In cooperation with the United Nations Population Fund (UNFPA), Zonta International has supported the Liberia Fistula Project since 2008. In that time, Zonta has contributed US$2.55 million to improve the health and socio-economic status of women and young girls in Liberia.

**GOALS**

- Contribute to the elimination of obstetric and traumatic fistula and the reduction of maternal mortality, morbidity and sexual violence against women in Liberia.
- Improve the overall health and socioeconomic status of women and young girls in Liberia, and empower them economically.

**PROJECT ACTIVITIES**

**Communications and Advocacy**

During this reporting period (January-December 2015), the project continued to advocate for increased access to quality reproductive health services, including family planning, health facility delivery, prevention of teenage pregnancy, prevention of sexual-based violence against women and other harmful traditional practices, as well as education on sexual reproductive health services through community awareness, strategic advocacy meetings with stakeholders and airing of fistula prevention messages through local radio stations.

The Fistula Rehabilitation Center held a celebration on International Day to End Obstetric Fistula, 23 May 2015, with the theme “End Fistula, Restore Women Dignity.” Survivors at the center shared their experiences and representatives from Gender Ministry, Ministry of Health, Phebe Administration, and fistula surgeons also encouraged them that despite stigmatization fistula is a treatable condition.

A fistula prevention mobilization campaign targeted women of reproductive age, expected mothers and their partners in two counties. Local authorities and the general population were also targeted, as they are important to preventing stigma of those women suffering from fistula, and to creating policies supporting traumatic fistula prevention. Several radio stations conducted talk shows with guests such as fistula advocates, county health promotion officers and fistula focal people, to answer questions about the condition.
Surgical Management of Fistula

In 2015, a total of 161 fistula victims were recruited through a mass advocacy campaign and surgical outreach. All patients recruited were screened jointly by the project surgical team, Liberia College of Physicians & Surgeons post-graduate training institution and the Saint Joseph Catholic Hospital before surgery. Of those recruited, 154 were treated. The average success rate of these surgeries can be evaluated as good, as more cases were newly emerging and complicated than recurrent.

Nearly 5,500 pregnant women and girls benefited from seven health institutions after a successful training on the usage of a catheter technique to prevent fistula formation in women and girls at risk after prolonged labor. Forty-two of these cases degenerated into fistula formations, which were either repaired surgically or healed spontaneously by an indwelling catheterization process.

Rehabilitation

The socio and economic status of most women and girls suffering from obstetric fistula is a major factor in mobilizing them to seek care. They often lack the initial cash to move from the community to a project site, particularly in rural areas. The project previously relied on partnerships with other NGOs and county health teams to transport hard to reach patients; however, most of these NGOs have left or are leaving Liberia, presenting a challenge to addressing the backlog of cases awaiting treatment.

The project is conducting skills training and adult literacy programs for 17 fistula survivors as part of its four to six months training cycle. The skills training curriculum includes tailoring, cosmetology (hairdressing/cosmetics), tie & dye, soap making and pastry, interior decoration and the adult literacy program—which is key because most of the survivors are illiterate.

A total of 25 fistula survivors, including 20 inoperable, received follow-up visits. The main purpose was to collect detailed information on the health and social well-being of inoperable patients and survivors, their challenges, whether or not they are making use of family planning services, and the impact of starter kits, to develop a baseline for future interventions that would enable the project to develop result-oriented plans for better outcomes.

The project also provided support for psychological counseling to survivors to rebuild their hope and restore their confidence. The aim of this counseling exercise was to identify mental health and psychosocial problems among fistula survivors for possible interventions.

RESULTS

The project’s goal was to surgically treat 125 women by December 2015. During the reporting period, a total of 161 women were recruited and screened, of which 154 patients were treated.

Forty-three (43) women successfully completed their training program, graduated and were reintegrated into their communities. In October, 22 of them successfully completed the four to six months training cycle and graduated.

One hundred sixty (160) community health volunteers and community leaders were trained as fistula advocates through strategic stakeholders’ advocacy meetings. Other indirect beneficiaries include about 500,000 women, girls, men and boys who were sensitized on fistula prevention through door-to-door community awareness outreach, advocacy meetings, live radio talk shows and airing of jingles on fistula prevention in six counties.

NEXT STEPS

- Increase strategic stakeholders meetings in rural and hard-to-reach communities to promote the prevention of fistula and support the mobilization of victims
- Provide additional equipment, drugs and medical supplies to increase quality of care at the centers of excellence for fistula repair and training
- Provide knowledge on family planning services for fistula survivors and link survivors with service providers
- Provide psychosocial counseling services for fistula survivors (both obstetric and traumatic) at all levels of care