

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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RI-UN Day 2009

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, Jigawa, Katsina, Plateau State
- Project 2005-2009 „Maternal and Child Mortality“ in Kaduna and Kano 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



2nd DELAY - Transportation



- Long distances
- Poor state of roads
- Households low income

3rd DELAY - Hospital

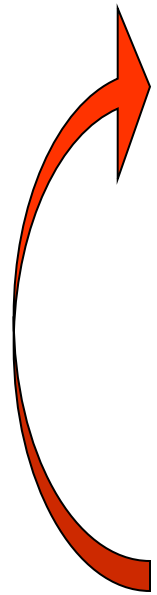
- Inadequate equipment and supplies
- Inadequate skilled personnel
- Lack of blood
- Lack of motivation of staff
- Lack of light, water
- **Lack of quality**



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



Quality of process



Quality of outcome

*Hospital building, equipment ,
number of staff, service level*

*Trained and experienced
personnel and professional
performance*

*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

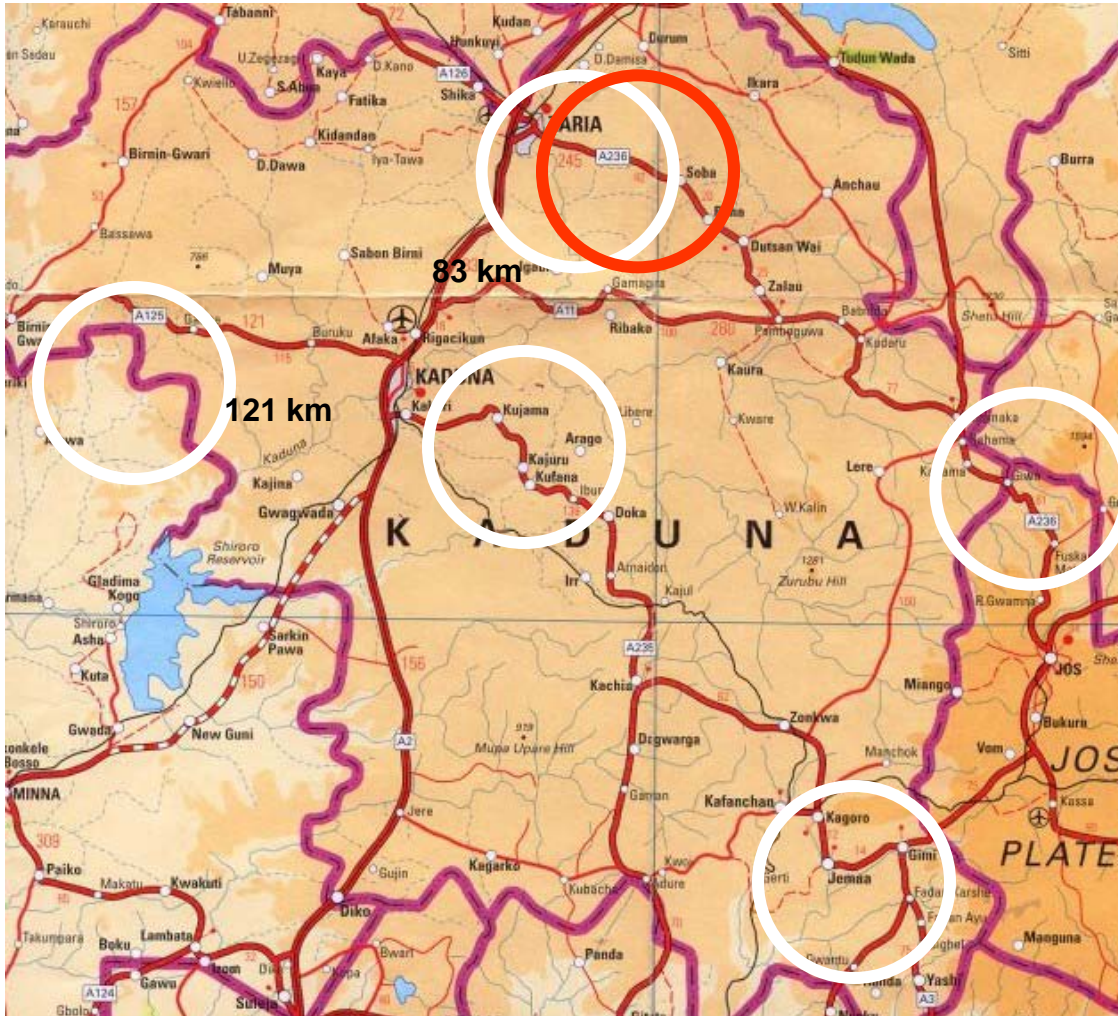
General Hospital, Gaya

General Hospital, Wudil

General Hospital, Takai

General Hospital, Sheik Jiddah, Kano

Kaduna State



**Amadu Bello University
Teaching Hospital Zaria**

**Yusuf Dantsho General
Hospital Kaduna**

General Hospital Kafanchan

General Hospital Birnin Gwari

Hospital Kofan Gaya Zaria

General Hospital Saminaka

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

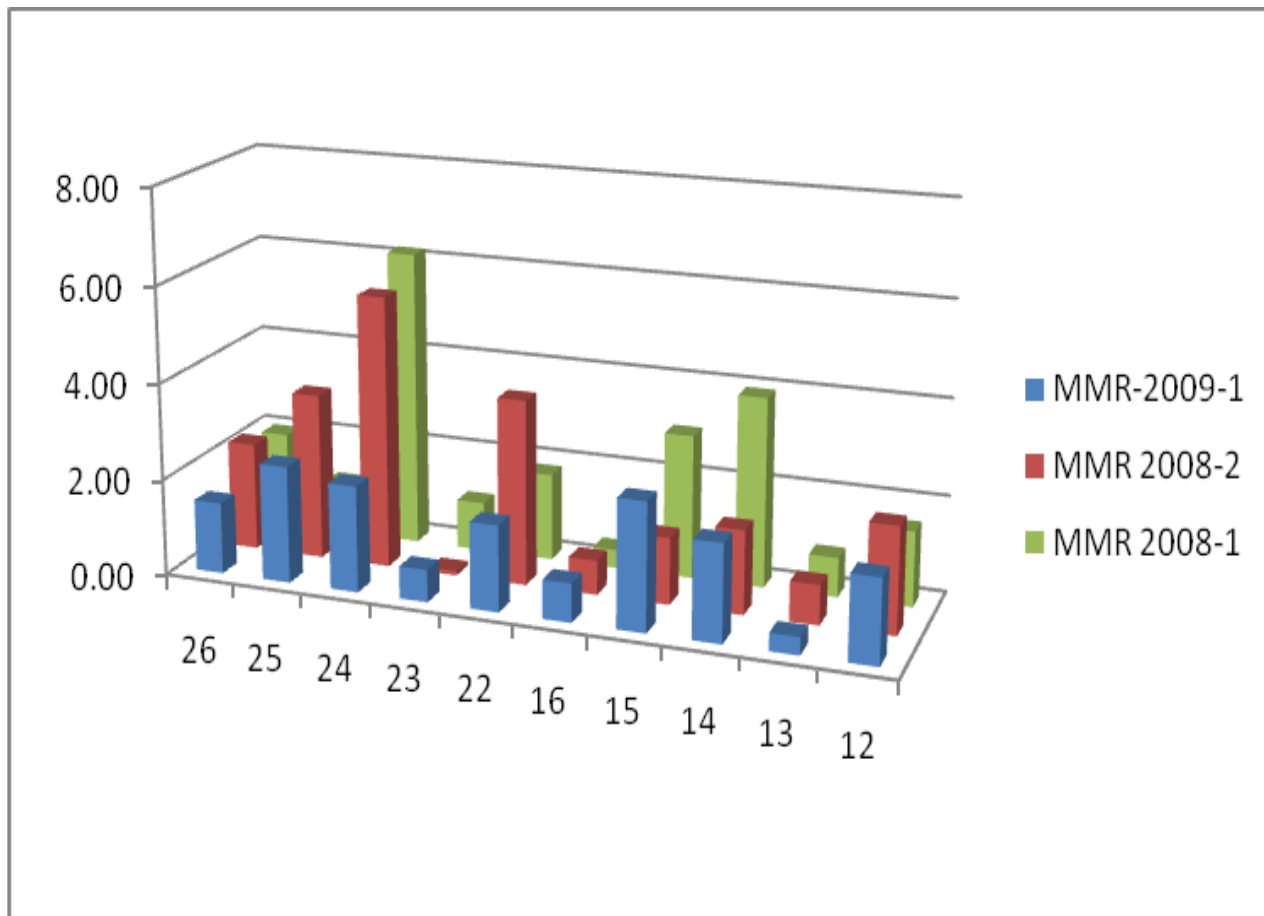


Examples how we eliminate causes of maternal mortality

- 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

