Delays impeding women's access to health care

1. Delay in seeking care
2. Delay in arriving at a health care facility
3. Delay in receiving adequate care once at a facility

Solution

To prevent obstetric fistula, it is necessary to address the root causes of maternal mortality and morbidity.

In order to eliminate obstetric fistula on a global scale, it is necessary to scale up country capacity to provide access to comprehensive emergency obstetric care, treat fistula cases, and address underlying medical, socioeconomic, cultural and human rights factors.

Eliminating obstetric fistula and reducing maternal and newborn mortality and morbidity in Liberia

2016-2018 Funding: US$1,000,000 to UNFPA

Background

Since 2008, Zonta International has committed US$2,550,000 to UNFPA to support the Liberia Fistula Project. As a result, more than 1,000 women and adolescent girls received treatment and more than 200 fistula survivors completed the rehabilitation program and were successfully reintegrated into their communities.

The number of new fistula cases was decreasing and more recurrent cases were emerging; however, in 2014, Liberia was hit by the Ebola outbreak. The already fragile health system was overwhelmed and unable to adequately address the needs of women who needed maternal health services. Pregnant women were turned away from health facilities or not attended to by skilled health workers for fear of contracting Ebola. As a result, the number of new cases of fistula once again began to rise and now represent 85 percent of the cases treated since fistula surgeries resumed in early 2015.

Goals and Objectives

Goal: Contribute to the elimination of obstetric fistula and the reduction of maternal mortality, morbidity and sexual violence against women while improving the health and socio-economic status of women and girls in Liberia.

Specific objectives:
- Preventing the occurrence of obstetric and traumatic fistula
- Providing quality surgical and non-surgical treatment for obstetric and traumatic fistula victims
- Rehabilitating and reintegrating fistula survivors into their communities by equipping them with skills for economic empowerment and sustainability
- Providing support to inoperable cases or those fistula survivors with a degree of continence
- Developing staff capacity for fistula management

Project Beneficiaries

Prevention: more than 350,000 women and adolescent girls will indirectly benefit from advocacy efforts.

Treatment: 500 women and girls will receive surgical treatment.

Rehabilitation: 25-40 percent of women and girls treated will be targeted for the rehabilitation program.

Root causes of maternal mortality and morbidity

- Poverty
- Gender inequality
- Barriers to education
- Child marriage
- Adolescent pregnancy

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Treatment: 500 women and girls will receive surgical treatment.

Rehabilitation: 25-40 percent of women and girls treated will be targeted for the rehabilitation program.
Improve the health and socio-economic status of more than 500 women and young girls in Liberia.

Reduce the incidence of obstetric and traumatic fistula by 25 percent.

Provide quality surgical and non-surgical treatment for 500 women and girls living with obstetric or traumatic fistula.

Identify and empower 60 inoperable fistula survivors.

Increase knowledge of obstetric fistula in 50 targeted communities throughout Liberia.

Train eight specialist doctors in obstetric fistula management and care.

**Expected Outcomes**

**Strategies and Activities**

The project has a three-prong approach to service delivery

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Treatment</th>
<th>Rehabilitation &amp; Reintegration</th>
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**Specific strategies:**

- **Integrate obstetric fistula into maternal and child health services**
  Although fistula is a maternal health condition, it is often treated separately because health workers do not have the skills to manage it.
  - Train skilled health workers to identify fistula cases.
  - Revise training protocols and guidelines for midwives and nurses to ensure comprehensive integration of fistula care.
  - Integrate obstetric fistula management and care into the training curriculum of the Liberia College of Physicians and Surgeons.

- **Expand treatment services without compromising quality**
  Strengthen the capacity of existing centers of excellence through the provision of medical supplies, equipment and human resources to provide quality care, and conduct outreach activities at strategically selected sites to raise awareness in underserved areas.

- **Enhance advocacy, community mobilization and health promotion activities**
  Strengthen the capacity of communities to advocate for facility-based deliveries where obstetric complications can be adequately handled while reducing stigmatization and promoting the reintegration of survivors through community engagement and dialogue.

- **Coordinate fistula activities and partner with government ministries and training institutions**
  Bring together the Ministry of Health, UN agencies and local and international NGOs for monthly meetings to coordinate activities and provide a platform to discuss challenges and advocate for solutions.

- **Maintain the rehabilitation and reintegration components**
  Maintain the rehabilitation and reintegration component of the project as it addresses the economic empowerment needs of survivors through skills building and contributes to their improved self-esteem and dignity.

- **Explore additional options for management of complex fistula cases**
  At least 10–15 percent of fistula cases are either inoperable or experience recurrence/relapse following surgical treatment. Consider alternative surgical and medical options and procedures to provide some relief to survivors.

**Liberia by the numbers** (from The World Bank’s World DataBank)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Population</td>
<td>4.4 million</td>
</tr>
<tr>
<td>2015 Human Development Index Rank</td>
<td>177 (Scale 1-188, where 1 is highest)</td>
</tr>
<tr>
<td>Gender Inequality Index (GII)</td>
<td>.651 (higher GII, greater disparity between men &amp; women)</td>
</tr>
<tr>
<td>Population below $1.25 (PPP) per day</td>
<td>83.8 percent</td>
</tr>
<tr>
<td>Maternal Mortality Ratio</td>
<td>640 deaths per 100,000 births</td>
</tr>
<tr>
<td>Infant Mortality Rate</td>
<td>53.6 deaths per 1,000 live births</td>
</tr>
<tr>
<td>Births attended by skilled health workers</td>
<td>61.1 percent</td>
</tr>
<tr>
<td>Contraceptive prevalence rate</td>
<td>20.2 percent</td>
</tr>
<tr>
<td>Female enrollment in primary education</td>
<td>unknown</td>
</tr>
<tr>
<td>Violence against women (ever experienced)</td>
<td>38.6 percent</td>
</tr>
<tr>
<td>Seats held by women in Parliament</td>
<td>10.7 percent</td>
</tr>
<tr>
<td>Internet Users</td>
<td>5.4 percent of population</td>
</tr>
</tbody>
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