
PROJECT GOAL:

According to the UN's most recent Human Development Index (HDI), Sierra Leone demonstrates the world's highest infant and maternal mortality rates, two major reasons the country's overall HDI ranks 179th of 179 monitored countries. Most births in rural Sierra Leone occur with the assistance of Traditional Birth Attendants (TBAs) – usually local women who already have a relationship with the involved families and understand the nuances of language, beliefs and behaviour in ways that are familiar and comfortable to the mothers – rather than



trained midwives or doctors. TBAs often work in buildings that are overcrowded, structurally dilapidated, and lacking basic sanitation facilities. The vast majority of infant deaths occur at home and within the first week of life. According to global estimates, most neonatal deaths are caused by premature birth, asphyxia, or infection. The primary causes of maternal death are hemorrhaging, infection, obstructed labour, and eclampsia. The diversity of causes, and the stages of pregnancy at which they occur, make clear the need to address antenatal care, a sanitary birth, and

neonatal monitoring. CAUSE will address the critical need for improved perinatal health infrastructure and human resources to ensure healthy pregnancies, sanitary conditions for healthy clinic or hospital deliveries and post-partum monitoring of mothers and infants.

PROJECT DESCRIPTION:

This project takes an original holistic approach to addressing the major causes of infant and maternal death: **skilled personnel** providing **antenatal monitoring** and referring high risk women to adjacent hospitals or clinics for delivery in an **aseptic environment**, followed by **neonatal monitoring** of mother and child through the first month following birth, and the integration of rights-based and scientific **community health education** throughout the process.

Socially familiar TBAs will receive additional training and women's community groups will be educated and empowered to detect antenatal and post-partum health issues in both mother and child. Women's groups consist of older women whose opinions and experiences are respected, and who are well-positioned to share their knowledge. Women's groups and other community members will be informed and engaged in issues of women's rights and empowerment – including contentious matters like female genital mutilation, contraception, young marriage, and polygamy – in an effort to address the social roots that exacerbate many of the physical difficulties of the birthing process while subverting conventionally paternalistic power structures and knowledge-bases.

Informed by recent research findings in North America that operating room checklists dramatically reduce surgical fatalities, an essential 5-point checklist will be developed for dissemination: 1) blood pressure testing to detect risk of eclampsia; 2) ensure the birth takes place in a sanitary environment – i.e. adjacent clinics or hospitals– in order to minimize infections; 3) clear the baby's nostrils after birth to ensure breathing; 4) wrap the baby in a

blanket to prevent hypothermia; 5) check the mother for hemorrhaging. After the mother and child return to their home, members of the women's groups will pay a series of monitoring visits spanning the first month after birth. This will be an opportunity to disseminate health education messages in addition to monitoring health.



21 Birthing Huts (22' x 24') will be built in the vicinity of existent Peripheral Health Units (where trained state nurses are stationed) throughout the Moyamba District of Sierra Leone. Birthing huts will be a space for mothers-to-be to come prior to labor in order to prepare for birth and to receive monitoring, care and education after birth. The presence of birthing huts means that mothers-to-be will be able to stay nearby a clinic while waiting for labor to begin so that they will be near trained staff and suitable medicines in case of complications. Huts will be socially familiar and comfortable to mothers and their communities, but will feature the benefits of sanitary conditions and appropriate furniture. Construction will be cooperative, with

CAUSE taking responsibility for the roofs and floors, and the community providing materials and labour for the walls – a process which fosters local ownership and long-term sustainability.

EXPECTED OUTCOMES:

- Reduced infant and maternal mortality rates
- 21 Birthing Huts constructed, equipped, and well-utilized
- Strengthened capacity of TBAs, women's groups, and other community members to promote appropriate health and nutrition interventions
- 50% exclusive breastfeeding practices of children 0-6 months

TIME FRAME: 3 years

BUDGET:

Cost of constructing one birthing hut: \$3,000
Cost of constructing and equipping one birthing hut: \$3,600