



October 2, 2006 The Next MOMS Adventure: Sierra Leone

Hello there

A representative from Women for Women of Sierra Leone (ww-sl) contacted Sudy Storm of Midwives on Missions of Service about a chance to meet some of the critical needs of Sierra Leone. The Sierra Leonean Ministry of Health wants a reputable organization to create a program to train midwives. Women who go to university to study midwifery seldom go to remote, poor areas; so training local women to handle homebirths and work in the local clinics seems like a good alternative. This plan provides a career opportunity for women while improving the health of women and babies.

The Sierra Leoneans invited us to go to Sierra Leone to conduct the needs assessment for the program in December of this year. We did some checking and had some conversations.

We said, Sure thing.

So we now have plane tickets for December 3rd to Freetown, returning on December 19th. While there, Sudy and I will work in a clinic in the Jawa Chiefdom (like a state). After a week or so, I'll shift to other aspects of the needs analysis. Chris will visit local schools and officials. At the end of the stay, we have a few days scheduled for some sight-seeing.

Many thanks to Doug Fritz at Wells Fargo Bank, who is the client on my current contract. He readily allowed me to massage the project plan to accommodate this trip. The timing was perfect, and he and the bank are very supportive.

We are very excited and a little scared. Our experience in Senegal taught us a lot about poverty, malaria, and disenfranchised women. Sierra Leone is far worse in many ways. It has the worst maternal and infant mortality rates in the world. The people are poorer than the Senegalese, just emerging a few years ago from a decade of brutal civil war. What infrastructure was in place by 1990 was destroyed in the war. We also don't want to make assumptions about Sierra Leone, because it is very different in many ways from Senegal.

We have much planning and preparation to do, and we are beginning to make lists. Notifying our friends is at the top of the list, thus this email. I'll send you periodic updates as we get ready to go. I hope we can send messages from Sierra Leone, as we did from Senegal. Please think about us, send good vibes, light candles (especially the labor candles from candlesandclay.com!), and so on. If you have any suggestions or contacts, please let us know.

Thanks so much

Trish



October 15, 2006 MOMS to Sierra Leone: The Plan!

Hey there

I thought I'd send a quick update about our trip to Sierra Leone. Sudy, Chris and I met with a consultant from Women for Women of Sierra Leone yesterday to discuss the trip. We have a more clarity about the situation, and we have ever more questions.

In my research about Sierra Leone, I've read statistics stating that between 70 and 90% of the women undergo the "women's ritual", or female genital mutilation as the WHO calls it. This adds another layer of complexity and a series of topics for conversation. While this is practiced in Senegal, we saw no cases; the Senegalese government has made it illegal. In Sierra Leone, as in a dozen other countries in Africa and Asia, it is a perfectly legal cultural activity.

We have committed to honoring our scope: assessing needs for maternity care is the core of our trip. We will likely be inundated with requests for help, but must stay focused to be effective at meeting our goals. Saying "No" is the key to being able to say, "Yes." Sudy and I will work with the maternity community, Chris will work with the non-maternal community schools and with various officials. We will talk daily, comparing notes and staying in synch.

Donations are beginning to arrive. Marcia Elston, of Samara Botane, is donating essential oils for the trip. Barrie and Christina Riddoch (Candles and Clay) continue supplying the Labor Candles, which benefit MOMS. The Association of Independent Childbirth Educators is donating a basket of supplies for raffling. Several individuals are crocheting baby hats and receiving blankets. Some have written checks. We've been put on prayer lists and our names are chanted and good wishes are being sent. Thank you all so much.

Many of you have asked what we need. This is a challenging list – as the infrastructure is so poor, there are few with whom we can reasonably leave supplies and materials. And, we know that we cannot swoop in with sophisticated Western tools then waltz out after a few weeks, so we've been a little puzzled about how many of our own tools we should take.

After our conversations this weekend, we are clearer on our list for the mama/baby packets:

- Receiving blankets
- Lightweight newborn hats
- Newborn t-shirts or onesies
- Lightweight booties
- Plain, old-fashioned cloth diapers (not with the foam or bead centers)
- Cloth pads for mamas
- Hotel-sized bottles of shampoo, lotion, soap, etc.

And the professional supplies:

- Sterile and non-sterile nitrile gloves
- Sterile and non-sterile gauze 4x4 squares
- Hemostats



- Umbilical scissors
- Cord tape
- Nasal bulbs
- Thermometers (C.)
- Retractable, flexible measuring tapes - midwifery supply places have them
- Acetomeniphen
- Ibuprofen
- Lidocaine
- Cetacaine
- Sutures
- Needle-holders
- Scissors
- Shakable and crank flashlights and lanterns,

We are leaving December 3, and will arrive home December 19th. Please, oh please, pray that the travel is smooth and we can rest while traveling. We have non-stops between SFO and London, and between London and Freetown. We have sufficient layover so we can handily clear security in London. That is the plan. But one of the hardest aspects of the Senegal trip was the 30+ hours it took us to arrive home from Dakar. It seemed we spent a week in the Madrid airport (actually 11 hours) and about 53 seconds (really 21 minutes) at McClaren in Las Vegas!

Thank you all again. If it is OK with you, I'll update you again near Thanksgiving. However, please feel free to keep in touch and ask questions. It really feels good to hear from you; from one of you I got an email with a smiley face – I know you are busy and supportive, and I smiled back.

Trish



November 20, 2006 We're All Set to Go

Hello, all you good folks

As promised, here is an update on our preparations for the trip to Sierra Leone. We are getting ready to leave December 3rd, flying out of SFO about noon. We have a non-stop to London, where we will clear customs and taxi from Heathrow to Gatwick, then off to Freetown. Once in country, we spend a day in Freetown, then to Yele, then on to Daru in the south east part of the country. We simply reverse the itinerary for the trip home, arriving at SFO late afternoon on the 19th. This itinerary is so much better than the one to Senegal; I am hugely relieved, as that trip home just about wiped us out. I might be getting too old to sleep in airports the way I used to do.

We've been preparing forms to track our work – for the needs assessment, to start a baseline of statistics, and for me to track my experience. We've been inventorying supplies. We have had some generous promises of supplies - thank you!

We've been thinking about the longer term – piloting the programs in June, and perhaps launching them next December. Obviously, we cannot make specific plans – we haven't yet done the needs assessment! Yet, time goes really fast when you work on projects like this, and we want to think ahead. Some of you have asked whether there might be a place on future trips for people who aren't midwives. The answer to that is a qualified yes. There will definitely be work for those whose focus is on the administrative side. We are also thinking about public relations and community education about birth control, breastfeeding, and broader health issues for women and children. As we understand better what the responsibilities are, we'll create lists of skills and knowledge that will help the women and children of Sierra Leone. On the Senegal trip, Robin was a life saver – not a midwife, but a kind person who could help with vitals, rocking babies, chatting with mamas, and finding a pen that actually worked. The "qualified yes" applies to midwives too. These are not easy trips, and emotional resilience is essential. Sierra Leone is a much rougher place than Senegal; we'll soon know how much rougher.

The trip to Senegal taught us a number of things, which have created some additional items on the packing list – the little headlamps that spelunkers and joggers wear and other flashlights. More batteries for the camera. Protein bars and more protein bars. Tea bags. A deck of cards for when I'm too tired to think but can't sleep. The Hesperian Foundation's Book for Midwives, which we will likely use as a text because it uses many pictures and is written very simply without shorting important concepts.

We are experiencing an amazing blend of feelings. This in itself is quite a study – excitement predominates most of the time, and we also feel a healthy dose of nervousness, with a smidgeon of fear (no income for a month is a little worrisome). Hope for the future, and joy for the work we'll be doing. Lots of joy, actually. Joy underlies all the rest.

For those of you who are trainers/OD/ISD types, you can imagine my professional qualms – how to do a needs assessment for training in the high-level cognitive and affective domains, along with a big dose of complex psychomotor skills, and the target population is illiterate, poorly nourished, and filled with many misconceptions? Hmm?



We had some good news today: Planned Parenthood donated 1000 condoms! I was stunned when Chris told me. Then I got the giggles at the mental image of a pile of condoms that size. A medical instruments supplier has given us a great price break on hemostats, to clamp the cord for cutting. In the US, plastic cord clamps are the norm, but we don't want to take those because of the disposal problems – contaminated plastic. And we received a check from a most excellent aromatherapy buddy. She has posted an account of this project on a site called 43 Things, which I find the most amazing place.

Thanks to all of you. You are generous with your prayers and gifts – crocheted hats, bottles of ibuprofen, receiving blankets, essential oils, and sponges! So much grace.

We've had some problems getting methergine and pitocin (to control hemorrhage) and lidocaine (for suturing) and needles and syringes for SQ and IM injections. If you know someone who would donate these to MOMS/ISTM (ISTM is a midwifery school in Oregon and these are part of the Oregon Legend Drugs and Devices laws), please let us know. We really want to have a good supply. We have inquiries into a Ghanaian midwife about infibulation, which about 90% of Sierra Leonean women have endured. Neither Sudy nor I have experience with this, and we crave advice.

As always, please feel free to contact us with questions or comments. We appreciate good vibes and prayers. For those who have lost the link, check this out for more info: www.globalmidwives.org.

I have keyed and deleted "Thank you again" about three times. I am so thankful, yet I worry that it will seem trite if I say it yet again. And – thank you again.

Trish



December 20, 2006 Safe and Sound

Hello all

We arrived safely in San Francisco late yesterday afternoon. Showers and sleep and water were the imperatives. Now, I'm reasonably awake and refreshed.

We were in Sierra Leone from the 5th to the 18th of December. We spent the first two nights in Freetown, the next night in Yele, then went on to a village in the Eastern Province, Kailahun District, Jawi Chiefdom. Daru is the capital of the Jawi Chiefdom and appears on some maps. We were about 6 miles southeast of Daru in a village sometimes spelled Peli, and usually pronounced like Barry. The village had about 1000 people, housed in about 100 mud-walled, thatched-roof, dirt-floored huts. Almost everyone in the area is of the Mende people and speak Mende, while some spoke Krio, and a very few spoke English.

We stayed in the clinic complex. The clinic itself had about a half-dozen small rooms for examinations, storage, and delivery. A "Dispenser" who seems to have skills like a Physician's Assistant and a Maternal/Child Health Worker work from this building. (Sierra Leone, with its 5 million people, has 65 MDs. Several of them are administrators, leaving perhaps 55 or so in practice.) A few yards behind it was a duplex, each side with three bedrooms, a living area, and a kitchen-courtyard area in the back. Behind this building was the outhouse, a small building with a concrete pit toilet and a small room for bathing. Bathing consisted of pouring water from a bucket over your body.

The folks of the village took good care of us. The Dispenser's wife, Aisha, initially did most of the cooking, then we learned that Jitta wanted to cook for us, so we made that shift. Aisha also coordinated efforts of others who helped with laundry, hauling water from the well (and warming it a bit on the coolest mornings). The people brought more fresh fruits than we could eat in three months – bananas, plantains, pineapples, oranges, grapefruit, coconuts, and papayas abounded. We were also given two goats and two chickens and two porcupines. The latter are considered by some, not us, a great delicacy. However, they are edible.

We traveled with a young woman named Jitta Rogers, a Mende woman from the southeast. She was initially our interpreter and cultural advisor, but ended up cooking for us because she loves to cook and became a dear friend. She did a whole lot of running around for us. We dubbed her the "Executive Assistant to the President of the Board of Directors".

Upon our arrival, we discovered about 50 "traditional birth attendants" in the area, about half of whom had received the official government training. We discovered gaps in their knowledge that you could drive a Land Cruiser through. We did cobble together a couple of classes for them, when they showed up en masse hoping to learn something from us. They also hoped for supplies, which we were not prepared for. We spent some time setting expectations, and teaching, and talking with them. Most of them are committed, caring women working from a background of simple ignorance. They've been told their traditional ways are no good, but don't have the education or supplies to do anything else. So they are making do with what they have. Amazing. They were like sponges. Most (90-95%) are illiterate, but are skilled at

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making up skits and songs summarizing what they learned. On the last day, they serenaded us with the songs they created about our classes.

Sierra Leone makes Senegal look rich. More about that later.

We've drawn some conclusions and are making some plans. More about those later, too.

Thank you all so much for your help. With your gifts, we were able to restock the clinic's supplies and provide the mama/baby packs with women who have so little.

I'm off now, in search of pizza. I'll write more in a few days.

Trish Ross and Chris McManus



December 29, 2006 An Early Retrospective

Hello again!

Since our return, we've been busy, driving to LA to visit Chris's dad, then back here to host my oldest daughter and her kids. We are still a bit upside-down in our days and nights, but will soon reach normal.

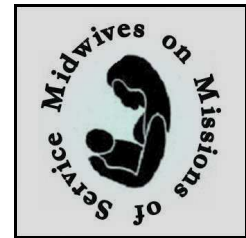
You may have seen the movie, "Blood Diamonds". I haven't seen it (if you know me, you are not surprised). It is set in Sierra Leone ("Salone" in Krio) in the late 90's during the war. The Sierra Leoneans are not happy with the movie. Much of their concern is that nobody seemed to care about the atrocities while they were happening, and now that they are over and the country is rising from the ashes, their pain is now considered glamorous. Also, they want to build a tourism industry (the beaches are really gorgeous) and worry that the public will not understand that the war is over. If you have seen the movie, I'd welcome your comments.

We found the country magnificent. In some ways it reminded us of the Big Island of Hawaii or Tahiti – it is about 8 degrees north latitude so it is closer to the equator than either island. The countryside in the Eastern Province transitions from bush to tropical rainforest, with palms and a wide variety of trees and shrubs. It was hot (in my opinion; Chris pronounced it comfortably warm), with highs around 90 with medium humidity (it is the dry season). At night, it cooled off to the mid 70's – the breeze through the window called for medium pjs with a sheet.

We struggled a bit with water consumption. We wouldn't drink the well water, so relied on bottled water or coffee and tea. As we ran out of water a couple of times, and it was too hot to drink anything hot, we learned to drink palm wine and coconut water. Next time, we will plan better, and perhaps bring a filtering device.

The hardest day for me, both physically and emotionally, was the day we left Peli (pronounced kind of like Barry). A truck was supposed to take us to the river, which we were to cross in canoes, then meet the Paramount Chief in his truck. The first truck blew a tire before we even started. So, several men hoisted our bags to their heads, and a couple of motorcycles were pressed into service carrying the heaviest suitcases, and we walked about 5 miles to the riverside. We left Peli with at about 10:30 am. I had a .75-liter bottle of peppermint tea – nothing else to drink. I had on Birkenstocks and a dress, and the path was hilly, narrow, and rocky. Sudy went on ahead with the baggage, while Chris set a moderate pace with some of the local leaders. I walked slowly with Jitta as a companion, stopping about each 1/3 mile for a mouthful of water. At my first stop, I looked behind me, feeling very sad at leaving. I saw a group of about 10 people, waiting quietly for me to start again. They walked with me, at my pace, the whole way. We talked a bit about the meaning of the English word midwife: with woman. These women (and a couple of men) were midwives, keeping pace with me, supporting me. I hadn't wanted to leave, and with this patient, quiet act of generosity, the people of Peli secured my heart.

When we reached the river, I immediately waded in, stunning our companions. The water was cold, rushing around my ankles. I announced that I was going to swim across, but our hosts vetoed that notion, insisting I climb into the dugout canoe, which was about 25 feet long, and



about two feet deep. I hated leaving the water, but was intrigued by the canoe, and Chris and others joined me. The guys poled the canoe across the river – I really could have swum across easily. On the other side, we learned that the Paramount Chief was just up the hill, and Jitta ran up to fetch us water. I rested a bit, then we walked up that last hill to where the Paramount Chief was waiting for us. We climbed into the Land Cruiser and set off for Daru, the capital of the Jawi Chiefdom, where we spent the night. Leaving Peli was hard; the people were so accepting and kind, bright and funny – just the kind of folks I love.

The next day, we drove the 200 miles or so to Freetown, which took us about 10 hours. Some of the delay related to the stops to buy various supplies, like dried palm fronds for firewood, fruit, beer, and miscellaneous items. One of the women of Peli had given us a rooster. Then in Daru, we were given a goat, which was tied to the roof of the truck next to the large suitcases and the palm fronds, while Mr. Rooster rode inside with 6 humans, three pineapples, several papayas, and our hand luggage. One of the best stops was for lunch in Bo, the second-largest city in the country, at the restaurant where Jitta used to work. We also picked up some gifts she had arranged for us – tailor-made Sierra Leonean dresses!

The slow pace was due only in part to the stops we made. The roads are really, really awful. I can't find words to describe how bad they are. At some points, the driver stopped to try to figure out which track to take through a particularly rutted area; then he shrugged, pushed it into 4WD-Low, then took off. We were routinely bounced off the seat onto the floor and the papayas turned to mush. We responded the only sensible way – with hysterical fits of giggling.

The next day was Sunday, which we spent resting, then on Monday, we met with the Minister of Health and her executive team. She described the new master plan for health care, and we discussed how we fit into that. The net is that we will create a curriculum for midwifery training, implement it first in the Jawi Chiefdom, then leverage it across the country as the standard program for all Chiefdoms, with only minor adaptations. So our scope has expanded a bit. We are thinking hard about how to make it happen effectively. Our first task is to report on our findings, then document the design of the program and gain approval from the Ministry. Then in June, we'll pilot parts of the program, and implement in December, if all goes well.

We plan to ship supplies in early spring, so they are in country when we arrive in June. This shipment will likely include the mama-baby packs, supplies like gloves and tons and tons of condoms (more about that, later – with pictures!), equipment for the clinic and the traditional birth attendants we're working with, and teaching aids like posters, models, etc. Also, we will need to buy provisions to set up housekeeping – we had displaced the Dispenser (Sulieman Koroma) and his family, and used their cooking gear. We certainly don't want to take advantage of his and Aisha's generosity. One of our contacts is the Minister in charge of customs and taxes, who will help us get the shipment into the country safely.

Well, I think that is enough for now. I have so much that I'd like to share with you, but don't want to be long-winded, and have yet to assimilate it all.

I hope you have enjoyed the holidays thus far, and have a wonderful New Year's holiday.

Trish



March 26, 2007: Report of Needs Assessment Is in Sierra Leone!

Hello all

Chris emailed the needs assessment report to Jitta Rogers, MOMS' admin in Sierra Leone, and we heard back that she received the files and printed them! Jitta'll be copying and distributing them during the next several days to the Minister of Health, the Paramount Chief, Mamie Lamin (the leader of the traditional birth attendants in Pelli) and several others.

Part of our excitement is simply that the technology worked! When we have Instant Message chats on Saturday mornings with Jitta, we lose connection typically 4-5 times in a hour-long conversation. Jitta often doesn't get our emails. In addition, she must be in Freetown to use an internet cafe that is this reliable – the places upcountry are off-line for days at a time. The phone is just impossible – we have had one semi-successful phone conversation in more than a dozen attempts.

Another part of our excitement is that this report represents a huge amount of work – about 60 pages of recommendations, quotes, statistics, evaluations, appendices, and an executive summary. The research was quite a learning experience for us. Then compiling the data into a meaningful, cohesive package was also a major job. Chris did an amazing job on this (in her copious free time.

And with the report and recommendations we have gained a lot of clarity around what it is we hope to be doing and the staff it will take.

While that effort has been huge, we have also been working on a "curriculum map." This is a way of making sure we identify all the needed content (and remove everything not needed) and sequence it to make the most sense. Then we chunk that into courses. We are looking at two curricula: one to train women as advanced traditional birth attendants (A-TBA) and the other to train some of the A-TBAs as direct-entry midwives (DEM).

With the completed curriculum maps, we'll start matching existing materials to the courses, making sure we use methods that work for learners who can't read. We'll look for visual aids that don't rely on writing to make their point, and create what we can't find. We'll use story-telling, role plays, drawing, and song to present the information, have them practice it, and evaluate how well they learned it.

To see pictures from our trip, go to http://www.mcm-plr.com/files/SL_Seeing_is_Believing.pdf

We've had some great experiences talking with various groups about the possibilities of this program in Sierra Leone and MOMS' other major service program, the clinic in Ashland, OR, where low-income women can get good care. The county and various agencies there are now referring more women to us for help.

We are making lists for what we will need for our trip in June, and beginning to think a bit about the trip in December or January. We will need midwifery supplies, training supplies, and items for mama-baby packets. Midwifery supplies include gloves, instruments, gauze, needles, syringes, medicine, etc. Training supplies include models, charts, outdated materials, pens, paper, flip chart pads, etc. And the mama-baby packets include receiving blankets, t-shirts,

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hats, socks, and hotel-sized bottles of shampoo, lotion, and soap, and so on. And, obviously, the clinic in Ashland has needs as well. We'll be letting you know about specifics.

It feels really good to know that you are so willing to send good thoughts, money, ibuprofen, diapers, and so on. We have the most generous friends and family imaginable!

We are still looking for someone who can talk very practically with us about the repairs needed after birth for a woman who has undergone female genital cutting. If you know anyone with experience in this, please let us know. This is not something we want to learn on the job.

We have been communicating with the Paramount Chief and others in the area, mostly to reassure them that we are coming back. Jitta has been visiting the village of Pelli twice a month to build the relationships further, get the information we need, and plan for our return. This trip takes two days each way, and she goes by bus, car, and foot, so this is a major undertaking. Sadly, last month she was robbed of her phone and money, which we naturally had to replace. She is very skilled at handling herself, and is a small young woman. She is finding ways to take more precautions.

I think this is probably long enough. Let me know what you think of the pictures – some are Sudy's and some are ours. I love looking at them (almost as much as I love seeing pix of the grandkids!).

Trish