

### What We Have Done

Since launching our global mission in 2009, we have:

- Built a global network of more than 70 locally based surgery and outreach partners.
- Launched countrywide treatment networks in Kenya, Zambia, and the Democratic Republic of Congo.
- Supported more than 75,000 repair surgeries in 33 countries.
- Helped provide an estimated 2.1 million years of restored continence to women.
- Increased our annual surgery count by a factor of 20 a rate that is three times faster than our growth in annual revenue.

#### What We Will Do

From 2023 to 2027, we plan to:

- Provide 80,000 surgeries to women with childbirth injuries such as fistula.
- Add more than 40 surgery and outreach providers to our global network of partners.
- Create five new treatment networks in countries marked by high unmet need.
- Build capacity for sustainable growth by training surgeons and empowering local leaders.



At Fistula Foundation, we believe that no woman should live a life of misery and isolation, simply for trying to bring a child into the world. We strive every day to end the suffering of women injured in childbirth—and to ensure that no woman is left behind.

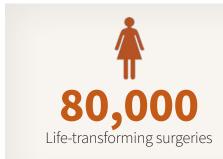
We have a vision to bring the suffering caused by fistula to an end in all countries where this condition persists today. Within a generation, we can create a world where women with this condition receive healing in a matter of days, not years—where these women flourish in their communities instead of languishing in the shadows. We call this vision *In It to End It*.

In early 2023, Fistula Foundation launched a five-year, \$110 million plan that will accelerate progress toward this vision. Under this plan, we will reach and serve women with obstetric fistula on a scale that equals the urgency of their suffering.

From 2023 to 2027, Fistula Foundation will expand the provision of life-transforming surgeries in more than 20 countries, while also building the infrastructure needed to make the scourge of fistula a relic of the past. Over the course of the five-year plan, the Foundation will achieve three key impact goals: 80,000 surgeries; more than 40 new Fistula Foundation Partners; five new Fistula Foundation Treatment Networks.

The plan draws inspiration from donors who have generously supported the Foundation's mission over many years. Equally important, the plan depends on the enduring commitment of fistula surgeons, healthcare staff members, and outreach workers who transform women's lives every day.

With this plan, we inaugurate the next phase of a long-term vision for expanding our treatment network model to multiple countries across sub-Saharan Africa and Asia. Through that model, we will significantly advance our mission to serve women who experience grievous injuries simply for trying to bring a child into the world.







# THE PROBLEM

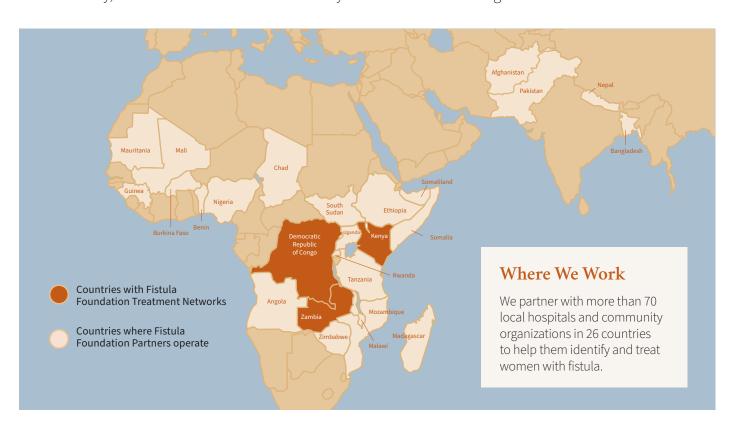
Obstetric fistula is a childbirth injury that occurs when a woman has a prolonged, obstructed labor but is unable to access emergency obstetric care. As a result, the woman can develop a fistula—a hole between her vagina and her bladder or rectum. If left untreated, the fistula will cause her to leak urine, stool, or both for the rest of her life. All too often, she will be shunned by her friends, her family, and her community.

Worldwide, at least one million women suffer from obstetric fistula. The condition affects some of the most vulnerable people in the world—poor women, usually living in rural regions of Africa and Asia. The prevalence of fistula reflects two deep-seated global problems: extreme poverty and gender inequality.

## **OUR SOLUTION**

The only cure for fistula is surgery. We partner with surgical teams and hospitals in more than two-dozen countries to provide repair surgery free of charge to women who would otherwise be unable to access this life-transforming care. Most of our program budget goes toward funding surgeries. Across our network of partners, the average cost of surgery is \$616.

When a woman with fistula receives treatment, the effects of her restored health on both her family and her community are profound. Since fistula typically affects women who are in their twenties, a successful repair surgery will provide them with an average of 37 years of healthy, productive life. By our projection, surgeries provided by our partners since 2009 will yield an estimated 2.1 million years of restored continence. Put another way, this work translates into 2.1 million years of needless suffering averted.



# **OUR STRATEGY**

To achieve our impact goals, the Foundation will leverage a dual strategy that we have honed over the past decade.

**Fistula Foundation Partners.** We partner with local community organizations, hospitals, and surgical teams to identify and treat women with fistula. We work with each partner not only to ensure delivery of high-quality care, but also to provide fistula care services that may include healthcare provider training, patient outreach, and support for fistula survivors' reintegration into society.

**Fistula Foundation Treatment Networks (FFTNs).** We build countrywide treatment networks that work through our partners to integrate outreach, training, treatment, and reintegration services. We design these networks with the goal of connecting all women in all parts of a country with timely, high-quality care. The goal of each FFTN is to reduce and ultimately eliminate the wait for treatment.

# Theory of Change

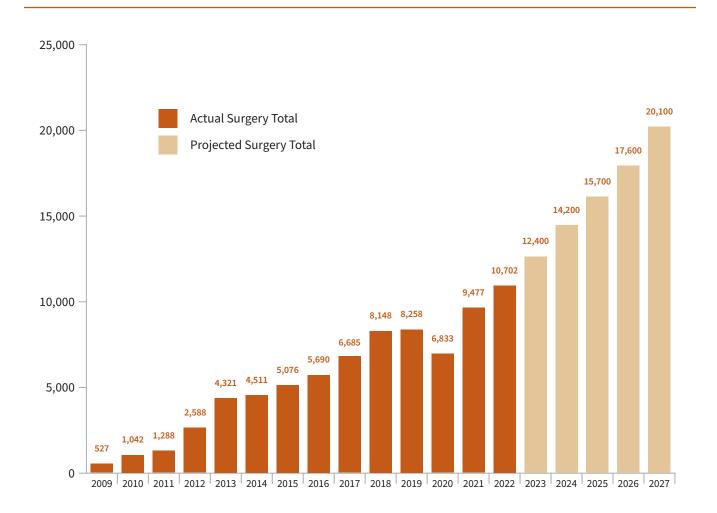
PROBLEM	STRATEGY	ACTIVITIES	OUTCOMES	IMPACT
Obstetric fistula is a childbirth injury that leaves a woman incontinent and, all too often, shunned by her community.  Fistula—a symptom of gender inequality and poverty—afflicts poor women in hard-to-reach regions of sub-Saharan Africa and South Asia.  Surgery is the only cure for fistula. Yet women in areas of high unmet need wait for years to receive lifetransforming fistula care.	We pursue a dual strategy to end the suffering of women with fistula.  We collaborate with local hospitals and community organizations—our Fistula Foundation Partners—to identify and treat women with fistula.  We build comprehensive networks—called Fistula Foundation Treatment Networks—that work to end the suffering caused by fistula on a country-by-country basis.	Fund the direct and associated costs of fistula surgery.  Equip treatment centers with surgical tools and other resources.  Provide training to local surgeons, nurses, and other healthcare providers.  Support community and patient outreach efforts.  Provide post-surgery psychosocial and economic development support to fistula survivors.	More women treated.  Shorter wait times.  Increased rates of surgical success.  Greater community awareness of fistula.  Improved surgical expertise to treat fistula.  Accelerated access to quality fistula care on a national scale.	An end to the needless suffering of women with fistula.  Reintegration of fistula survivors into their communities, enabling them to contribute economically and participate fully in family life.  Stronger health systems that enhance and accelerate treatment and rehabilitation for women with fistula.

# **IMPACT GOALS**

Through our five-year plan, we will apply this dual strategy to advance our *In It to End It* vision along three dimensions.

**More surgeries.** We will support 80,000 procedures that aim to restore continence for women with childbirth injuries. Since 2009, when the Foundation launched a global strategy to treat women with fistula, we have supported more than 75,000 surgeries for women in need. Under our new plan, we will exceed that achievement in just five years.

### **Annual and Projected Surgeries**



**New partners.** We will recruit more than 40 outreach and surgery providers to become Fistula Foundation Partners, bringing the number of partners in our global network to more than 100. The addition of these new partners will not only enable more women to receive treatment in the next half-decade, but also lay the groundwork for creating new countrywide treatment networks.

**New treatment networks.** We will create five new FFTNs in the next five years. In doing so, we will rapidly expand a proven model for delivering care in a sustainable, holistic way.

# NETWORK MODEL

While both sides of the dual strategy are essential to pursuing our mission, expansion of the FFTN model to additional countries holds the greatest promise of achieving our vision to "End It"—to ensure comprehensive access to treatment that will end the suffering caused by fistula. We launched the first FFTN in Kenya (2014) and additional treatment networks in Zambia (2017) and the Democratic Republic of Congo (2022).

Through the FFTN model, we work to build an infrastructure of care on a country-by-country basis. The model includes, and integrates, five core elements: community mobilization, patient treatment, capacity building, monitoring and evaluation, and advocacy and influence.

# Results from FFTN in Kenya



Peer-reviewed research, published in 2022, revealed several key results from the first six years of our treatment network in Kenya.

**Extensive reach.** Women from all 47 counties of Kenya were referred by outreach partners for treatment at FFTN partner hospitals.

**High-quality care.** For women who received treatment, the majority of procedures (91%) resulted in an outcome of "fistula closed and woman continent at discharge."

**Quality-of-life improvement.** More than 85% of women treated by FFTN partners reported being able to fully socialize, work, and function normally one year after surgery—compared with 18% who reported normal functioning before surgery.

One of the most striking achievements of our network in Kenya involves wait times for treatment. Among women treated by our partners in Kenya, the average time that they had lived with fistula before being healed dropped from 9.3 years in 2014 to 5.6 years in 2021—a 40% decrease.

In less than a decade—from its launch in 2014 through 2022—FFTN in Kenya provided more than 10,000 surgeries to women in need. Leveraging insights from the experience of that network, we now plan to replicate this proven model at an accelerated pace.

# Fistula Foundation Treatment Network

Our integrated, countrywide model to end the suffering caused by fistula



We sponsor community-led efforts to increase referrals for fistula treatment, expand awareness of fistula, and reduce the stigma associated with this condition. Staff members screen women and connect them to facilities that can serve their needs in a timely manner. Once healed, women reenter society with confidence, thanks to FFTN partners that offer psychosocial support and economic development programs.



#### **Patient Treatment**

We fund fistula repair surgeries conducted by expert surgeons.

Our support also covers related costs, including patient transportation and surgical tools. Care providers, specially trained in fistula management, prepare each patient for surgery and deliver post-operative rehabilitation support.

# Building a Network of Care



#### Monitoring and Evaluation

We invest in the monitoring and evaluation (M&E) of our work, and we place patients and partners at the center of that effort. With our partners, we develop and track clearly defined metrics that demonstrate our progress toward ending the suffering caused by fistula. Our FFTN partners learn from the results of our M&E efforts and from a community of practice around shared best practices.

In our Fistula Foundation Treatment
Network (FFTN) model, we work with
partners across a given country to create
a network of care that accelerates access
to quality treatment for women who suffer
needlessly from fistula. Through this
model, we and our partners reduce
inefficiencies, share knowledge, and
reinforce each other's efforts.



#### **Capacity Building**

We support training to surgeons, nurses, and other healthcare providers to hone their skills in providing holistic care to women. Providers in an FFTN have access to mentorship, coaching, and continuing education courses that help them learn new techniques and increase their ability to treat complex cases.



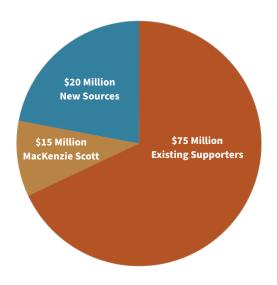
## **Advocacy and Influence**

We amplify the voices of fistula patients to influence national and international agendas for advancing fistula treatment. In addition, we work with ministries of health and other stakeholders to identify gaps and opportunities in fistula care, provide support to close those gaps and meet those opportunities, and hold stakeholders accountable for meeting targets.

## PLANNED INVESTMENT

To implement this plan, we aim to raise \$110 million over the next five years. Of that sum, \$75 million will come from current revenue streams and \$35 million will come from new investment.

A gift from pioneering philanthropist MacKenzie Scott—a \$15 million one-time donation, given without restriction—provides a robust down payment on new investment required for our plan. Current and new donors have an opportunity to extend the impact that we can achieve through this plan even further. Our investment plan thus breaks down as follows:



**\$15 million.** We regard the gift from Ms. Scott as a catalyst for further investment in our five-year plan. **\$75 million.** We expect to raise about \$15 million per year from current fundraising operations.

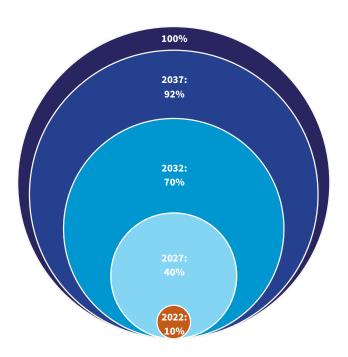
**\$20 million.** We aim to generate funding from new sources to support our ambitious goals.

The donation from Ms. Scott marks the beginning, not the end, of our campaign to advance our *In It to End It* vision. We have a proven model that works at scale to help us realize this vision, and the Fistula Foundation Strategic Plan 2023–2027 positions us to achieve it—country by country, and within a generation.

## THE FUTURE

This strategic plan outlines only the first phase of advancing our long-term vision. Over the next decade and a half, we will move steadily closer to ensuring access to transformative care to all women who suffer from fistula.

As of 2022, we had brought the FFTN model to three countries that together encompass 10% of the population in areas where fistula is prevalent. Under our five-year plan, we will extend the FFTN model to five new countries, with the goal of expanding coverage to 40% of the affected population. In later years, we will work to bring the FFTN model to at least one new country per year. As a result, we will extend coverage of the model to about 70% of the affected population by 2032, and to more than 90% of that population by 2037.



We are in it for the long haul. We are In It to End It.

# Our Credo

We believe that no woman should lead a life of misery simply for trying to bring a child into the world. And we dream of a world where women and girls will have the same opportunity for a healthy future as men and boys.



We know that too many poor women give birth without access to critical obstetric care. Too often, these women suffer devastating childbirth injuries, such as fistula, that leave them incontinent and outcast from their communities.



We serve as an essential bridge between women who suffer needlessly and selfless people who want to help them. Across that bridge flow resources to doctors who perform life-transforming surgery and to outreach workers who connect women with the treatment that they deserve.



We recognize that our hospital partners in Africa and Asia know best what will work in their communities. Humility and wisdom demand that we listen to them.



We celebrate the dedicated surgeons and nurses who make miracles of hope and healing happen every day, and collaborate with them to ensure that women receive high-quality care.



We are ever grateful to our supporters and treasure the trust that they place in us. We are committed to using their hard-earned money effectively and efficiently to help women reclaim their lives.



We embrace diversity in all aspects of our work. Only by collaborating with people from a wide range of backgrounds and with a rich variety of experiences can we maximize our potential to transform women's lives.



We understand that failure is always part of success, and we learn from our mistakes and grow stronger because of them.



We strive every day to end the suffering of women injured in childbirth—and to ensure that no woman is left behind.

