Matching Grants
Report to The Rotary Foundation

The Rotary Foundation
One Rotary Center
1560 Sherman Ave.
Evanston, IL 60201, USA
Fax: 847-866-9759
E-mail: grants@rotary.org

The primary partner Rotary clubs/districts must submit Progress Reports every twelve months during project implementation. The Final Report is due two months after completing the project.

Project Information

Matching Grant Number **53403** Project Country **Nigeria**

[ ] Progress report [X] **Final report** Reporting Period from **July 2005** to **March 2010**

Host Partner Rotary Club: **District: 9125 (before 9120)**

International Partner Rotary Club: RC Weissenburg District: 1950

supported by about 200 International Rotary Clubs from several German and Austrian districts.

Introductory remarks:

► This matching grant project was the basis of a one million Euro project co-funded by the German Federal Ministry for Economic Cooperation and Development (BMZ), the Aventis Foundation and the International Association of Maternal and Neonatal Health (IAMANEH).

► As maternal mortality is a complex issue where in sub-Saharan Africa so far no substantial reduction has been achieved, a comprehensive approach was needed which requested additional funds.

► Clubs contributed satellite matching grant projects for water & sanitation, for microcredits and for vouchers as well as cash for unforeseen demands like employment of a chief midwife, distribution of mosquito nets and carrying out community dialogues in the villages.

► Rotaract clubs and Inner Wheel clubs joined this comprehensive approach with satellite projects and cash contributions.

► Several Stakeholders followed our request of concerted efforts and contributed donations in cash (for radio serials) and in-kind (for rehabilitation centers, mosquito nets, medicine for Preventing Mother-to-Child Transmission - (PMTCT) - of HIV, anti shock garments, delivery kits, solar power and contraceptives).

► The German government welcomed the use of additional funds. This facilitated the success of this project contributing to the important MDG 5. The project was dealing with a complicated issue in a very difficult environment.

► The state governments of Kaduna and Kano took over the project on 1 April 2010 to sustain it.

► The Nigerian MDG office promised to fund still needed equipment and training of doctors and midwifes.

► The state governments asked Rotary to continue with the monitoring of the project as part of a 'scaling up' of this pilot project. Many experts acknowledge our project as a model. It is our intention to support the scaling up with MG #69052, MG #72235 and MG Application of RC Samaru/RC Bielefeld Sued as a basis of a large program again co-funded by the German government.

Project Narrative

1. Briefly describe the project.

a) What were your original objectives?
The original project title was **"Prevention and Treatment strategies of Obstetric Fistulae in Northern Nigeria".**

The **major focus** was on the education of the public about the harmful effects of early marriage and early pregnancy. We used innovative approaches to bring about a desired behavior change leading to the elimination of the practice of early marriage and the prevalence of obstetric fistulae - including a media campaign with a radio serial drama. Objectives of the media campaign were:

- to create awareness on the dangers of early marriages and pregnancy at young age;
- to sensitize religious leaders, policy makers, parents and youth;
- to promote girls' education;
- to promote the enforcement of family law and an appropriate legal age at first marriage for girls;
- to provide women with adequate and affordable health care information and services including family planning, antenatal care, delivery and post natal care.

The **second focus** was to create training centers for fistula surgery with the involvement of doctors, nurses and TBAs and to operate fistula patients. Four such training centers were planned.

b) What was actually accomplished? (Photographs can help to tell your story. Please submit any action photos that you have that show beneficiary participation and demonstrate Rotarian involvement in the project. Please also indicate the name of the photographer.)

Attachment no. 1: *Photo Gallery ordered by activities.*

Attachment no. 2: *Flow Chart of our project.*

A) Advocacy- and Awareness Campaigns

These campaigns have been performed from the very beginning of the project in July 2005 until March 2010. Uncounted visits to the target groups and beneficiaries have been paid by the Nigerian Rotary project teams and many of them together with the German-Austrian core team.

At the higher level of the ***Ministries of Health*** - both Federal and State level – we also paid visits several times because the Federal Minister of Health and the State Commissioners of Health changed after General elections in April 2007. The Commissioners of Health, of Women affairs as well as the First Ladies of Kano and Kaduna State were kept well informed about the project. The same applies to the Heads of Local Governments (LGAs). All of them have been involved and supported the project. In 2009, we received a letter of commitment both from Kano and Kaduna Ministry of Health in which they confirmed to take care of sustainability after this Rotary project will have been completed. They confirmed that from now on fistula repair will also be included in free of charge treatment as treatment in pregnancy, during childbirth and postnatal period as well as for children under 5 already is.

The Directors of Hospital Services in Kaduna (Dr.Madaki and Dr.Jatau) and in Kano (Dr.Yakassai) have always been very supportive.

The very influential traditional and religious leader in Zaria, the Emir of Zazzau/Kaduna

state, Dr. Idris Shehu, awarded the title ***Shahon Zazzau*** to our project coordinator, Prof. Robert Zinser; the Emir confers this title in exceptional cases and to one person only. The title was given in appreciation of the efforts of PDG Zinser to improve health conditions for women in Kaduna State and was regarded in the public as a Royal recognition of the project.

Stakeholder meetings were held in Kaduna and Abuja in which Government officials participated.

A very effective way to inform, educate and sensitize large groups in rural communities is the tool of ***Community dialogue***. After announcing the visit to the village head, our project staff visited communities surrounding our partnering hospitals under leadership of a very experienced and fluently Hausa speaking chief midwife.

She provided information to women in childbearing age, to Traditional Birth Attendants (TBAs) and also to husbands and parents about nutrition in pregnancy, the necessity to attend antenatal care, the importance of immunization including polio, family planning/child spacing and sending young primiparae to the hospital for delivery. Reminding husbands and parents of their responsibility towards their young daughters and wives proved to be very effective also as a contribution to the empowerment of women.

By performing these Community dialogues in 10 communities both in Kano and Kaduna state, our project team was able to reach out essential information to several thousand villagers. ***Attachment no. 3:*** *DVD about our community dialogue.*

Besides that, our project state assistants and fieldworkers visited villages and secondary schools to provide comprehensive information about causes of VVF, prevention of this devastating condition and reproductive health related issues. Several hundred students were visited and instructed, mainly in Kaduna State.

B) Disseminating Radio Serials

From June 2006 until February 2007 the Population Media Centre (PMC), USA, which has a branch in Nigeria, broadcasted a radio serial named ***Gugar Goge*** ("Tell it to me straight"), a 70 episode radio serial drama addressing reproductive health, obstetric fistula and family planning in Northern Nigeria.

The drama was produced by PMC in close collaboration with the Rotary project team. It was funded by the project and co-funded by The David and Lucile Packard Foundation and the Conservation, Food and Health Foundation. This radio serial proved to be very effective and the end line-evaluation was promising with respect to information about VVF prevention and treatment and the contraceptive prevalence rate among listeners of the serial.

Attachment no. 4: *Evaluation by Ohio University, USA.*

The Rotary initiated ***radio serials*** have been continued by PMC until now. Stakeholders funded them with the total amount of more than 100.000 Euro. For more information, see www.populationmedia.org/where/nigeria/nigeria-tune-in/

C) Creating centers for fistula repair, performing repair surgeries and rehabilitation

1.Wudil General Hospital, Kano State

a) Rotary Fistula Centre Wudil

The Rotary Fistula Centre in ***Wudil General Hospital*** started in 2006 due to a delay caused by the then Commissioner of Health in Kano State who did not accept the hospital chosen by Rotary but appointed the rural hospital in Wudil.

This hospital has been equipped, upgraded and is working since January 2007. One doctor and four nurses of this hospital have been trained in fistula surgery and postoperative care of the patients. Two doctors from Kano have been trained and started to do operations. From January

2007 onward fistula operations have been performed regularly, most of them by the two doctors coming from Kano. Until the end of March 2010 167 Patients have been treated in Wudil.

To improve obstetric and antenatal care services a doctor of Wudil General Hospital was trained to use the Rotary donated Ultrasound machine. The early recognition of risk factors in antenatal care prevents prolonged labor and VVF.

b) Rehabilitation activities in Wudil

Activities started in cooperation with *Family Care Eduvision Intl. Services (FCEIS).* They equipped a building within the premises of Wudil General Hospital to be used as a vocational training room for treated patients. The Rotary project provided the funds for the rehabilitation activities. Patients were trained in sewing, knitting and making local spaghetti. In November 2008 a new compound has been provided by the Local Government to be used as a **rehabilitation centre**. 50 treated patients have had vocational training in the reported period.

2. Kofan Gayan General Hospital Zaria, Kaduna State

a) Rotary Fistula Centre Zaria

Since Rotary in cooperation with the Kaduna State Ministry of Health and the Hospital Management decided to chose ***Hadjiya Gambo Sawaba General Hospital Kofan Gayan*** as **Rotary Fistula Centre** in Kaduna State this hospital made a remarkable development. Whilst Rotary was training doctors and nurses in fistula treatment and postoperative care, the government built a new operating theatre next to the fistula ward upon our request. The Rotary project took care of the **complete equipment** of the operating theatre and provided a big **generator** to ensure power supply during the time of surgical interventions. The American NGO "We care solar" provided **solar power** for light in the delivery room, labor ward and the operation theatre as well as in the laboratory where they installed a solar-powered fridge for blood and immunization drugs.

Furthermore, in 2007, a **borehole** has been brought down having yield enough to feed a big overhead tank of 16.000 liters water. Patients and staff of the hospital enjoy having necessary water for hygiene, washing and cooking.

Due to these improvements, the number of fistula operations increased steadily. In total 378 patients underwent fistula surgery in Zaria.

b) The Rehabilitation Centre in Kofan Gayan, Zaria

Initiated by the Rotary Fistula Project, Family Care Eduvision International built this **rehabilitation centre** within the premises of Kofan Gayan General Hospital in 2007 with funds from the Japanese embassy in Nigeria. We equipped the centre i.e. with sewing machines. It serves the treated patients by providing **vocational training** in sewing, knitting, batik dyeing and preparing local spaghetti. Until March 2010, more than 100 treated patients have been educated by the project. All of them have also been trained in reproductive health and family planning. Patients received **literacy training** from a group of Rotaractors - in 2009 also from a teacher, employed by the project. They were also taught how to use a wood saving stove to prepare their meals. The **stove "Save 80"** is much more efficient than a normal 3-stone-stove and saves 80% of precious firewood. Using stoves like that contributes to reducing costs and pollution. The first 10 treated patients received a "Save 80" before leaving the centre for their home villages. This was an incentive to serve as ambassadors for preventing VVF by propagating child spacing and argue against early marriage. In order to improve the living conditions in the rehabilitation centre, **solar power** has been provided which will also be an advantage for vocational training activities.

The rehabilitation activities have been enhanced by a **micro-credit** grant from TRF (MG #67438). This satellite project funds the vocational training of the patients and microcredits for setting up their own small businesses, e.g. a sewing shop, trading grains or palm oil, etc. Not all treated patients needed vocational training. Fortunately, most of the patients will leave the

hospital after medical rehabilitation (4-8 weeks after surgery) for their villages of origin to live with their families. Especially for patients who got divorced from their husbands and abandoned by their families vocational training is essential to get an opportunity to make their living out of a small business.

Attachment no. 5: *List of rehabilitations*

D) Training of surgeons, theatre and ward nurses in fistula surgery

In order to increase the number of doctors who are able to perform fistula surgery we tried to find doctors committed to the issue of VVF, willing to serve in the project for some years. In the same way, it was necessary to find nurses to be trained in assisting the doctors and take care of the patients after their surgery.

In total, we trained 7 doctors and 15 theatre and ward nurses. All of them have been trained by Dr. Kees Waaldijk, chief consultant in VVF surgery to the Nigerian Government and worldwide-acknowledged expert. German team members visited him already before the start of the project in his hometown in The Netherlands and kept contact with him.

With a voucher Project (MG #64529) we paid for additional fistula surgeries and hereby started the training of fistula surgeons in the University Teaching Hospitals in Kano and Zaria, Kaduna state. This step was supported by the Health Commissioners of the states and the Federal Minister of Health. To bridge the time gap between this project and the envisaged subsequent project, we continue to operate patients and train surgeons presently paid out of our 2nd voucher MG #71596.

Attachment no. 6: *List of trained VVF staff.*

E) Performing fistula repair surgery

As mentioned in chapter C), the project fistula centers were established in Wudil and Zaria. In the beginning, progress was slow because it takes a long time to train a doctor until he is able to perform surgery as a responsible surgeon with a satisfying success rate. Most of the doctors available were not consultants of gynecology or surgery but general practitioners without a solid foundation of surgical skills. We therefore included Dr. Kees Waaldijk in the project activities not only as a trainer but also as a surgeon. This way we were able to exceed the number of planned 1000 repairs by 50%. Meanwhile, three of our trainees have reached a high level of surgical skills and perform most of the repairs without Dr. Kees being involved.

Within the project period from July 2005 until March 2010 we were able to operate 1.453 fistula patients. *Attachment no. 7: List of fistula repair surgeries*.

F) Identification and equipment of obstetric departments

Looking at the data of Nigerian hospitals in the North concerning maternal and fetal deaths we realized very soon, that performing fistula surgeries alone would never end the fistula scourge in Nigeria. We had to focus more than initially intended on improving obstetric services. In a joint conference on December 11, 2007 in Abuja with government officials, it was agreed to select 10 general hospitals, 5 in Kano State and 5 in Kaduna State, in order to create close partnerships for improving the quality of obstetrical care. These hospitals are:

Kano State: General Hospital Wudil, General Hospital Sumaila, General Hospital Takai General Hospital Gaya and Sheik Jidda General Hospital Kano;

Kaduna State: Yusuf Dantsoho Memorial Hospital Kaduna, General Hospital Kafanchan, General Hospital Saminaka, General Hospital Birnin Gwari and Hadjiya Gambo Sawaba General Hospital Kofar Gaya, Zaria.

Gradually we provided the necessary equipment to the hospitals such as delivery beds, instruments to perform cesarean sections, sutures and curettage, vacuum extractors, fetal doppler, etc. ***Attachment no. 8:*** *List of provided equipment.*

All of the hospitals have been equipped with long-lasting insecticide treated mosquito nets to avoid patients becoming infected by Malaria during their stay in the hospital. The beds in the selected 10 hospitals were provided with nets, hospitals received additional nets for pregnant mothers so that they could take them home for themselves and their babies and in community dialogues, we distributed nets to villagers. Altogether, we distributed 24,000 **mosquito nets** to the hospitals and people in the surrounding communities. We experienced threefold effects of mosquito nets:

1. Prevention of malaria as one of the main causes of maternal mortality;

2. To overcome still existing reservations about polio immunization: when mothers received nets they immediately allowed that their baby is vaccinated;

3. Promotion of antenatal care: the message, that pregnant mothers seeking antenatal care in hospitals receive nets, spread amongst villagers; that lead to a lot more women seeking antenatal care, which reduces maternal mortality.

Attachment no. 9: *List of distribution of mosquito nets.*

G) Introduction of Quality Assurance

In the beginning of our project, we visited most of the government-run hospitals both in Kano und Kaduna State, distributed and recollected questionnaires to find out the most important parameters of the hospital such as staffing, equipment and condition of mothers and children after delivery. Following the advice of the Directors of Hospital Management, we eventually chose the above named hospitals as our partners for the project.

With support from the Federal Ministry of Health, quality assurance was introduced in these hospitals in order to improve the quality of structure, process and outcome. Basis for the data collection was the use of a uniform maternity record book implemented in all hospitals. Regularly various quality indicators such as maternal mortality, child mortality, Post Partum Hemorrhage (PPH), eclampsia/preeclampsia and others were documented in the hospitals. The data were analyzed and discussed in semiannual review meetings. Deficits in obstetric care are overcome stepwise in a benchmarking process. The chief midwife of the Rotary project and the heads of the gynecological departments of the University Teaching Hospitals in Kano and Zaria monitor the project and the statistical office in the Kano university teaching hospital documents the progress.

The results are very promising. The number of maternal deaths was reduced by 50% from January 2008 until December 2009. ***Attachment no. 10:*** *Hospital Report 2009.* In the first quarter of 2010, a further reduction by 10 % was documented.

H) Increasing the number of well attended deliveries by training

To improve the quality of obstetric services we started to train doctors, midwives, nurses, Community Health Extension Workers (CHEWS) as well as Traditional Birth Attendants (TBAs) in early recognition of high-risk deliveries, taking good records and using partographs. They were trained in applying magnesium sulfate against eclampsia and using anti-shock garments in case of post partum hemorrhage.

In 2008, a two-week **training of Traditional Birth Attendants (TBAs)** was held in Kano and Kaduna. Participants were 90 TBAs and 10 Maternal and Child Health Coordinators (MCHCs) from the Local Government Authorities (LGAs) surrounding our partnering hospitals.

The aims of the training were:

a) build the capacity of TBAs in prevention of maternal and infant morbidity and mortality by identifying danger signs and making quick referrals in pregnancy, labor and post partum;

b) equip the TBAs with adequate and proper knowledge and skills in the conduct of their activities;

c) identify harmful midwifery practices and correct them immediately;

d) promote family planning by motivational talks during ceremonial gatherings and home visits;

e) promote effective breast feeding, immunization and healthy nutrition;

f) improve the general health status of communities, particularly of women and children

The training was a huge success because it marked the beginning of the penetration of our project into the grassroots from where all problems arise. The unmet need for family planning can be reduced by the TBAs trained in family planning. We also distributed a large number of delivery kits to TBAs to promote save births for the still prevailing home deliveries. Delivery kits were partly donated by the Birthing Kit Foundation Australia.

***Attachment no. 11** : List of trained health personnel*

I) Cooperation with all stakeholders available

For our comprehensive approach, the Rotary project team emphasized on **cooperation with** as many **stakeholders** dealing with maternal health as possible, **including Federal and State Governments.** Since 2005, Prof. Zinser met, escorted by other members of the German-Austrian/Nigerian Team, with representatives of UNFPA, USAID, UNICEF, Population Council, EngenderHealth, ACQUIRE, Pathfinder, The David and Lucile Packard Foundation and others at least once a year. The aim was to coordinate activities of our project with their own in the field of fistula treatment and training of fistula surgeons as well as in the reduction of maternal mortality. For example, our continuous argumentation that actions should be coordinated - also to learn from best practices - lead to a query of all fistula projects in Nigeria started by EngenderHealth. Together with the Population Council we started organizing the necessary steady supply of magnesium sulfate to the hospitals in order to prevent eclampsia. Together with the MacArthur Foundation and Pathfinder we included our 10 hospitals in their program to supply anti-shock garments to prevent hemorrhages. Generally, as a consequence of our visits, stakeholders gradually coordinate their relevant activities with ours. Beyond this, some contribute to our Rotary project.

J) Our comprehensive approach

To our knowledge, this project is the first comprehensive approach to reduce maternal mortality especially in rural areas. There is no information about such an approach neither in Nigeria nor in any other country in the literature. The collaboration of different actors within this project, the supplement of the project through additional satellite projects initiated and financed by stakeholders and their coordination with the main project are responsible for the success of this project and exceeding the targets set. Without our previous Rotary projects in Nigeria, the overall success would not have been possible. Also remarkable is the multifaceted participation of German and Nigerian Rotaractors to a project of this magnitude with self-financed satellite projects and active support.

c) When and where did the project take place, and who were the beneficiaries?

The project started on July 1, 2005 in Kano State and Kaduna State, Nigeria. Fistula surgeries are carried out in Kofan Gayan General Hospital in Zaria, Kaduna State, and Wudil General Hospital in Kano State. Direct beneficiaries are all VVF-patients who were treated. Indirectly their families and communities also benefit. Beneficiaries are also doctors, nurses, midwives and TBAs, because they gained more professional skills out of the training provided by Rotary. Because of the equipment provided by Rotary, they are able to render better medical service.

Also benefitting is a large number of women who have been made aware of the proper way to attend antenatal care and to look for skilled assistance in delivery. Due to their knowledge, many of them will be protected from suffering from obstetric fistula, pregnancy complications and their consequences and in the worst case maternal death. Project fieldworkers, PMC Radio serials as well as Rotarians and Rotaractors of D9125 propagated child spacing, issues of reproductive health and delay of marital age to avoid too early pregnancies.

2. Scope change. If the project was changed, how and why was it changed?

The project was not changed but experienced a learning phase, as it is innovative with its comprehensive approach. Compared with our original objectives we reduced the number of Rotary equipped Fistula Training Centers from four to two and shifted the focus from only treatment to prevention by improvement of obstetric services and establishing quality assurance in 10 obstetric departments. Since January 1, 2008, a regular monthly data collection in 10 hospitals was conducted and all hospitals were visited on a regular basis. Hospital deficits could be eliminated. This benchmarking process created a competition amongst the hospitals resulting in a fall of maternal mortality. This excellent progress was recognized by the German government, which prolonged the project until March 2010.

Rotarian Involvement and Oversight

3. How did Rotarians manage and oversee the project?

Rotarians together managed and monitored the project based on the experiences and contacts made with the previous projects (MGs and 3-H). We started with a needs assessment, careful planning and organizing the project structure – jointly between the host district and the international clubs. Right from the beginning we cooperated closely with hospitals and governments on all levels and steadily kept contact with the traditional rulers - above all with the Emirs of Zaria and Kano - to get and maintain their support.

The executing Nigerian team of Rotarians comprised the National Chairman Dr. Kola Owoka, his deputy DG 2009-10 Dr. Kazeem Mustapha, the State Chairmen of Kano State (Rtn. Kamal Murtala), and Kaduna State (Rtn. Felix Aninze), several Rotarians serving as managers for activities like awareness, prevention, surgery, rehabilitation, involvement of Rotaractors and Inner Wheelers. They received support from paid staff such as the Chief Midwife, the Project Manager, the State Assistants, fieldworkers and drivers.
Attachment no. 12: *Organogram.*

The German/Austrian project team included a coordinator, three gynecologists and the chairman 2009-12 of the action group RFPD.

All expenses were multifold checked: by the accountant of the Nigerian project staff, by a Non-Rotarian Nigerian chartered accountant, by the German – Austrian project team, by the German controller who also is chartered accountant and finally by Rotary Deutschland Gemeindienst e.V. (RDG) acting as an umbrella organization for Rotary to the German government. The project coordinator clarified with the German government and the German fiscal authority, which receipts, reports and control measures they request to make sure that on the one hand all rules are strictly adhered to and on the other hand unnecessary costly and time-consuming paper work is avoided.

All interim reports submitted to the German government were accepted without any complaint. The other co-funders as well as the sponsoring clubs/districts were also fully satisfied with the interim reports, which we regularly submitted to them.

4. How many Rotarians from the <u>host partner club</u> participated in the project? 30-50

As it is a project of District 9125, many Rotary Clubs in Kano, Zaria and Kaduna were involved. Rotaract Clubs in Kano and Zaria also participated.

5. In what way did the host Rotarians participate in the project? Please list all non-financial involvement.

Host Rotarians spent their time and efforts to participate in as much activities as possible. Continuing activities in the field of awareness and advocacy, visits to political, traditional and religious leaders at all levels were necessary all the time, in particular to achieve sustainability. Host Rotarians and Rotaractors took care of satellite matching grant project activities.

In both states Rotarians organized workshops and training sessions for doctors, nurses, midwives and TBAs, gave interviews to newspapers and radio stations in order to bring the issue to the minds of the people. They kept contact with federal, state and local governments and stakeholders.

Rotarians collected lists of necessary equipment from both the VVF-hospitals and the obstetric departments, asked for quotations and decided in cooperation with their German/Austrian partners which kind of equipment will be bought.

The project has been presented at the District Conferences of District 9120 and at the Governors installation in Abuja for the new District 9125 to make the project known to all Rotarians of the whole District and beyond and promote cooperation.

6. How many Rotarians from the <u>international partner club</u> participated in the project?

Altogether about 200 German and Austrian Rotary, Rotaract and Inner Wheel clubs sponsored this comprehensive project, mainly German Rotary clubs. With an average of 50 members of each club many thousand Rotarians participated as sponsors. Actively involved in this MG project with planning, discussing, advising, monitoring and controlling are ten Rotarians. Participating with satellite projects are a few dozens of Rotarians, Rotaractors and Inner Wheelers. Seven Rotarians and Rotaractors of them visited the target area of the project, amongst them five Rotarians on average once a year. All these clubs regularly received interim progress reports.

7. In what way did the international Rotarians participate in the project? Please list all non-financial involvement.

The international Rotarians raised the necessary funds of Euro 240,000 to get a matching grant of Euro 120,000, as there was no 3-H program at that time for the implementation of the proposal of our Nigerian partners. This demanded many presentations in district and club meetings to convince them to sponsor this project.

Beyond this involvement, international Rotarians drew up the plan of the project based on the needs assessment. An international Rotarian negotiated with PMC to get radio serials produced with our seed money; PMC had to collect the bulk of the funds from other sources. Rotarians traveled to Nigeria to assist in the implementation of the project, monitored fistula hospitals and obstetric departments, negotiated with Nigerian Federal, State and Local Governments, contacted traditional rulers/religious leaders, health sector and media as well as stakeholders, gave advice in purchasing equipment and sent teaching material to the project site.
The international Rotarians published articles about the progress of the project in the German Rotary Magazine, in the newsletter of the Health and Hunger Resource Group and in the RFPD newsletter "Fragile Earth". They gave interviews to authors of articles in THE ROTARIAN, Global Outlook and public newspapers in Germany and Nigeria as well as to radio stations in Germany and Nigeria and to the national Nigerian TV.

Attachment no. 13: *List of publications and presentations about the project.*

They established and continuously update a website in English: www.maternal-health.eu and partly in German language: www.muettergesundheit.eu.

Out of the ten active international Rotarians the following were the core team members:

PDG Prof. Robert Zinser as the German/Austrian/Nigerian Coordinator was constantly - weekly with mails and phone calls - in close contact with the Nigerian Project Management and project staff.

Since 2006 he presented the project as “A Comprehensive Approach to reduce Maternal Mortality” at the RI conventions in RI breakout sessions, at the convention in Birmingham 2009 with members

of the Nigerian project team which about 600 people attended. Robert Zinser presented the project also at the RI-UN day in New York in 2009. Together with Nigerian Rotarians he staffed a project booth at all the RI conventions since 2006 which always had many visitors.
Zinser initiated supplementary projects like MG #63713 "Water for Sumaila and Birnin Gwari hospitals" and MG #63627 "Microcredit for rehabilitation of fistula patients" as well bas following donations in kind: medicine for Preventing Mother-To-Child Transmission (PMTCT) of HIV, mosquito nets and contraceptives using the Corporate Social Responsibility and obligations of UN Global Compact of companies. He took care that the German Rotary Magazine as well as the newsletter of the Rotarian Action Group for Population & Development (RFPD) regularly informed about the project and kept contact with RIPR department, Sandra Prufer. He also kept ROTA informed. He also presented the project by video at the international 'Women deliver' conference in London 2007. He continuously visited stakeholders and kept contact with them.

"In appreciation and recognition of so many projects such as 'Improvement of Maternal and Child Health project (Prevention and Treatment of Obstetric Fistulae)' which Rotary has implemented over the years", a very big honor was given to Prof. Zinser by awarding him with the title "Shahon Zazzau" by his Royal Highness, the Emir of Zazzau (Zaria) in August 2008.

Rtn. Prof. Dr. Wolfgang Kuenzel is the German Medical Advisor and is supervising and coordinating all activities in the field of quality improvement in obstetric services in Kano and Kaduna State. In close practical and scientific partnership with Dr. Hadiza Galadanci from Amino Kano Teaching Hospital (AKTH) in Kano and Dr. Oladapo Shittu from the Amadu Bello University Teaching Hospital in Zaria he evaluated all data collected to contribute to the eradication of the main causes of the high maternal and fetal mortality in Nigeria by introducing the method of quality assurance in obstetrics. He supported the establishment of the "Institute of Quality Assurance in Obstetrics" at the Amino Kano Teaching Hospital. He made many important contributions to promote maternal health activities nationally and internationally. He published the project in the European Journal of Obstetrics and Gynecology and presented it together with Dr. Galadanci at the WHO-Stillbirth Conference in Oslo, 2008.

Rtn. Dr. Manfred Gruhl is the primary contact to TRF and as a gynecologist and volunteer doctor very much involved in creating structures and improving performance of the project both in the field of VVF-surgery and in obstetric services. For this reason, he had to travel to Nigeria several times. He kept close contact with Nigerian Rotarians and their Non-Rotarian accountant to make sure that project concept and budget is adhered to. He initiated several 'satellite projects' such as MG #59311 (Water for Kofar Gayan) as well as the provision of solar power and solar-powered fridges in general hospitals Kafanchan and Saminaka.

Rtn. Dr. Peter Neuner, D 1920 (Austria), co-initiator of the project and gynecologist, advised and organized the production and edition of a DVD-film about the project. *Attachment no. 14: Project DVD*. He donated a portable ultrasound machine to the General Hospital Kofar Gayan in Zaria. Furthermore, he campaigned in Austria for support of the project.

PDG Harald Marschner, D 9120 (Austria), Chairman of the Rotarian Action Group for Population Growth & Sustainable Development (RFPD) visited the project, raised additional funds especially for a voucher project distributing vouchers to poor fistula patients and monitors this satellite project.

7 a) The significance of the project for TRF/RI from the point of view of the project team

aa) Basis for area of focus 'maternal and child mortality' in the Future Vision Plan

Our project is a model for the TRF Future Vision Plan. It is meanwhile well known in Rotary and beyond. Our project amounts in total to 2.5 million Euro including the Rotary satellite projects, donations from other sources and contributions of stakeholders. The family of Rotary is involved in the project as many Rotaractors, Inner Wheelers and partners of Rotarians participated. As the project deals with a women's issue, women are identifying themselves more with Rotary and might join clubs. Clubs joined the core project with additional so-called satellite projects to complete our comprehensive approach.

In our comprehensive project, we put together a large matching grant project with satellite projects of clubs and contributions of stakeholders; *see attached list.* It should be realized that

many districts and single clubs were happy with sponsoring a large meaningful project and did not want to implement a project on their own. Clubs, which provided satellite projects, wanted to have their own project and at the same time be certain that it will be sustainable and make an impact for the community as part of a large Rotary project. The chance that –in case of need – clubs add their own project to a large Rotary project was one of the many Rotary assets which other NGOs do not have and which facilitated our success.

bb) Contribution to the most important Millennium Development Goals 5 and 4

The project documents that maternal mortality can be reduced even in difficult environment. MDG 5 is achievable also in sub-Saharan Africa with such comprehensive, coordinated and concerted efforts. Rotary can take the lead. With this project, Rotary does innovative work in many ways: Our project is supposed to be worldwide the first of this kind in rural areas. It is a professional conceived and implemented project, meaningful for the world community.

cc) Increase of the reputation of Rotary through a professional project

This project has already been presented many times during its implementation on various occasions in Rotary and beyond. In print media, radio and TV there were uncounted reports on the project. We assume that more publications and comments will follow. *See attached list of presentations and reports.* During the last five years, the project has become broadly known in Rotary and among stakeholders. In Nigeria, Germany and Austria Rotary's good reputation - so far mainly based upon the Polio campaign - has been extended to this issue through this project. Nigerian stakeholders like UNFPA informed us that our project activities contribute to overcome still existing reservations against polio immunizations. Professional projects like ours increase Rotary's reputation and goodwill.

dd) Increase of membership

Although the interest in joining Rotary is limited in the dominantly very conservative Moslem area, membership in Rotary and Rotaract of D9125 increased with our project which apart from Polio is by far the best known Rotary project in Northern Nigeria.

ee) More world community service by Rotarians, Rotaractors and Inner Weelers

The family of Rotary was involved in this project in Germany and Nigeria. About 200 clubs - in addition to their contributions to Polio – have sponsored this maternal health project and increased their world community service. We experienced that clubs are ready to sponsor professional innovative projects dealing with an important issue like maternal mortality and obstetric fistula. In Germany, Rotaractors became more motivated for world community service through this project. Three years in a row, they commonly decided to implement such projects in Nigeria and Egypt. This might have contributed to an increase in membership in Rotaract. With this comprehensive project, we instructed Rotaractors in project management which they highly appreciated. More Inner Wheelers than ever before joined us in contributing their own mostly small projects to our comprehensive approach.

ff) Importance of Action groups like RFPD especially also for Future Vision Plan

This project would not exist without an action group like RFPD:

a) A complex issue like maternal mortality could only be tackled by Rotarians with different professions and experiences, which we could not find in one club or one district only;

b) Belonging to an action group, these Rotarians are dedicated to their issue, passionate to overcome difficulties and achieve an innovation;

c) Members of an action group like RFPD have international contacts and know each other for years so that reliable contacts are guaranteed;

d) With such projects the public is getting aware of the diversity of Rotary including action groups specialized for important issues;

e) The Future Vision Plan will transport this message to the potential funders so that - with more funds from other sources - Rotary can use its unique network even more;

f) This will enhance Rotary's image and membership and finally strengthen Rotary's mission to act as a multiplier.

Community Impact

8. How many people benefited from the project?

About one million

1,453 fistula patients underwent repair surgery. They are the direct beneficiaries. We estimate that altogether indirectly up to a million people are benefitting from the project: Women and children as well as men, families of fistula patients, women in childbearing age and their families, children who survived delivery because of better conditions in the partnering hospitals both in equipment and in skilled staff and all communities around our selected 10 hospitals.

9. What was the impact of the project on the beneficiaries?

Women, suffering from obstetric fistula, have been operated, most of them successfully. Several hundred women in childbearing age have been made aware of the problem of early marriage, delay of pregnancy and child spacing in general; they learned that the health of mother, children and family increases by spacing the births. Women are now aware of the necessity to attend antenatal care and coming to a hospital before getting in obstructed labor. Many of them will avoid problems during delivery. Many doctors, nurses and midwives were able to qualify in the field of VVF-surgery and prevention. Working conditions of the staff have been improved by Rotary donated equipment and training.

10. What are the expected long-term community impacts of the project?

A) **Reduction of maternal mortality**
Since the beginning of 2008 we are documenting data monthly collected in the ten selected hospitals. The data clearly show that the maternal mortality is already steadily reduced in 6 out of the 10 hospitals. Altogether, we reduced maternal mortality by more than 50 % in the last two years since we collect data in these hospitals. *See attached Hospital Report 2009.*That means we saved the life of 63 pregnant women in 10 hospitals so far. As the process of quality assurance will be maintained and even further improved, we are confident that many more women will be saved in the future. This can be assumed by looking at the results of the first three months in 2010. Our activities in the neighborhood of the hospitals with radio serials, community dialogues, trainings of midwives, distribution of mosquito nets and delivery kits led to an even further reduction of maternal mortality. Rotary activities in this field are in accordance with the efforts of the Nigerian Federal Government as well as with the efforts of the WHO to eradicate obstetric fistula and bring down the unacceptable high rate of maternal and fetal deaths by improving quality in obstetric care.

B) **Introduction of Quality Assurance**
As without quality improvement maternal mortality cannot be substantially reduced we introduced a system of continuous quality improvement and assurance in close collaboration with the government. The monthly collected data of the 10 hospitals is carefully analyzed and compared with each other (without disclosing the names of the hospital) in semiannual review meetings. The reasons for maternal deaths in the specific hospitals are identified and removed as a follow up of this benchmarking process. This procedure has been well accepted after a presentation of the project at the WHO-Stillbirth conference in Oslo 2008 and the FIGO world conference in Johannesburg 2009. It is a breakthrough in obstetric care, which will gradually become accepted in Nigeria.

C) **Maintenance and sustainability of Rotary Project**
In July 2009 Prof. Zinser met the Nigerian Federal Minister of Health, Prof. Osotimehin, who assured his unlimited support for the project. The Federal Minister of Health announced to take it as a model for gradually improving maternal health in Nigeria and so did the Health Commissioners of Kaduna and Kano State. The two state governments took over the project and assured to provide still needed equipment and training. The monitoring of the project in both states by the Amino Kano Teaching Hospital in Kano, which we established, will go on. The government already employed a midwife for this task.

D) **Empowerment of women and strengthening the communities**

We experienced that already more women are seeking antenatal care. Our community dialogues were very well taken up. The project will more and more empower women, promote child spacing, reduce dropouts of girl children from school, decrease early marriages and adolescent pregnancies, stabilize communities and generally empower women in a still very conservative region. How much people benefitted from this project was described by Thomas Kruchem, a free lance journalist, who reported in radio and articles about the difference between hospitals, which were part of this project, and other hospitals which he compared with them.

Summary:

To our knowledge, there is – apart from Polio - no such Rotary project of this magnitude with participation of so many clubs from several districts and countries. With this project, Rotary clearly contributes to the most important but difficult MDG 5 'Improvement of Maternal Health'. This project could become a model for the world, similar to PolioPlus. People in the project area say: "What goes in Kano goes everywhere".

A recently published study in the LANCET journal states that in general maternal mortality is decreasing worldwide except in sub-Saharan Africa. In this respect, our model is of significant importance. This project is suited for its planned 'scaling up', which was suggested by Nigerian and international organizations.

Financial Statement

Currency Used: EURO **Exchange Rate:** 0,81 Euro **= 1 USD**

11. Income

Sources of Income until	**Currency**	**Amount**
1. TRF Matching Grant Award and Contributions (German and Nigerian)	Euro	361.000,00
2. Other Income (identify): BMZ (German Government)	Euro	324.000,00
3. Other Income (identify): Aventis Foundation and IAMANEH	Euro	315.000,00
4. Other income (identify): Refunding VAT	Euro	3.355,00
Total Income:		**1.003.355,00**

12. Expenses (add rows as needed) **until 30.6.2009**

Budget Items	**Budget #**	**Currency**	**Amount**
1. Investment	5.1.1	€	184.721,00
2. Operational Expenses	5.1.2.1 and 5.1.2.2	€	371.447,00
3. Surgery and drugs	5.1.2.3 and 5.1.2.4	€	152.756,00
4. Rehabilitation	5.1.2.5	€	33.076,00
5. Maintenance, Office, Consulting	5.1.2.6-5.1.2.10 (not TRF-funded	€	117.221,00
6. Staff	5.1.3	€	79.853,00
7. Travel and Monitoring	5.1.4 (not TRF-funded)	€	13.508,00
8. Evaluation	5.1.5	€	11.470,00
9. Administration costs	5.1.7 (not TRF-funded)	€	38.606,00
	Total Expenses:	**€**	**1.002.658,00**

13. Bank Statement - A bank statement that supports the above statement of income and expenses must be attached to this report. **See** Income and expenditure account of Chartered accountant ***Attachment no. 15***

Important – please read:

- ❑ *For final reports, if there is less than US$200 remaining, please spend it on eligible items. If there is more than US$200 remaining, it must be returned to The Rotary Foundation. [Note: In India, government rules require that* all *unutilized funds be returned to the Rotary International South Asia Office.]*
- ❑ *For grant awards over US$25,000, attach an Independent Financial Review to each progress report and the final report.*
- ❑ *Keep all original receipts for at least five years, or longer if required by local law. Do not send receipts to TRF unless requested by staff.*
- ❑ *If your project involves a revolving loan fund you will need to visit the Rotary website at: 'www.rotary.org' to download the Report Supplement for Revolving Loan Grants.*

14. Certifying Signature – Either the Host or International Partner must certify the report. If the grant is club sponsored the current club president must certify the report and if the grant is district-sponsored the district grants subcommittee chair must certify the report.

By signing this report, I confirm to the best of my knowledge that these Matching Grant funds were spent according to Trustee-approved guidelines and that all of the information contained herein is true and accurate. Original receipts for all expenses incurred will be kept on file for at least three years, or longer if required by local law, in case they are needed for auditing purposes. I also understand that all photographs submitted in connection with this report will become the property of RI and will not be returned. I warrant that I own all rights in the photographs, including copyright, and hereby grant RI and TRF a royalty free irrevocable license to use the photographs now or at any time in the future, throughout the world in any manner it so chooses and in any medium now known or later developed. This includes the right to modify the photograph(s) as necessary in RI's sole discretion. This also includes, without limitation, use on or in the web sites, magazines, brochures, pamphlets, exhibitions and any other promotional materials of RI and TRF.

Print Name:	Günther Dierigl	Signature:		Date:	30.06.10
Rotary Title:	President 2009/2010	Club:	Weissenburg	District:	1950

In our effort to improve our grant program, we'd appreciate your feedback on the following questions:

A. Rotary Impact –*select all that apply*

X	Our club or district's international Rotary connections are stronger as a result of this project.
	Club membership has increased as a result of this project.
X	Visibility of Rotary in our community has increased.
	Our club's awareness of the needs in our community has increased.
X	Volunteer activity in our club or district has expanded.
X	Our club or district is more active in pursuing Foundation grants and Rotary programs.
	Awareness of the needs in our community has increased among Rotarians in other countries.
	Participation in this Matching Grant has not changed our club or district in any significant way.

B. Project Sustainability – *select all that apply*

X	The project will continue to function without Foundation funds. **Later than 2009**
X	Equipment purchased with grant funds is being maintained with local materials and expertise.
X	If training was a component of the project, trainees are using their knowledge and skills.
X	This project has provided community members with the skills, knowledge, or institutions that will allow them to help themselves.
X	The community has initiated additional projects related to the same or similar problems.
	The project has not been sustainable.

C. Suggestions

Given your experience, do you have suggestions to improve the Matching Grants program?

Important – please read:

- ❑ *For final reports, if there is less than US$200 remaining, please spend it on eligible items. If there is more than US$200 remaining, it must be returned to The Rotary Foundation. [Note: In India, government rules require that* all *unutilized funds be returned to the Rotary International South Asia Office.]*
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Print Name:	Rüdiger Götz	Signature:	R. Götz	Date:	29.6.10
Rotary Title:	DGSC District 1950	Club:		District:	1950

In our effort to improve our grant program, we'd appreciate your feedback on the following questions:

A. Rotary Impact –*select all that apply*

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X	The community has initiated additional projects related to the same or similar problems.
	The project has not been sustainable.

C. Suggestions

Given your experience, do you have suggestions to improve the Matching Grants program?

If your project clearly demonstrates Rotarian involvement and is worthy of publication, please complete an RI Newstip Form, available on the RI website at www.rotary.org. Please attach action photos showing the beneficiaries or showing active Rotarian involvement and indicate the name of the photographer.

Report Checklist

Does your report include the following?

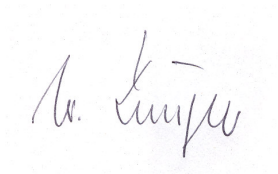
x	Time period of reporting
x	How and what the project accomplished
x	Rotarian participation, oversight and management
x	Rotary impact
x	Itemized report of income and expenses
x	A bank statement
x	Certifying signature
x	Independent Financial Review for grant awards of US$25,001 or more

Have you done the following?

x	Made copies of the report for both the host and international partner
n.a.	Returned surplus funds over US$200 (except in India where all unutilized funds must be returned)
x	Made a file to store the report and receipt copies for three years or longer if required by local law

30th June 2010





(Dr. Manfred Gruhl) (Prof. Robert Zinser) (Prof. Wolfgang Kuenzel)

Attachments:

1. Photo Gallery ordered by activities
2. Flow Chart of our project
3. DVD about our community dialogue
4. Evaluation of our radio serial 'Gugar Goge' by Ohio University, USA
5. List of rehabilitations
6. List of trained VVF staff
7. List of fistula repair surgeries
8. List of provided equipment
9. List of distribution of mosquito nets
10. Hospital Report 2009
11. List of trained health personnel
12. Organogram
13. List of publications and presentations aboutof the project
14. Project DVD (uploaded on youtube)

http://www.youtube.com/watch?v=a2pDr2Ozsrw and http://www.youtube.com/watch?v=U5nPPDVI0Is " Nigeria Rotary"
http://www.youtube.com/watch?v=Eq7_aggg-wo&feature=channel
Part 2: http://www.youtube.com/watch?v=_DJJ0YpfLAI&feature=channel "Müttergesundheit Nigeria und Rotaract"
DVD English: http://www.youtube.com/watch?v=LF0vMIOF0_8&feature=channel part 2: http://www.youtube.com/watch?v=SAmSZPLcee8&feature=channel " Motherhealthcare Nigeria"

15. Financial Statement of the Chartered accountant David Olaleye for 2005 - Mar 2010
16. List of expenses by RDG
17. Budget until Mar 2010
18. UNFPA Evaluation of End Fistula Campaign