyer for referring health personnel, Outreach worker / ambassadors aid in Swahili, Luganda, Luo, English).

## **Part II: 2<sup>nd</sup> and 3<sup>rd</sup> Fistula Treatment Week from May to December 2015**

### **2.1. Report**

#### ***Mobilization campaign in Apac District from 20 -22.05.2015***

After communicating to the DHO of the District and presentation of the programs aims, a route was set up to reach out to as many Health Centres/Hospitals to provide information about the programme. We had agreed to announce the 10<sup>th</sup>/11<sup>th</sup> of September as screening days in Aduku Health Centre IV and Apac District Hospital.

With the help of a social worker from Apac District Hospital, Lydia Nakato, who helped a translator, we were able to cover the following centres on 21.05.2015: Chegere HCII, Teboke HC III, Inomo HC II, Aduku HV IV

At each of the sites we gave talks to staff and waiting patients, as well as putting up information posters. In the evening a radio talk show at Apac FM with Sr. Consolata, the assistant DHO, as translator, was held. This was sponsored by the District.

The following day a staff meeting at Apac District Hospital was held together with the partner organization Terrewode, who had joined by then. The medical aspect as well as the social impact were covered by Dr. Judith Stenkamp and Alice Emasu.

A VHT Meeting, organized by the Assistant DHO, Sr. Consolata, was conducted to inform and spread the news about the programme. Posters were handed out for distribution. The VHT Team received facilitation for this meeting.

On our way out of the District Akokoro HC III was also visited and information given.

#### ***Screening days in Apac District 09.-12.09.2015***

One week prior to the screening days, radio announcements and jingles were produced by Radio Divine and Apac FM to alert patients for the screening days.

On 10.09.2015 screening was conducted at Aduku Health Centre IV: Around 80 patients had come for the screening exercise. They were verbally pre screened by a midwife before examination. In this way we say app. 40 patients of whom 11 were eligible for surgery.

On 11.09.2015 screening was conducted at Apac District Hospital: Around 130 patients had come for the screening exercise. The same system of pre-screening was applied, 18 patients were eligible for surgery.

These two patient groups were transported by the public bus company. Lydia Nakato gathered patients at Apac District Hospital and organized their bus trip to CoRSU Hospital, the following Saturday and Sunday.

#### ***Mobilization by Terrewode in September 2015***

Terrewode, under the partnership with the CoRSU VVF Program mobilized **XX** patients for the following treatment week.

#### ***Fistula Treatment Week from 14.09.-18.09.2015***

This treatment week was supported by Dr. Andrew Browning, as visiting surgeon. In total 34 patients were treated. (see attached patient log). Summary: 8 VVF repaired, 2 VVF not yet repaired (1 too fresh, 1 bladderstone removal and CD4 low), 17 3<sup>rd</sup>/4<sup>th</sup> Degree Tears. Others: 1 R/o Ectopic Ureter, 5 Severe Stressincontinence after previous repairs, 1 Vaginal Prolapse post TAH

#### ***Mobilization campaign in Nwoya District from 14.10.-16.10.2015***

Principally we followed the steps as we did in Apac. The DHO was informed and the program explained. By the time we arrived in Anaka, the DHO was in Kampala and nobody knew about us. But luckily things were sorted out quickly and Nester, the Districts Health Promoter, helped us as a translator. We were able to visit the following Health Centres: - Corom HCII, -Koch Goma HC III, - Koch Lii HC II, - Lwlyongo HC II, - Alero HC III, - Langol HC II, Anaka General Hospital. Additionally we talked at two elders meetings and took the chance to speak at a gathering of villagers spontaneously (election campaign was going on). In the evening of the 15.09.2015 we were able to conduct a Radio Talk Show of one hour at Radio Rupiny. The screening dates were set for the 12.11. and 13.11.2015 at Anaka General Hospital and announced.

#### ***Screening at Anaka General Hospital on 12.11.-13.11.2015***

A week ahead of the screening exercise radio jingles were played to alert the population. The uptake of the screening by the population was very low. The number of patients eligible for surgery were three. Possible reasons for that mentioned by the staff were: Rainy season, Planting season (Digging), Transport problems.

#### ***Mobilization by Terrewode in November 2015***

Terrewode, under the partnership with the CoRSU VVF Program mobilized **XX** patients for the following treatment week.

#### ***Fistula Treatment Week from 16.11-20.11.2015***

This treatment week was supported by Dr. Hillary Mabeya, visiting surgeon from Eldoret, Kenya. In total 21 patients were treated of whom 16 received surgery. Please see attached patient log. Summary of patients: 7 VVF, 5 4th Degree Tear, 1 Cystocele, 2 Urethral Polyps, No surgeries: 3 patients Mild Stressincontinence, 2 patients with severe Stressincontinence after 3, respect. 4 previous repairs. Outcome: of the 7 VVF patients 1 had a break down due to infection. The patients with 4th Degree tears were discharged with good sphincter control and good wound healing. The patient with the Cystocele started with high RV postop, came down to below 20 ml. Of the 2 patients with urethral reconstruction one recovered well, no more signs of incontinence, 1 is still fully incontinent. The patients which had no surgery received physiotherapy and medication with Amitryptilin 20 mg ½ tbl od and will be reviewed next year.

## **2. Lessons learnt**

### **Challenges in mobilization**

CoRSUs mobilization network and approach is not yet stabilized. It cannot be predicted that if the mobilization works well in one district, that it does function the same good way in another. This results in uncertainty of how many patients can be scheduled for a treatment week from the different referrers (CoRSUs own mobilization and the Terrewode team). Screening of patients has been conducted too short ahead of the treatment week to allow further reaction to adjust the number of patients or mobilize additional patients. This shall be changed in future.

### **Improvement in post-operative care during CoRSU Hospitals treatment week**

A better psycho-social care for the VVF patients was provided through including the Hospitals psychologist Vivian in the last two camps. She established a Focus Group discussion with the whole group and patients who needed more support received single sessions.

Also the physiotherapy was more formalized this time, the patients received group sessions in their rooms. When there was a need for single therapy, e.g. due to foot drop, patients were sent to the physio department.

### **Follow up**

So far there is not yet a system for follow up established, this still needs to be done. Ideally the program has a social worker with the necessary language skills who will be assigned to do that.

<b>Total Costs and Funding Sources 1st Fistula Treatment Week at CoRSU (1/2015 - 3/2015)</b>									
	<b>Fistula Foundation</b>	<b>CoRSU</b>	<b>MoH/UNFPA</b>	<b>Funds for Fistula eV</b>	<b>Dr Stenkamp</b>	<b>Dr Browning</b>	<b>Australian Charit</b>	<b>Terrewode</b>	<b>Total</b>
Exchange Rate USD/UGX (13 April 2015)	<b>2995</b>								
<b>Total USD</b>	<b>7.996,08</b>	<b>1.408,18</b>	<b>1.874,00</b>	<b>1.545,16</b>	<b>13.856,43</b>	<b>3.205,34</b>	<b>450,00</b>	<b>834,72</b>	<b>31.169,91</b>
<b>Total UGX</b>	23.948.250,00	4.217.500,00	5.612.630,00	4.627.745,00	41.500.000,00	9.600.000,00	1.347.750,00	2.500.000,00	93.353.875,00
<b>Training Workshop CoRSU, Wakiso and Kalangala District</b>									
Catering		960.000,00							
Accommodation Guesthouse		437.500,00							
Workshop: Facilitation Team (4 Persons: Travel, Accommodation, Facilitation Fee)		1.000.000,00							
Transport refund		900.000,00							
Workshop: additional staff time Terrewoede for Workshop Preparation, Kalangala Mobilisation)								2.500.000,00	
<b>Mobilization of patients</b>									
Radioannouncements for Mobilization	2.219.000,00								
Transport Refund for Patients	1.082.000,00								
Mobilization of patients by Terrewode	2.736.000,00								
VVF Screening Day in Kalangala District	849.000,00								
<b>Equipment &amp; Consumables</b>									
Surgical Kits 2			1.743.090,00						
Consumables 2 for 40 pts.			3.869.540,00						
Specula				400.000,00					
Diagnostic consumables (Methylen Blue, Catheters, HCG Tests)	283.000,00			70.000,00					
<b>Treatment</b>									
CoRSU theater and hospital costs	14.475.350,00								
Other external medical tests (HIV test, BS, Hb, ...)	848.900,00								
First consultation (Opening file, medical assessment) (25000 UGX per case)		800.000,00							
<b>Visiting Surgeon Dr. Andrew Browning</b>									
Flight JRO - EBB							1.347.750,00		
Accommodation Guesthouse		120.000,00							
Food Guesthouse				63.000,00					
Worktime Surgery (4 Days * 8 hrs * 300000 UGX hr)						9.600.000,00			
<b>Resident Surgeon / Programm Coordinator Dr. Judith Stenkamp</b>									
Work Permit	1.455.000,00			1.434.745,00					
Medical Registration				1.040.000,00					
Transport KLA - EBB-KLA (30 days * 54 km * 1000 UGX/km)				1.620.000,00					
Worktime Surgery (4 Days * 8 hrs * 250000 UGX hr)					8.000.000,00				
Worktime Postoperative Care (15 Days * 2 hrs * 250000 UGX hr)					7.500.000,00				
Worktime Training (5 Days * 8 hrs * 250000 UGX hr)					10.000.000,00				
Worktime Screening (4 Days * 8 hrs * 250000 UGX/hr)					8.000.000,00				
Worktime Organisation and Management (4 Days * 8 hrs * 250000 UGX/hr)					8.000.000,00				

