

# Save the mothers – and the children!

A comprehensive approach  
including quality assurance to improve  
maternal and newborn health

Taking up the Challenge:  
Scaling up the Rotary model project to  
reduce Maternal and Newborn mortality



Almost 290,000 mothers die each year. For every woman who dies, approximately 20 more experience infection, disability, or injuries. There is a direct relationship between maternal death and infant and child survival. Three million babies die annually within the first month of life and another 2.6 million babies are stillborn. Poor maternal health affects the entire community: A mother's death lowers family income and productivity. Girl children are often pulled from school and required to fill their lost mother's roles.

# The problem

Every day, about 800 women die from pregnancy- or childbirth-related complications around the world. 99% of all maternal deaths occur in developing countries, the majority of them in sub-Saharan Africa and South Asia. A woman's lifetime risk of maternal death in developing countries is 1 in 150 in contrast to 1 in 4700 in developed countries. The major causes accounting for 80% of all maternal deaths are: severe bleeding (hemorrhage), infections, high blood pressure (eclampsia), obstructed labor and unsafe abortions – these complications are all avoidable.

Women in sub-Saharan Africa face the highest lifetime risk of maternal death: 1 in 39. In Nigeria, this risk is even higher (1 in 23). Insufficient pre- and postnatal care for mothers has made Nigeria a country with one of the highest ratios in maternal and newborn mortality. Hospitals are lacking necessary equipment and well-trained health personnel as well as a steady supply of water and energy; poor hygienic conditions also negatively affect the chances of survival of mother and child.

## RISK FACTORS INFLUENCING MATERNAL AND NEWBORN MORTALITY

- **Social/cultural:** early marriages and pregnancies of girls often not older than 11 or 12 years; lack of information/education about sexual and reproductive health and rights; high rate of home deliveries; lack of access to education for girls.
- **Medical:** insufficient medical care in hospitals especially during labor; poor hygienic conditions and training standards of personnel in health clinics.
- **Economic:** insufficient medical infrastructure and poor equipment particularly in rural areas.

In order to address these problems, Rotarians from Austria, Germany and Nigeria, supported by the Rotarian Action Group for Population & Development (RFPD), initiated the pilot project “Improvement of Maternal Health – Prevention and Treatment of Obstetric Fistula” – a comprehensive approach tackling the multiple factors of maternal mortality and morbidity as well as newborn mortality. Stakeholders regard this approach as a model, suitable for scaling up in other regions and countries. The first scaling up of this pilot project has already started, extending the successful evidence-based approach to two additional states of Nigeria (FCT Abuja and Ondo) and proving its replicability.



The risk of a mother dying during pregnancy or delivery is extremely high in Northern Nigeria – much higher than in most other parts of the world.

# What we did and will do

In the 5-year pilot project „Improvement of Maternal Health“ (2005-2010) we focused on two northern states of Nigeria (Kaduna and Kano) and reached about 1 million women in childbearing age and their families. The project amount of one million Euros was supplemented by Rotary Satellite Projects (single interventions). The project was mainly supported by Rotary, Rotaract and Inner Wheel Clubs from Germany and Austria and co-funded by The Rotary Foundation, the Aventis Foundation, the International Association for Maternal and Neonatal Health (IAMANEH-German section) and the German Federal Ministry of Economic Cooperation and Development (BMZ). Nigerian Rotary and Rotaract volunteers implemented the project on-site. Wherever possible, project activities were coordinated with stakeholder efforts, using synergies to achieve the best possible results.

The comprehensive approach applied within the pilot project and the scaling up includes:

- Awareness and advocacy campaign to inform the public about the importance of antenatal care, the advantages of responsible parenthood, how to avoid VVF.
- Introduction of Quality Assurance in obstetrics (quality of infrastructure, process and outcome).
- Training of health personnel and increase in the number of skilled birth attendants.
- Provision of medical equipment for hospitals and health care centers to improve obstetric care.
- Integration of traditional rulers, local and international NGOs and foundations.
- Cooperation with state officials in order to guarantee the sustainability of the project.
- Rotary Satellite Projects, e.g. surgical repair and rehabilitation of fistula patients, improvement of water supply, provision of solar energy to hospitals.

## RESULTS OF THE PILOT PROJECT

- Raised awareness at the grassroots level through radio serials and community dialogues.
- Introduction and anchoring of quality assurance in ten selected hospitals achieving a reduction of maternal mortality in these hospitals by 60% and a reduction of newborn mortality by 15%.
- Establishment of two specialized fistula wards (one per state) including rehabilitation facilities and provision of needed hospital equipment.
- 50 doctors, 400 nurses and 400 health workers and Traditional Birth Attendants (TBAs) were trained.
- 1,500 fistula patients were successfully treated and rehabilitated; many of them also got vocational training and micro credits to built up their own small businesses.
- Hospitals lacking these facilities were provided with water and solar energy.
- 24,000 mosquito nets were provided to the selected hospitals and surrounding communities.
- Midwives and TBAs were equipped with clean birth kits and anti-shock garments.
- Hospitals were provided with drugs for Preventing Mother-to-Child Transmission (PMTCT) of HIV.

# Conclusion: Scaling up proven success



Our model project in Nigeria is based on experience and expertise gained in 15 years of project work. The introduction of quality assurance in obstetrics including continuous data collection, review meetings and benchmarking between the participating hospitals forms the centerpiece of the comprehensive approach. This allows for a thorough measurement and monitoring of progress at all stages of the project and its sustainability. The methodology of the model project as well as its documented, evidence-based results were widely publicized within Rotary and beyond - even in the professional International Journal of Gynecology and Obstetrics (2011). The model project is a lighthouse project for Rotary's Area of Focus 'Maternal and Child Health'. Improving women's health and rights means empowering women. This is a pathway to achieving progress in all of Rotary's Areas of Focus, the Millennium Development Goals as well as a peaceful and sustainable development.

In order to accelerate progress in 'Maternal and Child Health', scaling up best practices is urgently needed. We already supported Rotary Clubs in starting the first and planning the second scaling up project. Now it is your chance to be a pioneer and take it to the next level: introducing the model to reduce maternal and newborn mortality to other countries in need. RFPD is here to help you!

ROTARY CAN DO – JOIN US IN TAKING UP THE CHALLENGE OF SCALING UP OUR MODEL PROJECT.

**Save the mothers so that mothers  
can save the world**



**FOR ALL ENQUIRIES PLEASE CONTACT**

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**FOR ADDITIONAL INFORMATION ABOUT THE PROJECT PLEASE VISIT  
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