Progress Report
Project Title
Addressing Obstetric Fistula in Humanitarian Settings: Prevention, Treatment, and Psychosocial Support in Eastern Chad and Far North Cameroon, with Regional Assessments in Mali, Niger, and Burkina Faso

Implementation Period: 1 October 2025 – 31 January 2026

1. Executive Summary

This report presents the implementation status of the obstetric fistula response project covering Eastern Chad, Far North Cameroon, and planned assessment activities in Mali, Niger, and Burkina Faso. The project is implemented by WHO in close collaboration with the Ministries of Health (MoH) of all target countries and in coordination with relevant national and local health authorities and partners.

As of January 2026:

- WHO Country Offices (WCOs) in Chad and Cameroon are supporting community sensitization, case identification, surgical preparedness, psychosocial support, operations, and monitoring activities, jointly coordinated with national MoH structures.
- Community mobilization and identification of women living with obstetric fistula were conducted continuously between October 2025 and the first week of January 2026, in partnership with MoH reproductive health departments, district health offices, and referral hospitals.
- Surgical repair interventions are scheduled from January to February 2026, with full completion of surgeries and reporting expected by 31 March 2026. These interventions are being implemented in MoH-designated referral facilities and with national surgical teams.
- Regional assessments in Mali, Niger, and Burkina Faso are planned for February 2026, in collaboration with respective Ministries of Health, with final country assessment reports to be delivered in March 2026.

2. Implementation Progress

2.1 Chad and Cameroon – Treatment Component

In both Chad and Cameroon, WHO is supporting national efforts to prevent and treat obstetric fistula through a coordinated, end-to-end intervention implemented in close partnership with the respective Ministries of Health. The programme combines community-level engagement with clinical service delivery, ensuring that women affected by fistula are identified early, referred safely, treated effectively, and supported throughout recovery and reintegration.

At community level, the intervention focuses on sensitization and maternal health awareness to reduce stigma, increase knowledge of available services, and encourage timely care-seeking. These efforts are directly linked to systematic identification, screening, and registration of women living with obstetric fistula, creating a clear pathway from outreach to treatment. At facility level, WHO is supporting the deployment and operational costs of national surgical teams, alongside the procurement of surgical kits, consumables, and essential medical supplies required to deliver safe, high-quality fistula repair services. The programme also integrates psychosocial counselling and stigma-reduction activities to address the profound social and psychological consequences of fistula, while strengthening referral mechanisms and patient transport to ensure equitable access to care, particularly for women in remote and underserved areas.

Completed Activities

- Establishment of national coordination mechanisms with MoH and referral hospitals
- Development and dissemination of IEC/BCC materials validated by MoH
- Radio broadcasts, community dialogues, and outreach sessions
- Identification, screening, and medical validation of fistula cases
- Compilation and verification of surgical beneficiary lists
- Initial logistics planning and procurement of surgical supplies

Community sensitization and case identification were conducted continuously from October 2025 to the first week of January 2026, ensuring readiness for the surgical phase.

Ongoing and Planned Activities

January – February 2026

- Deployment of surgical teams in MoH-designated hospitals
- Implementation of surgical repair camps
- Immediate post-operative care and structured clinical follow-up
- Psychosocial counselling for survivors

By 31 March 2026

- Completion of all scheduled surgical repairs
- Consolidation and validation of surgical outcome data
- Financial and technical reporting, inclu
- Submission of final country and consolidated project reports

2.2 Mali, Niger, and Burkina Faso – Regional Assessment Component

The assessment phase will be conducted in partnership with the **Ministries of Health** of the three countries.

Planned Activities

- Contracting of national consultants
- Stakeholder consultations
- Mapping of fistula burden, EmONC capacity, HR and supply gaps, and access barriers
- National validation workshops
- Finalization of assessment reports

Timeline

- **February 2026:** Field Obstetrical Fistula assessments
- **March 2026:** Final country and regional synthesis reports

3. Work Plan to 31 March 2026

Timeframe	Country / Region	Key Activities	Lead Institutions
January – February 2026	Chad & Cameroon	Final validation of surgical caseloads; delivery and positioning of surgical supplies at referral hospitals; launch and implementation of surgical repair interventions; initiation of structured psychosocial support services	WHO Country Offices (WCOs), Ministries of Health, Designated Referral Hospitals
February – March 2026	Chad & Cameroon	Continuation and completion of surgical repair camps; post-operative clinical monitoring and follow-up; ongoing counselling and community reintegration support for beneficiaries	WCOs, Ministries of Health, Referral Hospitals

February 2026	Mali, Niger, Burkina Faso	Field data collection; stakeholder consultations with Ministries of Health and partners; preliminary data analysis and drafting of national assessment reports	WCOs, Ministries of Health, National Consultants
March 2026	WHO AFRO & All Countries	Drafting and finalization of consolidated programmatic and financial reports; documentation of success stories; preparation and dissemination of project visibility and communication materials to donors and partners	WHO AFRO, WCOs, Ministries of Health

4. Conclusion

The project has progressed according to plan, with the operational phase in Chad and Cameroon now transitioning into full surgical implementation. The funding from Greece has enabled timely community mobilization, identification of beneficiaries, and preparation for life-saving surgical interventions.
The upcoming assessment missions in Mali, Niger, and Burkina Faso will generate critical evidence to guide strategic investments and the future scale-up of obstetric fistula prevention and treatment across the Sahel region.