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Stand up for **African** **mothers**



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Introduction

In 2010, about 177,000 women died in sub-Saharan Africa during pregnancy and childbirth for lack of simple, affordable and reachable medical care. This represents 60 per cent of the global total of maternal deaths.

Women in sub-Saharan Africa face an adult lifetime risk of 1 in 39 of dying from pregnancy or childbirth related causes, compared to a low risk of 1 in 4,300 for developed countries, a risk which can be as low as 1 in 30,000 as in Scandinavia, the area with the lowest maternal mortality ratio in the world. Those most affected are women in the remotest and poorest places, where there is little or no access to qualified health personnel and well equipped facilities.

Most of these deaths are easily preventable, as they are mainly caused by insufficient care during pregnancy and delivery. Over 80 per cent are as a result of complications that could be taken care of in facilities with basic emergency obstetric care services. What women in the developed world take for granted – skilled midwives, an obstetrician and operating theatre if needed, and the infusions and medicines to ensure that should complications arise, the mother is rapidly brought back to good health – are regarded as great luxuries in Africa.

This booklet carries the voices of people who have been affected by maternal death and illness. They are the voices of mothers, health workers, husbands, and loved ones of mothers lost. They represent thousands of other people with similar stories, living in communities least served by health services. It is with these communities that AMREF works to ensure that no mother dies when giving life.

Dr John Nduba

**Director, Reproductive and Child Health
African Medical and Research Foundation**





01| Malo Woshto

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My name is Malo Woshto. I am 27 years old. I live in Doiso kebele of Malle District in South Omo, Ethiopia. I have four children. I gave birth to the youngest three days ago. We have not named him yet – he will get a name when he begins to walk. When I was pregnant, Almaz, the Health Extension Worker, came often to see me and to check how my pregnancy was progressing. She told me to send for her when the labour pains began, but I did not because a woman who gives birth on her own is respected.

Almaz came to visit the day after the baby was born. She told me to go to the health centre because I was bleeding. It is now three days and I am still bleeding. I feel very weak. I would like to go to the health centre but I cannot go on my own. I have no money to pay for the services. My husband is away looking for food. I do not even have milk in my breasts for the new baby. I hope he will come back today so that he can bring us food and take me to the health centre.

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02| Maria Gasingo

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My name is Maria Gasingo. I am 28 years old. I live in Tali, which is in Terekeka Country of Southern Sudan. This is my third baby. He is six days old. When I was pregnant, I used to go to the Tali Primary Health Care Centre for check-ups. On the day I went into labour, I walked to the health centre, about half an hour's walk away from my house. It took me a long time to get there because I was bleeding a lot, but there was no other means to go there.

At the health centre, they checked me and told me that the placenta had come out before the baby. They said that I had to go to Lui Hospital immediately. They checked me and put me on fluids, and then I was brought to Lui Hospital in the AMREF vehicle. Lui is very far from Tali – it takes three to four hours by car, and the road is very rough. I was accompanied by a clinical officer and my husband. When we arrived at the hospital, they gave me more fluids and they even gave me blood. I was taken to theatre for an operation to deliver my baby.

I am so happy that I came. I was afraid that I was going to die, or that my baby would die, but we are both safe and well. Not all the women are as fortunate as I was. Many lose their babies because they cannot get help in time, and many women themselves die. What would have happened to me if the AMREF vehicle was not available to bring me to Lui? Me and my baby might not be alive. I wish we could have a good hospital near home so that we can get proper assistance any time we need it.

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03| Seitat Sarika

“My name is Seitat Sarika. I live near the Entasooopia Health Centre in Magadi District, south-western Kenya. My daughter, Nodam, came to stay with me a month ago because she was pregnant with twins, and wanted to be near the health centre when her time came. At 9pm on April 27, just as Nodam was about to cook the evening meal, she felt a very sharp pain. And then she began to bleed heavily. I have never seen anything like that.

I am a traditional birth attendant, so I have helped a lot of women to have babies. But AMREF has taught me the importance of referring women to the health centre so they can be attended by skilled workers. I immediately sent for a vehicle to take my daughter there. The young boys that I sent found that one vehicle had broken down, so they went looking for another. I called my neighbour to see if he could help. He is a strong man. He tried to carry my daughter in his *shuka* (a traditional shawl) but she was too heavy. Soon his *shuka* was soaked in blood. Then my daughter collapsed. At 10pm, one hour after the pain started, she died. I was shocked and distressed. It all happened too fast. The babies died too.

Now I have been left with Nodam's two other children to look after. Nodam had done everything right. She had attended ante-natal clinic regularly, and she moved here so that she could give birth at the health centre. If it had been a normal birth, she would not have died. But there was a complication, and we were not able to get her to the health centre on time.

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04| Miriam Namusoke

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My name is Miriam Namusoke. I live in Wankanya Village in Luwero, Central Uganda. I have been a Traditional Birth Attendant for a long time, but I never paid attention to the cleanliness of the environment where expectant mothers delivered. I did not know about mother-to-child transmission of HIV. After the babies were born, I usually left them lying in the blood for a long time as I attended to the mothers. I had a delivery bed, but I preferred to use an old mat to avoid making the bed dirty. I hardly referred any woman to the health centre because I needed the money. Instead, I would try my best to make every delivery a success.

Once I lost a twin because I did not refer the mother to a hospital. The loss of this child wounded my heart and nearly ruined my reputation. In 2006, AMREF trained me on health, sanitation and maternal illnesses. They gave me a tool kit with all the equipment that a birth attendant needs in order to make her work effective. Can you imagine they even gave me a foetalscope! I was taught how to keep my home clean.

I learnt the risk of contracting HIV through my practice and worst of all the risk of exposing a baby to contracting HIV from the mother. I learnt that it was important to encourage mothers to go for antenatal care, and I now know which expectant mothers to refer to the health centre. No mother or baby has died in my village during delivery ever since I went for the training.

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05| Abubakar Mutwenge

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My name is Abubakar Mutwenge Malima. I am 66 years old and I live in Mayani village in Musoma Rural, Tanzania. Five months ago, I lost my beloved wife, Ashura, who was trying to give birth to our sixth child. Ashura and I had been married for 11 years, and we were blessed with five daughters. We had a happy life, taking care of our family and supporting each other.

Ashura always gave birth at home, and for the first five deliveries she did not have any problem. She planned to deliver the sixth baby at home, but this time she was not so lucky. Her labour pains began around 11am one morning, but when they had continued for 15 hours with no progress, I decided to take her to the regional hospital. Unfortunately it was past midnight and there was no transport available, so we had to wait till morning to get public transport to the hospital.

When we got to the hospital, Ashura was examined. They told me that she was dehydrated and had anaemia, therefore I had to organise for blood transfusion. A nurse accompanied me to the blood bank, where we got two pints of blood. When we returned to my wife's bed, I was told that she had passed away.

They took the body to mortuary where they opened her up and removed the dead baby. Outside the mortuary, I heard people say that this was not a good day because seven other women had died in the labour ward where my wife was admitted. It was also said that three other women in an adjacent ward had died of maternal health complications. So Ashura was one of 11 women who died while trying to give birth that day.

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06| Tiramed Adinew

“My name Tiramed Adinew. I am a Health Extension Worker based at the Erbo Health Post in Malle District, South Omo Region of Ethiopia. There are 887 households in this village, with 5,378 people. I visit all the households to teach them how to prevent diseases and stay healthy.

AMREF trained me on reproductive health, malaria, sexually transmitted illnesses, environmental health and sanitation. What I learnt from AMREF was very helpful because it refreshed my knowledge and gave me skills that have enabled me to work well with the community's traditional and administrative leaders, women and youth. Women have many problems in this area because they do a lot of manual work. For example, they walk nine kilometres every day to fetch water, which they carry on their backs even when they are pregnant. Many fall and hurt themselves, and many have miscarriages. Some deliver on the way home.

I teach them the importance of getting proper health care when they are delivering. Many women come for ante-natal checks, and when it is time to have their babies, they call me. I help those who have normal deliveries, but if I detect a complication, I refer them to Gongode Health Centre, which has better facilities and more qualified staff than we have here at Erbo. But the women do not go because it is too far away – they have to walk for four hours to get there. And so we end up losing many mothers and babies.”





07| Njambi Koitumet

“My name is Njambi Koitumet. I live in Magadi in south-western Kenya. Last month, my daughter-in-law, Mary Nasieku, left home to go for her ante-natal clinic appointment at the Entasooopia Health Centre. It is far – it takes three or four hours to walk there, and one has to cross a river. When Mary and her friends came to the river, they found that it was swollen due to the heavy rains. They held hands to support each other as they crossed. But when they got to the middle they were unable to continue. The water was too deep; it was up to their chests. Some of the girls slipped, and they all fell into the water.

Some men who were nearby came to help them. They managed to get all the others out, but Mary was swept away by the water. She drowned. Mary had four children; the oldest is nine, and the youngest is four. Her husband, my son, died several years ago, so I have been left to look after the children on my own.

It is not easy, because I am old, and I do not have any property. When I need school fees or money for food, I ask one of my neighbours for a goat to sell. I took the youngest one to the health centre yesterday because he has malaria. He is very weak, but I hope he will get better soon. All of Mary's children were born here at home. I helped her. We would like to make use of the Health Centre, but it is too far away. At night it is dangerous because there are wild animals. So when a woman is in labour, it is easier to give birth at home instead of trying to get to Entasooopia.”





08| Olpha Ondiek

“My name is Olpha Ondiek. I am 46 years old. I live in Keeroka District in Western Kenya, and I have four children. I gave birth to all my children at home with ease, so when I got pregnant for the fifth time, I did not anticipate any problem. But I was in labour for two whole days, and still the baby didn't come. Eventually I went to a nearby clinic, and they sent me to the missionary hospital. There, I was told my baby was dead. It was a big baby – 4.5kg. Because of what I had gone through, I suffered nerve injury and my legs were very weak. To make matters worse, urine just kept flowing out. I was completely unable to control it. My life suddenly changed for the worse. I smelled so bady! I needed to keep changing the improvised pads I used to trap the wetness. I could not move around much, or even go to the market.

My family stayed away from me. They called me bad names like 'malaya' (prostitute), because our community believes that fistula is a result of promiscuity. I tried to get medical help, but they kept sending me to hospitals far away. I could not afford to go. I was so worried that I would die with this illness and shame.

Then one day, it was announced on radio that AMREF was treating women like me at the Kisii District Hospital. I went there. The night before my operation, I told God that if I was not going to recover fully, then He should not let me wake up from the operating table. But it was successful, and now I no longer leak urine.

I am able to dress in bright, clean clothes, to cook for visitors and to go wherever I want with confidence. I can farm and do my business. I am very happy. I do not want my two daughters to go through what I experienced. When one of them got pregnant last year, I made sure that she got antenatal care. The baby was big so they planned for her to be admitted before she went into labour. I have told my daughters that they must follow the doctors' instructions and never wait at home once labour starts.







Stand Up for African Mothers

The African Medical and Research Foundation (AMREF) – Africa’s most experienced and respected health development organisation – is deeply concerned about the needless deaths of African mothers. In some countries, maternal deaths are on the rise. Without urgent action, it is unlikely that African countries will achieve Millennium Development Goal 5 (reducing maternal deaths by 75 per cent by 2015).

AMREF’s international Stand up for African Mothers campaign has been launched to draw attention to the plight of mothers and raise money to train more midwives in order to save the lives of women and children. AMREF has trained health workers, including midwives, for over 50 years, and through the Stand Up for African Mothers campaign seeks to train 15,000 midwives by 2015. Every midwife can look after 500 women every year, and safely deliver 100 children. Through this campaign, AMREF hopes to contribute to the reduction of maternal deaths in Africa and to achievement of the Millennium Development Goals.

About AMREF

The African Medical and Research Foundation is an international African not-for-profit organisation headquartered in Nairobi. Founded as the Flying Doctor Service of East Africa in 1957, AMREF is today a leading African health development and research organisation. AMREF implements projects through country programmes in Ethiopia, Kenya, Uganda, Tanzania, Senegal, South Africa and South Sudan. We provide training and consulting support to an additional 35 African countries. In the last 50 years, AMREF has trained over 500,000 health workers of all cadres.

AMREF’s vision is for lasting health change in African. We aim to help communities transform themselves by improving the health of women and children in the most disadvantaged, poorest and isolated areas.



Stand up for African mothers

To find out how you can play a part in saving a life in Africa visit :

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