

## SIERRA LEONE

### Helping Mothers Survive Childbirth in Sierra Leone

#### INTRODUCTION

I came back to my land of birth, Sierra Leone, after 30 years of studying, working, raising my family, and community work in New York.

My first position was as Director of International NGOs, and after a year in that post, the government of Sierra Leone changed, and I started working as Sierra Leone Director of an American NGO, called Midwives on Missions of Service (MOMS). Resulting from the 2008 financial collapse, MOMS has had to restructure, but the problem of women dying in childbirth continues all over Sierra Leone.

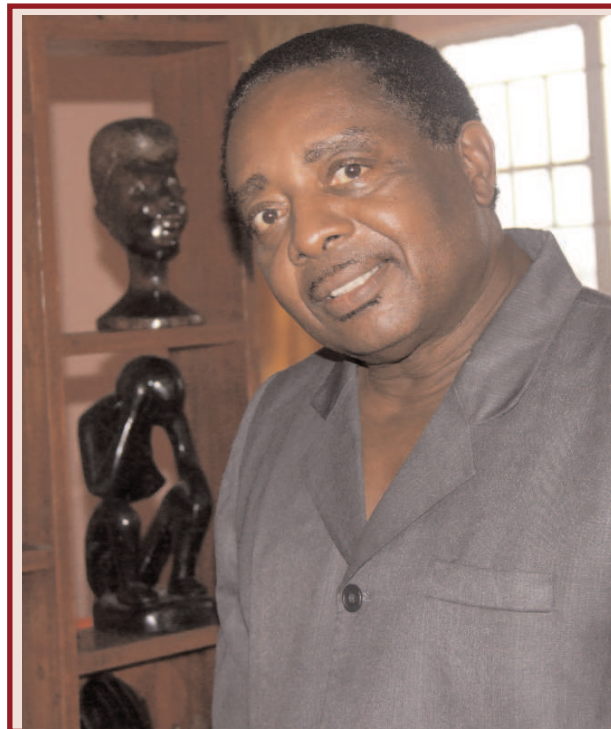
This is my report of my work with MOMS until mid 2010, when MOMS suspended its work in Sierra Leone because of decreased donations in the United States resulting from the worldwide financial crash.

#### MIDWIVES ON MISSIONS OF SERVICE

MOMS is a non-profit organization, registered in the United States as a 501(c)(3) and with the states of Oregon and California as a Charitable Trust. MOMS is also registered with the Government of Sierra Leone as an INGO.

MOMS was founded in 1999 to educate Senegalese Matrones and bring small groups to the United States for training. After 2001, changes in United States immigration and anti-terrorism laws prevented travel into the United States, so MOMS continued in the United States with onsite and distance-learning programs to train midwives.

In 2005, MOMS visited Senegal, and was subsequently invited to Sierra Leone to determine needs for TBA training. As a result of the needs assessment in December 2006, MOMS held 3 sets of training sessions of 4 days in 35 villages in the Kailahun



District and trained 134 TBAs. These training sessions were:

-Summer 2007: 62 TBAs trained in the Jawei Chiefdom in Pellie and surrounding villages. The average post-test score was 75%.

-Summer 2008: 35 TBAs trained in Peje West, Peje Bongre Chiefdoms in Jokibu, Pujehun and Foindu. The average post-test score was 83%.

-Winter 2009: 37 TBAs trained in Daru and surrounding villages in the Jawei Chiefdom. The average post-test score was 92%.

#### MOMS SUCCESSES

No fatalities related to traditional birth attendants (TBAs) were reported in Pellie (Kailahun District, eastern Sierra Leone) from August 2007 to January 2010 (the latest available data), which was when 62 TBAs began working with Midwives on Missions of Service (MOMS).

In the catchment area served by the Pellie clinic, TBAs tell pregnant women, "Don't come to me when you are in labor and expect me to deliver your baby if you have not gone to the clinic for your antenatal visits."

MOMS volunteers brought donated packs of baby clothes; the TBAs give these to women who visit the clinic for routine care and risk assessment.

Similar results were seen in Daru, Jokibu, and the Kailahun District.

MOMS believes these women can and should be educated to reduce maternal and infant mortality. TBAs are the only healthcare providers that many

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rural women ever see. Medical personnel and adequate transportation are scarce in rural areas, so adequately-trained TBAs are essential in their villages.

MOMS TBA training had the following objectives:

- Redefining TBAs, from baby deliverers to community change agents
- A focus on resolving the root causes of maternal and infant morbidity and mortality
- An emphasis on teamwork between TBAs and clinic personnel, with appropriate roles for each
- Organizing TBAs for ongoing action and providing initial funding for revenue-generating projects
- Intensive training in current best practices for maternity care delivered by professional trainers, as well as subject-matter experts
- Consistent follow-up and reinforcement for 2 or more years

By 2010, MOMS had trained 3 cohorts of TBAs in the Kailahun District, altogether 134 women from 35 villages. These TBAs organized into 9 geographically-based organizations. By the time MOMS ended its operations, they were meeting regularly with clinic staff and with pregnant and lactating women in their villages. They started agricultural projects, funded by MOMS, which were expected to become self-sustainable and generate incomes for them. And they have changed the way rural women handle their pregnancies and births.



**Sierra Leoneans in New York come to a town hall meeting given for the President of Sierra Leone.**

### **OUTCOME: TBAS AS COMMUNITY HEALTH WORKERS**

An outcome of MOMS training sessions was the formation of TBA organizations and clubs. The purpose of these clubs was to work is the formation of TBA organizations or clubs and to work with the health-care system to ensure birth preparedness and promote healthy behaviors throughout the catchment area. Additionally, the clubs carried out projects to generate revenue to support their work, with the support of MOMS.





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For instance, in March 2008, MOMS gave a USD700 micro-grant to the Sentia Club centered in Pellie to plant a groundnut garden. This garden provides a source of protein for women who have insufficient protein in their diets. They harvested 350kg groundnuts, from which they saved seed for the next year's garden.

During their training in Jokibu, the TBAs formed such clubs, elected officers, planted gardens, and expressed interest in milking goats. They have also held community education events for men and women. They gave "micro-loans" to their clients to help with clinic fees and transport.

The Daru TBAs, trained in February 2009, formed groups and selected projects. They discussed with MOMS trainers the possibilities of a shift in their work with young adolescent women, to teach them more about nutrition, sanitation, pregnancy and general health.

We at MOMS believed that changing TBA roles from only attending births to community change agent is an outcome with potential for improving maternal and infant health.

### **OUTCOME: TBAs AS MATERNITY CARE PROVIDERS AND CHANGE AGENTS**

Pellie's CHO Bernard reported to MOMS staff that the District Medical Officer saw the improvement in the statistics of the Pellie cohort. After investigating, they concluded that the MOMS training significantly improved maternal mortality: not a single woman had died in childbirth attended by a MOMS-trained TBA. Other women and their babies died en route to hospital, or in the clinic.

In the 6 months that followed the Jokibu training, the women reported to MOMS that all women survived childbirth. Three babies died, all in the clinic. Based on these reports, MOMS believes that saving these infants needed high technology intervention and equipment the clinic lacked. The TBAs had referred the women appropriately to the clinic.

Sadly, MOMS folded its operations at the end of July 2010.

### **Cecil Samba**

*Mr Samba worked as a diamond cutter in Sierra Leone before moving to the United States for 30 years where he acquired a baccalaureate in history and social work (BA) and 10 certificates in administration and leadership skills. In 2007 he returned to Sierra Leone to work for nonprofits and fight the high rate of maternal mortality.*

*Mr Samba is cousin to Mrs Zainab Wai-Lansana (who is both a MJoTA author and MJoTA-profiled professional), and also to MJoTA-profiled academic mathematician and American Association of University Women New York City Chapter President, Dr Nkechi Madonna Agwu.*



**Children in Freetown.**

