



TOGETHER FOR HEALTHY FAMILIES IN NIGERIA: A ROTARY INITIATIVE TRANSFORMING MATERNAL AND CHILD HEALTH IN NIGERIA

Overarching Objective

To reduce maternal and neonatal deaths by 25% in the Program locations.

Background/History

The Rotary Action Group for Reproductive, Maternal and Child Health (Rotary-RMCH), which initially started out as the Rotary Action Group for Population and Development is a Rotary initiative through which Rotary members show their commitment to improving maternal and infant health, by providing mothers and newborns with targeted healthcare. This is achieved by bringing together global and national partnerships with policymakers, community leaders, health providers, and professional organizations to produce impacts at scale and sustain these efforts to virtually end preventable maternal and infant deaths.

It started in the year 1994, as a response to a huge needs gap of alarming maternal and neonatal deaths discovered by Prof Dolapo Lufadeju (Country Director/ National Coordinator, Rotary-RMCH) in remote settlements of Kaduna state while conducting some research.

In a form of sympathetic resonance, Dolapo met with Robert Zinser from Germany at a Rotary International Assembly at the Anaheim Hilton and Towers California. Both of them were District Governors-elect at the time. They sparked a conversation in this regard and it lit a fire for change, which is still blazing hot till date.

The move started with a Matching Grant in 1995 - 2000 and then a 3H Grant from 2000 – 2005, to address Child spacing and Family Health. This was funded by The Rotary Foundation (TRF) and the German Federal Ministry for Economic Cooperation and Development (BMZ). The focus was to address 4 Pillars- Contraceptive use, Capacity building of health personnel, Public awareness campaign and Institutional strengthening (equipment). The resultant effect of these

10 years of concerted efforts was the increase of Contraceptive Prevalent Rate (CPR) increased from 3 to 27%.

Simultaneously, from 2005 – 2008, a program was initiated for the “Prevention and Treatment of Obstetric Fistula” in Kaduna, Kano and Katsina states, funded by German and Austrian Rotarians, TRF, BMZ and Aventis Foundation. Some of the activities included: Training of qualified Doctors to perform Vesicovaginal Fistula (VVF) surgical operations, the promotion of family health services, hygiene and sanitation. The achievements were- Repair surgeries (VVF), Skill acquisition and Rehabilitation of health facilities.

Between 2008 and 2015, a program was carried out, titled “Quality Assurance in Obstetrics”, where the quality of structure, process and outcome were the focus. In 2013, a project review was done and it was discovered that the project was able to reduce: maternal mortality by 50% and infant mortality by 15%.

In order to consolidate on the gains of the Quality Assurance program, between 2015 and 2017, a program was initiated by TRF, BMZ, German and Austrian Rotarians, themed- Scale-up of Quality Assurance in Obstetrics in 8 project states. This phase gave birth to the genesis of the work on coordinated Quality Assurance in Obstetrics with Maternal Perinatal Death Surveillance and Response (MPDSR) of the Federal Ministry of Health (FMoH). The MPDSR, which has now been expanded to MPCDSR (Maternal Perinatal Child Death Surveillance and Response) is a strategy aimed at reducing maternal, perinatal, and child deaths through systematic data collection, analysis and response, with a lot of emphasis at the community level, where most of the maternal and neonatal mortality deaths take place.

In furtherance of the work with the FMoH, from 2016 – 2019, a program was funded by TRF, Rotary-RMCH Germany and BMZ, known as- “Supporting and accelerating the implementation of the Nigerian MPDSR (Maternal and Perinatal Death Surveillance and Response) guidelines with Nigerian Obstetric Quality Assurance (NOQA-Network)” in 65 secondary and teaching hospitals. This impactful program snowballed into the development and integration of Rotary NOQA Network and FMoH MPDSR Guidelines electronically. In other words, the tracking and surveillance of the maternal and child deaths by reason of the MPDSR initiative gave rise to an electronic platform for the same purpose, whereby all deaths nationally are tracked,

investigated and recorded on the platform for decision making at all levels, especially at the National. The creation of this platform begun towards the end of the program.

In form of achievements, One Thousand and Twenty-Five (1,025) Facility Medical Record Officers (MROs), Seven Hundred and Seventy-Four (774) Local Government Monitoring and Evaluation Officers (M&Es) and Thirty-Seven (37) State Health Management Information System (HMIS) Officers.

Then between 2019 and 2022, a “Nationwide Family Planning Campaign” was initiated, where radio, TV, Out-Of-Home (billboards) platforms, digital media and community engagements were deployed to propagate the gospel of family planning across the nation. Alongside, the Digital MPCDSR (NOQA) platform was completed. Hence, in terms of advocacy; One Hundred and Sixty-One (161) Traditional Rulers, Local Government and Community Leaders were engaged, while in terms of capacity building; Two Thousand (2,000) Doctors and Nurses were trained as Long-Acting Reversible Contraceptive Family Planning Providers and then for the public awareness campaign; Five Hundred and Thirty-Two (532) Community Dialogues were convened. As it is fondly said that the reward for good work is “more work”, the Rotary-RMCH Nigeria in 2022 became the second awardee of TRF’s Programs of Scale (PoS) after previously failing to clinch it. The PoS is themed- “Together for Healthy Families in Nigeria” (THFN).

This impactful 3-year initiative (2023 to 2025), is being implemented in the Federal Capital Territory (FCT), Nasarawa, Ekiti, and Gombe states. The program started with 49 health facilities (mostly Primary Health Centres) and has now increased to 70 health facilities and 100 communities.

The program aims to reduce maternal and neonatal mortality by 25% across all project facilities, leveraging community engagement, capacity building, and strategic partnerships to achieve its goals.

Since its inception, the “Together for Healthy Families in Nigeria” program has seen remarkable growth. As of October 2024, the number of project facilities has increased from 49 to 63 and now to 70 facilities and from 70 to 100 communities in by January 2025.

The Activities that make up this PoS include:

- Emergency Obstetrics and Neonatal Care (EmONC)
- Respectful Maternity Care Training
- Family Planning Training
- Advocacy Workshop
- Advanced Training of MROs, M&Es and HMIS
- Training of MPCDSR Committee Members
- Community Dialogues
- Community Outreach (Home Visitation)
- Joint Community Outreach
- Data Quality Validation
- Monthly Supervisory Visitation (feedbacks, Action plan and Usage of Checklist)
- Journalist Workshop
- cMPCDSR
- (Investment) Purchase and distribution of medical commodities and equipment

1) **Emergency Obstetrics and Neonatal Care Training (EmONC)**- EmONC is to further save lives of mothers and newborns affected by complications of pregnancy, delivery and postpartum, as well as to contribute to the reduction of maternal and newborn mortality and morbidity. Majorly, maternal and child mortality in Nigeria can be attributed to lack of proper access to skilled medical professional care, equipped health facility services to the communities, among others.

Achievements

- 862 Health workers, comprising of Doctors, Nurses, Midwives, CHEWs and CHIPS have so far been trained.
- This skill has led to the reduction of maternal and neonatal mortality.
- The training has boosted the know-how and confidence level of the health workers.

- Separating classes by cadre- Doctors, Nurses and Midwives in one class, while CHEWs and CHIPS were in another; provided room for better communication and understanding
- Cascading of learnings from training to other health workers in the facility; hence no knowledge gap experienced in any PoS facility.
- Exposure to modern methods and tools like the antishock garment, which was used to save the life of women experiencing postpartum hemorrhage (PPH).

2) Respectful Maternity Care Training- Respectful maternity care (RMC) is an approach centered on an individual, based on principles of ethics and respect for human rights, as well as promotion of practices that recognize women's preferences. RMC is a universal human right that is due to every childbearing woman in every health system.

Achievements

- 773 Health workers have been trained in total so far.
- Prior to these trainings, the relationship between the Health workers and the Health-Seekers in some areas was quite toxic and strained. This contributed to the reduced number of Clients visiting the health facility for care. However, the case is a lot different now, in terms of approach, courtesy and privacy of clients.

3) Family Planning Training- The training equipped healthcare providers with knowledge and skills to meet the reproductive health needs of the people in the project geography. It was meticulously designed to enhance participants' proficiency and knowledge in the intricacies of Intrauterine Device (IUD) and Implants insertion techniques.

Achievements

- 117 Health workers were equipped with this skill to improve care-giving.
- Increase in facility visits for the uptake of a family planning method.
- Improved confidence of health workers in administering family planning methods, such as injectables.

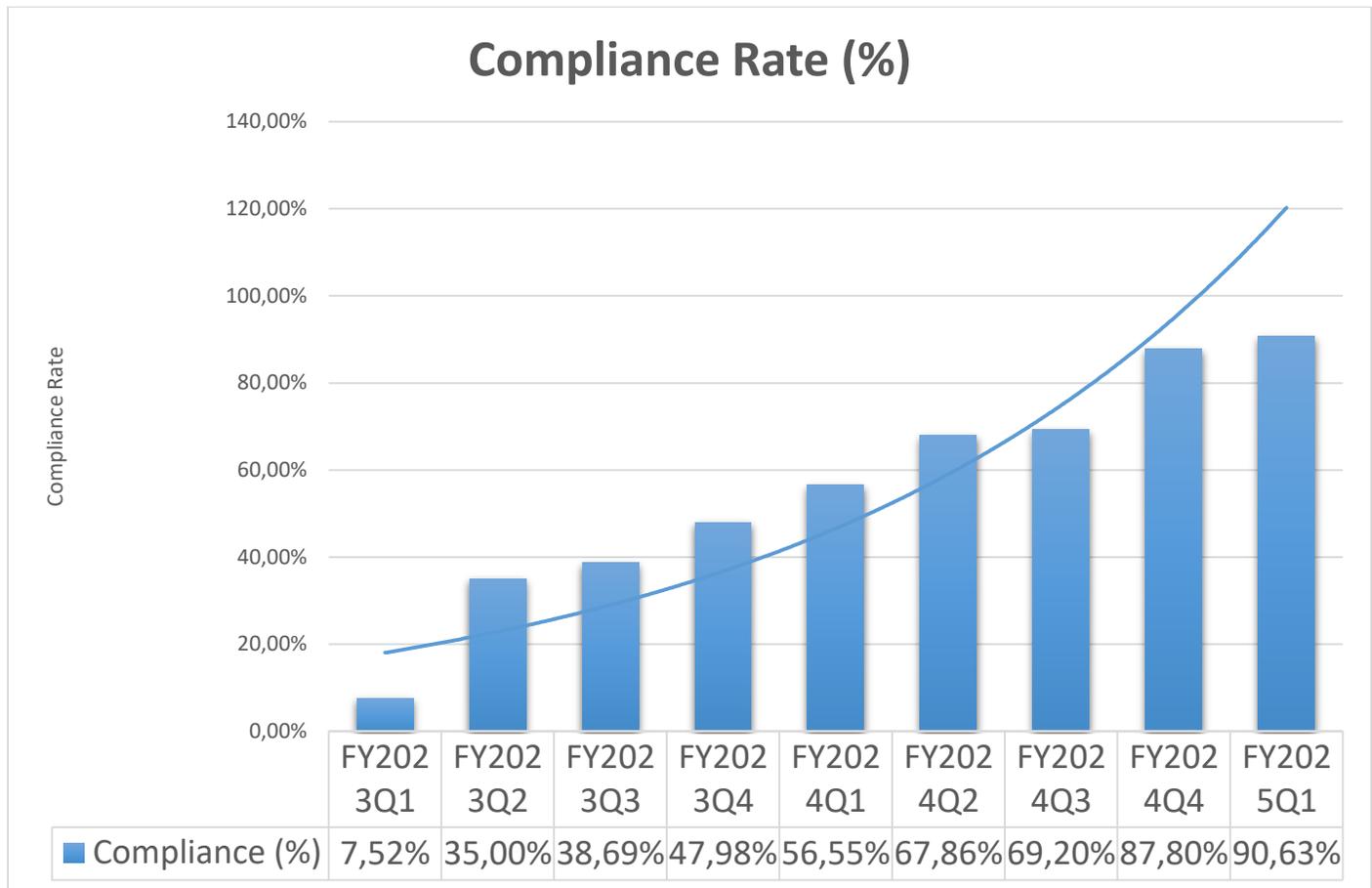
4) Advocacy Workshop- The Advocacy Workshop helped to strengthen the capacity for effective RMCH advocacy at the national and sub-national levels. It had in attendance most of the major stakeholders from the PoS locations, development partners, as well as Traditional and Religious Leaders.

Achievements

- 220 Participants were in attendance, comprising of stakeholders from all PoS locations.
- The Federal Ministry of Health (FMoH) has now linked itself to the 36 states of the Federation for the implementation of the Maternal Perinatal Child Death Surveillance and Response (MPCDSR).
- FMoH is also advocating for better RMCH services in the states and it has created a ripple effect, whereby some of the states are now offering free RMCH services.
- Better cohesion among stakeholders- from the Federal Government; down to the community.
- A deeper understanding of continuous advocacy and how it impacts maternal and neonatal mortality was clear to all participants.

5) **Advanced Training for MROs, M&Es, HMIS and Training of MPCDSR Committee Members and Data Quality Assessment-** These were trainings conducted for the data Officers to aid compliance on the MPCDSR data platform, as well as harmony between all data sources- health facility records, District Health Information System 2 (DHIS 2), as well as the MPCDSR platform.

Achievements



- Compliance level has improved from 7.5% to over 90%.
- Harmonization of all data on all health information platforms- MPCDSR (NOQA), DHIS and the facility source documents; for accurate decision making at all levels.

6) **Community Dialogue-** A structured conversation among community members or stakeholders; fostering understanding and collaboration. It often takes place in forums

like town hall meetings or focus groups, where open discussion allows participants to share ideas and address concerns. In attendance are: the people, their community/traditional rulers and officials from the health facility and LGA.

Therein, topics around nutrition, hygiene, identifying risky pregnancies, male involvement and the likes are discussed in the local language and the level of comprehension is verbally ascertained.

Achievements

- Improved health-seeking behaviour among the populace of the community.
- Increased health facility deliveries.
- A better relationship between the health centres and the communities.
- Improved community and male involvement in pregnancies.
- Stronger advocacy with community leaders and Traditional Rulers on RMCH issues, which now outlaws home deliveries in a number of communities.
- Systematic planning on the part of the family, in terms of finance, in preparation of the baby's arrival.
- Smoother enlightenment on RMCH issues among the community populace.
- 42,550 (Forty-Two Thousand, Five Hundred and Fifty) persons have so far been impacted by the activity across the 4 PoS Locations.

7) Community Outreach (House-to-House Visits)

House-to-house visits involve directly visiting individual homes to share information or gather input from residents. This personal approach allows for one-on-one interaction; addressing specific needs or concerns of residents. By engaging with individuals in their own environments, home visits foster trust and open communication, enabling a deeper understanding of community dynamics and individual circumstances.

These visits are carried out by the Community Health Workers.

Achievements

- Owing to its effectiveness, the State Authorities have budgeted and started implementing the activity in locations not covered by the PoS.
- Also, as opposed to 5,995 (Five Thousand, Nine Hundred and Ninety-Five) homes, which was the target for the 3-year PoS for the visits, 36,216 (Thirty-Six Thousand, Two Hundred and Sixteen) homes have been visited by the health workers across the 4 PoS locations.

These numbers were achieved by a collaboration with the state; augmenting the number of days the Health workers visit, thereby making it a daily affair (weekdays).

- This activity has also led to an unprecedented increase in the referral of clients to the health facilities.



8) Joint Community Outreach

Joint community outreach involves collaboration between multiple organizations (development partners, the government and the community) or groups working together to engage the community effectively.

By combining resources, expertise, and networks, these joint efforts are achieving a broader reach and greater impact; ultimately benefiting the communities of the PoS.

Achievements

- Eight Thousand, Four Hundred and Forty-Two (8,442) have been received in the joint community outreaches so far.
- These clients received various kinds of interventions- checking of vitals, counseling and adoption of family planning methods, reception of drugs for minor ailments after testing, among others.
- In a mix with the Community Dialogue and House visits, this activity has aided in the improvement of health-seeking behaviour of the community members.
- It also helps in avoiding duplication of function or roles among Development Partners, since each Partner's role becomes clearer to each other in the community.

9) Community Maternal, Perinatal, Child Death Surveillance and Response (cMPCDSR)

cMPCDSR is a community-led strategy aimed at reducing maternal, perinatal, and child deaths through systematic data collection, analysis and response.

The cMPCDSR initiative focuses on four key objectives:

- a. Improving Data Quality:** By systematically collecting and analyzing data on maternal, perinatal, and child deaths, the program ensures that accurate information is available to guide interventions.
- b. Identifying Causes of Death:** Through verbal autopsies and community-based reviews, the program identifies the root causes of deaths, enabling targeted responses.
- c. Implementing Evidence-Based Interventions:** The data collected informs the development of interventions aimed at preventing future deaths.
- d. Strengthening Health Systems:** By engaging communities and healthcare providers, cMPCDSR strengthens local health systems and promotes accountability.

The implementation of cMPCDSR involves community-based data collection, the establishment of notification and review teams and the development of response plans. This approach has already shown promise in enhancing community engagement, improving data-driven decision-making and reducing mortality rates and it feeds into the cMPCDSR electronic platform (National Obstetric Quality Assurance) created by Rotary-RMCH and handed over to the Federal Government of Nigeria as a national tool for tracking maternal and child deaths nationwide.

Achievements

Though the training of the MPCDSR committee and focal agents of the activity was just concluded, the activity has the following achievements:

- Massive community acceptance, as we have the buy-in of thought leaders like- Market Leaders, National Union of Road Transport Workers, Youth Leaders, etc.
- The States have already committed to scaling this activity up, using the Rotary-RMCH developed protocol and other national tools.

10) Monthly Supervisory Visitation (Feedbacks, Action Plan and Usage of Checklist)- The State Midwives carryout monthly visits to each of the PoS facilities to ascertain that the knowledge disseminated during trainings are being utilized for caregiving. They also keep track of referrals to the facilities and draft action plans that are forwarded to the Program Manager.

Achievements

- These visits help to ensure there is no knowledge gap in all PoS facilities; in the sense that there is always a stepdown training of knowledge garnered to other colleagues at the facility in case of transfers.

Overall Program Achievement

The mid-term evaluation, conducted by an external firm, revealed that maternal deaths were reduced by 20% and neonatal deaths by 25%.

Bearing in mind the overall objective of the PoS is to scale-down maternal and neonatal deaths by 25%, we can see that the program has already reached the goal for neonatal deaths and that we are on a good way in achieving our goal for the reduction of maternal deaths.

The way forward is to ensure that such a laudable program is scaled-up, using the protocols and methodologies adopted, as well as taking in to cognizance the lessons learnt from this initial implementation.

Looking ahead, the “Together for Healthy Families in Nigeria” program aims to continue expanding its reach and impact. By 2025, the program hopes to have established a robust network of healthcare facilities and community-based interventions that will serve as a model for maternal and child health programs across Nigeria.

The program is a testament to Rotary’s commitment to improving maternal and child health. Through its innovative approaches, community engagement, and strategic partnerships, the program is making a tangible difference in the lives of thousands of families. As we move into the final year of the program, we remain steadfast in our mission to create a healthier, safer future for mothers and children in Nigeria.

Success Stories

Here are a few success stories of the PoS:

1. The Safe Delivery and Thriving Journey of Mrs. Emmanuel's Twins

Mrs. Esther Emmanuel, a gravida 3 para 2 woman (G3P2), arrived at the Primary Health Care (PHC) center Kurudu, FCT-Abuja in labor. With the skilled assistance of the midwife, she successfully delivered twins. The first baby presented cephalic, while the second was in breech presentation. Despite being delivered at term, both babies were low-birthweight with 2kg and 1.9kg respectively. Initially, the nurse advised Mrs. Emmanuel and her husband on the importance of referral to a higher-level health facility due to the risks associated with low birth weight and breech delivery. However, the couple, constrained by financial limitations, pleaded to remain at the PHC. Recognizing the urgency of the situation, the midwife, leveraging her Emergency Obstetric and Newborn Care (EmONC) training, garnered from our training, managed the situation skillfully. Understanding the critical needs of low-birth-weight infants, the midwife immediately initiated skin-to-skin care; also known as Kangaroo Mother Care (KMC). Both parents actively participated, Mr. Emmanuel held one twin while the mother carried the other. Their commitment to the practice significantly contributed to the babies' survival and well-being. Under the close supervision of the facility midwife and with support from the community outreach teams, trained by the “Together for Healthy Families in Nigeria” Programs of Scale (PoS); the family diligently followed the recommended care practices. Today, these once fragile babies have gained weight and are thriving. They continue to receive immunizations according to the national schedule, ensuring their continued health and development. This success story highlights the power of skilled birth attendance, community support and parental involvement in saving newborn lives, even in resource-limited settings.



Father keeping one of the twin babies in Skin-to-Skin care at Kurudu, PHCC



One of the Twin babies in Skin-to-Skin care with the mother at Kurudu, PHCC

2. Mary Sanda Story

25-year-old Mary Sanda who had a history of pre-term labor in her previous pregnancy was now 32 weeks gone with twins and this was classified as a high-risk pregnancy, hence requiring monitoring and specialized care throughout the duration of the pregnancy. Mary was admitted to PHCC Dangar in Gombe state and received regular check-ups from the health care giver trained by Rotary-RMCH by name, Hauwa Ibrahim, who utilized fetal monitoring. Hauwa and other health care workers discussed all potential risks and developed a personalized birth plan with Mary Sanda, thereby ensuring she was informed, properly carried along in decision making and that her concerns were captured. Owing to the rich training received, Hauwa and others were able to manage Mary's contractions during labor, using a partograph. Despite the challenge of a twin pregnancy, the delivery proceeded smoothly and both babies came out hale and hearty. So, Hauwa demonstrated both emotional intelligence by carrying Mary Sanda along, while also utilizing the skills garnered during the Emergency Obstetrics and Neonatal Care (EmONC) training organized by Rotary-RMCH.



3. Non-Pneumatic Anti-Shock Garment

The midwife (Koko Patience) at SPHCDA PHC Wamba Road Nasarawa State took over the afternoon shift and met Bilkisu Jibrin who had just delivered and was experiencing postpartum hemorrhage (PPH). While attending to her, she observed a decline in Bilkisu's vital signs, indicating hypovolemic shock. Drawing from the knowledge gained from the Rotary-RMCH EmONC training, she provided the immediate care she could and applied the Non-Pneumatic Anti-Shock Garment (NASG) given by Rotary-RMCH to help redirect the remaining blood flow to the woman's vital organs. She then transferred the patient to a secondary facility, where she continued to receive care while still in the NASG until she regained consciousness. The medical team who attended her were happy with the proactive measure given by the midwife. She was given appropriate treatment and discharged home with her baby. This was a significant achievement for Rotary-RMCH, as the state midwife received commendation from the Facility Officer in charge during a monitoring visit.



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