Improvement of Maternal Health Care in Northern Nigeria

A Rotary Project of German, Austrian, and Nigerian Districts

Author: Oliver Neumann
RC Ludwigshafen-Rheinschanze
Every single minute, somewhere in the world, mainly in developing countries, a woman dies of complications during pregnancy or in childbirth.
Reasons for Poor Women’s Health Situation

- Limited access to birth clinics
- Low socio-economic status / level
- Limited access to prenatal and health care
- No education
Factors Determining Poor Women’s Health Situation

- Pregnancy at too young an age (45% younger than 19)
- Maternal mortality rate (8-12%)
- Infant mortality rate (8-20%)
- 150,000 – 200,000 fistula cases (5,000 additional diseases / year)
- More than 2 mil cases of Female Genital Mutilation (FGM) per year
Challenge “Obstetric Fistulas”

- Obstructed labour ruptures the internal passages of bladder and rectum
- Consequences: Fistulas develop affecting colon, bladder and neighbouring organs
- Worst case: death of mother and/or child
Localisation and Development of Fistulas

Kees Waaldijk
According to a study conducted in Nigeria among 1,443 Fistula patients in 1993:

- 84% of birth related injuries are caused by a prolongation of labour and obstructed delivery.
- The remaining 16% by Female Genital Mutilation, surgery, infectious diseases or other injuries.
Noticeable Consequences

- **Permanent**
  incontinence of mother, i.e. inability to hold urine and stool

- Wetness, bad odour

- Social isolation
Further Consequences

- **Medical:**
  - Renal/Urinary infections
  - Dysmenorrhoæ
  - Pelvis pain
  - Depression

- **Social:**
  - Unemployment
  - Ostracizing by society / husband / family
Remarks about RFPD

Since 2005: Rotarian Action Group for Population and Development
13 Projects with a volume of more than 4.6 mil US-$ so far, for example:

- Child Spacing and Family Health
- 3-H (Hunger, Health, Humanity)
- Reprod. Health Care Improvement
- Child Spacing and Responsible Parenthood
- Childrens’ Station & Maternity Ward
- Low Cost Shelter
- Improvement of Mothers’ Health Care, Prevention and Treatment of Obstetric Fistulas in Northern Nigeria, >1 mil Euro
Improvement of Maternal Health Care in Northern

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Target Area: Nigeria

Inhabitants:
- 130 mil
- Germany 80 mil

Area:
- 923,768 sq km
- Germany 357,022 sq km

Religions:
- Muslims 50%
- Christians 40%
- Other religions 10%
Main Causes for Obstetric Fistulas

- Early Marriages (Pregnancy at the age of 13-15 yrs)
- Underdeveloped pelvic bone structures
- Bad positioning of child
- Extension of birth date
- Ritual FGM
- Inadequate birth attendance
- Delivery process starts too late
- Inadequate child spacing
Stigma: Obstetric Fistulas

- Wide-spread misbelief:
  - Fistulas indicate bad marriage
  - Fistulas are caused by sexual infections

- On top of all the pain, women feel ashamed and guilty
What is this about...?

...it’s all about the health of mothers and children
Project: Improvement of Maternal Health Care in Northern Nigeria

- Region: States of Kaduna and Kano
- Approx. 5 mil women
- **Step I**: Enlighten...
- **Step II**: Convince...
- **Step III**: Reduce... Maternal Death Rate
- **Step IV**: Treat Fistula Patients
Specific Situation of Women in Northern Nigeria:

- Early marriages (11-14 Jahre) and polygamy
- Lacking school education
- Too early pregnancies
- Low social-economic status
- Limited access to adequate birth attendance and clinics
- Lacking birth attendance quality
Project Action Plan

- **Qualification** of doctors and nurses
- **Establishment** of a health care network
- **Cooperation** with local authorities and traditional rulers
- **Establishment** of surgery facilities to allow caesarean cut deliveries and fistula treatment
- **Re-integration** of fistula patients after treatment
- **Use successfully** treated women as ambassadors for enlightenment campaigns
Project Element „Training“

- Doctors and nurses
- Birth attendants and TBAs (traditional birth attendants)
- Social workers
- Family planning
- Prenatal attendance
- Birth attendance and risk assessment
Metrics of Success

- Assess: Number of healed patients / new cases
- Number of adequately attended births (today 35 % - target: 50 %)
- Assess: Frequency of caesarean cut births
- Increase: Contraceptive prevalence rate from 10 % to 20 %
- Assess: Maternal death rate in target area
- Assess: Number of rehabilitated women, post-surgery
Project Budget, 2005-2008
1,000,000 €

- **Sponsors:**
  - Aventis Foundation 300 k €
  - Rotary Foundation (International)
  - Rotary Clubs (Austria / Germany / Nigeria)
  - Private Donations
  - BMZ (Ministry, Germany)
  - IAMANEH (Intern. Assoc. for Maternal and Neonatal Health)
Project Leaders

ROBERT ZINSER,
Manager
Former RFPD world president
RC LUDWIGSHAFEN-RHEINSCHANZE

PETER NEUNER
Gynaecologist
RFPD CC AUSTRIA
RC FREISTADT
DIST. 1920

WOLFGANG KÜNZEL
Gynaecologist
RC GIESSEN

MANFRED GRUHL
Gynaecologist
RC WEISSENBURG

In Co-operation with
DG SUNNY JOE AGBA Distr. 9120
What is been accomplished so far...

- **2002** first discussions about maternal health care issues
- **2003** project development for the treatment of FISTULAS
- **2003/2004** Negotiations and signing of contracts with sponsoring partners, assessment of available infrastructure in target area
- **2004** inofficial project start
- **2005** (May) official project start
- **2006/07** - Purchase of vehicles ans surgical equipment, radio soap brodacasting, eductaion of doctors and birth attendants
Thank YOU!

It is one of our key objectives to improve maternal health care in Africa and other regions…

… if we don‘t succeed, nothing will change and the situation of young women will worsen further.