



Call for Expression of Interest

FOR

IN-COUNTRY STANDARD TRAINING

OF

FISTULA SPECIALISED FISTULA SURGEONS



Introduction

Following the development and launch of The National Obstetric Fistula Strategy (NOFS) 2019-2023 for South Sudan, the Ministry of Health together with its partners aim to increase access to quality obstetric fistula prevention, treatment and rehabilitation services. This will be done as part of the international agenda to eradicate obstetric fistula (OF).

Obstetric Fistula is an abnormal medical condition whereby there is an opening between the vaginal wall and the urinary bladder/urethra or rectum of a woman that results in leakage of urine and/or faeces through the vagina¹. During obstructed labour, the wall tissues of the bladder, vagina and rectum are hard pressed between the baby's head and the pelvis bone. This prolonged pressure cuts off blood supply to the affected tissues causing tissue death leading to sloughing and eventually a hole forms between the bladder and vagina or vagina and rectum leading to vesico-vagina fistula (VVF) and recto-vaginal fistula (RVF) respectively or even both. However, though on a low magnitude fistula can also be caused by other iatrogenic or traumatic causes among which include: accidental surgical injuries during caesarean sections/hysterectomy, certain gynecological cancers especially cervical cancer, radiotherapy, rape and complications of unsafe abortions. OF is by far the most severe consequence of prolonged obstructed labour².

Background

South Sudan is estimated to have a total population of 13 million people³. Among the many poor health indicators, South Sudan has one of the highest maternal mortality ratios in the world standing at 1,150 per 100,000 livebirths⁴ and a high obstetric case fatality rate of 3.5%. It is estimated that OF prevalence stands at 3% of women in reproductive age group giving an estimate of about 60,000 women living with OF in South Sudan with less than 1,000 having received any surgical repairs and

¹ WHO (2006). Obstetric Fistula Guiding Principles for Clinical Management and Programme Development.

² UNFPA. (2003). Obstetric Fistula Needs Assessment Report: Findings from nine African Countries.

³ National Bureau of Statistics Projections (2015-2020)

⁴ Trends in Maternal Mortality 2000 to 2017 Estimates by WHO, UNICEF, UNFPA, World Bank Group and UN population division (2019)

treatment. These figures are likely to be underrepresenting the actual picture of the OF situation in the country⁵.

The situation is particularly more precarious due to the high rate of teenage pregnancies estimated at 300/1000 and adolescent birth rate of 158/1000⁶. However, there are interstate differences in the rates with Bahr-el-Ghazal, Western Equatoria and Lakes state identified as high prevalence states due to high prevalence of child marriages. Early marriages and teenage pregnancies have been widely associated with inability to make informed decision about contraception hence increasing the risk for obstructed labour due to an immature bony pelvis. The weak health systems and poor referral systems coupled with delays to seek professional health care have not only increase the risk of pregnancy and childbirth complications but also limited the access to caesarian sections for women previously repaired and treated for OF.

Exacerbated by negative culture norms, customs and traditional beliefs, sexual and gender-based violence alongside child marriage tendencies have undermined the health and safety of many women in South Sudan. Some studies have indicated that about a third of women and girls have experience physical and/or sexual violence in their lifetime and about half have experiences intimate-partner violence (IPV). Such contextual realities underpin the chronic stress propagated by the fear of reprisals.

The weaknesses in the health system cannot be overlooked. Health facilities are few and far between with most having shortages for critical staff needed for safe delivery both vaginally and caesarean section. The distribution of competent staff is skewed to urban areas leaving the majority of vulnerable rural women underserved. The National Health Sector Strategic Plan (2017-2022) shows that the whole of South Sudan has only 3 national teaching hospitals (Juba, Malakal and Wau), seven state hospitals, 45 country hospitals, 356 PHCCs and 1,127 PHCUs giving a total of 1,539 HFs serving a geographical catchment of 0.6 million square kilometers of which 294 HFs are non-functional for one reason or the other. This mal-distribution of health service delivery points reflects a weak emergency obstetric and neonatal care (EmONC).

In collaboration with the Ministry of Health and the state ministries of health, the United nations population fund (UNFPA) in partnership with other Implementing Partners (IPs) embarked on a campaign to eradicate OF in South Sudan. Through these efforts, doctors and midwives have been trained in various aspects of maternal health services including but not limited to obstetrics and gynecology, task-shifting, reproductive health commodity security. To improve reporting, through relentless technical support, OF reporting was included in the HMIS reporting.

Justification

Though there has been tremendous increase in the number of OF repairs over the year from the 19 cases in 2006 to about 117 cases in 2018 and 190 cases in 2020 alone, repairs and reintegration of OF survivors still remains unacceptably low in South Sudan with a back log estimated at 60,000 cases⁷. In

⁵ Adler, AJ, Fox, S, Campbell OMR, Kuper H, (2013). Obstetric fistula in Southern Sudan: Situation analysis and key informant method to estimate prevalence. BMC Pregnancy and Child Birth. 13:64.

⁶ Government of South Sudan (2011). South Sudan Household survey 2010

⁷ UNFPA (2013). The Campaign to End Fistula, 10 years on.



the view of implementing the national obstetric fistula strategy for South Sudan, MoH with support from UNFPA would like to establish a Routine fistula treatment center at the Juba teaching Hospital starting 2021. However, the fact is fistula surgery still remains a specialist domain, and there are still no Specialist Centres with Fistula Surgeons to cope with the demand. The main obstacle in fistula care is the lack of trained medical personnel in surgery. The fistula surgeon must have basic surgical skills in abdominal, pelvic, and vaginal surgery. Training for this type of complex surgery is highly specialized and, until recently, was organized differently in different institutions. Recently, however, International Federation of Gynecology and Obstetrics (FIGO), the International Society of Obstetric Fistula Surgeons (ISOFS), and other partners developed a consensus-derived document that focuses on competency-based training in fistula surgery to three levels: standard (3 - 6 months training), advanced (12 months training), and expert (24 months training).

Objective

Overall

To train and support a teams of national health workers specialized in OF repair and treatment

Specific

1. To train the participants in the theory and practical aspects of Obstetric Fistula with emphasis on aetiology, pathogenesis, screening and identification, prevention, surgical management, postoperative care, counselling and community reintegration after surgery.
2. To mobilise, repair and treat 50 women and girls with OF and reintegrate them into the community as part of the training
3. To conduct obstetric fistula repair mentorship camps as a way of follow-up of the trained fistula surgery team.
4. To identify gaps and challenges hindering routine obstetric fistula surgery and come up with viable recommendations.

Methodology/Approach

Local gynecologists, urologists, and other professionals with basic surgical skills will be trained in fistula repair. The proposal is to train one team comprising of Gynecologists; Anesthetic Officers; Ward Nurses; Operating Theatre Nurses; Medical Officers/Clinical Officers and counsellors/ medical social workers. Adjustments about the team composition will be guided by the Fistula Surgery Specialist Trainer.

Training of Selected health workers:

Based on approved training curriculum, consultant fistula specialist trainers will train one team consisting of 18 participants as below: Training will be 3 days' theory within Juba (proposed to be at juba Teaching Hospital/Colleague of Physicians, and Surgeons). All appropriate teaching aids shall be used to augment the theory learning.

OF survivor mobilisation: The mobilisation for women and girls with obstetric fistula will be done through radio announcements and talk shows. Secondly, the County Health Departments (CHDs) in the target counties will also send messages to the communities through the network of Boma Health



Workers (BHWs) in the respective regions. Thirdly, health workers that have reviewed any fistula cases within their catchment area will contact them and encourage them to join the camp for repair.

Conduct of OF Camps: One Fistula surgery camp to be utilized for the practical. One introductory camp (target 40 patients) will be in Juba for all trainees to participate. Depending on fund availability, other 2 follow-up camps will be done each targeting 30 patients and each participant will choose to participate in one of those. During the camp, fistula surgeons and gynaecologists will use both didactic and apprenticeship approaches to mentor trainees in the management of obstetric fistula. The camps will take care of the meals and transport for the fistula trainers and trainees. This support for the fistula camps will also take care of the additional Infection prevention and Control (IPC) supplies that are required to prevent COVID 19 infections. These will include, Alcohol based Sanitizer, soap, detergent, disposable masks for use by health workers and fistula clients during the camp days.

Selection Criteria of prospective surgeons

- Strong Interest in providing fistula services
- Self-motivation and ability to immediately apply new skills after training
- Minimum educational requirements as per MOH policy
- Basic surgical skills (minimum 2 years' experience advised for a medical officer)
- Service demand/need (demonstrated through the OF disease burden)
- Institutional support (through recommendation from State MoH and Hospitals)
- Intention to remain in this service for at least two years
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Stakeholder matrix

S/N	Institution	Roles
1.	Ministry of Health (MoH)	<ul style="list-style-type: none"> • Provide stewardship to the training programme
2.	State Ministry of Health (SMoH)	<ul style="list-style-type: none"> • Mobilize support and recommend selected participants for the training
3.	Juba Teaching Hospital (JTH)	<ul style="list-style-type: none"> • Actively support the training program and host sessions and initial OF camp and the JTH
4.	College of Physicians and Surgeons (CPS)	<ul style="list-style-type: none"> • Host the training of the participants and provide relevant support learning aids for the training programme.
5.	UNFPA	<ul style="list-style-type: none"> • Provide financial and technical support for the training programme
6.	Amref Health Africa	<ul style="list-style-type: none"> • Develop, design and implement the training program in collaboration with the relevant government institutions.
7.	County Health Departments (CHD)	<ul style="list-style-type: none"> • Lead the mobilization of OF survivors for the scheduled camps.
8.	Implementing Partners	<ul style="list-style-type: none"> • Support the selected participants and actively engage in the mobilization of OF survivors.



Schedule

Activity	Duration	Timeframe	Venue	Responsible
Preparation and Mobilization	28 days	5 th July ongoing	JTH/Amref	Amref
Theory training	3 days	15 th -17 th August	CPS/JTH	Amref
Practical training	18 days	18 th Aug-3 rd st September	JTH	JTH
Mentorship for post-operative care	18 days	4 th Sept-18 th Oct	Virtual	JTH
Evaluation	6 hours	TBD	Virtual	JTH/Amref

Expected outputs

1. One teams (with 18 participants) trained and mentored in OF repairs, treatment and reintegration.
2. One-hundred (100) women with OF repaired, treated and reintegrate into the community
3. Gaps and challenges identified and addressed to improve future fistula camps
4. Curriculum for OF training reviewed and contextualised for South Sudan.

Submission of Expression of Interest (EOI)

The deadline for submission is on August 5th, 2022 before 5:00 pm. If you qualify, please send your CV, letter of interest and other relevant document. All requested documents specified above should be sent to: julius.busiri@amref.org and cc abuipaul74@gmail.com with the subject line: **EOI_Obstetric Fistula Training**

