



Fast Facts

Country: Nigeria; Pakistan; Mali

Duration: January 2005 to December 2010

Implementing UN Agencies: UNFPA

Other Implementing Partners: National Ministries; national and regional hospitals; IAMANEH Suisse; Bendaki Association; Delta Survie

Budget: \$3,646,500

Key Words: Access to health care; women; capacity-building

BACKGROUND

On a global scale, the continued incidence of obstetric fistula in low-income countries was one of the indicators of the enormous disparities in maternal health care that persisted between developed and developing countries. Throughout the developing world, health-care systems lacked the resources to respond to the basic reproductive needs of the most marginalized women and girls – often young, poor, illiterate and from rural areas – who faced the highest

risks of contracting fistula after childbirth. Moreover, due to social stigmas attached to the condition, women with fistula were often abandoned by their husbands and ostracized by their communities, leaving them suffering in solitude and indignity. Nonetheless, in spite of these hardships, these women exhibited remarkable resilience and courage in their ability to make a life for themselves.

PROGRAMME OVERVIEW

GOALS AND OBJECTIVES

The project was set up to complement ongoing efforts to prevent and treat obstetric fistula in three high-priority countries - Nigeria, Mali and Pakistan. By capitalizing on available domestic expertise and knowledge, the project aimed to (i) strengthen capacities to prevent fistula from occurring; (ii) increase access to skilled birth attendance as well as emergency obstetric care for women who developed

complications during delivery; (iii) establish social integration programs for women with repaired fistula; (iv) improve domestic capacities to better respond to the medical, psychological and socio-economic needs of the affected women; and (v) enhance community awareness on maternal health care and fistula prevention and treatment.

BENEFICIARIES

The project provided fistula centres in Nigeria, Mali and Pakistan with medical equipment as well as adequately trained health personnel, including gynaecologists, urologists, midwives, nurses and surgeons. In all of the target countries, awareness-

raising activities at the community level led to increased awareness concerning fistula by community leaders, policy-makers and health-care providers who were better sensitized on the issue.