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
Obstetric fistula is a childbirth injury usually caused by prolonged, obstructed labor without timely medical intervention. In addition to the physical consequences, fistula can also have social and psychological effects on women. With properly trained surgeons, appropriately equipped facilities and the necessary aftercare, the treatment of uncomplicated obstetric fistula has a 90 percent success rate. Since the inception of the Liberia Fistula Project, the dignity of many women and girls has been restored. About 1,531 benefited from surgical repairs and 384 were rehabilitated and re-entered their various communities throughout Liberia and neighboring countries.
ACTIVITIES AND ACHIEVEMENTS

Communications and Advocacy

• The project continued to broadcast messages of obstetric fistula prevention and the availability of free treatment. Messages in six local vernaculars were aired in five counties.

• Advocacy around maternal and neonatal mortality improved awareness for increased delivery at health facilities which lowers the risk of acquiring obstetric fistula and improved access to quality reproductive health services, prevention of sexual-based violence against women and other harmful traditional practices.

• Health education and promotion of sexual reproductive health services was carried out.

• Approximately 3,000 women and girls benefited from non-surgical treatment and prevention programs.

• More than 350,000 women, girls and elders, including husbands, benefited from fistula prevention advocacy across 15 counties.

Surgical Management of Fistula

• Out of the 123 women and girls who were recruited and screened, 109 (88.6 percent) were surgically managed.

• At the end of the surgical outreaches and at the Center of Excellence (Phebe Hospital), 72 of the 109 surgical repairs (66 percent) maintained complete dryness, while 37 patients (33.9 percent) experienced slight leakage.

• Four residents from Liberia Post Graduate Medical College (LPGMC), five nurses and three certified midwives were trained and mentored in the clinical management of obstetric fistula, including post-operative care of fistula survivors.

• Upon graduation of two LPGMC students, they repaired five simple cases with 100 percent success rate.

Rehabilitation

• The project targeted 40 fistula survivors for two training cycles—20 per cycle. A total of 44 survivors expressed interest in the skills training program and were enrolled.

• The first class of 2017 graduated from the following disciplines or categories: pastry making (5), tailoring (4) and cosmetology (4). Due to the presidential and legislative elections in Liberia, the second graduation was delayed, with the graduation held on 30 March.

• In addition to skills training for economic empowerment and sustainability, survivors received psychological counseling to restore their confidence and were taught about sexual reproductive health issues, including the importance and use of modern contraceptives.

• The project conducted a three-day needs assessment visit. Four of the nine inoperable survivors are still practicing the economic empowerment skills they learned. Despite their medical conditions, they are fully engaged in income-generating activities and are fully responsible for their family’s upkeep. However, almost all of them reported some forms of stigmatization by family and community members.

CONSTRAINTS

• Mobilization of patients: The socio and economic status of most women and girls suffering from obstetric fistula is a major restraining factor in mobilizing them to seek care. They often lack the cash to move them from the community to a project site, particularly in rural areas.

• Tracking of survivors after they are repaired, trained and re-integrated into their various communities.

• Reduced commitment from medical staff of most hospitals to cater to or manage fistula survivors.

• Poor road network and scarce availability of transportation, including high transportation costs, hinder access to service and the ease of reintegration of fistula survivors.

• Approximately 8.85 percent of survivors are inoperable. They have been surgically repaired more than five times and even up to nine times with less than 50 percent success rate.

NEXT STEPS

• Increase strategic stakeholders meetings in rural and hard-to-reach communities to promote the prevention of fistula and support the mobilization of women suffering from obstetric fistula.

• Provide additional equipment, drugs and medical supplies to increase the 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 family planning service providers.

• Provide psychosocial counseling services for fistula survivors (both obstetric and traumatic) at all levels of care.