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

Zonta International has supported the Liberia Fistula Project since 2008. For the 2016-2018 Biennium, Zonta has committed an additional US$1 million to the United Nations Population Fund (UNFPA) for the project. This report is for the period of 1 January – 30 June 2017.

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.

PROJECT DESCRIPTION

In 2017, the project set a target of 31 women and girls to be surgically managed in each quarter. Fifty-seven (57) cases were managed during the first two quarters of the year, making a grand total of 1,479 repairs of various types of fistulae since the project was established in 2007, and a total of 371 survivors rehabilitated and reintegrated into their communities.

ACHIEVEMENTS

- Improved quality of fistula treatment and increased providers’ capacity in fistula repair and emergency obstetric care
- Continued to advocate for increased access to and utilization of 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 (early marriage, FGM/C, etc.)

NOVEMBER 2017

PROJECT UPDATE
• Adopted measurable criteria of surgical outcomes and quality, and almost all supported sites have regularly met these criteria
• Introduced a standard training curriculum for fistula surgeons
• Capacity building, including skills training of fistula survivors and continuing partnership with other government institutions, nongovernmental organizations, civil society groups, etc.
• Supported outreach and prevention activities aimed at raising awareness of obstetric fistula and crafting and disseminating obstetric fistula prevention messages that focused on promoting health facility-based delivery, delaying the age of marriage, and stopping the practice of female genital mutilation (FGM)
• Erased the misconceptions and negative beliefs that hindered fistula victims from seeking care
• Significantly increased health facility-based delivery in rural and suburban communities

ACTIVITIES

Communications and Advocacy

• Through national and community radio stations, the project broadcast messages in local vernaculars in five counties (Montserrado, Bong, Grand Bassa, Nimba and Rivergee).
• Celebrated International Day to End Obstetric Fistula through a ceremony at the Monrovia City Hall under the theme “ECOWAS Restoring Hope and Dignity for Fistula Survivors”
  ○ The objectives of the celebration were to increase capacity for prevention, treatment and social reintegration for obstetric fistula formation and/or victims and survivors and to increase support for the eradication of obstetric fistula among policymakers and stakeholders at national and sub-national levels.

Surgical Management of Fistula

• Out of the 71 women and girls who were recruited and screened, 57 (80 percent) were surgically managed.
• Patients were admitted at least three days before surgery to allow for adequate preoperative care. During this time, they received routine clinical laboratory checks, nutritional assessments and preoperative procedures.
• The average range for patients’ hospital stay after surgery was between 10 to 14 days.
• The number of complicated cases far outweighed the simple cases, and an overall assessment result of progress on those surgically managed was good.
• 30 cases (54 percent) were new, while 27 (47 percent) were recurrent cases
• 14 fistula victims were awaiting surgical repair in early September 2017

Rehabilitation

• Conducting skills training and adult literacy programs for 18 fistula survivors
• Beneficiaries participate in educational programs for prevention of fistula, such as family planning, nutrition and financial literacy to enable them to become confident in themselves, economically independent and champions of maternal health in their communities
• At the end of the reporting period, 13 survivors had completed their skills training in pastry, tailoring and cosmetology and were awaiting graduation for reintegration into their communities.

CONSTRAINTS

• Access to health services for rural-dwelling fistula survivors is a challenge due to health facilities being unevenly distributed in communities, bad roads and an inadequate transportation system.
• Access to emergency obstetric care service for C-sections due to prolonged obstructed labor is difficult in rural communities, and poor C-section performance contributes to a number of cases.
• Health care providers, especially nurses, are not showing much interest in the management of fistula survivors, causing an inadequate number of skilled clinical staff to manage patients postoperatively. Most of those trained by the project are no longer there due to the high attrition of health staff in rural settings.