In cooperation with the United Nations Population Fund (UNFPA), Zonta International has supported the Liberia Fistula Project since 2008. During the 2012-2014 Biennium, the program moved from project-based treatment to treatment integrated into the government’s national health system.

• 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 to empower them economically.

PROJECT ACTIVITIES:

Treatment

Through a mass advocacy campaign and surgical outreach, 150 women and girls were recruited and received surgical treatment for fistula. The original treatment goal was 300 women and girls; however, a number of factors contributed to the lower numbers, including:

• A reduction in newly occurring cases as a result of successful prevention strategies that encourage women to deliver in hospitals to prevent fistula. Many of the cases that are presenting now are recurrent or complicated cases; however, the Project estimates 5,000 women and girls still need treatment.

• A hospital in Monrovia is providing surgical repairs by flying in a team of doctors to perform the surgeries; however, only two visits have been made since May 2013.

• Many women lack funds necessary to reach a project site. In the past, the Project relied on partnerships with other NGOs to transport patients from hard-to-reach areas, but many of those NGOs are leaving.

Rehabilitation

The Project is conducting skill training and adult literacy programs for 18 fistula survivors on a four-to-six month training cycle program.
Advocacy and Prevention

The Project continued to advocate for increased access to quality reproductive health services and provide education on sexual reproductive health services through community awareness and strategic advocacy meetings with stakeholders.

More than 1,000 students and 10,000 community members were reached via community outreach activities, and about 250,000 women, men and children benefited from fistula advocacy in 15 counties.

A nationwide fistula mobilization campaign was conducted in nine counties, which resulted in more than 5,000 adults and youth promising to serve as fistula advocates in their respective communities. During the campaign, 17 fistula survivors were also identified and referred to the Liberia Fistula Project and received treatment.

The Project’s prevention strategies in the Owensgroove and Bokay’s communities increased facility-based deliveries there from 5-15 percent per month to 80 percent per month. As a result, no incidence of obstetric fistula had been reported in either town during 2013.

Two Liberian fistula doctors received advanced training in Mozambique in 2014, and four members of the Post Graduate College in Obstetrics and Gynecology are receiving training in obstetric fistula management/repair.


During the reporting period:

50 survivors were rehabilitated and reintegrated into their communities.

33 survivors were followed up after leaving the rehabilitation center. Of those 33, all were still practicing the economic skills they acquired at the rehabilitation center. Five expanded their businesses from the original starter kits and 28 were on track to acquire enough income to sustain their families.

1 survivor who became pregnant again was closely monitored and delivered a healthy baby by cesarean section, without fistula.

From the experiences shared by survivors, stigmatization is still a real challenge. Also, the Project provided psychological support for survivors to rebuild their hope and restore their confidence.

CONTRIBUTING FACTORS

Facilitating Project Achievements:

- Strong level of support and coordination from Ministry of Health and other implementing partners.
- Availability of funding from UNFPA and Zonta International.
- Support and cooperation from mass media for greater coverage.
- Strong partnership with other institutions, including Liberia College of Physicians and Surgeons and the OB/GYN Department at Icahn School of Medicine in New York.

Constraints:

- Mobilization of patients due to hesitancy of patients showing up for treatment in fear of shame and abandonment.
- Tracking survivors after they are treated, trained and reintegrated into their communities is a major challenge, due to movement from one community to another, change in number, and fear of stigmatization.
- High number of recurrent and/or inoperable cases, and a pattern of more complicated cases or conditions secondary to obstetric fistula are surfacing.
- Access to health services due to lack of transportation.
- The Ebola outbreak, however, 20 fistula survivors served as advocates for fistula prevention during and after the epidemic. Advocacy meetings were held with 120 Trained Traditional Midwives to involve them in fistula prevention and promotion of healthy facility delivery after the Ebola crisis.