SIERRA LEONE'S FREE HEALTHCARE INITIATIVE

HEALTH POVERTY ACTION

RESPONDING TO EMERGING CHALLENGES

Sierra Leone's Free Healthcare Initiative (FHI) is a hugely welcome step for a country with one of the world's highest rates of maternal mortality.

Recent years have seen an unprecedented international focus on maternal health. With progress towards the Millennium Development Goals under heavy scrutiny, donors and governments know that pledges to reduce maternal deaths by three-quarters are nowhere near being met. It is increasingly recognised that global commitments must be followed through by supporting real change on the ground to improve the health of mothers and children in some of the world's poorest countries.

In this context, and with the backing of several donors, the Government of Sierra Leone abolished health-care costs for pregnant women, new mothers and children under five in April 2010. As a result, many more pregnant women, new mothers and their young children are now coming to health centres.

However, there has been an important unintended consequence of this policy. Unless this is addressed, it threatens to undermine the improvements in maternal and child mortality that the abolition of user fees is expected to bring.

On 27 April 2010, fees were abolished for pregnant women, lactating mothers and infants to receive healthcare.

The role of Traditional Birth Attendants

Traditional Birth Attendants (TBAs) are often the first point of call for pregnant women, assisting them during pregnancy, labour and birth, and in the postpartum period. TBAs exist in every community in Sierra Leone.

In a national survey conducted in 2008, 45 per cent of women in Sierra Leone gave birth with a TBA. This figure rises in rural areas where 77 per cent of women gave birth at home without skilled attendance.[1]

Loss of livelihoods

In return for their services, TBAs receive a small amount of money or payment in kind, such as chicken or rice. We know from our work in Bombali District that, before the introduction of the FHI, TBAs also received a share of the user fees that pregnant women paid at health centres. This meant that there was a small financial incentive for the TBA in accompanying a pregnant woman to a health centre.

With the advent of free healthcare this incentive has been lost. The livelihoods of TBAs are therefore under threat. There is evidence that health staff are now finding it difficult to persuade former TBAs to bring women to health centres for delivery.

Women in Sierra Leone still face a 1 in 21 chance of dying through pregnancy.

Defining a new role: Maternal Health Promoters

The impact of the FHI needs to be seen in the wider context of government policy towards TBAs. Since the 1970s there had been efforts to improve the safety of the practices of TBAs, because many had little or no training. However evidence now strongly suggests that the training of TBAs has not reduced maternal mortality rates.

As a result, the Government of Sierra Leone is currently encouraging TBAs to take on a non-delivery role as Maternal Health Promoters (MHPs). In particular it seeks to discourage them from carrying out deliveries themselves. The role of Maternal Health Promoter is envisaged as supporting women during pregnancy, referring them to health centres for delivery, and assisting them with breastfeeding and health advice following the birth.

Given the respect and influence generally ascribed to TBAs, successfully transforming these valued members of the community into Maternal Health Promoters has the potential to add significant value to the Government's drive to improve maternal health.

However, this proposed change in policy will reap limited rewards unless an incentive is restored for Maternal Health Promoters who make referrals to health centres, along with in-depth training to support them to perform their new role. This is especially important in rural areas where pregnant women face the most barriers in accessing health centres.

Our research

Health Poverty Action has been working to improve maternal and child health in the Bombali district in the north of Sierra Leone since 2005. In June 2010 we surveyed 420 members of the community and 30 TBAs in each village in the district.[2] We also surveyed Maternal Child Health Aides (MCHAs) in the 27 peripheral health units in this region.

The findings suggest that the ending of any financial incentive for TBAs when they bring women to health centres, and the associated loss of livelihood, may now represent the single biggest obstacle for increasing skilled birth attendance:

- 25 out of 27 MCHAs cited the lack of an incentive for TBAs as a barrier to TBAs referring women to health centres to deliver. To put this in perspective, the next most frequent problem cited was transport, mentioned by 9 MCHAs.
- Half of the TBAs requested incentives for their work, and half believed that the best place to give birth was at the TBA's house.

While not the only barrier to accessing health centres, the loss of financial incentives for TBAs is clearly having an impact on efforts to increase skilled birth attendance - vital in reducing levels of death, complications and serious illness.

The survey did suggest that there has been progress towards redefining the role of TBAs, but also some notable resistance. More than one third of TBAs surveyed requested labour kits and drugs, for example. This indicates that they still consider themselves as having an active role to play during labour. Indeed, seven of the MCHAs interviewed cited a lack of equipment as a problem for TBAs, suggesting that some MCHAs still see a 'hands on' role for TBAs in the delivery process. Training is therefore still required to transform the role of TBAs into Maternal Health Promoters.

Transforming Traditional Birth Attendants

Health Poverty Action is providing training to Traditional Birth Attendants (TBAs) to help transform their roles. Mammy Conteh is a TBA in her village. She has two children. She works with the Maternal and Child Health Aide in her village, who told her about the training for TBAs provided by Health Poverty Action. She is very happy to have had the opportunity to receive training and now says:

"When a woman is pregnant, she may feel unwell but she won't have a fever – that is how you can suspect she's pregnant. If she hasn't had her period, I should accompany her to the nurse who will confirm her pregnancy. When the pregnancy is advanced, I should help her to get a medical card, and accompany her to the clinic for regular check-ups. If her feet become swollen, it can be dangerous and she must go to a health post or to hospital."

Mammy continues to attend Health Poverty Action training workshops to improve her knowledge and skills. Increased training across the country is needed to transform TBAs into Maternal Health Promoters who can advocate, educate and accompany women through their pregnancy.

Health Poverty Action training session in Bombali.

How could an incentive be restored?

In our survey the majority of TBAs reported previously being paid Le 5,000-12,000 for each child they delivered in the village.

Using the figure of 45 per cent of women in Sierra Leone who reported giving birth with a TBA in the 2008 national survey, we can estimate that TBAs may be involved in around 102,000 of the 227,000 births across the country each year.[3]

We therefore calculate that if TBA referral fees were paid at a rate of Le 10,000 for each of the estimated 102,000 births attended by TBAs each year, the annual cost would be Le 1,020,000,000, or USD 264,950.

This is just 0.7 per cent of the national human resources budget of USD 38 million.[4]

It is clear that in some areas, such as Bombali District, where we work, the use of TBAs is above 45 per cent. However, it is reasonable to assume that restoring an incentive, in the form of referral fees, would still not absorb more than 1 per cent of the national human resources budget.

Delivering babies at health clinics helps prevent complications and conditions such as fistula.

Our recommendations

To avoid any negative consequences from the abolition of user fees, it is vital that the Free Healthcare Initiative should fund all aspects of human resources that are affected by the removal of user fees. Restoring a small referral fee for TBAs/ Maternal Health Promoters would recognise the influential role that they continue to play in most communities across Sierra Leone, and is likely to increase skilled birth attendance.

This would complement both the drive to reduce maternal mortality and the move to transform TBAs into Maternal Health Promoters.

Health Poverty Action recommends that:

1. The Ministry of Health and donors should put in place financial incentives for Maternal Health Promoters, to be met as part of the national budget for Human Resources.
2. The roll out of any policy change should be integrated into a wider package of training and awareness-raising to enable former TBAs to take on a new and clearly defined role as Maternal Health Promoters.

Endnotes

1. Sierra Leone Demographic Health Survey 2008 (DHS 2008)
2. The five chiefdoms covered by Health Poverty Action are Tambakha, Sanda Loko, Sella Limba Gbanti Kamaranka and Magbaima Ndowahun.
3. WHO Dept of Making Pregnancy Safer Country Profile – Republic of Sierra Leone, http//www.who.int/making_pregnancy_safer/countries/sle_rev.pdf
4. Government of Sierra Leone, Free healthcare services for pregnant and lactating women and young children in Sierra Leone, November 2009.

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Health Poverty Action works for a world in which the poorest and most marginalised enjoy their right to health.

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