Rotary Project MG 53403

A model to reduce maternal and fetal mortality and morbidity in 10 hospitals in Kano and Kaduna state, Nigeria

by
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Statistics

• 530,000 p.a. women die of pregnancy related complications 99% occur in developing countries

• Nigeria has one of the highest maternal mortality

• We found MMR up to 6,000/100.000

• 55,000 maternal deaths annually in Nigeria

• Lifetime risk of dying from pregnancy is  
  1 in 1750 (*developed countries*)  
  1 in 870 (*East Asia*)  
  1 in 90 (*Latin America*)  
  1 in 24 (*Africa*)
Background
Rotary Projects in Nigeria 1995-2009

= Large Projects

● 2 MG Pilot-Projects 1995-2000
  „Child Spacing, Family Health and Aids Education“ in 2 LGAs of Kaduna State

● 3-H Project Replication 2000-2007
  in Kaduna, Kano, Adama, Jjgawa, Katsina, Plateau State

Needs Assessment

- Target Group: 5 million women of 11 - 45 years
- Extremely high maternal mortality
- Many thousands of women with obstetric fistula
- Antenatal Care - Improvement of Health Infrastructure
- Quality Assurance
“Improvement of Maternal Health - Prevention and Treatment of Obstetric Fistula”

- MG-Project sponsored by 100 German, Austrian, Nigerian Rotary, Rotaract, Inner Wheel Clubs; 1 RC each F, GB, NL, USA
- Co-funded by TRF, AVENTIS Foundation, IAMANEH and German Government
- Project Amount of core project: 1 Million Euro
- Rotary Satellite projects and Contributions of stakeholders in cash or in-kind contribute additional 2 Million Euro

- First Comprehensive Approach worldwide to reduce maternal mortality

Model for Future Vision Plan – following the Polio-Rotary Model
Morbidities- Vesico-Vaginal Fistula

“Leprosis of 21st century”
Incontinent of urine - Abandoned by husbands/friends
Unemployable except in the fields

Rotary’s achievements:
► Awareness campaign
► 2 Rotary Fistula centers: Wudil, Zaria
► 1.400 Repairs
► Rehabilitations with microcredit
► Vouchers and Training of Surgeons

Prevention is the Key – Antenatal Care and Obstetric Service
1st DELAY - Village

- Lack of knowledge of danger signs
- Delay in decision making
- Lack of decision-making power
2\textsuperscript{nd} DELAY - Transportation

- Long distances
- Poor state of roads
- Households low income
3rd DELAY - Hospital

- Inadequate equipment and supplies
- Inadequate skilled personnel
- Lack of blood
- Lack of motivation of staff
- Lack of light, water
- Lack of quality
Project Activities

1. **Advocacy / Public Awareness / Behaviour change / Child Spacing** by radio serials, community dialogues

2. **Education and training** of fistula surgeons and health personnel

3. **Procurement of equipment** for Rotary VVF centers + State hospitals

4. **Fistula repairs and rehabilitation** of patients with micro credit, training i.e. sewing, as health worker; introduction of vouchers

5. **AIDS** Routine test - **Prevention** of mother to child transmission

6. **Distribution of mosquito nets** to hospitals, babies and mothers

7. **Quality Assurance**

8. **Collaboration with Traditional rulers, Government and Stakeholders**
Quality goals in obstetrical service

Quality of structure
- Hospital building, equipment, number of staff, service level

Quality of process
- Trained and experienced personnel and professional performance

Quality of outcome
- Maternal and fetal morbidity and mortality
What do we do?

We introduced Quality assurance in 10 hospitals to

- Investigate and improve the quality of structure
- Analyse the obstetrical service (quality of process)
- Discuss in a benchmark approach at regular meetings among the hospitals (quality of outcome)
Kano State

Aminu Kano Teaching Hospital, Kano

General Hospital, Sumaila

General Hospital, Gaya

General Hospital, Wudil

General Hospital, Takai

General Hospital, Sheik Jiddah, Kano
Quality of Structure: Examples
Improvement of Structure of Hospitals
by

- Ultrasound machines and training
- Vacuum extractors
- Operating tables
- Delivery beds
- Instruments for operating theatre and delivery rooms
- Mosquito nets for malaria prevention
Improvement of Quality of Process

- Antenatal care - diagnostic measures
- Maternity record books
- Training on obstetric complications
- Management of delivery, i.e. Duration of labor - Mode of delivery Post date pregnancy Counselling after delivery
- Provision of obstetric protocols
- Continuous data monitoring
Examples how we eliminate causes of maternal mortality

- We train health care workers on
  the management of eclampsia using Magnesium sulphate
  the management of haemorrhage using Antishock garment

- We urge the Hospital Management Board
  to make Magnesium sulphate, Antishock garment available

- We made protocols on management
  of eclampsia and haemorrhage available in the hospitals
Results 2008 to 2009

- Maternal Mortality is reduced
- State governments take over our project in 2010
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Rotary can do