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MAKE PREGNANCY AND CHILDBIRTH SAFER IN SIERRA LEONE

MATERNAL HEALTH IS A HUMAN RIGHT

AMNESTY
INTERNATIONAL



Women face a higher risk of dying in childbirth in Sierra Leone than almost anywhere in the world. Thousands of women die every year. This is not just a health emergency – it is a human rights scandal.

Women's right to life is being violated by the government's failure to take the minimum steps necessary to ensure that pregnant women receive vital health care. Women's right to health is being undermined by discrimination against those living in poverty.

Women are losing their lives because of complications of pregnancy which can be readily treated. With proper medical treatment at the right time, their lives could be saved. The key interventions that reduce maternal mortality are skilled birth attendance, emergency obstetric care and referral networks, together with access to family planning.

Sierra Leone is a poor country facing numerous problems and demands on its resources. Still working to overcome the aftermath of an 11-year civil war, its infrastructure is woefully deficient and levels of poverty are high.

Hospitals and clinics are understaffed, lack basic equipment and medicines and are

FAILURE TO PROVIDE ESSENTIAL CARE

Fifteen per cent of all pregnant women around the world can be expected to experience life-threatening complications. Emergency obstetric care is vital to saving their lives. According to a 2008 study by UNICEF and UNFPA, only 14 of Sierra Leone's 38 hospitals providing maternal health services are able to offer comprehensive emergency obstetric care (which includes blood transfusions and caesarean sections), and not a single primary health facility is able to offer basic emergency obstetric care. Six of the country's 13 districts have no emergency obstetric facilities, leaving hundreds of thousands of women without access to life-saving treatment.

often far from people's homes. For these and other reasons, including costs, most women in Sierra Leone turn to traditional birth attendants instead of healthcare facilities when they are in labour.

Despite these challenges, Sierra Leone has the obligation to take concrete and targeted steps to guarantee the right to the highest attainable standard of health to the maximum of its available resources. Such resources include those available from international co-operation and assistance.

COSTS CAUSE CASUALTIES

Many women in Sierra Leone do not obtain health care because of the actual costs or because they fear that their families cannot afford it.

In spite of an official government policy adopted in 2001 that medical care for pregnant women and children under five should be free, the government has taken no steps to make this a reality. Costs are a major barrier preventing women from obtaining vital health care.

The costs of health care in Sierra Leone fall very heavily on patients. They have to pay directly about 70 per cent of the total costs of health care, making out-of-pocket health costs among the highest in Africa, according to UNICEF. A significant number of health workers are not paid at all by the state, and others are on extremely low salaries – as a result, patients are frequently asked to pay directly for their assistance. The government has failed to ensure that health facilities have necessary medical supplies, including drugs, so that patients often have to buy them from private pharmacies or from medical staff.

Women have to pay the costs of transport, a registration fee when they arrive at the hospital, for the delivery of their babies, for drugs, for medical supplies such as gloves and drips, for blood bags and testing and for operations.

'It was midnight, too late, we were going round for loans. We were tormented. No vehicle...

Kumba Dabor describes the death of her wife, Hawa Dabor, who died on 19 March 2008 in the early evening at a health centre in her village. The nurse told her that she had a fever, which hadn't been detected at the hospital in Kabala, but she did not know where her family could find the necessary medicine.

'I'm still out of my senses. She was my partner in one another. I miss her...'

'I have three children. I've given up my job. There's some assistance but they live on one...'

'I am determined. I can now to prevent this to anyone else. What...'

Alhassan, Hawa's husband (right)

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Such costs contribute directly to maternal mortality. Many women arrive late at clinics and hospitals because of time spent raising money, and fees have to be paid in advance, even if a woman's life is at stake.

Costs vary widely – there is no transparency about what should be charged and no system in place to regulate fees or prevent abuse. This allows some medical staff to charge extortionate sums from people living in poverty, and makes it virtually impossible for families to save for medical care.

Most families have little or no disposable income. Rural subsistence farmers face seasonal shortages – during the rainy season they have even less cash than in the rest of the year. The urban poor, who

*ere out on the street
re confused and
cle was available.'*

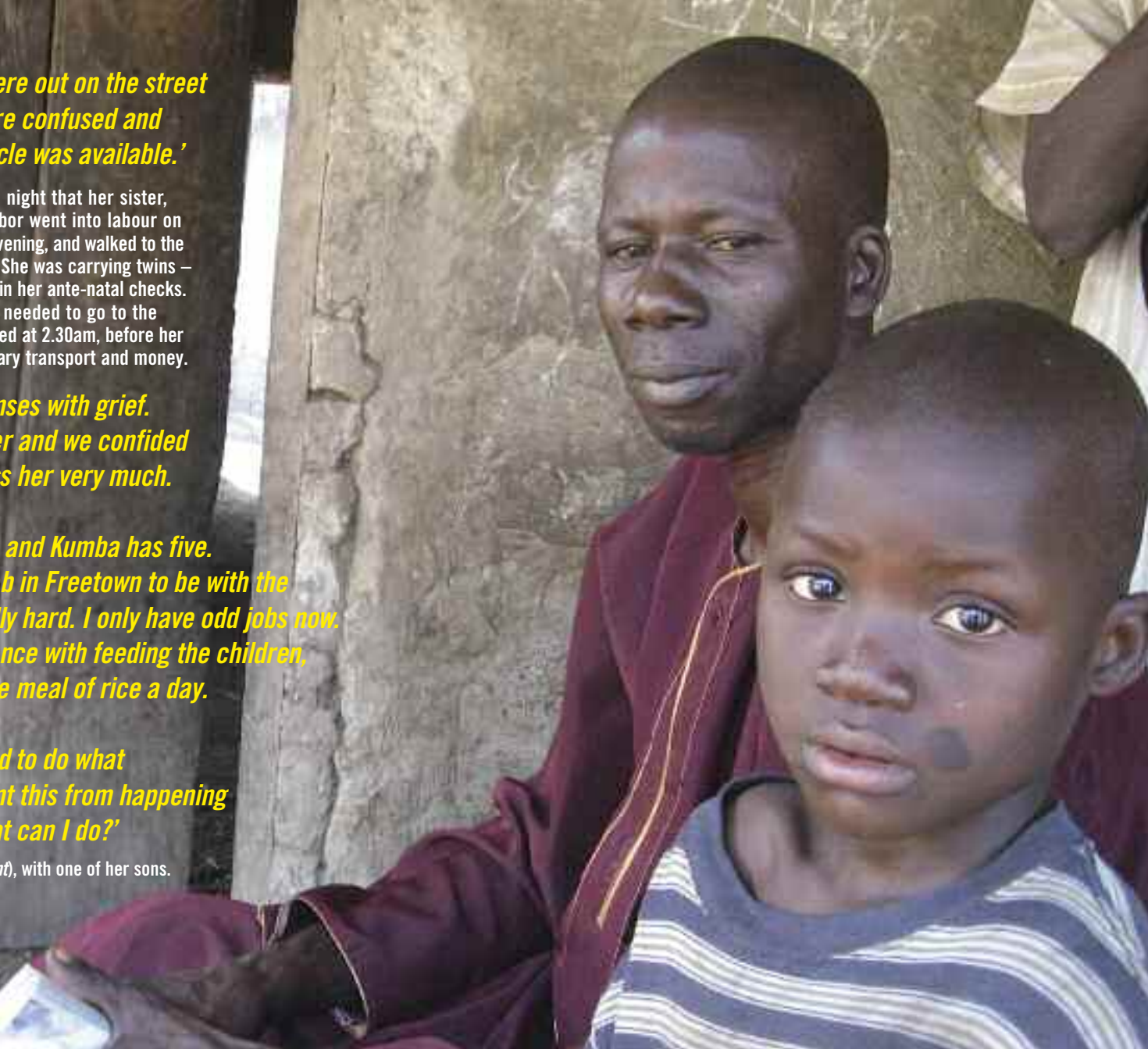
night that her sister,
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She was carrying twins –
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*and Kumba has five.
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t can I do?'*

), with one of her sons.



may be without social support networks, and others with no family (for example, those who lost their relatives during the war) may find it particularly hard to cope with costly health emergencies.

The cost of implementing the government's reproductive health plan has been estimated at US\$284 million from 2008 to 2010, and donors have pledged funds to support it. However, there has been little progress towards implementing this plan.

LACK OF MONITORING, LACK OF ACCOUNTABILITY

Monitoring by officials of maternal deaths, of medical staff and of the healthcare system as a whole is dangerously inadequate, and

there is little or no accountability for preventable maternal deaths.

In-service training and supervision of health personnel are scant or non-existent at all levels of the public health care system. Many medical staff are insufficiently trained for the responsibilities they are given, especially in the peripheral health units, the main site of ante-natal checks and other primary health care.

The information being gathered on maternal mortality is patchy and does not include the data needed to address the issue effectively in Sierra Leone. The records themselves are often incomplete or inaccurate, and the staff who compile statistics are not always properly trained.

Cover: Pregnant women in a village in Koinadugu district, northern Sierra Leone.

Below: These are the records of the women who died in 2008 in the main government maternity hospital in the capital, Freetown.



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The government has an obligation to monitor and make public its progress towards delivery of essential levels of care, including emergency obstetric care.

The government should also put in place monitoring and accountability mechanisms to ensure that funds – including resources provided by donors – are used appropriately, effectively and equitably.

LACK OF EDUCATION, LACK OF VOICE

Awareness of the danger signs in pregnancy among women in Sierra Leone is restricted by lack of health information and further hampered by lack of education: illiteracy among women stands at between 70 and 80 per cent.

Women's ability to exercise their right to determine the number, spacing and timing of their pregnancies is minimal; with intense social pressure to have many children, women in Sierra Leone have on average six to eight children. The use of contraceptive services is extremely low, both for cultural reasons and due to unavailability. Furthermore, complications arising from unsafe abortions are a major cause of maternal deaths.

In general, women in impoverished families have little power or control over the decisions that affect them and virtually no awareness of their rights. As a result, few are able to stand up for their right to health care, even when their lives are at stake.

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Vaccination by a maternal and child health aide in a village in northern Sierra Leone. She has not received a government salary for four years.

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Saffiatu Jalloh and her baby, northern Sierra Leone. In October 2008, her family was able to borrow 600,000 leones (about US\$200) from the village savings and loan scheme – a community self-help project. She needed the money for transport and urgent hospital treatment. "Without this option perhaps I would have died," she said.

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ACTION

Women are dying, in agony, from treatable complications of pregnancy. Allowing this to continue is not acceptable. Action must be taken immediately to address this health emergency.

Amnesty International is calling on the government of Sierra Leone, with the support of the international community, to:

- Ensure the minimum essential levels of health care for all, including reproductive and maternal health care, and seek

international co-operation and assistance where necessary

- Implement the government policy of providing free health care to pregnant women
- Improve women's health awareness, including knowledge of their right to emergency obstetric care
- Enhance monitoring of the health care system to ensure accountability

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Amnesty International is a global movement of 2.2 million people in more than 150 countries and territories who campaign to end grave abuses of human rights.

Our vision is for every person to enjoy all the rights enshrined in the Universal Declaration of Human Rights and other international human rights standards.

We are independent of any government, political ideology, economic interest or religion – funded mainly by our membership and public donations.

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