

## Liberia: Reflections from Zonta International President-Elect Lynn McKenzie

It's 5 a.m., and it's pitch black outside as we leave the lights of Liberia's airport and drive the 50 minutes to the capital, Monrovia. As we travel, we pass people walking along the sides of the road, no torches, just travelling in a single file along either side of the two lane road. My visit to this lush, determined people and land has begun. My task is to complete a site inspection of Zonta's Liberian fistula project, a project designed to eliminate obstetric fistula and thereby reduce the rate of maternal and newborn mortality (death) during pregnancy and childbirth.

Ravished by thirteen years of civil war, the first democratically-elected government, led by President Ellen Johnson Sirleaf – the first woman to be elected to the role of president in Africa and one of three women awarded the 2011 Nobel Peace Prize earlier this month – is in its fifth and final year of rebuilding its country and infrastructure before elections this month. The Government is concentrating on rebuilding its infrastructure at a basic level, and there is a quiet air of confidence and hope as the people rebuild their lives and country. The main roads have significantly fewer potholes, although the side roads make up for it; training of medical and nursing staff is underway, along with building of hospitals and health facilities; and efforts are being made to increase the education level of its people with primary school now compulsory for all children.



It's not surprising, however, that the maternal mortality (death) in Liberia is very high – 1,200 women die for every 100,000 live births; and, of those women that die, 578 die in childbirth. Compare this ratio to the maternal mortality rate of Japan (1:12,000), Germany (1:11,100), Australia (1:7,400) and the United States (1:2,100) (Source: UNICEF). Visualize living in Liberia, a country in West Africa with a population of 3.8 million, which is served by only three obstetricians, few medical facilities and a very high ratio of patients to doctors. One 175-bed hospital I visited had just two doctors and one anesthetist. On average, women will have 5 to 6 children, of whom 2 to 3 will die, and it is not uncommon to see children die from preventable diseases in Liberia's case especially malaria.

Many women in Liberia survive childbirth but suffer severe complications in the process. Fistula, one of those severe complications, is a debilitating and isolating condition which is largely preventable and almost nonexistent in the developed world but still quite prevalent in the developing world. Obstetric fistula is the main type of fistula and accounts for 94% of fistula cases in Liberia. Traumatic fistula, caused by rape and genital mutilation, is the other type of fistula.

Obstetric fistula occurs during prolonged childbirth when the baby is unable to move down the birth canal and instead puts constant pressure on the mother, resulting in a hole in the birth canal which will leave the mother chronically incontinent and in most cases the child, stillborn. The mother may also suffer some paralysis to the leg. The average age of women with obstetric fistula in Liberia is 11 to 20 years! Obstetric fistula can be prevented through the presence of trained birth attendants during childbirth and access to contraception, which is only around 11% in Liberia. Surgery to repair an obstetric fistula costs just over US\$300. Zonta's project supports the surgery as well as prevention and rehabilitation.

So what is Zonta supporting and why? Zontians have donated just under US\$1 million to the Liberia Fistula Project since 2008, and we are the largest donor. Zonta's money is donated to UNFPA (the United Nations Population Fund), who work with Liberia's Ministry of Health and Social Welfare and other NGOs on the ground to administer the program. The Liberian Fistula Project is fantastic, as it is a

three-in-one approach – it has a prevention side, treatment to surgically repair the fistula, and then a four-month rehabilitation program which combines counseling and teaching of literacy, business management and income-generating skills. Most importantly, when patients complete their rehabilitation, they are given a starter kit for their newly acquired skills – a sewing machine in the case



of tailoring, for example. Rehabilitation is optional; and, during the past year, 38% of the women receiving treatment elected to take advantage of this opportunity. Other fistula programs do not always include rehabilitation; they focus only on the health issue, while Liberia combines treatment with income generation. The Liberian Fistula Project has a very high success rate at 83%, and the Project is now looking at ways to permanently support those women whose repair has been unsuccessful, including supporting women living together in a community near the rehabilitation center and base hospital.

What did I see? I saw a very successful project. Essentially, the project provides women with a “help up and not a hand out.” Women are:

- Accessing free fistula surgical repairs with an 83% success rate.
- Undergoing rehabilitation and leaving to create a better future for themselves and their families.
- Learning how to prevent fistula through prevention campaigns, including radio and drama, to raise awareness of fistula, its causes and treatment, in the community. These campaigns are the main source of referrals for women living with fistula.

All involved in the project are working collaboratively and are committed to the success of the project. The Minister of Health has taken steps to ensure the project is an integral part of Liberia’s maternal strategy so it is not solely dependent on donor aid. Most importantly, the project is being driven by Liberians for Liberians, and services are largely delivered by Liberians. I think this is one of the project’s key success factors.

My program involved being briefed by the Fistula Project team and meeting other project partners and Ministry of Health officials before attending the launch of the annual fistula awareness campaign in Kakata. The campaign focused on prevention and a concerted effort by a small medical team to undertake fistula repairs around the country. I went to Phobe Hospital, which is now the center for the fistula program and met with women and a young girl about to undergo fistula repair surgery, seeing their faces and the condition they have had to live with, and then moved on to meet with those women that have been successfully treated and are now in rehabilitation – the smiles. One lasting memory I have is of a beautiful mother who just over 18 months after receiving treatment and rehabilitation has used her newly acquired soap making skills to buy a piece of land so she can build a house for her family.

Each night, I returned to my Western hotel room with air conditioning, security guards, hot running water and a hot shower and wrote down reflections on my day, grateful that I live where I do and with a renewed commitment to continuing work to achieve Zonta’s mission.

I left Monrovia at 2:45 a.m. for the airport, complete with a security escort to ensure safe passage as we were inside the UN curfew hours. Liberia is a country with potential, striving to realize the liberty of its name. The Liberian site visit was an amazing opportunity. Thank you. Know your donations are well spent, and you are fundamentally touching and providing hope to the lives of Liberian women and their families. You are giving women back their smiles, enabling them to fully engage with and contribute positively to their communities. Your donation gave them their lives back. Thank you, what more could you ask.