

*Advancing the Status of Women Worldwide*

## **INTERNATIONAL SERVICE PROGRAM 2008-2010**

### **Reduction of Obstetric Fistula (Within the context of Maternal and Newborn Health) in Liberia UNFPA USA\$450,000**

### **PROJECT DESCRIPTION**

#### **THE GOAL**

Contribute to the elimination of obstetric fistula and the reduction of maternal and newborn mortality and morbidity in Liberia.

#### **THE NEED**

Liberia is a country still recovering from recently ended civil wars. During fifteen years of fighting, the healthcare system was all but destroyed and most medical personnel were forced to leave the country. With so few medical facilities available, and access to these limited, the rate of maternal mortality and morbidity increased dramatically.



Currently, 578 out of every 100,000 pregnant women die in childbirth, and many more face severe complications. Perhaps the cruelest complication is a condition known as obstetric fistula, literally a hole in the birth canal. Once common throughout the world, obstetric fistula has now been all but eliminated in developed nations.

In 87% of cases obstetric fistula is caused by prolonged labor, often lasting two days or more, without medical care or intervention. The infant is usually stillborn. Women with obstetric fistula suffer from chronic incontinence caused by urine leaking through the hole in the birth canal. Pain and discomfort are a constant for many of these women, and all are at risk of long-term health complications.

Still, the pain, discomfort and complications are for many women easier to overcome than the stigma and humiliation attached to their condition. Despite every effort the smell of leaking urine is difficult to cover and impossible to prevent, a fact that leads to embarrassment and social isolation. Many women with obstetric fistula are no longer welcome in their own families or communities. Fifty seven percent (57%) of women with obstetric fistula are abandoned by their husbands, and due to their condition, opportunities to make a living are limited, leading many to a life of hard labor and profound poverty.

A Situation Analysis report (September 2006) showed that:

- Prolonged labor accounted for 87% of the causes of fistula.
- Over 52% of patients that experienced fistula were in labor for more than two days.
- Delay in making decisions to seek the services of a skilled attendant during labor accounted for 83% of all fistula patients.
- Over 55% of the patients lived with fistula more than two years before receiving medical help.
- Stigma was a major concern with 57% rejected by their husbands.

Obstetric Fistula is devastating to the lives of millions of women around the world, but it is also a highly treatable condition. With properly trained surgeons, well-equipped facilities and the necessary aftercare, the treatment of uncomplicated obstetric fistula has a 90% success rate. The cost of all of this is a mere US\$300, a small sum to many but well beyond the means of the average woman in Liberia.

## RESPONSE

UNFPA will provide treatment, including medical supplies and equipment, free of cost to women who cannot afford it. Specialty training will be offered to local doctors, raising the quality of care available. Those trained will in turn be able to teach the methods they have learned, increasing the number of people capable of performing the surgery and the number of women who will have access to care.

Many women need help reintegrating into society following treatment, having been isolated and scorned for so long. UNFPA will provide counseling to help with the transition, a new set of clothes for the women to begin their new lives, and an income-generating starter kit to help them learn to support themselves. Skills training will include food preservation techniques, sewing and business.



One of the difficulties surrounding treatment of obstetric fistula is the culture of silence that forbids its discussion. Many women, while aware of the effects of fistula, are not aware of its causes, and many do not know that there is treatment available. By educating women, future cases of obstetric fistula will be prevented, and more women already affected will seek treatment. Education will also help to lessen the stigma attached to the women affected, as it is still a common belief that obstetric fistula is sent as a punishment for wrongdoing and is not seen as a valid medical condition.

Training in fistula case management will be carried out in Nigeria for two doctors and one anesthetist for a period of two weeks. In addition to this, a study tour to Addis Ababa is recommended for one doctor. The duration of the study tour will be two weeks.

Training will also be conducted in Liberia, to ensure quality fistula case management. Five health care workers per county hospital will be trained in quality service provision. The core fistula team based at JFK Hospital will provide training of all doctors and anesthetists posted to work in county hospitals to ensure that they can perform safe surgery and provide safe anesthesia.

### Activities:

The project on OF is designed to establish and deliver quality repair services and support to basic and emergency obstetric care (EmOC) in five counties. In order to ensure quality care and treatment, essential drugs

and medical supplies including plastic aprons and sheets, syringes and needles, suture materials, antiseptics, detergents, air conditioners, fans, refrigerators will be procured. Activities will include:

- Coordination and partnerships.
- Advocacy, community mobilization and education.
- Capacity building at all levels.
- Expansion of strategically located and fully functional EmOC facilities.
- Distribution of a wide range of contraceptive method-mix to increase contraceptive prevalence rate (CPR).
- Access to free-of-charge and quality fistula treatment and care services.
- Services for the reintegration needs of women treated for fistula, including counseling and livelihood skills development.

## CONCLUSION

A sustainable program will be achieved by providing viable solutions for scaling up activities and replicating these throughout the country and in the region. With a strong government commitment to revitalize the health sector, the project is in a position to serve as an entry-point to accelerate the re-activation of the National Health Service delivery throughout the country.

The prevention of fistula and the treatment and reintegration of the patients are integral components of the Liberian Reproductive Health program. Coordination of the project is the responsibility of the Ministry of Health and Social Welfare (MOH&SW). The prevention component is closely linked to outreach, awareness and education of the public and access to comprehensive emergency obstetric care. Advocacy and the use of the media, especially the radio, are vital tools in this respect. JFK Hospital in Monrovia, Montserrado County is the main national referral and training center for fistula case management. The JFK Hospital is a key partner in the implementation process, with the fistula ward being prepared to provide quality services in the treatment and care of obstetric fistula, as well as providing quality comprehensive training for doctors and other health care personnel.

## UNFPA

UNFPA is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

### INTERNATIONAL SERVICE PROGRAM

The International Service Program is a Zonta International program, funded by contributions to the Zonta International Foundation's **International Service Fund**. During the 2008-2010 Biennium three projects will be funded by the International Service Fund:

- Prevention of Mother-To-Child Transmission of HIV in Rwanda
- Safe Cities for Women in Guatemala City, Guatemala and San Salvador, El Salvador
- Reduction of Obstetric Fistula in Liberia