

FISTULA CAMP (OUTREACH PROGRAM), REHABILITATION AND COMMUNITY - FISTULA ADVOCATES ORIENTATION PROGRAM IN BANGLADESH.

Hypothesis / aims of study

The aim of the presentation is to share our experience on out reach service through fistula camp, rehabilitation of the fistula patients and advocates orientation program.

1. To make fistula services by skilled professional easily accessible to women for decentralization of fistula services
2. To raise awareness and orient the stakeholders about fistula & thereby facilitating preventive and curative services.
3. To improve quality of life of fistula survivors by making them economically independent through fistula rehabilitation program.
4. To train the successful patient as advocates for sensitizing the community for prevention and treatment of fistula.

Study design, materials and methods

Outreach Centres are selected on the basis of presence interested train persons on the centre and geographical coverage of the services. Need assessment done for upgradation of facilities to make it appropriate for fistula surgery and post operative care. Interested doctors and nurses provide training from national fistula centre before the function of the outreach service or fistula camp. On site training of trained personnel were provide to make them more confident. Local stakeholders are oriented about fistula problem, its prevention and treatment through orientation meeting.

Rehabilitation Centre developed close to national fistula centre for waiting patients where they received vocational skill development training which include education, health hygiene, gardening, tailoring, livestock rearing, animal husbandry, knitting and bakery in order to ensure that the fistula patients returning to the community are economically independent with improved quality of life. In addition business management principles are also taught so that they can manage their own small scale business.

Community Fistula Advocates Orientation Workshop: Three days workshop was organized where cured fistula patients were trained to develop the skill to work as an advocate for sensitizing the community about the fistula problem, their suffering and ways for prevention and treatment of fistula. They were also provided training to provide psychological support services through counseling and to organize community level meetings.

Results

From 2005 to 2007 ten fistula camps were organized in different medical colleges covering almost the whole geographical area of Bangladesh. Two hundred twenty four (224) doctors and one hundred twelve (112) nurses received on site short orientation training. One thousand nine hundred seventy seven (1977) stakeholders were oriented. One hundred fourteen (114) patients received full treatment and travel costs. Ten fistula corners opened.

The rehabilitation centre started in working from 2006 here 38 fistula patients got temporary shelter. Among them 15 patients were trained on tailoring, 5 on bakery and 18 patients on Agriculture. These patients also received grant for small scale business.

In the community Advocacy workshop 30 cured fistula patients where trained where they were oriented about safe motherhood, about fistula (what it is, causes, preventive strategies treatment facilities), community meeting, their role and strategies as community advocates.

Interpretation of results

Through fistula camp the awareness about fistula problem, its causes and treatment raises among the people of covering of area. Doctors and nurses get confidence to work in their own setup.

In the rehabilitation centre a large number of patients before and after surgery got shelter and in the mean time they received life skill training and support which make them confidence to live economically independent life.

Community advocate workshop improve their to organize community meeting and raise the awareness of community people about prevention & treatment of obstetric fistula.

Concluding message

Obstetric fistula is a complex problem having both medico social origin and effects. So, the objective to address the issue can not be limited to the physical treatment of the disease. A holistic management include prevention of fistula, its treatment i e surgery and rehabilitation of cured abandoned and uncured fistula patients. In this respect the role of real sufferer or survivor is immense. In Bangladesh we have started the journey with a goal to make the country "Fistula Free".

Specify source of funding or grant

None

Is this a clinical trial?

No

What were the subjects in the study?

NONE
