Innovative Solutions to Reduce Barriers to Fistula Care

Linking Community Health Systems, Digital Health Solutions, and Specialized Surgical Care

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Speakers

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Addressing Barriers to Fistula Treatment: A Research to Action Partnership

Dr. Vandana Tripathi, Fistula Care Plus Project Director
Female Genital Fistula

- An abnormal opening in the upper or lower female genital tract that causes uncontrollable urinary and/or fecal incontinence
- Up to a million women live with fistula; 6,000–50,000 new cases per year
- Causes
  - Obstetric
    - Inadequate management of prolonged/obstructed labor
  - Iatrogenic
    - Often from cesarean section or hysterectomy
  - Traumatic injury
  - Cancer/radiation therapy
  - Infection
  - Congenital defect
Through USAID funding, EngenderHealth has supported >43,200 surgical/non-surgical fistula repairs, trained 365 fistula surgeons, and trained >30,945 other health care workers in countries affected by fistula in Africa and Asia.
Fistula Care *Plus* (FC+) Overview

- **Term**: December 2013 to March 2021
- **Countries of current/past activity**: Bangladesh, Democratic Republic of Congo, Mozambique, Niger, Nigeria, Togo, Uganda
FC+ achievements:
Surgical Fistula Repairs

Cumulative Surgical Fistula Repairs

Outcomes of FC+ Supported Surgical Fistula Repairs

Closed and continent
Closed and incontinent
Not closed
We believe there are women with fistula who have not reached fistula services and are not well-served by existing outreach and service delivery models.

Comparing estimates of fistula burden (e.g., modeling, surveys) with number of women served at fistula treatment sites.

Questions:
- Who and where are these unserved women?
- What barriers do they face in seeking, reaching, and receiving fistula care?
- What enablers, and/or supports could address these barriers?
- Many assumptions, theories, beliefs – little evidence
Research-to-Action Partnership

- 2014-2015: **Literature review** and **formative research** on barriers and enablers affecting women’s access to genital fistula treatment in low-income countries – Population Council (PC)
- 2016: Design of an **information, screening, and referral intervention** targeting identified barriers to fistula treatment in Nigeria and Uganda (EngenderHealth/Viamo)
- 2017-2018: **Intervention implementation** in two sites in Nigeria and one site in Uganda (EngenderHealth/Viamo)
- 2017-2019: **Implementation research and documentation** of intervention effects (PC/EngenderHealth)
Literature Review Findings

- Nine key barriers – organized in conceptual framework based on Three Delays Model
- Limited assessment of interventions – ‘low-grade’ evidence

Baker et al., 2017.  
Formative Research Findings

• Widespread lack of awareness about fistula causes and treatment among women with fistula, family members, and general public

• Stigma may prevent women from participating in community awareness events or discussing symptoms with those who attend
  - Media (e.g., radio) strategies may directly reach women not served by community-based, in-person approaches

• Care-seeking decisions are not made exclusively or even primarily by women with fistula – gatekeepers abound
Formative Research Findings

“I had not heard [about fistula] before and later, except the woman I told you about. I hid my experience, I didn’t tell anybody.” (Ebonyi, Nigeria)

“It has secluded me and I always keep to myself. It has derailed me in business, I don’t go to my shop, I don’t go to market…I heard that people started gossiping that it is because I lost my child that am behaving strangely.” (Ebonyi, Nigeria)
Formative Research Findings
(Nigeria and Uganda)

- Knowledge and behavior barriers within health system as well
  - Primary health care (PHC) providers not well informed about fistula or existence of fistula treatment centers; unable to provide correct referrals (“passive” barrier)
  - PHC providers attempt to treat at lower-level facilities without adequate training, knowledge, etc. (“active” barrier)

- Transportation cost was a barrier to reaching fistula care; research did not uncover instances of women being banned or discouraged from using transport due to fistula symptoms
  - Drivers were sympathetic to fistula clients’ situation
Formative Research Findings

“It was just the lack of money that hindered me from seeking care for eight years. We were looking for traditional treatment because of lack of money to come here…yes no money to come here. My husband hadn’t, and his father hadn’t, my father had to sell some things for us to come here.” (Kano, Nigeria)

“Health care workers should be trained that once a woman has this kind of problem, she should be referred for expert management instead of trying and causing more harm to the woman…. ” (Kano, Nigeria)
Barriers Along the Care Pathway

- Psychosocial Awareness
- Social Cultural
- Transportation Financial
- Awareness
- Social Transportation
- Health facility
- Referral: paid care
- Referral: free care
- OF camps: free care
- Facility shortages
- Quality of Care

Policy and political environment

Healing and reintegration
Responding to Barriers: An intervention package

- Target barriers:

<table>
<thead>
<tr>
<th>Population</th>
<th>Low awareness</th>
<th>High cost</th>
<th>High stigma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health system</td>
<td>Low awareness</td>
<td>Provider gate-keeping</td>
<td></td>
</tr>
</tbody>
</table>

- Planned intervention:
  - **Three** pathways for fistula messages and screening
    1. *Mass media + interactive voice response (IVR) hotline*
    2. *Community outreach agents*
    3. *PHC providers*
  - **One** screening algorithm: *4-5 question screening tool*
  - **One** enabler: *Transport voucher for suspected cases → straight to accredited fistula treatment center*
# Intervention Framework

**Primary health facility**
- Women with incontinence seek care & primary health workers screen for fistula using job aid
- Positively screened women referred to fistula facility & health worker facilitates free transport for patient & companion

**Community level**
- Women reached about fistula hotline through mass media *(radio, flyers, word of mouth)*
- Women call hotline & screen for fistula using IVR technology
- Community agents follow up with all positively screened women and facilitate free transport to fistula facility

**Fistula treatment facility**
- Positively screened women greeted by facility staff & receive clinical diagnostic examination
- Confirmed fistula clients receive free treatment
- Patients diagnosed with POP, urinary/colorectal incontinence receive free treatment at facility
- Patients diagnosed with other conditions referred to relevant facility

Positively screened women & companion travel to fistula treatment facility with driver from local transportation partner using transport voucher mechanism

Women & companion travel home with driver from local transportation partner using transport voucher mechanism
## Partnerships on the Ground

<table>
<thead>
<tr>
<th>Catchment Area</th>
<th>Fistula Treatment Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nigeria</strong></td>
<td></td>
</tr>
<tr>
<td>Ikwo LGA, Ebonyi State</td>
<td>National Obstetric Fistula Center (NOFIC), Abakaliki</td>
</tr>
<tr>
<td>Katsina LGA, Katsina State</td>
<td>NOFIC, Babbar Ruga</td>
</tr>
<tr>
<td><strong>Uganda</strong></td>
<td></td>
</tr>
<tr>
<td>Kalungu District</td>
<td>Fistula Clinic at Kitovu Mission Hospital, Masaka</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Partner type</th>
<th>Ebonyi, Nigeria</th>
<th>Katsina, Nigeria</th>
<th>Kalungu, Uganda</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHC facilities</strong></td>
<td>19 facilities across Ikwo LGA</td>
<td>22 facilities across Katsina LGA</td>
<td>21 facilities across Kalungu District</td>
</tr>
<tr>
<td><strong>Community agents</strong></td>
<td>DOVENET CBO</td>
<td>FOMWAN CBO</td>
<td>Village Health Teams (VHTs)</td>
</tr>
<tr>
<td><strong>Transportation provider</strong></td>
<td>National Union of Road Transport Workers (NURTW)</td>
<td>Aba Jamil Car Hire Services</td>
<td>Lukaya Taxi Operator Cooperative Society Limited (LUTOCs)</td>
</tr>
<tr>
<td><strong>Fistula treatment facility</strong></td>
<td>NOFIC, Abakaliki</td>
<td>NOFIC, Babbar Ruga</td>
<td>Fistula Clinic at Kitovu Mission Hospital</td>
</tr>
</tbody>
</table>
Innovation: IVR Fistula Screening Hotline

- FC+ partnered with Viamo to develop a free hotline to screen women for fistula
  - IVR technology via mobile phones
  - IVR algorithm screens caller for fistula and provides recorded messages in chosen language about how and where to get treatment
  - For women who answer “yes” to the screening question, data collected on demographics, self-reported fistula etiology, and experienced barriers to treatment
- Women who screen positively within intervention catchment areas hear recorded message about follow-up process
- **IVR is not limited by low literacy**
Advertising the IVR Hotline

- Community outreach, mass media announcements, and flyers distributed at community sites and health facilities
Building PHC Provider and Community Agent Capacity

- Trainings for PHC providers and community agents: information about fistula, screening, and referral processes
- Job aids to guide screening and referral

**Fistula Job Aid for Community Agents**

- **NO**
  - Thank woman and tell her to refer any women with these symptoms to the fistula screening hotline.
  - 1. Ask woman to participate in fistula screening hotline.

**Fistula Job Aid for Community Agents**

- **Step 1**
  - SMS Engenderhealth (0703 306 1923) with voucher no. & client.

- **Step 2**
  - Call NURTW (0806 920 5510 or 0705 342 1226) using your mobile. Arrange trip (day and time & pick up location: either home or nearest facility).

- **Step 3**
  - Date and sign the voucher at point of pick up.

- **Step 4**
  - Issue white and yellow copies to fistula client; and issue blue copy to driver. Keep pink copy and submit to DOVENET at the end of each month.
Transportation Voucher

- Community agents and PHC providers follow up with positively screened women and facilitate free transport to the fistula treatment facility using a transportation voucher.
- Positively screened women and companion entitled to free round-trip to and from fistula facility for diagnosis and treatment.
Resources

- https://fistulacare.org/resources/program-reports/barriers-partnership/
- https://www.popcouncil.org/research/fistula-care-plus
- https://viamo.io/
Thank you!

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www.engenderhealth.org
REDUCING BARRIERS TO ACCESSING FISTULA REPAIR IN NIGERIA AND UGANDA: IMPLEMENTATION RESEARCH STUDY

Dr. Pooja Sripad, Population Council
Associate, Reproductive Health Program
Introduction

- Final phase of a research-to-action agenda in collaboration with FC+/EngenderHealth

- Intervention targets: subset of comprehensive set of barriers presumed to have wide effects
Evaluation study goal

Assess whether a comprehensive information, screening and referral intervention reduces the awareness, financial and transportation barriers that impede women’s access to fistula treatment.

– Does implementation of this intervention increase fistula care-seeking, diagnosis, and repairs?
– Can digital health interventions and transportation vouchers reduce barriers to seeking/receiving fistula care?
– Did focused training and job aids increase PHC provider ability to diagnose and refer?
– How did community outreach agents and providers interact to promote an efficient community-based referral system?
Setting and context

- Katsina, Nigeria: Routine surgical repairs
- Ebonyi, Nigeria: Routine surgical repairs
- Central sub-region 1, Uganda: pooled/camp-based and some routine repairs

Each of the 3 sites had a comparison and intervention area
### Pre-post mixed methods: data sources across sites

<table>
<thead>
<tr>
<th>Method</th>
<th>Baseline</th>
<th></th>
<th>Midline</th>
<th></th>
<th>Endline</th>
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<tbody>
<tr>
<td></td>
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<td>Nigeria</td>
<td>Uganda</td>
<td>Nigeria</td>
<td>Uganda</td>
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<td>88</td>
<td>119</td>
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<td>Surveys of post-repair women</td>
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<td>81</td>
<td>96</td>
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<td>51</td>
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<td>In-depth interviews (IDIs)</td>
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<td>29*</td>
<td>19</td>
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<td>19</td>
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<td>8</td>
<td></td>
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</table>

**IDIs with:**
- Post-repair clients*
- Fistula center staff, District managers, FC+ staff
- PHC providers, Community supervisors, Community volunteers
Key Results
Does this intervention increase care-seeking, diagnosis, and repairs?

Ebonyi, Nigeria

Katsina, Nigeria

Central 1 sub-region, Uganda

Legend:
- # of women diagnosed with fistula at facility and eligible for surgery
- # of surgical fistula repairs completed at facility
- # of unique callers to fistula hotline and completing key screening questions
- # of callers screened positively for fistula
- # of women referred through intervention and diagnosed at facility
Can a digital health intervention reduce barriers to reaching fistula care?

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Ebonyi</th>
<th>Katsina</th>
<th>Uganda</th>
</tr>
</thead>
<tbody>
<tr>
<td># of fistula hotline calls</td>
<td>301</td>
<td>144</td>
<td>121</td>
</tr>
<tr>
<td># positively screened</td>
<td>228</td>
<td>101</td>
<td>86</td>
</tr>
<tr>
<td>% of calls, positively screened for fistula</td>
<td>76%</td>
<td>70%</td>
<td>71%</td>
</tr>
<tr>
<td>% referred through intervention and diagnosed with fistula</td>
<td>46%</td>
<td>53%</td>
<td>54%</td>
</tr>
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</table>

~20% of calls in Nigeria and 63% in Uganda were from outside the intervention sites.
How does mobile screening influence women’s awareness and access?

Integrated with complementary community and health systems referral strengthening mechanisms

- User-friendly particularly for stigmatized conditions and effective to reach large populations
- Alignment with community agent messaging and promotion
- Requires adequate publicity to relevant stakeholders (radio, mass-media, posters)
- Connectivity & phone ownership

“Because of stigma, the person thinks, it’s just me [a woman with fistula] and the radio gives the number – [she] calls the number… it was a wonderful strategy and really helped.”
(Program manager, endline, Ebonyi, Nigeria)

“What is complicated … you only talk with a computer and that is it… I was about to lose hope. I wondered why we cannot get to people and instead the computer voices…”
(Post-repair woman who called hotline, endline, Uganda)

“A VHT came and told me about flyers with some numbers which you call. I went, she gave me that number, and I called.”
(Hotline caller, midline, Uganda)
Does a transportation voucher reduce barriers to reaching fistula care?

Uptake of the free transportation voucher mechanism was low across the intervention areas within the broad study sites

\[ n_{\text{Ebonyi}} = 17 \quad n_{\text{Katsina}} = 3 \quad n_{\text{Uganda}} = 27 \]

“I was given a transport voucher which enabled a private car to come and carry me from a PHC to a fistula center. After the operation, the same car came and carried me home after I submitted the last voucher to the hospital.”
(Post-repair client, endline, Ebonyi Nigeria)

“Patient was not taken right to her home ...it happens in situations where the vehicle cannot access her home due to heavy rains”
(Transport Officer, Midline, Uganda)
Did focused training and job aids increase PHC provider ability to diagnose and refer?

**PHC provider knowledge of and practices around prolonged / obstructed labor and genital fistula**

<table>
<thead>
<tr>
<th></th>
<th>Ebonyi, Nigeria</th>
<th>Katsina, Nigeria</th>
<th>Central 1, Uganda</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Intervention LGA</td>
<td>Comparison LGA</td>
<td>Intervention LGA</td>
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<tr>
<td>Report leaking urine is</td>
<td>n=44</td>
<td>n=73</td>
<td>n=42</td>
</tr>
<tr>
<td>as a danger sign</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Report seeing</td>
<td>n=46</td>
<td>n=54</td>
<td>n=46</td>
</tr>
<tr>
<td>prolonged/obstructed</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>labor patients</td>
<td>36</td>
<td>41</td>
<td>32</td>
</tr>
<tr>
<td>Ever-seen patient(s)</td>
<td>n=44</td>
<td>n=42</td>
<td>n=46</td>
</tr>
<tr>
<td>leaking urine/feces</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>uncontrollably</td>
<td>27</td>
<td>52</td>
<td>41</td>
</tr>
<tr>
<td>Ever referred woman</td>
<td>n=46</td>
<td>n=61</td>
<td>n=46</td>
</tr>
<tr>
<td>with fistula symptoms</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>27</td>
<td>39</td>
<td>37</td>
</tr>
</tbody>
</table>
How did community outreach agents and providers interact to promote an efficient community-based referral system?

“At times even if it’s not the number, they listen to the announcements over the radio and they come asking me about it that, ‘We heard an announcement over the radio, is it true?’ Then I tell them that is true, that is how it is, and tell them to go there.” (Community agent, Uganda)

“Prior to the intervention, it was difficult for staff to visit every village to identify those patients. But when the training was done it was helpful...because we needed these people...if the VHT identifies the patient the woman goes to the VHT, then she is taken to the facility and screened...” (Health manager, intervention site, endline, Uganda)

“It was during my health talk that a woman received information and later came back to me, so we did the hotline calls, arranged for transport, and she went for treatment at the fistula center. (PHC provider, endline, Ebonyi, Nigeria)

“More awareness should be raised so people know that [fistula repair] is happening. If somebody had not told me, I wouldn’t have known that they are curing it here.” (Post repair client, endline, Ebonyi Nigeria)
Was there awareness and attitude change in the community?

Increased knowledge of fistula and care options
- Reduced myths and misconceptions (promiscuity, witchcraft)
- Early marriage and prolonged labor as causes
- Iatrogenic and sexual causes
- Lingering misconceptions

Express sympathy for women with fistula and the desire to learn more about the condition and its prevention

Exposure to intervention varied
- Radio-promoted hotline existence
- Familiarity with and confidence in community agents or any provider that conducts household visits
- Lacked knowledge of transport reimbursement

“We feel for others with such problems – to connect with medical team to help her and encourage her to get help.”
(Community women, Uganda)

Most of the victims of this problems are suffering from extreme poverty and used to beg for money in the mosques; if they were wealthy their situation would have never been escalated.
(Community women, Katsina)
In-country disseminations – implications for sustainability

• Varied stakeholder commitment to sustain “awareness-building”
  – Ebonyi & Katsina, Nigeria: SPHCDA intention to integrate training materials to orient PHC/secondary facilities and health educators, aligned with PHC Under One Roof Policy.
  – Ebonyi: place desk officer at LGA level to link women to care and sustain NOFIC outreach.
  – Katsina: media houses express interest in publicizing (TV/radio) fistula care options
  – Uganda: Fistula TWG and MoH aim to include findings within the National Fistula Strategy in Uganda and learnings around VHTs relevant for the Community Health Strategy.

• Hotline— unsustainable without national support— reinforces the need to widely educate communities about fistula to shift care-seeking norms.

• While transport vouchers are unsustainable, interest in supporting access (e.g. social insurance, transport worker unions, eligibility for ambulance services)
What worked and what didn’t work?

- Implementing an intervention to address barriers to fistula care is feasible and effective with strong local partnerships and resources.
  - Applying models from prior research we estimate the intervention identified ~200 fistula cases, e.g., 15% of estimated fistula cases in Ebonyi state.

- The digital health component increased women’s ability to seek fistula care.
  - Hundreds of women called the fistula screening hotline, three-quarters were positively screened with fistula symptoms, calls peaked in the first quarter.
  - Hotline also aided community agents with low literacy in screening.
  - Digital health solutions require integration with community health systems to be effective in connecting women to care “at the last mile.”

- The intervention improved fistula recognition and referral knowledge and practices among PHC providers and community agents.

- The intervention was associated with positive changes in community awareness and attitudes toward women living with fistula.

- Transportation vouchers were helpful to some women, but had limited uptake.
- It is difficult to infer that the intervention led to increases in the volume of repairs.
- Measurement is challenging!
Lessons learned in understanding barriers to care: Challenges of measurement
The Population Council conducts research and delivers solutions that improve lives around the world. Big ideas supported by evidence: It’s our model for global change.
Reflections on Using IVR Hotlines for Fistula Screening and Referral

Emma Sakson, Viamo
Deputy Director of Partnerships
Viamo’s Mission:
Connect individuals & organizations with digital technology to make better decisions
Why Mobile?

Mobile subscription have reached a critical mass...

Interactive two-way communication

Unique experience for each user

Measurable real-time impact
Why IVR?

The literacy rate in Sub-Saharan Africa is only 65%, and over 15 countries in Africa have a literacy rate of less than 50%.

- Low literacy rates
- Any phone, any network
- Accessible in local languages
Implementation Process

1. Content Design
2. Style Optimization for Mobile Communication
3. Translation, Recording & Field Testing
4. Mass-Communication & Ongoing Support
5. Real-Time Dashboards & Impact Measurement
Addressing barriers for women seeking fistula treatment

- Stigma
- Gatekeepers
- Distance
  - Social and geographic isolation
- Cost
  - Cost of care / services
  - Cost of transport
  - Opportunity cost
- Low literacy

Nigeria and Uganda
Methodology

Inbound IVR hotline for fistula screening and referral paired with mass media messaging

- Pre-recorded messages by voice actors to take callers through a process of screening for fistula symptoms
- At the start of the call, women were able to select their preferred language
  - Nigeria: Igbo, Hausa and Nigerian Pidgin
  - Uganda: Luganda
- Collection of background information
- Provision of action messages depending on the screening result
- All positively-screened women were eligible to receive vouchers for free transportation to an accredited fistula treatment center
Welcome & Introduction Message

“Hello, welcome to the Fistula Treatment Hotline. This hotline is meant to help you know if you should seek medical care for something called fistula.

Fistula can cause constant leakage of urine and/or feces from your vagina during the day and night. This can be both uncomfortable and embarrassing, but you are not alone - many women like you experience this problem, usually after a difficult childbirth, but sometimes also after an assault or after a surgery or operation.

Thankfully, with proper medical care, fistula can be treated. We will ask you some personal questions about you and your health.

Please answer the questions using the keypad on your phone to select the option that is correct for you. Please answer honestly so that we can advise you well on the medical care that you should seek. This will take less than 5 minutes of your time – let's begin.”
Intake & Screening Questions

1. How old were you at your last birthday?

2. Do you currently experience constant leakage of urine or feces from your vagina during the day and night even when you are not urinating or trying to urinate?

3. Do you live in xxx state/region?
Referral Message

**Example: Uganda**

“Fistula is curable and you can receive free treatment at the Fistula Center at Kitovu Mission Hospital in Central Region.

A village health team volunteer will contact you within 2 days via the cell phone you used to make this call. They will provide you with more information on fistula as well as a voucher for a free trip for you and a companion of your choosing to and from the Fistula Center at Kitovu Mission Hospital, where you can get properly diagnosed.

After you have been diagnosed and return home, a village health team volunteer will be in contact with you to arrange another free trip for you and a companion to go to one of the upcoming Fistula camps at Kitovu Mission Hospital and receive treatment.”
Results

- Over a period 10-12 months of implementation, a total of 566 women completed the IVR hotline screening process.
- Across the intervention areas, 415 (73%) hotline callers screened positive for fistula symptoms:
  - Ebonyi: 228 (76%)
  - Katsina: 101 (70%)
  - Kalungu: 86 (71%)

You can learn more about the use of IVR hotlines in the Fistula Care Plus project [here](#).
Implementation Challenges

- Gender issues
  - Limited mobile phone ownership
  - Frequent use of a single phone by many individuals
- Poor cellular network connectivity
- User skepticism about confidentiality
- Mass media messaging
  - Callers from outside the intervention zone
  - Limited awareness of the hotline
User Feedback

- Hotline users, community agents and other stakeholders reported positive impressions of the hotline
- Increased community awareness of fistula
- Ability to preserve anonymity
- Helped reduce stigma associated with disclosing fistula symptoms
- Provided mechanism for non-literate community agents to facilitate screening/referral
Case Study

Fistula Messages & Hotline in Tanzania

Project Details:

**Country** - Tanzania

**Partner(s)** - Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) and Vodacom Tanzania

**Implementation Period** - 3 months

Intervention:

Viamo developed messages about obstetric fistula on the country’s 3-2-1 service in coordination with clinical experts at CCBRT. 3-2-1 callers who listened to the fistula messages were referred to the CCBRT Fistula Hotline if they wanted to learn more information or suspected they had fistula themselves.

Lessons Learned:

- Labelling fistula as a more accessible topic is important. On the 3-2-1 Service in Tanzania, the topic area that fistula is listed under is ‘Complications After Birth,’ which led to a high call volume

- Include men in the call for action; the 3-2-1 service receives a 50/50 gender split
Results of Hosting Fistula Messages on 3-2-1

300k
Calls to the service to learn about fistula

37%
Increase in knowledge among callers who listened to fistula on 3-2-1

1166
Referral calls as a result of 3-2-1 to the CCBRT Fistula Hotline
Lessons Learned

- The IVR-based screening approach can be effective:
  - In expanding access to health services for stigmatized conditions, especially with geographically dispersed populations
  - In settings where literacy is limited
  - When advertised extensively through a variety of partners and stakeholders (CHWs, radio, flyers and posters)
Recommendations

- Integration: IVR-based health solutions require pairing with complementary community and health system partners to complete referral and support clients
  - Face-to-face interactions are critical
  - IVR-based solutions are supplemental; there is no replacement for the role of healthcare workers
- Publicity: To be effective, hotlines must be promoted widely and frequently through radio, mobile network operators (MNO) promotion, peer or PHC promotion
- National support: Approval and endorsement by relevant ministries and stakeholders
- Financial commitment
- Sustainability
  - Referrals through CHWS and community ambassadors (ex: CCBRT)
  - Media and private sector actors can help sustain fistula awareness campaigns through television and radio
  - Local partners can be trained to manage the hotline and conduct consistent follow-up for positively-screened women
Implications for scale

- Mobile phone ownership
- Network connectivity
- Language comprehension
- Integration with health systems
- Sustainability mechanisms
- Government and stakeholder buy-in
- Necessity of in-person contacts for referral follow-up and transportation

Questions:
- Who is the intervention reaching?
- What dosage is the intended target population receiving?
- Where do “critical breaks” in the delivery of the intervention and follow-up services occur?
Thank you!

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Reflections on Lessons Learned and Implications for Future Programs

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Questions?
Thank you!