



**ECONOMIC COMMUNITY OF WEST
AFRICAN STATES (ECOWAS)**



**WEST AND CENTRAL AFRICA
REGIONAL OFFICE (WCARO)**

**ECOWAS REGIONAL PLAN OF ACTION FOR
COMBATING OBSTETRIC FISTULA
IN WEST AFRICA**

November 2015

ACKNOWLEDGEMENT

The ECOWAS Regional Plan of Action for combating Obstetric Fistula (OF) in West Africa was developed through a participatory process that involved all stakeholders engaged in national responses to the issue of OF in all ECOWAS Member States.

Under the joint leadership of the ECOWAS Gender Development Centre (EGDC) and UNFPA Regional Office for West and Central Africa (UNFPA-RO), the regional action plan was developed on the basis of results obtained by EGDC as part of the implementation of its medical and financial support programme for women victims of OF in the ECOWAS Member States since 2010 and from evidence shown by OF situational analysis conducted in 2011 and updated in 2013 and 2015 with the support of UNFPA-RO.

The Regional Action Plan takes into account the needs of the different targets identified. Its framework of results presents in a table, all useful and consistent information in a holistic approach whose implementation will lead, by the end of 2019, to a change in the trend of OF.

EGDC and UNFPA-WCARO would like to congratulate and express their gratitude to all those who contributed to the development of this important tool, more particularly:

1. His Excellency Mr Kadre Desire Ouedraogo, President of the ECOWAS Commission and His Excellency Mr Mabingue NGOM, Regional Director of the UNFPA Regional Office for West and Central Africa (UNFPA-WCARO) for taking the initiative to jointly develop this regional action plan;
2. The Health and Gender Ministries of the ECOWAS Member States for all their efforts to combat OF;
3. All stakeholders (NGOs, health and social service professionals, researchers, academics, etc.) who supported the process of drafting the 2016-2019 plan;
4. The technical and financial partners for their support in the process; and
5. All stakeholders who contributed to the implementation of the EGDC medical and financial support programme for the benefit of women victims of OF in the ECOWAS Member States and to the preparation of the OF situational analysis on in West and Central Africa.

ABBREVIATIONS ET ACRONYMS

AOC	: West and Central Africa
BAP	: Behaviour, Attitudes and Practices
<i>BEmOC</i>	: Basic Emergency Obstetric Care
<i>CEmOC</i>	: Comprehensive Emergency Obstetric Care
CL	: Local Committees to address OFs
CN	: National Multi-sectoral Committees to address OFs
CPN	: Prenatal Consultation
CR	: Regional Committees to address OFs
DHS	: Demographic and Health Survey
ECOWAS	: Economic Community of West African States
EGDC	: ECOWAS Gender Development Centre
<i>EmOC</i>	: Emergency Obstetric Care
<i>EmONC</i>	: Emergency Obstetrics and Neonatal Care.
FGM	: Female Genital Mutilation
FP	: Family Planning
IEC / CC	: Information Education Communication/ Behaviour Change Communication
IGAs	: Income Generating Activities
ISOFS	: International Society of Fistula Surgeons
MEO	: Implementation
ND	: Not determined
NGOs	: Non-Governmental organizations
NHDP	: National Health Development Programme
OF	: Obstetrical Fistula
PEC	: Support and Counselling
PMA	: Minimum Package of Activities
PTF	: Technical and Financial Partners
SNIGS	: National Information and Health Management System
SR	: Reproductive Health
UNFPA	: United Nations Population Fund
UNGASS	: United Nations General Assembly Special Session
UNICEF	: United Nations Children's Fund
WAHO	: West African Health Organization
WB	: World Bank
WFO	: World Food Organization
WHO	: World Health Organization

SUMMARY

The main cause of occurrence of OF is prolonged labour during child delivery which goes beyond 12 hours. Women suffering from OF in West Africa are young (15-24 years of age) when the disease is discovered; they live in rural areas, are most often illiterate, with a low socio-economic level. They are generally primiparous, and affected by vesico-vaginal fistula, while the other anatomical forms are more rare. Some countries such as Cape Verde have not reported any case of OF. The number of OF support and counselling centres varies from 0 in Cape Verde to 16 in Senegal, with an uneven distribution within the countries. They are concentrated in the big cities while OF cases are most often encountered in the rural areas. There are 151 OF support centres in the entire region. Several international, regional and national institutions are involved in the control of OF in West Africa. The introduction of harmonized indicators in national health information systems would make it possible to better estimate the magnitude of the problem, to better understand its impact and to better monitor the progress in the elimination of OF.

In West Africa, OF is still little known to many health professionals. There is also a shortage of skilled health personnel for the management of OF. It is therefore necessary to strengthen national capacities, particularly for the prevention, case detection, treatment of OF and the social rehabilitation of affected women.

This regional action plan builds on the results obtained by EGDC within the framework of the implementation of the medical and financial support programme for women victims of OF in ECOWAS Member States since 2010 and on the evidence shown by the OF situational analysis conducted in 2011 with the technical and financial support of the UNFPA Regional Office for West and Central Africa

It was developed through a participatory process, which brought together all the key players involved in the action to combat OF in all ECOWAS Member States calling, in this regard, on UNFPA countries, as well as ECOWAS, NGOs and Civil Society Organizations and other development partners to endorse action for an effective and efficient control of OFs, with a view to a gradual and complete elimination of this disease in the region. The strategic approach mainly advocates the transition from the ad hoc "Surgical Campaigns" model to the establishment of sustainable management of services in strategically selected hospitals.

The regional response to the issue of obstetric fistulas (OFs) is carried out on the basis of four strategic areas including three principal ones relating to prevention, support to victims of OFs and the socio-economic reintegration of affected women, with the involvement of all actors and beneficiaries. The fourth aspect or axis which is cross-cutting, is defined for the coordination, monitoring and evaluation of activities aimed at controlling OFs and focusing on operational research. This aspect comes in support of the first three. The implementation of these activities is carried out through three (3) priority sectors: i) the health sector, ii) the gender sector, and iii) the social welfare sector.

The impact result of this plan is OF eradication in West Africa.

The major aspects or axes are as follows:

1. First Strategic Axis: OF Prevention

For this aspect, from the overall impact emerge five (5) expected outcomes with special emphasis on communities, health workers and governments. Most of the effects of these outcomes will be evaluated through the DHS to be conducted in the countries.

2. Second Strategic Axis: General Support for victims of OFs

The results are seven (7) in number. This aspect focuses on the accessibility of OF victims to care and various types of support for their development (at medical, educational and economic levels).

3. Third Strategic Axis Socio-Economic Reintegration of OF victims

The expected outcomes are three (3) in number. This aspect focuses on the rehabilitation of OF victims in their communities and the creation of favourable environments for their economic development through financial support and capacity building programs, particularly training for micro-project management and income-generating activities (IGAs).

4. Fourth Strategic Axis: Coordination, monitoring and evaluation and operational research

This aspect is cross-cutting to the first three. Being an aspect related to support, it therefore has no impact and is built on twelve (12) expected results which make it possible to achieve organizational development, as well as structural and institutional strengthening of the health system, the community system and the monitoring and evaluation system. Lastly, it focuses on the strategies to be developed to strengthen ECOWAS and UNFPA leadership in the fight against OF in West Africa, with the operationalization of the 2010 EGDC initiative.

The ECOWAS Regional Action Plan for the control of Obstetric Fistulas (OFs) in West Africa spanning the period from 2016 to 2019 will, for purposes of its implementation, be split into several plans such as the operational plan, the monitoring plan and evaluation plan, the resource mobilization plan, the regional agenda of operational research, and the communication plan.

INTRODUCTION

Obstetric fistula (OF) afflicts millions of women in developing countries. In these countries, it is estimated that every year, between 50 000 and 100 000 women develop new obstetric fistulas¹.

The root causes of fistula are essentially based on the kind linking health issues to those of development. The occurrence of OF is closely related to social and economic factors such as poverty and malnutrition, early and / or forced marriage, early motherhood, harmful traditional practices (excision and other FGMs), abuse of women's rights, lack of attention to specific reproductive needs of women and gender based violence. OF reflects the shortcomings of health systems and the socio-economic and gender inequalities that prevent women from having access to quality care delivery, even when this care is available. Although representing one of the most serious conditions related to childbirth, OF remains ignored, even by many health professionals of the countries where it occurs.

Since 2001, numerous initiatives have been developed internationally for the elimination of OF and were given concrete expression in 2003 with the launch of the UNFPA initiated Global Campaign for OF elimination aimed at making this disease as rare in Africa as in the industrialized countries. In the same vein, the second African regional meeting on OFs organized by UNFPA in Accra in June 2004 afforded the opportunity to formulate some important recommendations on the OF elimination process in the African region.

The ECOWAS Gender Development Centre (EGDC) took the initiative in 2010 to conduct a wide-ranging medical and financial support programme for girls and women victims of obstetric fistula in the ECOWAS Member States. The initiative was a response to the debilitating social and economic effects of obstetric fistula on women and girls in the sub-region. The objective of this programme is to improve the sexual and reproductive health of girls and women with fistula to enable them lead a useful productive and reproductive life full of dignity, thereby enabling them to contribute to the development of the ECOWAS region. More specifically, the initiative aims to provide treatment and care for women and girls suffering from obstetric fistula and help them resume a normal productive and reproductive life through training in skills development and financial support aimed at setting up new businesses and conducting expansion activities. In the long term, this initiative seeks to eradicate obstetric fistula in the ECOWAS region. Twelve (12) ECOWAS Member States are currently covered by the EGDC Fistula Initiative, with the exception of Cape Verde, Liberia and Sierra Leone.

These efforts notwithstanding, the OF problem remains crucial in the region. To overcome the problem, whose response should be holistic, integrated and sustainable in a supportive health system for maternal health, countless efforts are still required by the States of the region.

Within the framework of the ECOWAS-UNFPA partnership, and in the desire to secure an enhanced synergy of interventions, the EGDC in collaboration with the UNFPA Regional Office for West and Central Africa, have developed a joint multi-annual action plan over a four-year

¹ WHO. Integrated management of pregnancy and childbirth, Obstetric Fistula, Guiding Principles for Clinical Management and Programme Development, Department of Making Pregnancy Safer, 2009

period to strengthen and revitalize the action to combat OF in all ECOWAS Member countries. The plan has just won a firm consensus at the regional level, in response to national policies to control OF in West Africa, and is part of the roadmaps already developed by the countries to accelerate the reduction of maternal mortality and neo-natal problems with UNFPA support. This plan is also a tool for advocacy on the OF issue for regional policymakers.

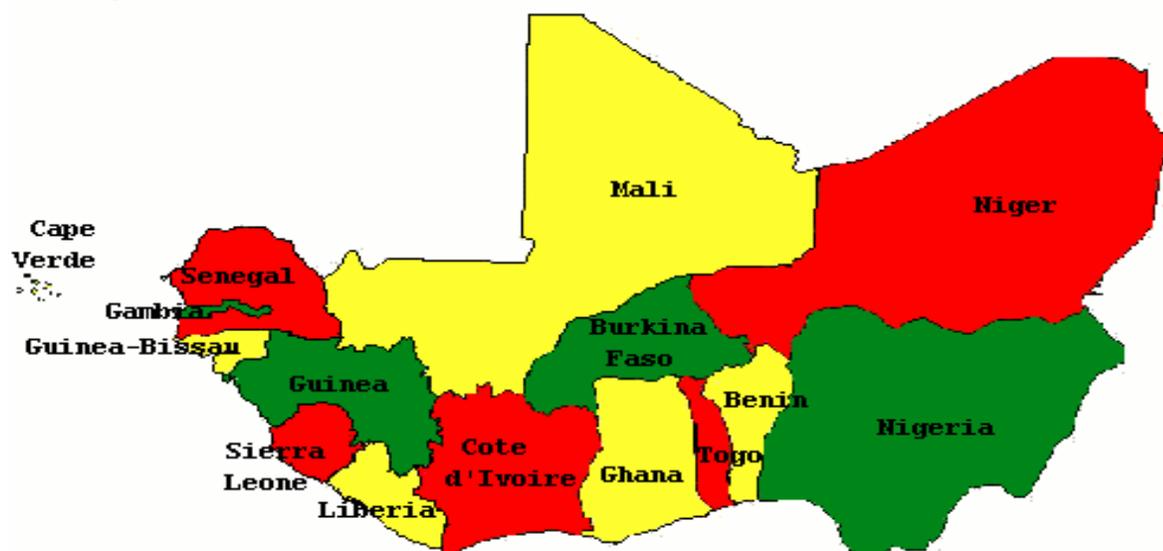
BACKGROUND INFORMATION ON ECOWAS MEMBER STATES

Demographic and socioeconomic characteristics

Created on 28 May 1975 and being one of the African Regional Economic Communities, the Economic Community of West African States (ECOWAS) is a geographical area spanning approximately 5,079,400 Km². It includes fifteen (15) Member States, namely, Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, The Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo.

ECOWAS aims to promote cooperation and development in all fields of economic activity in order to abolish, to that end, restrictions to trade, removal of obstacles to the free movement of persons, goods and services, and to harmonize regional sectoral policies.

At institutional level, ECOWAS has since January 2007 been transformed into a Commission, in lieu of the initial Executive Secretariat. Within the Commission are the Social Affairs and Gender Department, which is responsible, among other prerogatives, for health issues within the Community. This institutional change reflects the political will of the Heads of State and Government to accelerate the process of regional integration. In that perspective, the need arises to respond to the wishes of the ECOWAS Commission to promote the principles of Results-Based Management (RBM) in the various ECOWAS institutions and specialized agencies. Among them are the West African Health Organization (WAHO) responsible for promoting regional cooperation and integration in the area of health.



Health policies and profiles

In general, the health situation of in the ECOWAS Community is characterized by an infant mortality rate ranging from 26 ‰ to 165 ‰ between the countries, and a. mternal mortality rate accounting for 11 ‰ in the ECOWAS region.

Indeed, the countries of the West African region account for the highest mortality rates in the world, mainly due to the precarious health conditions during childbirth, lack of access to emergency obstetric care, and belated recourse to healthcare. Added to this are some indirect causes such as malnutrition, malaria during pregnancy, HIV, inequality in the distribution of health facilities, poverty, early marriage, pregnancy and motherhood, and many poorly spaced pregnancies, etc.

Many studies show that the factors responsible for the occurrence of obstetric fistula are the same as those responsible for maternal morbidity and death, and to some extent, neonatal mortality. This puts the ECOWAS region among the worst affected in the world as far as the occurrence of obstetric fistula is concerned..

In terms of health preservation behaviour, the prevalence rate of modern contraception among married women stood at 9% in 2005.

From an epidemiological point of view, the major causes of mortality, morbidity and consequently low life expectancy are infectious diseases the most prevalent of which are HIV / AIDS, malaria, tuberculosis, acute respiratory infections, meningitis, diarrhoea and cholera.

ANALYSIS OF THE OBSTETRIC FISTULA SITUATION IN ECOWAS MEMBER STATES

As per the situational analysis on OF in West and Central Africa conducted in 2011 with UNFPA technical and financial support:

1. The epidemiology of OF is poorly documented in the ECOWAS Member States. Information including the prevalence and incidence of OFs are rather sparse, not-standardized, not harmonized and not exhaustive. Owing to lack of data on FP (Family Planning) and of interest by countries in the fight against OF, it is a matter of necessity to mainstream OF data into national health information systems. Furthermore, population studies are required to determine the prevalence of OFs in West and Central African countries.
2. Some countries in the region provide the opportunity for adequate support for OFs
3. The number of OFs “repaired” each year varies from country to country in the ECOWAS Region, ranging between 30 cases in the Gambia in 2012011, and582 in Niger that same year².

² Situational Analysis on OF in West and Central Africa; UNFPA West and Central Africa regional Office (UNFPA-WCARO)

4. The success rate also varied (between 80% in Côte d'Ivoire and 90% in Burkina Faso in 2011).
5. Constant efforts are being made at different levels by countries of the sub region within the context of OF data collection in order to obtain reliable and accurate information on OF, as is the case in Benin and Guinea, for example. Some countries have taken the initiative, with the support of fistula elimination campaigns, to conduct some research and data analyses on OF at national level. In 2008, Mali and Niger introduced the collection of data on fistula into the demographic and health surveys with a view to assessing, among other things, the prevalence of OF in those countries.

Each country is required to set up a reliable system of data collection and analysis mainstreamed in the national health information system, together with some standard and harmonized indicators for the entire ECOWAS region. This will facilitate the collection of reliable regional statistics. Standardization and harmonization of indicators relating to OF in the region would make it possible to better monitor progress and inter-country exchanges.

Profile of women with OF in ECOWAS Member States

Women suffering from OF in West Africa are young (15-24 years of age) at the time of discovery of the disease; furthermore, they are diminutive in height (less than 150 cm), live in the rural areas and are most often illiterate and hence, have a low socioeconomic level, and without any profession or occupation. In general, they are primiparous and suffer from vesico-vaginal fistula.

Determinants of obstetric fistula in ECOWAS Member States

These are:

6. Low levels of girls education and primary school enrolment
7. The period of labour during child delivery is more than 12 hours (Surveys in Guinea³, Mali⁴, Niger)
8. Mismatch between supervision of child delivery and the work of skilled personnel, or lack of both.
9. Lack of access to maternal health services:
 1. Geographical access
 2. Lack of inputs,

³ Situational Analysis on OF in Guinea, July 2007; Ministry of Health and Public Hygiene

⁴ Retrospective study of 34 OF cases gathered at the Kati National Hospital over a 10-month period (July 1998-April 1999); Republic of Mali

3. Lack of qualified staff and poor geographical distribution of staff in the country.
 4. This is sometimes linked to the high cost of support services and lack of education. Access to prenatal consultation and assisted delivery care is limited: about 38.8% in Guinea Bissau⁵, 73% in Senegal⁶, 5% in Benin (Doctor assisted)⁷, 29.8% in Niger 2010⁸.
10. Institutional and organizational factors:
1. The implementation of the road map for accelerating the reduction of maternal and neonatal mortality in the countries,
 2. Operationalization of the safer motherhood strategic plan and the EmONC subsidy strategy,
 3. Support from technical and financial partners,
 4. The involvement of civil society stakeholders. All These are factors that require assistance in the implementation of programs and projects aimed at OF control in West Africa.

These factors aid the identification of a few challenges including: Lack of country coverage in terms of surgical support to OF centres; Errors relating to the conceptualization of support centres for women with obstetric fistula (structures or shelters built but not used for the intended purpose); Insufficient coordination of various actors, failure in the implementation of the monitoring and evaluation system for programmes aimed at combating OF, insufficient assistance from TFPs or donors in the field of treatment and social reintegration; inadequate Civil Society and Private Sector involvement in the management of fistula; Insufficient expertise in the diagnosis and confirmation of fistula cases in peripheral and intermediate health facilities; inadequate number of urologists, gynaecologists and surgeons and their poor distribution at national level.

11. Family planning and birth spacing with a low rate of contraceptive prevalence in most countries, an average of less than 10% for the entire region, and significant un-met needs at the rate of 25-30%.
12. Poor knowledge on OF and the means of prevention in ECOWAS Member States
13. Socio-cultural factors such as:

⁵ MICS 2006 Guinea Bissau

⁶ 2010-2011 DHS-V-MICS Preliminary report, Republic of Senegal

⁷ DHS III, Republic of Benin

⁸ DHS, 1992, 1998, 2006 and Surveys 2010 Niger

1. Stigmatization of, and discrimination against, women with OF, resulting in marginalization, isolation and withdrawal. Thus completely cut off from society, these women are unaware of the opportunities for effective treatment. OF is badly perceived by the community and poorly experienced by the patients themselves.
 2. The social consequences of fistula are numerous and can be so serious as to entail the victim's rejection and divorce (Togo⁹, Senegal¹⁰). Women victims of OF subsequently end up losing their self-esteem, and this contributes to keeping them further away from health care services, and thus preventing them from socializing and unfortunately maintaining them in a state of permanent despair.
 3. Persistence of harmful traditional practices: excision, early marriage and motherhood (with the age at first union between 15 and 18 years in most countries).
14. Economic factors
1. Household poverty: Burkina Faso, Benin, Cote d'Ivoire, Guinea, Mali, Niger, Sierra Leone.
 2. High cost of care for OF patients, between 150,000 and 200,000 FCFA (i.e. US \$ 300-400) for surgical treatment (Benin, Burkina Faso, Mali, Niger, Senegal).

RESPONSE ANALYSIS

Initiatives for OF elimination:

15. 2003, launch of the Global Campaign for the Elimination of Obstetric fistula by UNFPA and partners, with the aim of contributing to develop in the countries concerned the means of prevention, care and economic reintegration of women affected by OF. This campaign advocates, among other things, births attended by trained personnel and aims to combat early marriages and pregnancies.

⁹ Status report on the fight against obstetric fistula in Togo, 2011

¹⁰ Communication plan on obstetric fistula, Republic of Senegal, Ministry of Health, Prevention and Public Hygiene, August 2009

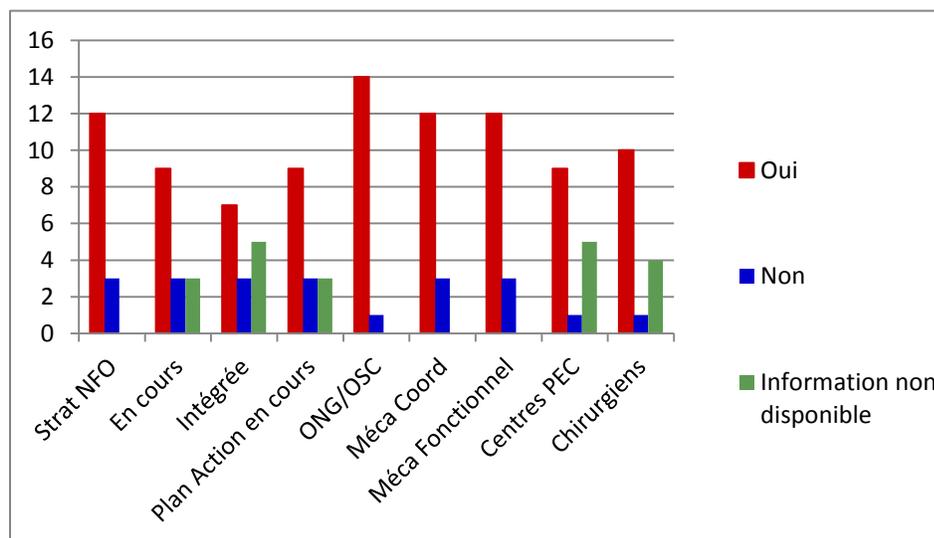
16. March 2005, establishment by UNFPA of a working group for the development of the African regional strategy for the elimination of OF in line with the campaign's three areas of intervention, namely, prevention, treatment and social reintegration.
17. 2008, integration of OF in DHS (Burkina Faso, Guinea, Mali and Niger) with a view to, among other things, providing information on the prevalence and knowledge of OF by communities
18. 2010, implementation of the programme of the ECOWAS Gender Development Centre (EGDC) regarding Medical and Financial Support to Girls and Women suffering from OF in response to the debilitating social and economic effects of OF on girls and women in the ECOWAS Member States. The purpose of the EGDC initiative is to improve the sexual and reproductive health of girls and women with OF in order to enable them to lead a worthy productive and reproductive life and contribute to the development of the ECOWAS region. More specifically, the initiative aims to provide treatment and care for women and girls suffering from obstetric fistula and help them to have a normal productive and reproductive life through training in skills development and financial support for setting up new businesses and conducting expansion activities. In the long term, this initiative seeks to eradicate obstetric fistula in the ECOWAS region. Twelve (12) ECOWAS Member States, with the exception of Cape Verde, Liberia and Sierra Leone are currently covered by the EGDC Fistula Initiative.

Setting the scene for national strategies to combat OFs in West Africa

In the ECOWAS region, 12 countries (Burkina Faso, Congo, Guinea, Cote d'Ivoire, Mali, Niger, Senegal, Chad, Togo, Liberia, Nigeria, Sierra Leone) have developed national strategies of action to combat OF and have national coordination mechanisms for OF activities. Of these, only 9 have developed annual action plans for operationalizing the strategies.

OF Management in the ECOWAS region

Graph 1: A number of countries with national strategies and action plans underway, NGOs and CSOs involved in efforts to control the disease, as well as coordination mechanisms, treatment and vocational centres for OF management in the ECOWAS region.



Social mobilization on OF in the ECOWAS Member States

19. NGOs, civil society organizations and other community structures involved in the action to combat OF: Among the 15 countries of the ECOWAS Region, 14 (Benin, Burkina Faso, Cote d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, Togo), have NGOs and other civil society organizations involved in the control of OF primarily through prevention, active search for OF cases in the community and socio-economic reintegration of treated OF cases. Interventions are undertaken in close collaboration with the various ministries responsible for these issues (Gender, education, promotion of women, youth, etc.). In Benin, Guinea, Mali, Gambia, Liberia, Nigeria and Sierra Leone, civil society organizations are working in a collaborative manner with skilled health personnel for the treatment of obstetric fistula.
20. Activities taking place in relation to the provision of grants or subsidies for the cure of OF in the ECOWAS region: in most cases, financial support is provided by NGOs and social services. Spouses and family contribute very little.
21. Efforts towards the socio-economic reintegration of women with obstetric fistula endorsed in the ECOWAS region:
 1. Establishment of income-generating activities (IGAs) aimed at helping women reintegrate socially and acquire financial independence. The sustainability of actions to combat fistula should be envisaged within the context of harmonization and alignment of interventions. Thus, collaboration with local NGOs and some ministries such as Social Action, Youth, Education, Women's Empowerment, National Solidarity, etc. is essential within the framework of planning activities to combat fistula and establishing strong partnerships. The involvement of community leaders (religious, customary) is also an added value.

However, some countries of the sub region have pointed out that the structures and NGOs handling this component remain the weak link in the whole chain of actions to control OF and would like to strengthen them (Benin, Burkina Faso).

Building partnerships around OF in the ECOWAS Community

22. Regional and international partnerships: United Nations agencies (UNFPA, WHO, UNICEF, WFP, etc.); ECOWAS through the EGDC and WAHO, USAID through the NGO EngenderHealth, Doctors of the World (MDM), Doctors Without Borders (MSF), the Canadian Cooperation, Swiss Cooperation and several other partners and sponsors operating on an ad hoc basis in the control of OF in the region may be sought.
23. National Partnerships and inter-sectoral national collaborations are set up to bolster action to combat OF in ECOWAS Member States: The ministries of health, gender, education, social welfare, solidarity, youth, the promotion of women and education join

forces for a more effective response (Burkina Faso, Cote d'Ivoire, Gambia, Ghana, Guinea, Liberia, Nigeria, Senegal, Sierra Leone, and Togo) with a framework for multi-sectoral consultation on OF. This framework is regularly held with stakeholders from several ministries and other institutions in the public and private sectors.

Efforts by EGDC: Many efforts have been made by the EGDC, which, in the context of the implementation of its OF programme, has established a national coordinating committee in all Member countries of ECOWAS. Each committee consists of the following members:

1. a representative of the ECOWAS Gender Development Centre (EGDC);
2. a representative of the West African Health Organization (WAHO);
3. a representative of the Ministry responsible for gender issues;
4. a representative of the Ministry of Health;
5. a representative of the ECOWAS National Unit;
6. a representative of the medical Corps operating in the field (gynaecologist or surgeon);
7. a representative of the most active national NGOs involved in the fight against OF;
8. a Social Development Officer (Social Worker).

These committees exist in 14 countries and are operational, with the exception of Cape Verde.

Countries with a national coordination mechanism for OF: Burkina Faso, Cote d'Ivoire, Gambia, Ghana, Guinea, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo, generally represented by the Division or Directorate of the Ministry of Health responsible for family health. The strategic committee is not functional in Guinea and Mali. Cape Verde has not put this body in place as obstetric fistula is not a public health problem.

Training

9. Training opportunities are available in South-South cooperation: Guinea¹¹, Guinea Bissau¹², Burkina Faso, Mali, Benin¹³, Togo¹⁴, Côte d'Ivoire¹⁵ within the framework of

¹¹ In Guinea, during the campaigns of action to combat OF, several professionals involved in OF repair were coached by experts from Mali

¹² In Guinea Bissau, the coaching done by Senegal's technical team during treatment campaigns helped to coach professionals fistula repair within the national team.

¹³ In Benin, the focus was on African missions for fistula repair, coupled with the training of gynecologists, surgeons, and urologists.

the fistula elimination campaigns, some assistance from periodic reparatory missions is made available to them to secure the continuity and sustainability of their activities.

10. In Benin, the Tanguiéta Hospital has now become a full-fledged university Hospital and has within its structures the Geneva Foundation (GFMER) for training and medical research specifically for OF control efforts, and this further facilitates coaching activities.
11. International meetings of exchange, training and dissemination of new data collection tools are regularly organized. Medical doctoral theses in medicine with publications on the psychosocial aspects of fistula (Benin, Mali), internships and study trips and exchanges (Burkina Faso), partnerships with associations of urologists are also organized in some countries in the region and encourage the promotion of research (Cote d'Ivoire).
12. A needs assessment for the establishment of a Sub-regional Francophone Centre of Reference and Training in OF Support and counselling at the Point G Hospital in Bamako has been conducted, but its operationalization has not been effective.

A training manual in OF reconstructive surgery has been developed by the International Federation of Gynaecology and Obstetrics (FIGO) with technical and financial support from UNFPA. It includes modules on providing full medical care for OF and makes it possible to assess learners' skills. The manual covers two regional training of trainers workshops on its use, held in Senegal in July and November 2012; it brought together more than thirty professionals from 14 countries, including 9 from the ECOWAS region: Benin, Burkina Faso, Cote d'Ivoire, Guinea, Guinea Bissau, Mali, Niger, Senegal, and Togo.

ECOWAS REGIONAL ACTION PLAN TO ADDRESS OBSTETRIC FISTULA IN WEST AFRICA

The regional Action Plan to address OF in ECOWAS Member States was developed through a highly participatory process whose starting point was the EGDC outcomes as part of the implementation of its medical and financial support programme for women victims of OF in ECOWAS Member States and a situational analysis on OF conducted in 2011 by the UNFPA Regional Office for West and Central Africa. This participatory approach helped to involve actors working in the PEC of OF which were widely considered the main issue during the plan development workshop in Saly, Senegal in June 2015. This plan is based on the studies referred to above that have led to the identification of three strategic areas plus a cross-cutting aspect, namely:

1. Prevention of obstetric fistula;

¹⁴ In Togo, within the South-South co-operation framework, 14 surgeons who were trained in 2011 for 3 weeks by a consultant came from Mali.

¹⁵ Capacity building activities for surgeons and gynaecologists were undertaken in Cote d'Ivoire within the South-South co-operation framework

2. Comprehensive care of OF victims in all ECOWAS Member States;
3. Socio-economic re-insertion of victims who have been cured of, or have recovered from, OF;
4. Coordination, monitoring and evaluation and operational research in the field of OF for all ECOWAS Member States.

These areas include objectives leading to outcomes that define the points of concentration of the plan. These points of concentration give rise to financial costs and will hence constitute the budget of the plan.

STRATEGIC GUIDELINES OF THE 2016-2019 ECOWAS REGIONAL ACTION PLAN TO ADDRESS OF IN WEST AFRICA

1. Guiding principles

The guiding principles in the preparation of this document are:

1. **Multi-sectoriality:** It is acknowledged that OF is a problem whose solution requires the concerted and coordinated action of several development sectors. Consequently, several development sectors at national and regional levels should work together to respond effectively and decisively to the OF problem. **Involvement of beneficiaries:** the principle is to take account of beneficiaries (associations involved in action to combat OF, associations working with OF victims, representatives of OF victims) in the process of design, development, implementation and monitoring / evaluation of the plan.
2. **Consideration of the youth (girls and women):** This justifies the targeting of interventions in order to take due account of the specific group of girls and women whose needs are different from those of women of an older age, with a view to taking better account of their needs in terms of prevention and support. For more effective coverage of this population, needs should first be considered in the planning of intervention programs.
3. **Promotion of Human Rights:** This is an essential component of the fight against OF; prevention strategies will be effective only if they incorporate a recognition and active promotion of human rights that apply not only to the poor treatment of OF victims, but also to discrimination on other grounds, such as occupation.
4. **Decentralization:** For an effective response, all levels (national and regional) should play their part in the implementation of interventions. This will be achieved through the development and implementation of National Plans against OF in countries of the ECOWAS Region. It is worth ensuring that adequate resources are transferred and / or made available in order to secure the achievement of results.
5. **Results-Based Management:** The aim here will be to work within the framework of a harmonious management focusing on results and ensuring clear traceability of financial contributions from various partners with regular updates and audit accounts.
6. **Consideration of the combined prevention principle (primary, secondary, tertiary) in the fight against OF.**
7. **Expected outcomes and strategic aspects of the Multi-annual Regional Plan to address OF in the ECOWAS Member States**

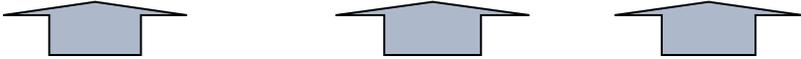
The ECOWAS Regional Plan of Action to combat OF in West Africa stems from the need to define a comprehensive and detailed regional framework geared towards an OF elimination and prevention strategy in the ECOWAS region.

The objective of this plan is to reduce the evolutionary trend of OFs and their impact on individuals, families and communities in all ECOWAS Member States.

8. Strategic axes

The Plan focuses on the following four (04) strategic axes:

1. 3 axes with inter complementary activities and covering all of the main targets of the programme in all ECOWAS Member States:
 1. First axis: OF prevention in ECOWAS Member States
 2. Second axis : Treatment and comprehensive care for OF victims in the ECOWAS region
 3. Third axis: Socio-economic reintegration of OF victims
2. 1 cross-cutting axis support (Fourth axis) that will make possible the institutional and structural reinforcement of the action to combat OF at the regional level.
 1. Fourth axis: Coordination, monitoring and evaluation, operational research.

Action lines →	<u>Line 1</u> : OF prevention in ECOWAS Member States	<u>Line 2</u> : Treatment and comprehensive care for OF victims in the ECOWAS region	<u>Line 3</u> : Socio-Economic Reintegration of OF Victims
Support lines →	 <p><u>Line 4</u> : Coordination, monitoring and evaluation, operational research</p>		

First strategic axis: OF prevention in ECOWAS Member States

This aspect deals with OF prevention (primary, secondary and tertiary) and its recurrence in the ECOWAS region.

The primary prevention strategy will be mainly based on raising public awareness regarding the causes of occurrence of OF, their impact on the social and reproductive lives of victims and treatment options. Awareness will be geared towards the control of harmful traditional practices (early marriage and childbearing, female genital mutilation / excision, etc.), health promotion, education of women, including girls' education. This will afford young women and girls a solid basis of information and knowledge to better protect their sexual and reproductive health. This action falls within the long term and requires the joint action of ministries other than those of health (gender, education, social affairs, promotion of women and children, youth, etc.) and other civil society actors operating in the area relating to OF control.

Secondary and tertiary prevention strategies based on the recognition of signs relating to the onset of OF in pregnant women, proper implementation of EIC, regular and appropriate use of scans, the establishment of a probe remains and encouragement of “the empty bladder” at birth will be implemented. These strategies will be strengthened in covered health facilities that undertake comprehensive obstetric care, and promote in the others, stints at national and regional level OF PECs. Healthcare providers will be trained in recognizing early warning signs of OF and practising some simple actions of OF prevention mentioned above. OF prevention will be integrated into the PMA health facilities at all levels of the health pyramid in countries of the ECOWAS Region.

Once sensitized, the communities will help identify cases of OF, with a view to effective prevention based on a positive behavioural change in the face of any possible risk factors of OF and social consequences caused by the latter. Cases detected at community level will be considered as a point of reference for PEC structures by community workers.

The contribution of the activities of other programs of the Ministry of Health, particularly those aimed at reducing maternal and infant mortality, as well as the activities of other ministries such as gender, education, social affairs, promotion of women and children, transport, youth, etc. will be an invaluable input in the achievement of this aspect.

Strategies: they will be based on IEC / BCC, as well as on the advocacy for, and the prevention of OF.

Strategic Priority 2: Treatment of, and comprehensive care for, OF victims in the ECOWAS region

This aspect revolves around mechanisms for strengthening medical, surgical and psychosocial care of OF victims, and adheres to WHO recommendations for overall OF care.

Medico-surgical management: the action plan will be based on functional PEC centres already existing in the ECOWAS Community and extend its scope to the creation of new centres (through the integration of OF management) with a view to adequate coverage in all ECOWAS Member States. The quest for quality in medico-surgical management will require the implementation of capacity building mechanisms for service providers. In this context, the training could be done through a transfer of skills from experienced service providers to those who are less so, on the one hand, and through capacity building missions by means of south-south cooperation on the other: there are examples in Benin, Ghana, Mali and Senegal that are already collaborating with some countries in West Africa (The Gambia, Guinea) in the PEC regarding some complicated cases of OF. The PEC of quality assurance actions will be obtained through supervisions and monitored in the countries, and assessments will be made both at national and regional levels.

Functional centres in the region that already perform OF “repairs”, will be strengthened by the capacity development of service providers (surgeons, doctors, nurses, midwives, anaesthetists, etc.) and the provision of essential equipment for OF repair (equipment, drugs and consumable items) in order to upscale their operationalization.

New support centres will be created in hospitals that have not yet integrated the OF cure, through the integration of OF treatment in the MPA of these hospitals. To ensure efficiency in the new centres, the action plan will focus on the training of OF surgical repair teams and equipment repair sites. The training of medical and surgical service providers (surgeons, gynaecologists and obstetricians, doctors, anaesthetists, nurses, midwives, etc.) will be focused on OF diagnosis, treatment and overall OF PEC for competent staff.

In the short term, the plan includes the opening of 30 centres throughout the ECOWAS Community, based on need and demand. Some countries do not have any specific needs for new centres (example of Senegal), but rather the need to strengthen existing centres for holistic case management. In the medium and long term, all supported OF sites in the ECOWAS Region will be rehabilitated within the framework of strengthening their intake capacities.

The spot repair campaigns conducted with international expert missions will continue and will be supported and supplemented by the routine management of OF cases in the PEC centres. The integration of OF in the MPA for health facilities will be conducted at all levels of the health pyramid of the ECOWAS Member States.

Psychosocial care: This will be provided for all OF patients who have undergone surgical treatment, primarily for difficult cases of poly surgery and victims at high risk of social rejection. The work of community organizations will be helpful in this area, with the assistance of the Ministry of Gender, Social Affairs, Promotion of Women and Children. Community actors will contribute to the reception of referred women in shelters and psychosocial support to victims of OF. Health committees will also play a key role.

Strategies: Training of OF PEC service providers, strengthening existing repair sites with personnel and equipment, extension of the PEC to new centres, scaling of BEmOC and CEmOC.

Strategic Priority 3: Socio-economic reintegration of cured victims of OF

This aspect will be built on social mobilization around OF as well as socio-economic support to its victims.

Social mobilization will be performed through awareness campaigns on the occurrence of OF risk factors and their consequences on victims. It will tend to play down OF socially and get rid of all prejudice that contributes to stigmatization and discrimination of victims. Social mobilization will be built with the support of the communities (locally-elected officials or representatives, political and administrative leaders, religious and traditional leaders, women and youth leaders, etc.). The structures of such ministries as Social Affairs, Promotion of Women, Youth and Children will play the leading role in the implementation of this aspect. Community actors will be responsible for the rehabilitation of OF victims who have undergone operations. At socio-economic level, this assistance will be provided, in the medium and long term, through support to:

1. Training on entrepreneurship for OF victims ;
2. Development of income generating activities (IGAs) ;

3. Monitoring of beneficiaries in their communities.

Community actors will contribute to the socio-economic reintegration of OF victims. In the short term, the strategy includes advocacy for the mobilization of resources from IGAs as well as the establishment of OF groups and victims associations who will subsequently benefit from these IGAs.

Strategies: They will revolve around social mobilization, organizational support for women suffering from OF, training women in entrepreneurship and management of small scale projects and advocacy for the development of IGAs. The implementation of this aspect will require the involvement of already cured OF victims and their families.

Strategic Priority 4: Coordination, monitoring and evaluation and operational research

In the short term, a National Multi-sectoral Committee on OF will be set up in each ECOWAS Member State that does not yet have any to ensure overall coordination and management of the implementation of the Plan and National Multi-sectoral Consultation framework on the OF of each country. Under the partnership, the focus will be on the involvement of stakeholders in the line ministries besides the health sector, particularly those responsible for advocacy, promotion of women, territorial administration, decentralization and security, youth employment and youth, national education and literacy, but also civil society and the private sector. The committee will conduct advocacy with stakeholders to mobilize the resources required for the operationalization of the plan.

In the area of monitoring and evaluation, this action plan includes in the short-term, the establishment of national systems for monitoring activities to combat OF in each ECOWAS Member State and the establishment of a regional system for monitoring and evaluating the implementation of this plan. A national survey will be conducted in each country to provide exhaustive documentation, among other things, some epidemiological aspects of OF in West Africa because, as at now, it is not possible to fully define the number of OF victims in each ECOWAS Member State. It is therefore essential to undertake these epidemiological surveys at national level in order to adjust some national and regional indicators and provisionally define the number of victims to be taken care of in the ECOWAS region from 2016. In the medium term, the review and dissemination of data collection and compilation tools of National Information and Health Management Systems (NIHMS) will enable a regular update data on OF in the entire ECOWAS Community. Lessons will be drawn from the implementation of the plan and will cover research work that will build on achievements in the medium and long term.

The implementation of this multi-year regional plan will be done with the principles of results-based management. Monitoring, and evaluation will espouse this management method which involves the establishment of an adequate framework for the systematic measurement of the results achieved in terms of the resources mobilized. This framework will track, analyze, involve and account for the level of progress made towards the achievement of the expected results. It will also provide the performance indicators identified in the plan as basis for monitoring and evaluation.

4. Coordination mechanisms of the 2016-2019 ECOWAS Regional Action Plan to control OF in West Africa

The overall coordination of the plan will be provided by the Regional Multi-sectoral Committee on OF, in collaboration with the National Multi-sectoral Committee on OF in each State, under the leadership of ECOWAS and UNFPA. National Multi-sectoral Committees on OF will be responsible, in collaboration with all actors in the field, for assessing the progress of activities, identifying the problems and proposing solutions bearing in mind the mechanisms in place through prefectural (district), national and regional authorities.

5. Monitoring and Reporting Mechanism of the Plan

The principle relating to the monitoring mechanism of this action plan will be defined by the M & E plan to be developed during 2016. This mechanism should be designed while scrupulously observing the tenets of results-based management (RBM), whose principle is the identification of results before the activities because the former drive the latter and not the reverse.

Monitoring Framework: The monitoring framework refers to priority action indicators (with the 2016 targets) of this action plan which emphasizes the need to monitor, and how to assess progress of implementation. The entire monitoring effort is thus organized around two main areas: monitoring results, based on results indicators, and monitoring of priority actions. Even if the result indicators are formulated for multiannual targets, the annual monitoring of these indicators by all stakeholders concerned will make it possible to analyse the possibility of achieving these targets with or the deadlines .

1. A prerequisite for monitoring results is the ability to quantify the expected change in relation to a baseline to be established before the end of 2016. In the absence of resources, an interim approach may also be adopted. Actors may use the pre-existing secondary data on these performance indicators. The reliability of these data will be checked or verified and supplemented jointly with partners as soon as the financing is available and approved by the authorities concerned.
2. Pending the establishment of the M & E plan that will define the design of the database on OF in the ECOWAS region, the data collected will be limited to key information requirements for the management or steering of the plan. In cases where relevant data may be lacking, an ad hoc light study shall be conducted in order to define the volume and specification of the reference data required.
3. Given the various constraints to the implementation of a participatory monitoring activity in the first year of implementation (lack of skills, budget constraints, etc.), follow-up activities could be carried out initially under the responsibility of officials of health structures at national level. Monitoring activities in the field will thus be initially entrusted to these officials. This approach will have the advantage of ensuring a minimum quality of the information collected and a more reliable source of findings. The involvement of community stakeholders in the field may also be considered if they are systematically associated with the officials of health facilities.

4. In addition to the documentation relating to results monitoring by designated officers, the exchange of ideas and visits between peers will be many other additional tools to monitor actions on the ground. In principle, the broader involvement of affected populations will heavily depend on the creativity and commitment of the actors.

Quarterly and annual reviews: While monitoring provides information to support the management of activities and improvement of results based performance with the appropriate means and within the agreed time frame, annual reviews will, for their part, focus on the assessment of the extent to which the implementation of the action plan progresses towards the achievement of results and objectives.

5. The "Internal" quarterly review will be used by the National OF Multi-sectoral Committee in each State, alongside the various stakeholders to ensure that the required corrective decisions and measures are taken into account in a timely and participatory manner.
6. At the end of 2016, a thorough technical review by representatives of Government and technical and financial partners (TFP) will review in detail the progress made and subsequently formulate recommendations for action planning in 2017.

Reporting: The quarterly and annual reviews will afford an opportunity for the National OF Multi-sectoral Committees of each State to present the results to the Regional OF Multi-sectoral Committee, regarding:

1. Progress made in action plan implementation through indicators relating to priority actions;
2. Analysis of the possibility of achieving strategic results and objectives;
3. Problems encountered together with the solutions adopted or proposed;
4. Lessons drawn during the period.

The Regional Committee will share them with the authorities at different levels, in order to stimulate discussions on the strategic direction of fighting against OF with concrete lessons. To that end, the Regional Committee will produce a summary progress report taking due account, among other things, of the above-mentioned aspects.

Strategies: They will be based on the coordination of the management bodies and partnerships, research and capitalization of achievements registered by the monitoring and evaluation mechanism

OUTCOMES OF THE ACTION PLAN

The goals, activities and results of the multiannual regional plan of action to combat OF in ECOWAS Member States for the period 2016-2019 derive from the vision of the plan that makes it possible to identify the impacts from the purpose of the plan and the strategic aspects. While these aspects show the overall content of the strategies to be implemented, the results reflect, point by point, the details of the plan content. The logical framework on the basis of planning priority actions scrupulously observes this principle based on the distribution of objectives and results as set out below:

Strategic Priority 1: Prevention of obstetric fistula

Strategic Objective: Reduce new OF cases in the ECOWAS Member States

First Outcome: ECOWAS populations have a fair knowledge of OF causes and consequences

Second Outcome: Centres offering CPN services provide quality services

Third Outcome: Community Health Workers or Officials have fair knowledge of OF and the use of health services

Fourth Outcome: Members of NGOs involved in fighting OF have fair knowledge of OF

Fifth outcome: Health structures of ECOWAS Member States assume full responsibility for 7 BEmONC features and 9 CEmONC functions

Strategic Priority 2: Comprehensive Treatment of, and care for, OF victims

Strategic Objective: Improve the quality of life of women victims of OF

First Outcome: ECOWAS Member States have sufficiently skilled personnel to support OF treatment

Second Outcome: Health structures of ECOWAS Member States include OF PEC

Third Outcome: OF Female victims use health services

Fourth Outcome: ECOWAS Member States have centres of accommodation and reception for victims of OF

Fifth Outcome: OF cases are identified in communities and referred to the support structures

Sixth Outcome: The ECOWAS region has set up an official Regional Interuniversity Degree in fistula surgery

Seventh Outcome: The ECOWAS region has established a common system for the consensual classification of OF

Strategic Priority 3: Socio-economic re-integration of OF Victims

Strategic Objective: Ensure the socio-economic reintegration of all victims of obstetric fistula treated in the ECOWAS Member States

First Outcome: Women and girl victims of OF cured and socially and economically re-integrated into their communities

Second Outcome : Cured women and girl victims of OF benefit from training as well as material and financial support for income-generating activities (IGAs)

Third Outcome: Women and girl victims of OF benefit from a monitoring of socioeconomic re-integration activities

Strategic Priority 4: Coordination, monitoring - evaluation and operational research

Strategic Objective: Ensure coordination and effective and efficient monitoring and evaluation of activities to combat obstetric fistula in the ECOWAS Member States

First Outcome: The coordination of action to combat OF is conducted efficiently and effectively at regional, national and local levels

Second Outcome: Obstetric Fistula is integrated into the National Health Development Programme (NHDP) of ECOWAS Member States

Third Outcome: Support to OF is free in all ECOWAS Member States

Fourth Outcome: Laws on reproductive health (RH) and Female Genital Mutilation (FGM) are enforced in all ECOWAS Member States

Fifth Outcome: ECOWAS Member States mainstream OF in the Package of Minimum Activity (PMA) of health facilities and in gender relations

Sixth Outcome: The monitoring of OF activities is harmonized for all ECOWAS Member States

Seventh Outcome: Member States shall ensure supervision and monitoring of activities against OF

Eighth Outcome: Baseline assessments, mid-term and final control activities against OF are conducted in the Member States

Ninth Outcome: A monitoring mechanism for coordinating and evaluating the activities of the action plan has been set up in each country

Tenth Outcome: Studies on OF are conducted in ECOWAS Member States

Eleventh Outcome: ECOWAS Member States and the region conduct studies on OF epidemiology, including prevalence and incidence

Twelfth Outcome: ECOWAS Member States elaborate reports on the management of complicated OF cases.

LOGICAL FRAMEWORK FOR THE DEVELOPMENT OF THE STRATEGIC PLAN

In the principle of results-based management or RBM, the logical framework focuses on results. To facilitate the operationalization of this plan, priority actions are also presented for each result. These priority actions will facilitate the assessment of costs and the development of national action plans.

In this regard, the logical framework is no longer limited to performance indicators but also makes it possible to keep track of the implementation of priority actions through the indicators relating thereto.

At the time of drafting this document, the priority action costs had not yet been defined due to lack of information. This will be covered later.

ECOWAS REGIONAL ACTION PLAN TO ADDRESS OBSTETRIC FISTULA IN WEST AFRICA

IMPACT: ERADICATION OF OBSTETRIC FISTULA IN WEST AFRICA

Strategic Priority 1: Prevention of Obstetric Fistula in ECOWAS Member States

Strategic Objective	Expected Results	Activities	Beneficiaries/ Target Groups	Objectively Verifiable Indicators	Target Indicators	Timetable				Budget	Implementing Partners
						Year 1	Year 2	Year 3	Year 4		
Reduce new OF cases in ECOWAS Member States	ECOWAS populations have fair knowledge about OF causes and consequences	<ul style="list-style-type: none"> -Strengthening of BCC interventions on OF - Awareness and information Workshops on practices harmful to women and girls' health (forced, early marriages, FGM) - Celebration of International OF Day 	<ul style="list-style-type: none"> - Women - Young girls - Men - Young people - Teenagers - Traditional and religious leaders 	<ul style="list-style-type: none"> - Proportion of women in the ECOWAS region with fair knowledge about OF causes of occurrence - Proportion of men who have fair knowledge about OF causes of occurrence - Proportion of young people and teenagers with good knowledge about OF causes of occurrence - Proportion of traditional and religious leaders having fair knowledge about OF causes of occurrence 	<ul style="list-style-type: none"> - 60% of women adequately informed of the causes and consequences of OF - 60% of men sufficiently informed of the causes and consequences of OF - 60% of young teenagers adequately informed of the causes and consequences of OF - 60% of customary and religious leaders have adequate knowledge of the causes and consequences of OF 	X	X	X	X		States/ ECOWAS/ UNFPA/ Other partners

				<ul style="list-style-type: none"> - Proportion of pregnant women having access to / visited pre-natal services - Proportion of pregnant women who have given birth in health centres - Number of countries who have annually the International OF Day 	<ul style="list-style-type: none"> - 100% of pregnant women have access to/ and have visited pre-natal services - 100% of pregnant women deliver in health centres - 15 ECOWAS Member States celebrate the International OF Day annually 						
Centres providing CPN services ensure quality services	<ul style="list-style-type: none"> - Training of CPN centres staff - Technical and financial / CPN centres logistics capacity building 	<ul style="list-style-type: none"> - Health workforce - CPN Services 	Proportion of CPN Services ensuring quality services	80% of CPN centres provide quality services	X	X	X	X			
Community Health Workers have fair knowledge of OF and the use of health services	<ul style="list-style-type: none"> - Identification and training of Community Health Workers (CHWs) on communication techniques and the use of health services (EIC, assisted childbirth, postnatal consultation, FP) 	Community health workers	Proportion of Community Health Workers have fair knowledge of OF and the use of health services	100% of Community Health Workers have fair knowledge of OF and the use of health services	X	X	X	X			
Members of NGOs involved in	<ul style="list-style-type: none"> - Identification and training of NGOs and 	<ul style="list-style-type: none"> - NGOs and associations 	<ul style="list-style-type: none"> - Proportion of NGOs and associations that 	<ul style="list-style-type: none"> - 100% of Member s of NGOs involved in 	X	X	X	X			

	<p>the fight against OF have fair knowledge about OF</p>	<p>Member associations on the causes of occurrence and consequences of OF</p> <ul style="list-style-type: none"> - Organisation of communities to ensure referrals of pregnant women to OF -Setting Up of mutual health organizations 	<p>fighting against OF</p> <ul style="list-style-type: none"> - Customary and religious leaders - Locally elected officials 	<p>have benefited from training</p> <ul style="list-style-type: none"> - Number of mutual health organizations set up and functional 	<p>the fight against OF trained</p> <ul style="list-style-type: none"> - 30 mutual health organizations in place and functional 						
	<p>ECOWAS Member States provide the 7 BEmOC functions and the 9 CEmOC functions</p>	<ul style="list-style-type: none"> - Increased number of competent staff in care midwife / midwifery in BEmOC structures - Training of health staff on the 7 BEmOC functions and the 9 CEmONC functions - Strengthened technical and financial capacity / logistics of health facilities Organization of communication sessions on medical ethics at statutory meetings of services 	<p>- Health workers</p>	<ul style="list-style-type: none"> - Proportion of health facilities strengthened in CEmONC and BEmONC - Proportion of health workers trained in CEmONC and BEmONC 	<ul style="list-style-type: none"> - 80% of health facilities strengthened in CEmONC and BEmONC - 80% of health workers trained in CEmONC and BEmONC 	X	X	X	X		

		for a change in behaviour on the part of health staff									
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Strategic Priority 2 : Obstetric Fistula (OF) Treatment and comprehensive care in the ECOWAS region

Strategic Objective	Expected Results	Activities	Beneficiaries/ Target Groups	Objectively Verifiable Indicators	Target Indicators	Timetable				Budget	Implementing Partners
						Year 1	Year 2	Year 3	Year 4		
Improving the quality of life of women victims of OF	ECOWAS Member States have a sufficient number of skilled staff for OF support	<ul style="list-style-type: none"> - Establishment of a Regional Committee of Trainers - Training and upgrading fistula specialists according to the FIGO manual - Training of paramedical support Staff - Awareness / Motivation of existing specialists to support OF 	<ul style="list-style-type: none"> - OF Specialists Neurologists, Gynaecologists, doctors, surgeons, anaesthetists, psychologists, Physiotherapists, health workers 	<ul style="list-style-type: none"> - Regional Training Committee in place - Number of OF specialists trained in OF comprehensive management - Number of support paramedics staff trained - Proportion of existing specialists to support OF sensitized / motivated 	<ul style="list-style-type: none"> - One (1 committee) set up - At most 40 physicians trained per country - At most 40 support paramedics trained - At least 80% of specialists sensitized / Motivated 	X	X	X	X		Member States/ ECOWAS/ UNFPA/ Other partners
	Health facilities in ECOWAS Member States include OF support and counselling	<ul style="list-style-type: none"> - Identification of health structures by country - Integration of OF PEC in identified structures 	Health facilities	<ul style="list-style-type: none"> - Number of health facilities identified - Number of facilities with OF support and counselling 	<ul style="list-style-type: none"> - At least three (3) centres per country - At least 45 centres 	X	X				

Women victims of OF use health services	Information and awareness on the need for health services for victims of OF	Victims of OF	Proportion of women victims of OF who use health services	80% of women victims of OF use health services	X			X	
ECOWAS Member States have accommodation and reception centres for victims of OF	<ul style="list-style-type: none"> - Mobilization of financial resources - Building, rehabilitation and equipment of centres - Support to the operation of the centres 	ECOWAS Member States	<ul style="list-style-type: none"> - Quantity of mobilized financial resources - Number of centres built, rehabilitated and equipped - Number of Centres actually working 	<ul style="list-style-type: none"> - \$30million mobilized - At least 30 centres built, rehabilitated and equipped - At least 30 centres actually working 	X	X	X	X	
The OF cases are identified in communities and referred to the support structures	<ul style="list-style-type: none"> - Establishment of communication support groups - Strengthening the capacity of community health workers to identify and refer cases of OF - Information / awareness about the availability of OF treatment centres - Creation of a regional website on OF - Use of existing websites to disseminate information about OF 	Local communities	<ul style="list-style-type: none"> - Number of communication support groups set up - Number of community health workers whose capacities were strengthened in the identification and referral of OF cases - Number of sessions Information / awareness conducted on the availability of OF treatment centres - Number of regional websites on OF created - Number of existing 	<ul style="list-style-type: none"> - 45 support groups - 900 community health workers trained - 150 awareness Information sessions on the availability of OF treatment centres held - A regional website on OF created - At least 5 existing websites disseminate information on OF 	X	X	X	X	

				websites that disseminate information on OF							
	ECOWAS region establishes a sub-regional Interuniversity degree in fistula surgery	Establishment of a sub-regional Interuniversity degree in fistula surgery	Health professionals	Number of sub-regional inter-university diplomas established in fistula surgery	At least one sub-regional inter-university degree fistula surgery set up	X	X	X	X		
	ECOWAS region has a common system of consensual classification of OF	- Organization of workshops on regional consensus on the classification of OF - Adoption and operationalization of a consensual regional classification system on OF	Member States	- Number of consensus in regional workshops on the classification of OF - Number of countries that have adopted and operationalized the consensual system under OF regional classification	- At least three (3) workshops of regional consensus on the classification of OF organized - 15 Member States have adopted and operationalized the sub-regional consensual system of OF classification	X	X	X	X		

Strategic priority 3: Socio-economic reintegration of cured victims of obstetric fistula

Strategic Objective	Expected Results	Activities	Beneficiaries/	Objectively Verifiable Indicators	Target Indicators	Timetable				Budget	Implementing Partners
						Year 1	Year 2	Year 3	Year 4		
Ensure the	Cured OF women	- Establishment of	OF Women and	- Number of newly	- 30 centres set up and	X	X	X	X		

socio-economic reintegration of all victims of obstetric fistula cured in the ECOWAS Member States	and girl victims are socially and economically reintegrated into their communities	shelters and integrated care for OF women and girl victims in Member States - Recruitment, training and retention of specialized staff - Provision of psychosocial care for women and girl victims of OF - Community awareness workshops on the OF issue	girl victims, young people, opinion leaders, communities	integrated support centres in Member States - Number of specialists recruited - Proportion of victims who benefited from psycho-social support - Number of community sensitization workshops organized - Number of people sensitized	operational - At least 60 specialists recruited - 100% of victims have benefited from psychosocial support - At least 300 sensitization workshops organized - At least 12,000 people sensitized						Member States/ ECOWAS/ UNFPA/ Other partners
	Treated OF Women and girl victims treated benefit from training and material and financial support for income-generating activities (IGAs)	- Strengthening lifelong skills for OF women and girl victims - Training in trades (sewing, soap making, economic management, IGAs, micro-credit, savings, etc.) - Provision of material and financial support to women and girls cured of OF	Women and girls victims of OF cured	- Proportion of women and girls who have benefited from OF lifelong building skills - Proportion of women and girls who have received trained to business and database management - Proportion of women and girls who have received financial and material support	- 100% of women and girls victims of OF benefited from strengthened lifelong skills - 100% of women and girls have received training in business and database management - 100% of women and girls have received material and financial support	X	X				Member States, NGO, Families, Communities
	Women and girl victims of OF have	Monitoring of psychosocial	- Women and girl victims of	- Number of conducted monitoring missions	- 30 monitoring missions	X	X	X	X		Families, Communities

	a monitoring socio-economic reintegration activities	rehabilitation of victims, their reintegration into their families and communities as well as their economic activities	OF - Families - Communities	- Proportion of women and girl victims of OF reached by monitoring missions - Number of reports produced monitoring missions	- 100% of women and girl victims of OF reached by the monitoring missions - 30 product tracking reports						
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Aspect 4: Coordination, Monitoring and Evaluation, and operational research on obstetric Fistula

Strategic Objective	Expected Outcomes	Activities	Beneficiaries/	Objectively Verifiable Indicators	Target Indicators	Timetable				Budget	Implementing Partners
						Year 1	Year 2	Year 3	Year 4		
Ensure coordination and effective monitoring and efficient evaluation of activities against obstetric fistula in the Member States of ECOWAS	Coordinating the fight against OF activities is conducted efficiently and effectively at regional, national and local levels	<ul style="list-style-type: none"> - Development and signing of a Memorandum of Understanding by regional partners - Establishment of a Regional Coordination Committee - Development and signing of decrees on the establishment and functioning of the National Coordinating Committees - Establishment of National Coordinating Committees - Implementation of a sub-regional committee of support and counselling (Task Force) 	<ul style="list-style-type: none"> - ECOWAS, UNFPA - Ministries involved in the fight against OF - Committees Members 	<ul style="list-style-type: none"> - Existence of a Regional Partner Agreement Protocol - Existence of a Regional Coordination Committee - Number of orders signed on the establishment and functioning of the National Coordinating Committees - Number of National Coordinating Committees set up - Existence of a regional 	<ul style="list-style-type: none"> - A Memorandum of Understanding signed by regional partners - A regional coordination committee established and functional - 15 orders on the establishment and functioning of national coordinating committees signed - 15 national coordinating committees set up and functional 	X	X	X	X		Member States ECOWAS/ UNFPA/ Other partners

		Composed of National Committees' Chairmen		committee under PEC (Task Force) Composed of National Committees Chairmen	- A sub regional committee of support and counselling (Task Force) set up and functional						
	Obstetric Fistula is integrated into the National Health Development Programmes (NHDP) of ECOWAS member States	<ul style="list-style-type: none"> - Development and signing of a Memorandum of Understanding between regional partners - Establishment of a Regional Coordination Committee - Development and signing decrees on the establishment and functioning of the National Coordinating Committees - Establishment of National Coordinating Committees - Implementation of a sub-regional committee of PEC (Task Force) Composed of National Committee Chairmen 	Ministries responsible for health	- Number of countries that have integrated the issue of OF in their NHDP	- 15 Member States have incorporated the issue of OF in their PNDS	X	X	X	X		
	Support of OF is free in all ECOWAS Member States	<ul style="list-style-type: none"> - Advocacy with governments and parliamentarians to support and provide counselling for OF activities - Creation of a budget line for the consideration of OF 	Governments and parliaments of ECOWAS Member States	<ul style="list-style-type: none"> - Number of advocacy efforts with governments and parliaments - Number of countries that have set a budget line to support OF 	<ul style="list-style-type: none"> - At least 30 advocacy efforts with governments and parliaments - 15 countries have established a budget line to support OF 	X	X	X	X		

The laws on reproductive health (RH) and Female Genital Mutilation (FGM) are enforced in all ECOWAS Member States	- Advocacy for the popularization and enforcement of legislation on the violation of human rights and health, including OF in ECOWAS Member States	Ministries of Justice and / or Human Rights	- Number of advocacy efforts directed to the competent authorities to ensure the popularization and enforcement of texts	- At least 30 advocacy directed to the competent authorities to ensure the popularization and enforcement of texts	X	X	X	X		
ECOWAS Member States integrate OF into the Package of Minimum Activity (PMA) health facilities and in gender relations	Advocacy for the integration of OF in PMA for the health facilities of the Member States	Ministries of Health in the ECOWAS Region	Many countries have integrated OF in the MPA for health facilities	15 countries integrated OF in MPA health facilities	X	X	X	X		
Monitoring of OF activities is harmonized for all ECOWAS Member States	- Advocacy for the establishment of a harmonized system of monitoring the CEP patients (OF register) - Advocacy for the integration of data relating to OF support and counselling to each country SNIGS	Ministries of Health and Gender	- Number of countries using harmonized monitoring system - Number of countries that have integrated OF in SNIGS	- 10 countries use harmonized monitoring system - 10 countries have integrated OF in SNIGS	X	X	X	X		
Member States shall ensure the supervision and monitoring of activities against OF	- Organisation of supervision missions - Organization of monitoring sessions - Organization of regular	Ministries of Gender and Health; Anti OF committees; Regional Coordinating Committee;	- Number of supervision missions conducted	- 2 missions per year for national committees; 4 missions per year for regional committees and 12 missions per year for the local committees	X	X	X	X		

	<p>monitoring of the implementation of OF control action plans in the country by the Regional Coordinating Committee</p> <p>- Establishment of OF a sub-regional mechanism for reporting on OF</p> <p>- Development of a reporting framework for activities against OF</p> <p>- Establishment of OF tracking for individual, family and community systems</p>	<p>People ; families; communities</p>	<p>- Number of monitoring sessions conducted</p> <p>- Number of conducted follow-up sessions</p> <p>- Availability of a regional reporting mechanism on OF</p> <p>- Availability of a framework reporting for activities against OF</p> <p>- Number of individual, family and community monitoring systems established OF</p>	<p>- 2 sessions per year</p> <p>- 2 sessions per year</p> <p>- A sub regional reporting mechanism on OF put in place</p> <p>- A framework for the reporting of OF control activities developed</p> <p>- 30 (?) individual, family and community systems of OF monitoring established</p>						
<p>Baseline assessments, mid-term and final control activities against OF are conducted in Member States</p>	<p>- Conducting a baseline assessment (basic indicators) in the fight against OF in the country</p> <p>- Conducting a mid-term evaluation of activities against OF</p> <p>- Conduct a final evaluation of activities against OF in the country</p>	<p>National committees against OF in the ECOWAS Region</p>	<p>- Number of basic assessment reports</p> <p>- Number of mid-term evaluation reports</p> <p>- Number of final evaluation reports of activities against OF</p>	<p>- 15 basic assessment reports</p> <p>- 15 mid-term evaluation reports</p> <p>- 15 terminal evaluation reports of activities against OF</p>	X		X			
<p>A monitoring mechanism for coordination and</p>	<p>- Establishment of a mechanism for coordinating actions</p>	<p>- National Committees</p>	<p>- Existence of coordination mechanism</p> <p>- Number of countries</p>	<p>- A coordination mechanism put in place and functional</p>	X	X	X	X		

evaluation of measures of the action plan is in place in each country	<ul style="list-style-type: none"> - Production and dissemination of periodic reports (Transmission to ECOWAS, consolidation and dissemination by ECOWAS) - Monitoring Mission of ECOWAS and UNFPA in the Member States - Organization of a review meeting to share information on the implementation of the action plan within the framework of the mid-term evaluation - Final evaluation of the Action Plan 	<ul style="list-style-type: none"> - Regional Committee - UNFPA, ECOWAS - Work of drawing Actors - MEO Actors 	<ul style="list-style-type: none"> that have sent their reports - Number of completed missions - Existence of a report of the review meeting - Existence of a final evaluation report of the Action Plan 	<ul style="list-style-type: none"> - 15 countries have submitted reports - 15 monitoring missions - A report of the review meeting is available and accessible - A final evaluation report of the Action Plan is available and accessible 							
Studies on OF are conducted in ECOWAS Member States	<ul style="list-style-type: none"> - Conduct BAP surveys based on the theme - Conduct a national situation analysis on OF in the ECOWAS Member States Updating of the regional situational analysis on OF, adapted to the ECOWAS Region 	Member States	<ul style="list-style-type: none"> - Number of BAP reports conducted - Number of reports from national situational analyses on OF - Number of reports from regional situational analysis on updated OF 	<ul style="list-style-type: none"> - 15 reports of BAP - 7-speed national situational analyses on OF - A report on regional situational analysis of OF 	X	X	X	X			
ECOWAS Member States and the region conduct	- Conduct epidemiological studies on prevalence and incidence of OF in ECOWAS	Member States	- Number of studies reporting the prevalence and incidence of OF in	- 15 reports of studies on the prevalence and incidence of OF in	X	X	X	X			

	<p>studies on the epidemiology of OF, including prevalence and incidence</p>	<p>Member States</p> <ul style="list-style-type: none"> - Conducting an impact assessment of the Action Plan in ECOWAS Member States 		<p>Member States</p> <ul style="list-style-type: none"> - Existence of a report on regional epidemiology of OF - Availability of an impact report of the Action Plan 	<p>Member States</p> <ul style="list-style-type: none"> - A report on the regional epidemiology of OF available and accessible - An impact report of the action plan available and accessible 						
	<p>ECOWAS Member States prepare reports on the management of complicated cases of OF</p>	<p>Promotion of new alternative surgical techniques deemed necessary for "incurable" cases & patients</p> <ul style="list-style-type: none"> - Publications and Conferences and workshops, seminars to disseminate the results - Organization of conferences such as ISOFS for exchanges on these cases in the ECOWAS region 	<p>victims of OF</p>	<ul style="list-style-type: none"> - Number of OF patients deemed incurable cured - Number of publications, conferences and workshops organized seminars to disseminate the results - Number of conferences organized for exchange on cases deemed incurable 	<ul style="list-style-type: none"> - 100 patients deemed incurable OF patients cured - 5 publications, 2 conferences and five seminars/ workshops organized to disseminate the results - A conference organized every two years to hold discussions on cases deemed incurable cured 						

FRAMEWORK OF PLAN IMPLEMENTATION

COORDINATION OF ACTIONS TO COMBAT OF IN ECOWAS MEMBER STATES

ESTABLISHMENT OF THE REGIONAL MULTI-SECTORAL CONSULTATION FRAMEWORK ON OF IN ECOWAS MEMBER STATES

The establishment of a Regional Multi-sectoral Consultation Framework on the prevention of, and support for, OF and socio-economic reintegration is the first stage of the coordination activities of the Regional Action Plan and aims to create a Regional multi-sectoral Committee on OF that will cover all the ECOWAS Member States. This Committee will be composed of representatives of ECOWAS, the UNFPA Regional Office for West and Central Africa, key actors operating in support of OF (representatives of multi-sectoral national committees to fight obstetric fistula, doctors, surgeons, physiotherapists, kinetherapists or any other person whose presence within the Committee will be deemed relevant) and representatives of OF victims.

The terms of reference of the Regional Multi-sectoral Committee for action to combat OF will be proposed by ECOWAS and UNFPA.

ESTABLISHMENT OF NATIONAL MULTI-SECTORAL OF CONSULTATION FRAMEWORKS ON OF PREVENTION AND TREATMENT IN ECOWAS MEMBER STATES

Establishment of a National Multi-sectoral Committee on OF in each country

The National Multi-sectoral Committee on OF will bring together key persons in the field of maternal, neo-natal and child health as well as human rights, more specifically the rights of women, capable of ensuring effective advocacy on the needs of OF victims in their own areas of influence and through the media. The committee should be able to work in synergy with all stakeholders involved in the action to combat OF at the national level. The Ministry of Health or Gender will play a leadership role (according to the sovereign decision of each country) and will handle the preparation of the terms of reference of the Committee, which outline the roles and responsibilities of each member. The multi-sectoral national committee on OFs in each country of the ECOWAS Region should enjoy authority and autonomy in decision-making, together with resources and adequate communication facilities to enable it to function effectively, and collaborate with the different technical and financial partners, including the specialized agencies and institutions of ECOWAS, the United Nations and local and international NGOs working in support of OF in the country.

Roles and responsibilities of the National OF Multi-sectoral Committee

The General Coordination of national plans for OF control will be provided by the National OF Multi-sectoral Committee under the leadership of the Ministry of Health and / or Gender which will ensure intra and inter-sectoral collaboration. The Ministry of Health or Gender, through national implementation bodies (Directorates or Departments), will actively collaborate with communities, institutional and operational partners and donors within the framework of

implementing the plan with the involvement of all stakeholders. This will be done through the national and regional authorities, and could extend to local, prefectural and sub-prefectural authorities (depending on the organization of each country). The committee shall take steps to secure and facilitate the implementation of the plan.

Composition of the National OF Multi-sectoral Committee

Each National OF Multi-sectoral Committee will be composed of representatives of national entities involved in the field of reproductive health, the Ministry of Health, the Ministry of Gender, Social Affairs, Promotion of Women and Children the Ministries of Education (with a view to conducting advocacy for the integration of the issue of OF in the long-term school and university training curricula), the Ministry of communication, the Ministry of Economy Affairs and Finance, the Ministry of territorial administration and decentralization, the scientific societies of gynaecology and obstetrics, paediatrics and urology, charities working in the field regarding the prevention, treatment and socio-economic reintegration of women with OF, representatives of bilateral and multilateral co-operations engaged in the promotion of maternal and child health, community representatives (local councils, health and hygiene committees) and, if possible, representatives of OF victims.

The committee will also include an administration with an executive secretariat. These various members, including health technicians (gynaecologists and obstetricians, urologists, surgeons, doctors, midwives, anaesthetists, nurses, etc.), are expected to have skills in areas of advocacy, resource mobilization, strategic and operational planning, integration of cross-cutting issues (OF) in national health policy in general and reproductive health in particular, as well as in monitoring and evaluation.

INSTITUTIONAL AND ORGANIZATIONAL MECHANISM FOR THE IMPLEMENTATION OF THE REGIONAL ACTION PLAN TO ADDRESS OF

The overall coordination of the regional action plan will be under the responsibility of ECOWAS and UNFPA, in collaboration with the Regional Multi-sectoral Committee for the control of OF. At national level, this will be coordinated by the National Multi-sectoral Committee.

Regarding the implementation of the plan, each country shall be sovereign as regards the organization of the mechanism and the selection of the National Directorate which will provide the required leadership. This could be done by the National Directorates of Health and Family or Gender which will handle activities at the institutional level, and assume full responsibility for answering any questions relating to the implementation and results before the national authorities.

At ECOWAS level

Implementation of the plan will be in the country under the enlightened guidance of the Regional Multi-sectoral Committee on OF control that will be set up. The Regional Committee will work closely with National OF Multi-sectoral Committees in the country and will periodically ensure monitoring activities.

At country level

Within countries, the operationalization of the plan will be led by the National Directorate of Family Health and / or Gender which will ensure on an annual basis, the development of an implementation plan for the five-year plan, and secure the mobilization of human, material and financial resources. It will undertake the preparation and dissemination of the periodic reports relating to the implementation of the plan to different donors, the State and other actors.

At the level of the regions in the country

Implementation of the plan will be conducted under the coordination of the regional health and / or gender directorates in collaboration with other departments of the ministries concerned. The regional directorates of health and gender will ensure that all district plans contain actions to combat OF in line with the national plan. They will ensure the monitoring / supervision of the actors at decentralized level and prepare progress reports on the basis of reports from the decentralized levels (eg health districts).

At health districts level

The district activities of the coordinating team will ensure that prevention, support and counselling activities in relation to OF and the socio-economic reintegration of women suffering from OF are mainstreamed in the annual action plans of health districts and in the micro-plans of health centres. It will also ensure the monitoring / supervision of the activities of health centres and community actors.

At community level

Health centres, community structures (NGOs and associations) shall implement social mobilization activities, case identification, referral and psychosocial support including the reintegration of women who received treatment and were cured / or rejected by the family or the community. These activities are implemented with the involvement of community leaders and other civil society organizations.

Organization of OF case references by level

The mechanism is organized in line with the pyramidal structure of the health system:

1. At the base, health facilities conduct a care needs assessment in medical and psychosocial care of identified cases, and subsequently refer them to the higher level.
2. At health districts level of, medical centres detect and receive referrals from health centres. They provide medical and psychosocial care and where necessary, refer to the higher level. They can also ensure an alternative reference of cases to health centres for monitoring and continuity of psychosocial care and social rehabilitation.

3. At regional level, identified or referred cases may require medical-surgical treatment if the technical platform so permits. Complicated cases should be referred to the higher level, while the treated and cured cases should be referred to the lower level for continuity of care.
4. At national level, national hospitals will be strengthened to ensure the medico-surgical management of complicated cases and the training and supervision of OF care and management service providers.

GEOGRAPHICAL COVERAGE

For the 2016-2019 period, the regional action plan for OF control aims to ensure regional geographical coverage for all fifteen ECOWAS Member States. The strategies that will be developed will aim to extend the offer of services adapted to all levels of the health pyramid through strategic and operational options which should be relevant and efficient. The community will ensure social mobilization, detection and orientation of OF cases channelled to PEC centres. It will work to defuse the social situation of OF victims and contribute to a good family and social reintegration of women after treatment.

QUALITY ASSURANCE OF THE PLAN IMPLEMENTATION

At programmelevel

Strategic management will ensure that all components are properly implemented to envisage the reduction of OF in the ECOWAS Region by the end of 2019. In addition to the guidelines and necessary steps that will be taken to secure a wide dissemination and ownership of the plan, joint outings with partners, follow-up supervisory visits will be carried out in addition to the preparation of progress reports. Regional and national periodicals will make it possible to measure progress, identify bottlenecks and propose solutions. Monitoring and evaluation of actions to combat OF will contribute particularly to quality assurance at the programmatic level.

At operational level

Care teams will receive continued training. They will be regularly monitored and evaluated to ensure the quality of their services both at the medico-surgical level and the psychosocial level. Monitoring the quality of care will be done periodically by the higher level.

COORDINATION AND MONITORING - EVALUATION (M & E) MECHANISM

The monitoring and evaluation mechanism is the operational mechanism set up to ensure the coordination functions as well as the monitoring and evaluation of the actions of the plan. It consists of indicators for assessing the level of achievement and / or progress of the activities and results of an information resources system of a group of actors playing complementary and related specific roles together through the consensual institutional mechanisms. It should cover the three tracking fields (activity monitoring, monitoring of outputs and outcomes, impact monitoring) as well as the required mechanisms for proper evaluation.

The monitoring framework provides the basic elements (indicators, means of verification) required for the design of the monitoring and evaluation mechanism. It is recommended that key indicators be integrated into the NIHMS of the countries concerned.

An updated inventory study will be conducted in each Member State in order to have the basic indicators. The monitoring of the action plan will be provided by the Member States and ECOWAS while the piloting or steering will be secured through a regional consultative framework on fistula set up for this purpose. A meeting of the steering committee will be held annually. Furthermore, each Member State is required to produce an annual report which should be forwarded to ECOWAS for compilation and dissemination. A mid-term review relating to the implementation of the action plan should be undertaken to give account of the achievements and shortcomings. A final evaluation will take place at the end of the action plan in order to measure the results and impacts.

Implementing actors are Member States, ECOWAS (particularly EGDC and WAHO), NGOs and other partners.

RESOURCE MOBILIZATION

The financing of the plan will be provided by the ECOWAS budget, UNFPA Member States and other partners. Monitoring and evaluation activities will require travel facilities, hardware and data processing software. To do this, the hardware requirements will be budgeted within the framework of the actions and activities. The needs of the action plan amount to ... CFA, spread over four years.

OPERATIONAL STUDIES AND RESEARCH

To ensure the effectiveness and objectivity of the monitoring and evaluation of the plan implementation, a specific study should be conducted in the first year of implementation (2016) to determine the baseline for all logical framework indicators. In this context, the annual review, the mid-term evaluation and final evaluation of the plan will be carried out in the most objective manner. Moreover, specific or ad hoc sample surveys or general population surveys will be conducted to objectively assess the performance of the plan through indicators that require this type of data collection. As mentioned in the logical framework, studies and research will also be provided as part of the assessment of the income of women benefiting from IGAs and the appreciation of the general change in behaviour as regards the stigmatization of and discrimination against victims of OF.

DISSEMINATION MECHANISMS OF THE VALIDATED PLAN

This document will be made available to all stakeholders and key actors involved in the prevention, management and socio-economic reintegration of women with OF in ECOWAS Member States. Its dissemination will be carried out under the aegis of ECOWAS and the UNFPA Regional Office for West and Central Africa from major donors and other stakeholders. Electronic and physical channels may serve as a dissemination tool for the benefit of all

stakeholders. Several collections were made with key stakeholders, in a bid to enrich the plan and ensure quality. The approved plan will be widely disseminated to actors and stakeholders.

MECHANISM OF PLAN OWNERSHIP BY ACTORS

Community involvement in the implementation of the plan will be secured through social mobilization, awareness and accountability on the part of key community actors, political leaders, CBOs and NGOs. This will make it possible to achieve sustainability of community interventions for the control of OF in West Africa with a sustainable impact on early marriage, the recourse to CPN and family planning within the community. A better understanding of the causes of OF and treatment possibilities will be known within the communities. The communities, once sensitized and made aware of OF issues, will themselves undertake actions of sustainable effect geared towards the reduction of discrimination and stigmatization of OF victims.

These results will be optimized through the involvement of structures of social action and women's promotion, and will further enhance and sustain the action to combat OF and its causes at the community level.

As regards health services, the sensitization and accountability of stakeholders and policy makers will systematically make it possible to include the fight against obstetric fistula in planning priorities within health structures.

CONCLUDING REMARKS

Obstetric fistula, although it represents a serious and disabling condition, is often concealed, neglected by both the victims themselves through withdrawal, denial or despair, and the whole community in a context of social rejection and discrimination with regards to its victims. Yet when supported appropriately, this disease completely “heals” and leaves no sequel in 80-90% of cases¹⁶. Community involvement through awareness, education and health promotion gives hope for global change. This change can take place both in terms of Reproductive Health in general and OF prevention and management specifically, by creating enabling environments for sustaining the life of victims of this disease. This action plan is based on national achievements in maternal and child health policy in the ECOWAS community, and adds value in terms of human, material and financial resources.

OF prevention should be considered in a global framework that takes into account education and health promotion, education of girls and women in order to enable them to have tools essential for good sexual and reproductive health, such as FP, delaying the age of marriage, and the “crowding out” of FGM for generations to come.

In West Africa, many activities have been carried out, contributing to the elimination of OF, but these actions performed in a rather fragmented manner, are now gaining in effectiveness and efficiency through the vision of ECOWAS Member States in this holistic approach to action implementation actions.

This plan, initiated jointly by EGDC and UNFPA, opens doors to great hopes for progress towards the elimination of OF in the ECOWAS Community.

¹⁶ Infos Report, Obstetric Fistulas, End of Silence, less Sufferings, The INFO Project, Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs; 111 Market Place, Suite 310, Baltimore, Maryland 21202, USA 410-659-6300 www.infoforhealth.org, September 2004

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