

Maternal Mortality: *A Solvable Problem*



Findings from the CARE Learning Tour to Sierra Leone

January 20-22, 2010



In Mannah village, a six-hour drive from Freetown, Sierra Leone, Marianna Koroma has reached her due date. She will deliver a healthy baby boy later that evening who she named "Obama" because he came the day Americans from CARE visited her.

Introduction

On this CARE Learning Tour we bring together influential people, connectors, all with a common goal to prevent maternal deaths and empower women. The delegation travels to Sierra Leone to witness first-hand what is being done to address maternal mortality, one of the most pressing health issues facing that country and which disproportionately effects poor and marginalized women across the world. On a global scale, deaths related to pregnancy and childbirth claim a mother's life every minute of every day, yet approximately eight out of every 10 deaths are preventable. The three-day CARE Learning Tour examines maternal health programs, gaining insight about what's required to reduce deaths in a country where having a child is one of the most dangerous risks a woman can take.

List of Participants

Helene D. Gayle
President & CEO of CARE

Andrea Wong
CEO of Lifetime Networks

Anita McBride
Chair of the Fulbright Scholarship Board

Jacqueline Fuller
Director of Advocacy & Communications for Google

Craig Nevill-Manning
Engineering Director for Google

Carrie Farrell
Principle Manager for Google.org

Tracey Edmonds
CEO of Edmonds Entertainment Group

Ginger Sall
CARE Board Member

Susan Crown
CARE Board Member

Lucinda Roy
Author and Professor at Virginia Polytechnic Institute and State University

Charlayne Hunter-Gault
Journalist

Brian Larson
Country Director for CARE Sierra Leone



From Left to Right: Sarah Lynch, JoDee Winterhof, Tracey Edmonds, Susan Crown, Jacqueline Fuller, Andrea Wong, Charlayne Hunter-Gault, Helene Gayle, Anita McBride, Lucinda Roy, Ginger Sall, Brian Larson, Carrie Farrell, Craig Nevill-Manning

JoDee Winterhof
Vice President of Policy & Advocacy for CARE

Benjamin Schwartz
Senior Director of Health Programs for CARE

Allen Clinton
Media Manager for CARE

Kymerly Wolff
Senior VP of Resource Development for CARE

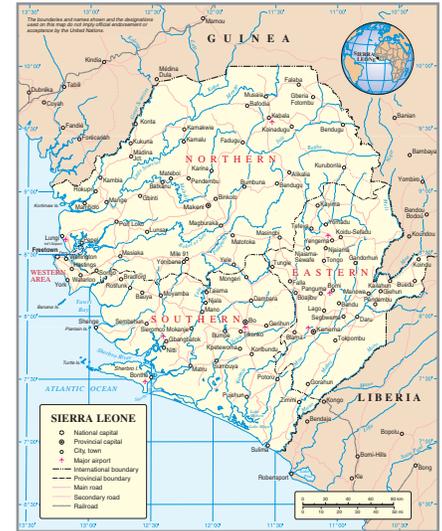
Sarah Lynch
Deputy Director of Learning Tours for CARE

Sierra Leone

The West African country of Sierra Leone, comparable in size to South Carolina, is resilient and hopeful yet still one of the poorest countries in the world. In fact, on the 2008 United Nations Human Development Report, Sierra Leone ranked last.

The decade-long civil conflict that raged from 1991 to 2002 killed tens of thousands and displaced over two million of the country's six million people, wrecking infrastructure, human capacity and health systems. In the post-conflict period, unsustainable practices and corruption became embedded as the norm. Maternal health - a barometer for healthy families and a functioning health system - was not given deserved attention. In the last eight years, however, steps have been taken towards promoting democracy, implementing anti-corruption policies, and more emphasis is being placed on empowering women and children with improved health services.

The odds against pregnant women's survival is still too great and the stakes are too high for their families and communities. But with the government's recently approved poverty reduction strategy, the "Agenda for Change," backed by the World Bank and International Monetary Fund, along with the November 2009 announcement by President Ernest Koroma to roll out free health care for pregnant women and children under the age of five by April 27, 2010, we are encouraged that more change will occur in the coming months and years when a well-coordinated, adequately-funded strategy is implemented.



Maternal Mortality and Free Healthcare

With that as our backdrop, the delegation is briefed on the maternal health landscape by Dominic O'Neill, director of the UK's Department for International Development (DFID) in Sierra Leone, the country's largest bilateral donor; Abdul Jalloh, country director of the Medical Research Center, a national non-government organization; and Dr. S.A.S. Kargbo, the Ministry of Health's director of reproductive and child health. For them, announcing free health care and setting an April 27 rollout deadline were "bold moves" by the President of Sierra Leone, but many gaps remain to be filled.

They stressed the need to bring skilled care to the community level health posts. According to Dr. Kargbo, there's no time to waste: "We know that 15 percent of pregnancies result in complications yet only 10 percent of births take place at clinics. For starters, we need to make up that 5 percent so we're ready to receive them. Then continue the momentum to double and triple it."



Breakfast briefing: From Left to Right: Kymerly Wolff, Abdul Jalloh, Dr. S.A.S. Kargbo, Uzo Gilpin (CARE Sierra Leone)

Members of the delegation then met with President Koroma and Vice President Sam-Sumana understanding that this is the time to rally for women in Sierra Leone. Donors are needed to galvanize this effort. Champions are needed both in government and in communities to see it through.

President Koroma affirms his determination to “move on with it,” relying on support from organizations like CARE, UNICEF, International Rescue Committee and Doctors Without Borders to formulate policy and utilize existing community networks. But the challenges are great and April 27 will be an extremely hard deadline to meet. According to President Koroma, the issues include cost, finances, infrastructure and accessibility.

Faced with a \$20 million funding gap, he says, “We need aid to get us on our feet again but aid isn’t the permanent solution.” Last year, for example, they educated 25 doctors but nearly all of them quickly left the country. In order to meet the long-term challenge, incentives are needed to motivate and actually keep doctors and midwives in the country in order to “fill the gap between need and capacity.”

President Koroma’s remarks left the delegation with the impression that things are moving forward, but requiring a well-communicated plan in the coming months. His final words were: “Tell a new story of Sierra Leone and the work we have done, progress we have made, support we have received. This is the story that needs to be told.”



President Koroma meets the delegation at the Statehouse

Meeting the Need for Family Planning

Worldwide, over 200 million women who wish to space or limit the number of their pregnancies, still lack access to safe and effective contraception. Meeting this need can avert as many as one-third of all maternal deaths. Despite this, access to family planning services in Sierra Leone remains abysmally low.

At CARE’s partner Marie Stopes International, half of the delegation learns about a social marketing program to increase contraception use and travels to an outreach clinic where women receive family planning services. By using marketing to encourage behavior change, much like the seat belt campaign in the U.S., more women are reached and more lives are saved.



Aminata Turay in front of her home, where niece Zeinab sits outside

At a nearby one-room home pieced together with corrugated metal, Aminata Turay, 28, says a lot of men are against family planning because they feel it’s a sign women don’t want to have their children. This wasn’t the case for her. She recounts her complicated pregnancies, having two cesarean sections, and why she was advised to wait five years between births because of her small cervix. Her husband agreed. Now an advocate for contraception use, Aminata says that “family planning has never failed me. Women giving birth one right after another is too huge a load to carry.”



Anita McBride, Andrea Wong, Susan Crown and Lucinda Roy visit a Blue Star Clinic

The other half of the delegation visits a Blue Star clinic and pharmacy, joined by Marie Stopes Sierra Leone Country Director, Martyn Smith. Despite providing a record 70,000 new clients to family planning last year, he recognizes the work is only just beginning. Challenges to access remain substantial. However, between 2007 and 2009, the use of contraception in Sierra Leone has risen from 8% to 17%.

Restoring Dignity

For every woman who dies during pregnancy or childbirth, some 30 to 50 more are infected or disabled. Around the world, at least 15 million women a year suffer life-altering injuries as a result of prolonged labor and poor care in childbirth. One of the most common birth-canal injuries, fistula, leaves many women ostracized by their families and communities because internal damage can leave a woman leaking urine and/or feces.

The Aberdeen West African Fistula Center in Freetown performed over 350 fistula surgeries last year at no charge to the patient. Supported by Mercy Ships Sierra Leone and the Gloag Foundation, women typically stay at this center for three weeks to repair the injury, receive counseling and skills-training, like sewing. Women who never went to school are also taught to spell their name for the first time.

Terri Bilton, the center's director for the past four years, introduces us to women awaiting surgery and others who were recovering, including 26-year-old Fatamata Kamara. Fatamata was in labor for three days, finally delivering a stillborn at home in her village four hours away. Living with fistula for a year, the treatment and support she receives have helped restore her dignity. When she returns home she wants to go back to school and become self-reliant. "I want to run my own life my own way," she tells us.

That night our delegation is joined by local partners and dignitaries, who reinforce why, in a place where basic necessities are day-to-day challenges, it's important to get out to communities to check the pulse of the health care system.



Fatamata Kamara received treatment after living with a fistula for a year

Access to Basic Services in Rural Areas

Ninety-eight percent of maternal deaths occur in poor countries. When a woman dies, the chance of her newborn surviving is much lower. More than 4 million babies die each year within their first month of life. In Sierra Leone, just over 40 percent of young women have their first baby by age 18 and 12 percent of them by age 15. Most girls drop out of school because of pregnancy. This is why it's vitally important to improve the health of women, making it easier to see a midwife or doctor, get emergency treatment during their labor and choose if and when they become pregnant.



Smithy Sessay demonstrates how she rode to the clinic by hammock when she delivered her baby

After an early helicopter flight north to Kabala, we take the bumpy dirt road to the farming village of Koromasilaya. Here, mothers call CARE’s village savings and loan program, “village second life.”

Women and men here work together to pool funds from which community members can take loans, generating income for the investors from interest. With the extra income, they put more food on the table and create a social fund to support pregnant women. So if an expectant mother needs a hundred dollars to pay for a cesarean section — a cost she can’t afford on her own — she can get it through her group.

Isatu Sillah is living proof. Eight months pregnant she was in great pain and bleeding. Her baby was breach. Knowing she’d need a cesarean section, health workers urged her to give birth at the hospital. She stayed at a birth waiting home where they could monitor her until labor started. Taking out a loan from her CARE village savings and loan group, she was able to pay for the surgery, a cost she could not have afforded otherwise.

One mother, Smithy Sessay, shows us a hammock stretcher that villagers designed. As there’s no 911 to call, this simple invention saved her life. Six volunteers carried her in it to the nearest clinic along a narrow three-mile dirt path over mountainous terrain where she delivered a baby girl.



Kuhalho Kamara (right) discusses the “Sissy Aminata” passage with classmates

In an effort to educate youth, at the village school, class president Kuhalho Kamara introduces us to “Dear Abby” type letters, known locally as “Sissy Aminata.” These letters help students discuss issues that can otherwise be difficult to address like, HIV prevention and teenage pregnancy. Wanting to help the sick, Kuhalho aspires to be a doctor.

Further down the road, under the big cotton tree in Mannah Village, paramount chiefs gather the entire community to greet our delegation. The three village maternal health aids give us a tour of the clinic then walk us next door to a birth waiting home that the community built with CARE’s support. Inside we see a chart that highlights success — zero maternal deaths over the past two years.



Jaquelline Fuller walks with new friends in Mannah Village

“We don’t allow maternal deaths here.”

Holding a healthy newborn in her arms, Marianna Koroma credits the pregnant women’s support group that was established with CARE’s help. Here, she learned about the nutritional needs of her children and advocates to other women about the importance of receiving skilled care during pregnancy and childhood.



Maternal health aids stand proudly on either side of Mariana Koroma and her new baby, Obama

Despite being paid only 50 dollars a month to live and work here, being away from their families in Kabala, these health workers are committed to set an example. One of them, Bomba Jawano, states very matter-of-factly: “We don’t allow maternal deaths here.”



Bomba Jawano examines a pregnant woman in the clinic

If an expectant mother has a complication, health workers say there is a spot on top of the hill for cell phone reception. But even if they get through to the Kabala District Hospital, the transportation system slows them down. There’s only one ambulance in three that actually works, serving the 303,000 people in the district – 67,000 of whom are women of childbearing age; and 20 percent of whom are currently pregnant. When already deplorable roads wash out during the rainy season, the situation becomes even more critical.

At the Kabala District Hospital we meet a second woman named Fatamata Kamara, who was referred there from Mannah village. She’s 24-weeks pregnant, anemic and needs a blood transfusion. Fortunately, her community arranged a pick-up truck to get her there.

Here we learn about Maternal Death Reviews — how CARE is working with hospital staff and communities, collecting data to document the reasons why women die during pregnancy and childbirth, pinpointing delays faced in receiving life-saving health care. As hospital director Dr. Mohamed Vandi puts it: “Even if they get to a hospital why do they still die?” With evidence-based data, researchers can better prioritize areas to focus on to maximize limited resources. It also puts them in a better position to call for policies based on the actual needs of the community, rather than speculation.



Fatama Kamara is being treated for anemia at Kabala District Hospital

According to Dr. Vandi, “The roads are just the tip of the iceberg. Illiteracy and lack of financial resources contribute to delays in seeking care.” He reiterates that trained staff “go for better pastures,” often leaving the country for more money. “We must figure out how to retain staff or we’ll never meet the great need when the flood doors open on April 27.”

From there we stop by Kabala Primary School, joining some 200 students to watch a play about teenage pregnancy. Educating the next generation about the importance of healthy choices is crucial to improve the health of this country over the long-term. Teachers hope to make it part of the national curriculum.

Feeling a mix of inspiration and concern, we head back to Freetown to join up with the ONE Campaign delegation at the residence of the newly arrived U.S. Ambassador Martin Cheshes.

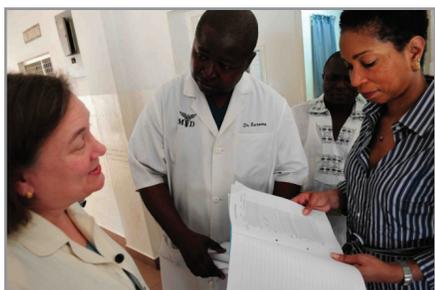


The delegation took front row seats for the play about teenage pregnancy

The ONE Campaign planned a trip to Ghana and Sierra Leone the same week. Their delegation – Maureen Orth, Vanity Fair; Yvonne Chaka Chaka, singer and activist; Louis Da Gama, Global Fund board member; Dana Perino, Fox News commentator and former White House press secretary; Connie Britton, actress; Nancy Brady, Pfizer; and Cindy McCain, wife of Senator John McCain (AZ) – joined with the CARE delegation to think through ways we could leverage advocacy opportunities in the US.

Urgent need for skilled staff

Only 40 percent of the population of Sierra Leone has access to healthcare. For the nearly 2 million people in Freetown, there are fewer than 180 government health workers trained to deliver a baby. Countrywide, there is one doctor for every 33,000 people or more, compared to one to 600 in the UK and one to 730 in the United States.



Ginger Sall (left) and Helene Gayle (right) ask Dr. Koroma (center) questions

The next morning, Dr. M.M. Koroma greets us at the Princess Christian Maternity Hospital. Built in 1925, efforts are underway to update the facility. Freetown was built for 500,000 people but now it's up to nearly 2 million people – straining all basic services.

Walking through the maternity ward, Dr. Koroma stresses his concern about the low salaries of health care workers, noting the transport costs his staff pay to get to work everyday is more than they actually make on the job.

This hospital houses one of the two midwifery schools in the country. Only registered nurses with a minimum of two years work experience are allowed to apply for 18 months of midwifery training. Tuition is free but they each have to pay an \$8 registration fee, \$25 exam fee as well as the cost for books and supplies. The estimated cost the government invests to train each midwife is around \$1,300.



New parents leave the Princess Christian Maternity Hospital in Freetown

Sitting in a classroom we have a candid discussion with students and Dr. Joan Sheppard, who runs the school.

According to Dr. Sheppard, “The problem is not producing midwives but having midwives that actually practice. They need incentives to actually move from the city to poorer rural villages.” Besides having a better work environment, she advocates that midwives deserve to earn \$500 a month rather than \$50.

Dr. Sheppard was offered a higher salary to work in Bangladesh but stayed in Sierra Leone, making only \$120 a month, “for the love of it.” Like Dr. Vandi at the Kabala District Hospital, Dr. Sheppard says she hasn’t yet been asked for her input on the government’s decision to offer free health care.



Dr. Joanne Sheppard discusses the challenges the midwifery school faces

Drawing from the dedication of their leader’s example, midwife students stand up and speak their mind. Patricia Sandi, 32, has been studying for 15 months. Feeling obligated to help expectant mothers, she says: “I will do it. I will go to the villages!” As we observed the previous day in Mannah Village, when these trained women are out in rural areas, they can make a difference to ensure the survival of women and children.

On stop three at the hospital complex the delegation visits the children’s ward. The only public pediatrician, Dr. David Baion, in the country practices here.



Susan Crown meets with midwifery students

We hear that offering free medicine has been an incentive for parents to bring their sick kids sooner, like 9-year-old Jeneba Khanu, who recovers from pneumonia.



Helene Gayle meets with kids at the children’s hospital

We also meet 5-year-old Abdul and his mother Kadiatu Kargbo. Kadiatu had a history of obstetric emergencies. She had five kids and only two survived childbirth. Abdul is getting treatment because he’s malnourished and has tuberculosis.

In November 2009, 60 children were treated and released at a cost of \$600 a child. While success rates improve, nurses know they can do better if they had basic technology like an x-ray machine.



Kadiatu Kargbo and her son Abdul in the children’s hospital

That night in a private meeting the delegation meets with First Lady Sia Koroma. With her own foundation called WISH, she has visited birth waiting homes and pregnant women support groups around Kabala and worked to replicate those successes in other districts in rural Sierra Leone. Together, we share our observations from the trip and reaffirm our commitment to empower communities with maternal health services.



At a reception after the meeting, Helene Gayle and Lucinda Roy thank the first Lady, Sia Koroma for visiting with the delegation

Conclusion

Motherhood is one of the most important jobs there is – and its joys are universal. But its risks are not. No matter where a country is with regards to the quality and extent of its health care coverage, basic but targeted cost-effective interventions can produce dramatic results and save lives. If zero maternal deaths can be achieved in Mannah Village — one of the poorest in Sierra Leone — it can be done anywhere.



A new baby arrives at Princess Christian Maternity Hospital

Motherhood is one of the most important jobs there is – and its joys are universal. But its risks are not.

Clearly, this is a defining moment in Sierra Leone and for other poor women around the world – one that can change the course of history. The deaths are preventable, the solutions cheap, and the results priceless. We have the resources, technology and knowledge to do more to prevent maternal deaths. Now is the time to use them.

Taking Action: Prioritizing Maternal Health

Immediately following the Learning Tour in Sierra Leone, three members of our delegation – Anita McBride, Jacquelline Fuller and Lucinda Roy – traveled to London to join Helene Gayle at a visit with first Lady Sarah Brown and representatives from the White Ribbon Alliance and the Maternal Mortality Campaign at 10 Downing Street. CARE, being an implementer of maternal health programs around the world with an evidence-based advocacy unit, set up this meeting to discuss ways to advance the issue of maternal health in 2010, including prioritizing it in the G8/G20 agenda.

Recommendations

- **Fill critical funding gaps.** The government of Sierra Leone is taking maternal health seriously. Effective interventions exist for mothers and babies yet none will work if resources, particularly at the district and community levels, are absent. While some pieces are coming together, the lack of funding makes it extremely difficult to plan for the long-term and invest in strengthening the health system.
- **Train more midwives and maternal health aids, and increase incentives to pay and retain them.** This was the main concern voiced at all levels. Even when user fees are eliminated for pregnant women and children under 5 on April 27th, if there's not enough trained, adequately paid health care providers to meet the demand then little difference will be made.
- **Involve communities, district health workers and the private sector.** This is paramount as they are the ones already doing the bulk of the work. Investments in health must be directed at the poorest and most marginalized members of the population. Communities and civil society can play an important role in mobilizing action, monitoring progress and holding government accountable to its commitments.
- **Integrate family planning and maternal health programs to have greater impact.** Integration of these activities is one of the most cost-effective ways to reduce maternal deaths and build healthier, more productive societies. Women should have the ability to plan and limit their family size through voluntary family planning. The "unmet" need for family planning must be met.
- **Advance the status of women.** Although health system reform is critical, we must address some of the underlying issues that keep women trapped in the cycle of poverty and poor health, including gender discrimination and inequity. Empowering women as change agents and engaging men and boys and other power brokers, can lead to improvements in the health and equity of women, and increase their voice in their families and communities.
- **Develop infrastructure to reduce delays.** Inadequate infrastructure such as roads, clinics and health facilities inhibit access to basic life-saving interventions. Systems must be put in place to create functioning referral and supply system chains from villages to clinics to hospitals. And, expanding cell phone connectivity to rural areas would allow community health workers to get immediate instructions for treating a patient on the spot or getting the patient the immediate assistance she needs.



The School of Midwifery in Freetown is one of two training facilities nationwide



The CARE Learning Tours program introduces policymakers and other influential individuals to maternal, newborn and child health issues in the developing world. The goal is to utilize these individuals in ongoing advocacy efforts and help inform recommendations for a long-term U.S. strategic approach to these issues.

We are deeply grateful to the many individuals who generously gave of their time to make this visit a success.

If you are interested in CARE's Learning Tours program, please contact:

Sarah Lynch
Deputy Director of Learning Tours, CARE

1625 K Street NW, Suite 500
Washington D.C. 20006

slynch@care.org or +1-202-609-6347