Dying without having lived

German journalist Thomas Kruchem traveled to Nigeria – following the fate of women, who as young mothers experience horrific trauma or die, because there is no maternal health care for them. With a large-scale health care project for young mothers Rotarians help to improve the shocking situation in Nigeria. The project turns out to be an overwhelming success.
sloppiness. For years now, the Nigerian government, which controls huge oil reserves, has been promising to invest 15 percent of its budget into public health care. In reality the government never invested more than five percent. Instead, according to the World Bank, Nigerian politicians transfer ten billion dollars per year to foreign accounts. “As a result, many rural hospitals today consist of nothing more than empty shelves and rundown buildings,” says Andrew Karlyn. “Many employees line their own pockets; others act exclusively by command; the few remaining good health experts walk off into private practice or emigrate.” As a consequence desperate patients are now pouring into the large hospitals of the big cities, which actually should be reserved for difficult to treat cases.

**Quality Check**

It took a great amount of effort for Robert Zinser to believe that he and his friends could make a difference, when he discovered hospitals in Northern Nigeria, where every 16th mother died during child delivery. Without any hesitation however, project coordinator Zinser and his fellow combatants went to work. Gynecologist Prof. Wolfgang Künzel (Rotary Club Gießen) took responsibility of quality assurance in the assisted hospitals with the support of Dr. Manfred Gruhl (Rotary Club Weißenburg) as well as the two Austrian Rotarians Dr. Peter Neuner and Past Governor Harald Marschner.

Apart from that, Robert Zinser knew from the start that social resistance against “foreign intervention” could become a problem within the conservative Muslim population of Northern Nigeria. Zinser, therefore, got local Rotarians into the boat – people, who

of Kaduna; and without asking questions hospital administrators and village elders believe that the German’s suggestions are based on ideas emanating from the Emir. In close cooperation with local governments the project has by now rehabilitated ten maternity wards in Kano and Kaduna and has

mortality.” The obvious success of the project is visible on first sight: The maternity ward in the hospital of Wudil town, for example, has become a model for surrounding hospitals. Well-equipped operating rooms, well-supplied medicine cabinets and snow white bed linen in the wards speak for

established in their hinterland a solid health advisory system for pregnant women. “Our guidelines have been painstaking training of personnel, clear directives for efficient hospital management and strenuous quality control”, says Zinser. “Together with doctors and midwives of all our hospitals

we collect, analyze and evaluate data on a regular basis. And within the context of ‘benchmarking’, the systematic comparison of performance and success data ratings, we are able to eradicate little by little the causes of maternal

> Basic health care services in Nigeria are de facto paralyzed <

Robert Zinser and his team have clearly saved hundreds of women from certain death.

**The Chief Midwife**

While Zinser and his team of doctors regularly monitor the development in “their” maternity wards, Zainab Pawa, chief midwife of the project, for the most part takes care of pregnant women in the villages. Zainab, with thirty years of experience, knows exactly how a potentially dangerous situation can turn into a crisis and how she has to react. 40% of all deaths of women after delivery, says Zainab, have been attributed to Eclampsia, a syndrome creating high blood pressure and a high level of protein in the urine, which can result in seizures and, if not treated, lead to death. If, however, in the framework of prenatal care, the condition is diagnosed early enough, it can be alleviated – with just a bit of magnesium sulfate. Another serious complication after childbirth can be hemorrhages – which very often occur, when the uterus fails to contract after delivery. A qualified midwife can easily avoid this complication by employing Misoprostol or Oxytozin – drugs that help the Uterus to contract. And for women, who have already lost a great deal of blood, there is a new type of jacket made from Neopren. The material compresses blood vessels and thus in the crucial hours helps to provide the brain with oxygen. Unfortunately, says Zainab Pawa, it’s still a social norm in parts of Northern Nigeria that during pregnancy and delivery women should overcome all difficulties on their own. “Such norms”, the midwife says angrily, “are simply anti-women. They, next to the desolate situ-
ation of health care, contribute a lot to maternity deaths.” To change this, Zainab for several years now has been giving her legendary instructive and entertaining talks in villages like Sibri, a hamlet of straw covered clay huts. Here men in white cotton suits and women in colorful dresses and head scarves listen, laugh and nod their heads. Chatting with Zainab these villagers learn that a woman will keep her health longer, if she doesn’t get her first child, before she is 16. They learn that a pregnant woman will have a much better chance to survive delivery, if she receives prenatal care in a hospital. “Today nearly all pregnant women in Sibri seek prenatal care”, says Zainab Pawa.

Family planning, however, remains a delicate issue for pious moslems here. For many of them it is a matter of pride to contribute to the growth of their tribe. On the other hand, they start to realize that pregnancies in very short intervals can ruin the health of women and thus the value that they hold in their men’s eyes. “Consequently, we advise them not to limit the number of their children, but to allow a larger interval between pregnancies – maybe three years. If they do that, they may find themselves with as many as five children, but not twelve.” A relatively new term, “child spacing”, has become surprisingly popular in Northern Nigeria thanks to the Rotarian Project.

> Our aim is to deliver a model for Nigeria’s health care system <

Dutch surgeon Kees Waaldijk, year after year, operates on thousands of women with obstetric fistulas and assists with the training of Nigerian doctors. Traditional “towncriers” and “radio soaps” coordinated by the U.S. aid organization “Population Media Center” are contributing to the Rotarian Project by spreading the word and popularizing its concerns. “It should be added that some of our friends among the traditional leaders see it as their personal concern to improve the life of women”, says Zinser and names first among them Dr. Shehu Idris, the Emir of Zazzau in Zaria (in the state of Kaduna). Since 2008 Robert Zinser has been serving as one of the official advisors on the cabinet of the Emir.

The clocks tick differently

The German-Austrian Rotarian Project, in an innovative and successful manner, has developed methods of combining efficiency thinking of modern medicine and management with the way of life in Northern Nigeria.

Now Robert Zinser has started to transfer the ten newly rebuilt and restructured maternity health centers into the hands of the local governments. Zinser is hopeful that these governments will further develop the centers and transfer their achievements to other institutions – the only way to reach sustainability.

Zinser’s hopes are based, more than anything else, on the strong influence of traditional authorities in Northern Nigeria – who, in his experience, see much more clearly the real needs of their people than elected and often unpopular political leaders. In the light of recent disillusioning developments in Nigeria, however, the agile 83 year old philanthropist knows that health care here will need expert supervision for decades to come. “The clocks simply tick differently in Nigeria.”

Thomas Kruchem, German journalist, awarded by several prices for articles on population and development.

(Photos: Thomas Kruchem)
Over here the so-called soap operas on TV are somewhat sneered at. If one sees the work of the Population Media Center (PMC) the melodramas appear in a different light: PMC, a non-governmental organisation based in Vermont, USA develops soap operas for developing countries with the relevant cultural background, which aim at a change of awareness and attitude in education, health and social integration. RFPD in Nigeria can ascertain traceable success.

The non-profit NGO has developed a radio soap opera based on entertainment to accompany the Rotary organised “fistula” project. In the centre of the seventy-part play “Gugar Goge” (Tell it to me straight) which was broadcasted in 2006/07 on several stations is the 12-year-old Kande, who is married by her father and expects a baby but loses it and develops a vaginal fistula. Consequently, she is repudiated from the family, but is admitted to a hospital and can participate in an educational program after a successful operation. At the end she returns as a confident young woman to her family after her father realised his wrongdoing.

“Emotions fortify the memory, that is the whole truth”, outlines PMC founder William Ryerson. It is the principle of impact: the listeners witness good and dubious characters, learn about their motivations and can follow comprehensible decisions of their new model. Already a few weeks after the start of the series the gynaecologist Wolfgang Künzel (RC Giessen) reported that nearly every second fistula patient gave Kande’s destiny as motivation to seek medical help. An independent enquiry institution detected later that 87 percent of female listeners advocate for contraception, against 49 percent of non-listeners, and male listeners showed understanding for the fistula problem whereas seven out of ten had never heard of fistulas in the reference group.

Ryerson sees in this data the confirmation of his yearlong experience: “The condition of the success of this soap opera is the local embedding of the characters and their problems. The drama must be written in the language of the listeners, in North Nigeria it is the Hausa. Our task is, together with the authors and producers, as well as with the governmental authorities, UN institutions and NGO’s to develop the appropriate communication strategy”.

The scientific background for this form of “Edutainment” is furnished by the research of the psychologist Albert Bandura (USA) “learning to observe”, which was implemented by the Mexican TV producer Miguel Sabido in a Telenovela. In 1974 he wrote a piece about the sad every day life of an illiterate. The success was sweeping. The registration office established by the government was literally overrun. Between 1977 and 1986 Sabido produced several Telenovelas on the advantages of family planning that lead to a decrease population growth by 34 percent. Mexico became a model state for modern population politics and won the Population Award of the United Nations in 1986.

Matthias Schütt, Rotary Magazin

A scaling up is in preparation

From 2005 to March 2010, the "Rotarian Action Group for Population Growth and Sustainable Development (RFPD)" implemented its health care project for mothers in Northern Nigeria. Fortunately, now the governments of Kaduna and Kano are going ahead with the project. The government of Kano has already created an institute for quality control and entrusted a midwife with the project supervision. In cooperation with the administration, Rotary will continue to monitor the project.

At the moment RFPD is negotiating with the German Ministry for Economic Cooperation and Development (BMZ) about the ministry’s contribution to a scaling up of the successful activities. With a new project two different goals should be aimed at:

Firstly, maternal mortality in the ten hospitals assisted by Rotary and in the commuting areas should be further reduced. Already the Maternal Mortality Rate (MMR) here has been reduced by more than 50% in the past two years – in some hospitals from up to 6,000 deaths per 100,000 deliveries to an average of 790 deaths per 100,000 births. In total, MMR in Nigeria (according to WHO/UNICEF) is around 1,100 per 100,000. To reach the new goals hospital equipment, training of staff and administrative as well as technical procedures have to be further improved; education of the public has to be intensified.

Secondly, the scaling up of project activities should clearly demonstrate that the project’s striking success can be replicated in other regions of Nigeria – initially in some rural areas of the Federal Capital Territory (FCT) around Abuja.

For more information see: http://www.maternal-health.eu/

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