

Improvement of Maternal Health Care in Northern Nigeria

A Rotary Project of
German
Austrian
and
Nigerian
Districts



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A Sad Record

- Every single minute, somewhere in the world, mainly in developing countries, a woman dies of complications during pregnancy or in childbirth





Reasons for Poor Womens' Health Situation

- Limited access to birth clinics
- Low socio-economic status / level
- Limited access to prenatal and health care
- No education





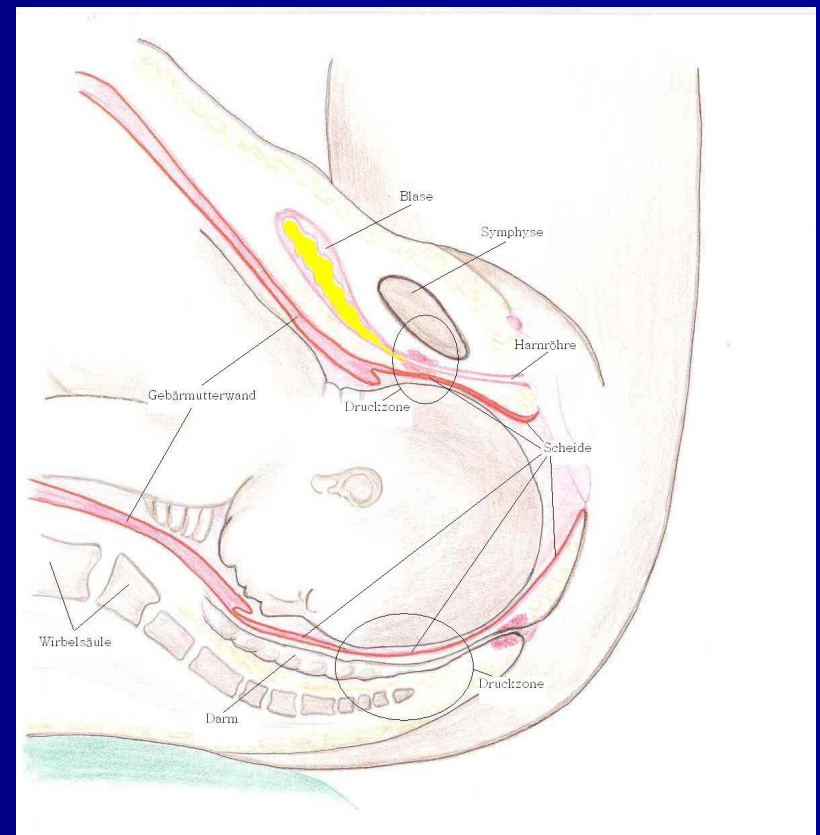
Factors Determining Poor Womens' Health Situation

- 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"

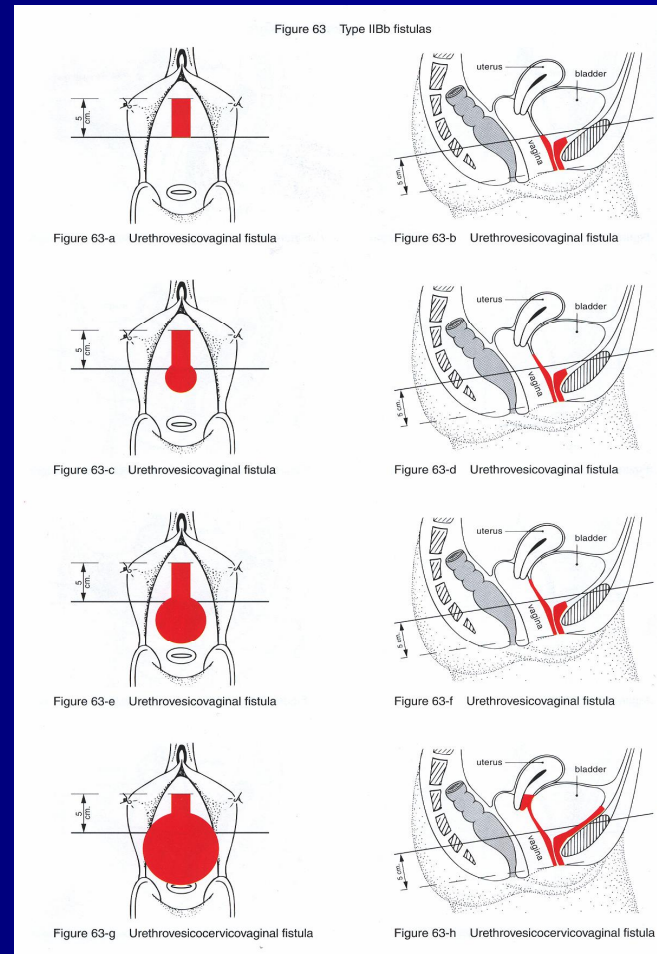
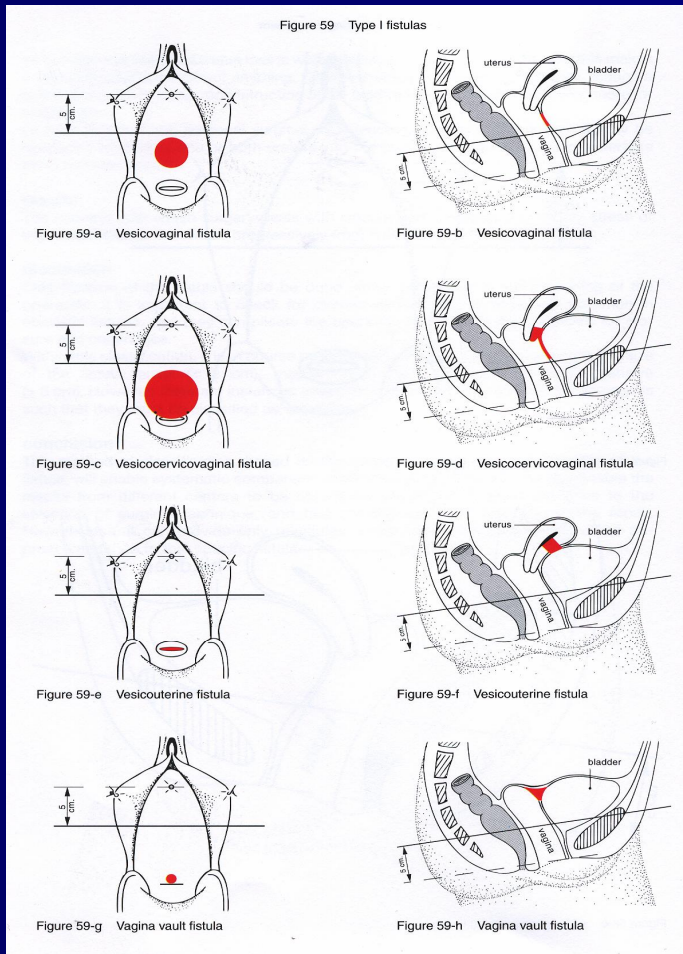
- Obstructed labour ruptures the internal passages of bladder and rectum
- Consequences: Fistulas develop affecting colon, bladder and neighbouring organs
- Worst case: death of mother and / or child





Localisation and Development of Fistulas

Kees Waaldijk





Data from Surveys

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

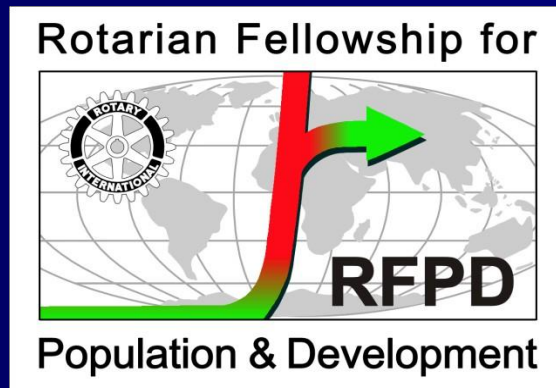
- Medical:
 - Renal/Urinary infections
 - Dysmenorrhoe
 - Pelvis pain
 - Depression

- Social:
 - Unemployment
 - Ostracizing by society / husband / family





Remarks about RFPD



Since 2005: Rotarian
Action Group for
Population and
Development



RFPD-Projects

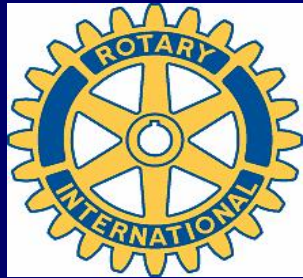


13 Projects with a volume of more than 4.6 mil US-\$ so far, for example:

- 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

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Target Area: Nigeria

Inhabitants:
130 mil
Germany 80 mil

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

Muslims 50 %
Christians 40 %
Other religions 10%

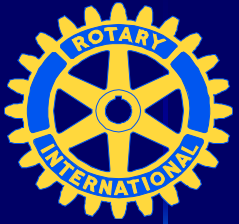




Main Causes for Obstetric Fistulas

- 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
- in
- 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

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Gynaecologist

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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 and surgical equipment, radio soap broadcasting, education 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.

