



2019 GiveWell Grants for Global Health and Development in Southeast Asia and Bangladesh

Wed, Mar 27, 2019 at 9:56 AM

Dear GiveWell Team,

On behalf of EngenderHealth, I am pleased to submit an application for the 2019 GiveWell Grants for Global Health and Development in Southeast Asia and Bangladesh. Please find our responses to the application questions below, and supporting documents attached.

1. What does the charity do?

EngenderHealth is a leading global health organization working to improve sexual and reproductive health and rights (SRHR) for women and girls in the world's poorest communities. With nearly 75 years of SRHR expertise in Africa, Asia, the Near East and the Americas, EngenderHealth is committed to saving lives by ensuring accessibility to safe, integrated and sustainable family planning, maternal, neonatal, and child health, and other reproductive health (RH) products and services. EngenderHealth works hand-in-hand with the public sector to sustainably strengthen health systems and improve the quality of clinical services, nurturing strong strategic partnerships with national governments and promoting a supportive policy environment (Attachment A).

Since 2001, a central focus of our maternal health work has been prevention and treatment of female genital fistula and reintegration and rehabilitation of women after fistula repair. In 2007, USAID awarded EngenderHealth a five-year global project, Fistula Care (FC), followed by FC+, which allowed us to expand our activities to more than 38 treatment and prevention sites in 10 countries.

EngenderHealth began supporting fistula repairs in Bangladesh in 2005, helping women regain dignity and quality of life (Attachment B). In 2015, we established a University Fistula Center at Bangabandhu Sheikh Mujib Medical University (BSMMU), which is now recognized as a national center of excellence for fistula training, services, and research. Apart from BSMMU, the FC+ project provides support to five other large NGO-run hospitals and two private hospitals for providing high quality fistula repair surgery free of cost. Through FC+, we also trained fistula surgeons and healthcare providers, increased community awareness about prevention and treatment of fistula, and helped establish a National Task Force on Obstetric Fistula.

As part of FC+, EngenderHealth is introducing fistula services in 13,000 community clinics in Bangladesh, at the request of the National Fistula Task Force. The activity involves use of a simple four-question checklist to help community-level fieldworkers identify cases of fistula. The tool has already been tested in a Bangladeshi district with a large population (1.8 million), and has proven very effective and has also been used by the Bangladesh Maternal Mortality and Morbidity Survey 2016 for fistula case identification. EngenderHealth was one of the key implementers of the Maternal Morbidity Verification Study under this survey in close collaboration with a range of partners.

EngenderHealth also worked closely with the Ministry of Health and Family Welfare (MOHFW), the Directorate General of Health Services, UNFPA, WHO, and the Obstetric and Gynecological Society of Bangladesh to develop and implement the first National Strategy on Obstetric Fistula (2013–2016). The National Strategy has since been updated (2017–2022) and is waiting for MOHFW approval. This strategy will go a long way to help ensure that fistula prevention, repair and re-integration are addressed comprehensively within the Bangladeshi health system.

2. What is the evidence that the program works?

Once obstetric fistula occur, they usually cannot heal by themselves and require surgical repair. In addition to the physical consequences of fistula, it leads to stigma and psychological and economic consequences for the women who have fistula (Attachment G). Several studies have shown that fistula surgery is both effective and cost-effective in addressing the consequences of fistula.

A study in Uganda estimated that fistula surgery decreases the lifetime disability burden for a 20-year-old woman from 8.53 DALYs (disability-adjusted life years) to 1.5 DALYs. At a cost of \$378 per procedure this yields a cost per DALY averted of \$54. The authors

concluded surgery for obstetric fistula is highly cost-effective in Uganda and suggest that organizations in other low-income countries should prioritize training and strengthening surgical capacity to increase access to fistula surgical care (Attachment H). With similar costs per procedure in Bangladesh (\$300-430 depending on the facility), similar cost per DALY exists.

Nearly all participants in a qualitative study from Malawi believed that their quality of life improved after fistula repair, both at individual and interpersonal levels, and even among women who continued to have urinary incontinence after the repair. Women reported that they were welcomed back into their communities and had improved feelings of freedom, confidence, and income-earning ability (Attachment G).

A different retrospective study done in the Democratic Republic of Congo found that closure rates after fistula surgery were 87.1%. Cases where surgery failed to close the fistula were significantly associated with having had a previous repair, the amount of fibrosis, and the size of the fistula. The study found that first-time fistula repairs with no fibrosis and fistulas under two centimeters had the best surgical outcomes (Attachment I).

EngenderHealth's FC+ program in Bangladesh had a slightly higher success rate than the DRC study during the last reporting year (fiscal year 2017-2018), with 89.2% closure rates at time of discharge from fistula repair - 82.5% were closed and continent and 6.7% were closed and incontinent. An additional 10.8% were not closed at discharge. The effectiveness of the Bangladesh program increased from the prior reporting period, where the rates were 77.7%, 8.3%, and 13.6% respectively. The program found a low level of complications - 5.4% overall for the fistula repairs (Attachment C, D, E).

Despite the evidence that exists about the effectiveness of fistula repair, more studies are needed to fully understand future fertility and other issues that women with fistula are concerned about. Another objective of the FC+ program is to build the evidence base around fistula repair.

3. What is the program's budget?

The USAID-funded Fistula Care + budget for Bangladesh is \$3.5 million over six years (2014-2019, Attachment F), and the project has served over one million people in total through community outreach (~15,000), media outreach (660,000), household surveys (400,000), and fistula repair services (2,590). EngenderHealth's average cost per fistula repair in Bangladesh varies from \$300 at government hospitals to \$431 at private hospitals.

4. How would the charity use an additional \$250,000?

EngenderHealth would be grateful for an additional \$250,000 to be able to expand the reach of the FC+ program beyond the scope of the current USAID grant, reach more people with fistula services and education in Bangladesh. The priority for additional funds would be to organize two community-based fistula and prolapse diagnoses events at the Rohingya refugee camp in Cox's Bazaar, in partnership with the University Fistula Center, Bangabandhu Sheikh Mujib Medical University and the Obstetrical and Gynecological Society of Bangladesh. Many reports have been released around the urgent need for SRH services for women at these refugee camps. The Guttmacher-Lancet Commission has stated that SRHR of refugees are compromised due to inadequate or unavailable SRH services. With low facility delivery rates in the presence of a skilled birth attendant (22%), and unavailability of emergency obstetric services, the risk factors for fistula are present in this population (Attachment J). The UNFPA reports that pregnant women at the camps face life-threatening complications without access to SRH services (Attachment K).

We anticipate that through holding community-based events we will identify approximately 50 fistula and prolapse cases. EngenderHealth would arrange repair surgery for all of these women with fistula and prolapse, identified through these events.

EngenderHealth would also carry out a workshop at Cox's Bazaar on "Integration of Reproductive Health Services in Emergencies" in collaboration with the MOHFW, University Fistula Center and Obstetrical and Gynecological Society of Bangladesh. The MOHFW requested EngenderHealth conduct this workshop to identify gaps and duplication in RH services at the camps, and all organizations active in Rohingya camps will be invited to the workshop. This would help ensure that the RH needs of women in the camps are understood and considered by implementing organizations carrying out other work in the camps.

Additionally, we would further support an existing EngenderHealth initiative for adolescent girls called "School Girls for Fistula Free Bangladesh," through which girls are educated, empowered, and engaged in the community for ending fistula from their villages, and given the opportunity to become a "fistula champion" by carrying out activities, including referring women for pregnancy care and delivery, identifying fistula cases, etc. This initiative is highly publicized in Bangladesh through newspapers, radio, and other media, and it has had ripple effects, as the girls in the program in turn educate neighboring communities about the things they learn. With additional funds, we will expand the program to two new schools, covering 1,000 additional girls, and produce a video documentary on the program.

In summary, additional funding would allow EngenderHealth to build on the success of the FC+ program in Bangladesh to reach more women in hard-to-reach areas with healthcare services, expand education on fistula prevention, and work to ensure other reproductive needs of vulnerable populations, and Rohingya refugees in particular, are met.

Attachments:

A – EngenderHealth Organizational Capacity Statement

B – EngenderHealth Bangladesh Capacity Statement

C – FC+ Annual Report

D – FC+ Bangladesh Quarterly Report

E – FC+ Bangladesh Abstracts from the 7th International Conference of the Society of Obstetric Fistula Surgeons in Kathmandu, Nepal (December 2018)

F – FC+ Bangladesh Budget

G – Long-term outcomes for women after OF repair in Lilongwe, Malawi

H – Estimating the cost and cost-effectiveness for OF repair in Uganda

I – Surgical outcomes of OF in DRC

J – Lancet_ Ensuring SRHR of Rohingya

K – UNFPA Rohingya Presentation

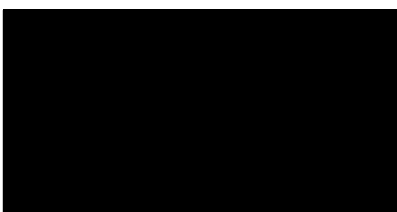
We appreciate your consideration, and please don't hesitate to let me know if you have any questions or need anything further.

Kind regards,

Samina

Samina Piracha, MPH

Senior Resource Mobilization Advisor, Foundations












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11 attachments

-  **A. EH general capacity statement_October 22 2018.pdf**
189K
-  **B. Bangladesh capacity statement.pdf**
141K
-  **C. FC+Annual Report.pdf**
22046K
-  **D. FC+ Bangladesh Quarterly Narrative_Oct_Dec 2019.pdf**
1517K
-  **E. Abstracts.zip**
323K
-  **F. FC+ Bangladesh Budget.pdf**
7K
-  **G. Long-term outcomes for women after OF repair in Lilongwe, Malawi.pdf**
479K
-  **H. Estimating the cost and cost-effectiveness for OF repair in Uganda.pdf**
522K
-  **I. Surgical outcome of OF in DRC.pdf**
200K

 **J. Lancet_Ensuring SRHR of Rohingya.pdf**
157K

 **K. UNFPA Rohingya Presentation.pdf**
1208K