

KWALI GENERAL HOSPITAL
FEMALE WARD



Evaluation summary

The fight to be fistula free: improving women's health and quality of life in Nigeria

THE IMPACT OF TWO WOMEN'S HEALTH PROJECTS,
2020 – 2022



Through the CBM supported project, Halimat finally got the help she needed to overcome the challenges of obstetric fistula.

CBM Australia has supported two three-year women's health projects, designed to prevent and treat obstetric fistula.

Nigeria accounts for 40% of obstetric fistulas cases worldwide – a preventable and highly treatable injury caused by childbirth that can leave a woman incontinent and feeling humiliated and outcast by her community.

To treat and prevent obstetric fistula in Nigeria, both projects sought to increase access for women and girls, including women and girls with disabilities, to affordable, quality, and sustainable sexual and reproductive health services. This was achieved by improving health systems and increasing community awareness.

Front: Victoria, a nurse of 25 years, underwent training provided by SFHF to become a fistula nurse.

Hospitals became better equipped to deliver quality maternal healthcare.

To ensure women, including women with disabilities, and their children receive the quality and accessible care they deserve, health centres were supported to improve the delivery of maternal and child health services.

Buildings were upgraded and medical equipment, delivery kits and medications provided. This not only helped to improve patient experience, but it also meant health workers were better equipped to monitor maternal and fetal wellbeing, leading to improved health outcomes for mothers and babies.

Improving the capacity of local health centres is highly important since many health centres across Nigeria, especially those in poor and rural communities, operate with limited and basic medical equipment and supplies, hindering their ability to deliver high-quality maternal healthcare.

Health workers deliver quality maternal and child health services, helping reduce maternal mortality rates.

To boost the quality of care, health workers, including doctors, midwives and nurses, were trained to diagnose, refer, prevent, and manage obstetric fistula. Better trained healthcare workers not only help reduce incidents of obstetric fistula, but they strengthen poor maternal healthcare systems more broadly, leading to improved wellbeing of mothers and babies and contributing to a reduction in infant and maternal mortality rates.

“During the training we heard more about fistula - the causes, how to prevent it, and how to identify those people.”

- Health worker.

Over three years, 1,482 obstetric fistula and related procedures were conducted.

For many women, especially those living in remote and poor communities, who have lived with the shame and stigma associated with obstetric fistula, accessing surgery free of charge can be life changing.

Women became champions of change.

Women with disabilities and women that have undergone successful fistula treatment became champions in community awareness raising activities. Women formed self-help groups, supporting other women with obstetric fistula, and advocating for disability inclusive sexual and reproductive health services.

Health professionals and community groups spread messages about obstetric fistula.

Health workers played a critical role disseminating information and identifying and referring women for treatment.

Community groups were also important, sharing information at schools, places of worship, and community meetings.



Skilled midwives, such as Elizabeth, play a critical role in caring for women during and after labour.

School health clubs were supported to create awareness on reproductive health, including obstetric fistula and promotional material such as stickers and T-shirts were used to spread messages.

Many young women who learnt about obstetric fistula went on to form women's groups in their own community, where they not only shared what they had learnt about obstetric fistula, but discussed other women's health issues. Getting women and girls talking to one another (and feeling comfortable talking) is an important step in breaking the culture of silence that says women's reproductive and sexual health should not be openly discussed.

In one project alone, over 4,000 women and girls, including some with disabilities, learnt about obstetric fistula prevention, treatment and what services were available in their area.

Importantly, women and girls were not the only ones listening - men and boys heard the message too. This includes the husband of one woman who underwent fistula repair surgery after he heard about the project at his place of worship. This man has since shared his experience with four other people that he knows could benefit from the project.

“I travelled to the Primary Health Centre where she [the healthcare worker] is working, then I ask her about the procedure. She told me they will do it freely and she encouraged me to bring my wife.”

– Husband of wife who underwent fistula surgery.

Awareness raising, particularly in poor and remote communities, led to 1,832 women with obstetric fistula being identified and referred for treatments, and more women attending healthcare facilities during pregnancy and delivery.

Life after surgery – supporting women to thrive

Support for women with obstetric fistula did not end at surgery. Beyond providing access to fistula treatment, medical drugs and related services, the project’s helped women, many who were previously isolated due to shame, re-integrate into society.

In one of the projects, women were given loans to start small businesses and mobility assistive devices to help them get around. This also provided women with an opportunity to connect with other women with similar experiences with whom they can share stories, support one another, and mobilise for greater advocacy efforts.

Fighting for greater disability inclusion in government women’s health programmes

Women with disabilities learnt about their rights to sexual and reproductive health. Importantly, they also learnt what to do if their rights were not respected, including where and how to make a complaint.

As a result, women became more confident in holding women’s health facilities to account.

Women with disabilities now report better experiences when accessing women’s health services within the project.



Maimuna overcome the challenges of obstetric fistula with support from the project team.

“Because I now know my rights, I walk up and demand for my rights.”

– Woman with a disability.

Model for success

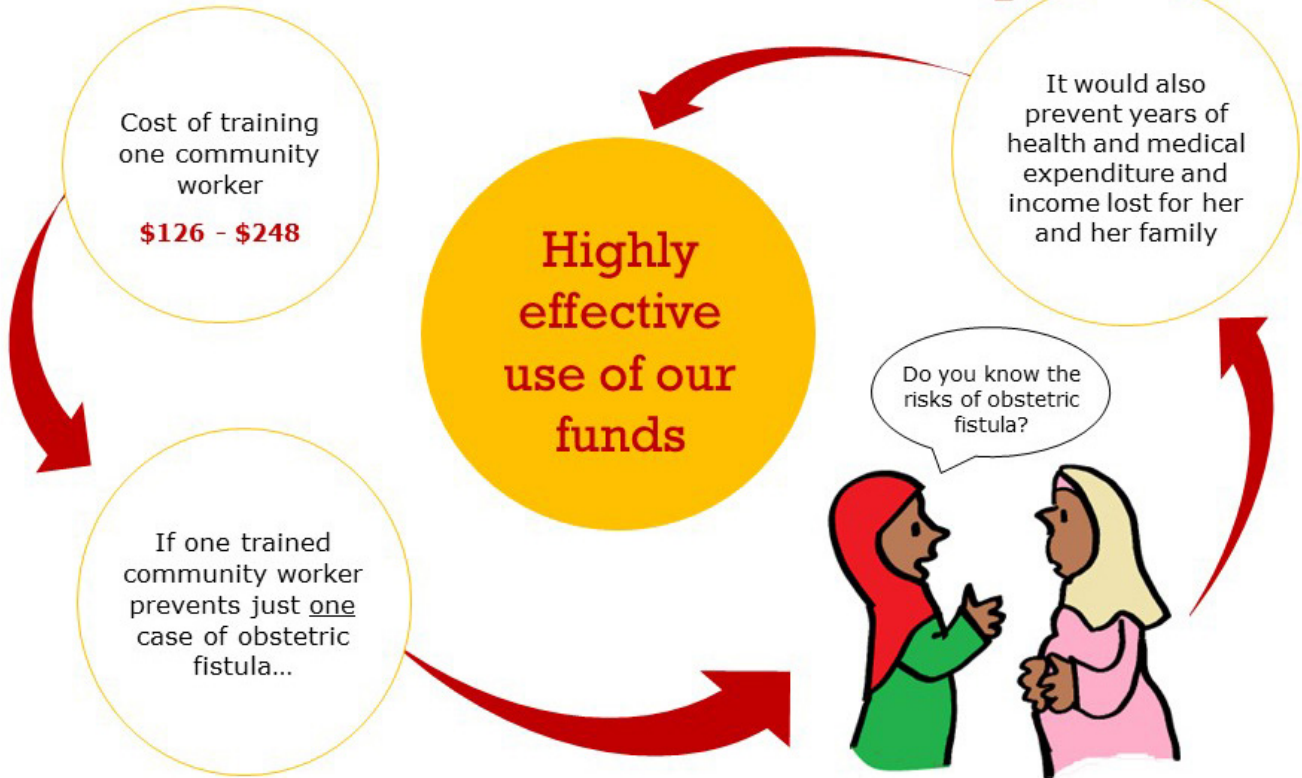
While both projects did a commendable job in improving access for women and girls to sexual and reproductive health services, one project stood out as a model that governments could replicate elsewhere.

This project supported a hospital whose reputation in having the expertise to manage fistula cases is growing.

“The name of the hospital has gone viral.”

- Health worker.

Value for Money



Cost of obstetric fistula repair surgery

\$171 - \$814

