H4+
WORKING TOGETHER TO IMPROVE WOMEN’S AND CHILDREN’S HEALTH

Stories from Democratic Republic of Congo and Sierra Leone

UNAIDS  UNFPA  UNICEF

UN Women  World Health Organization  THE WORLD BANK
When Agnes Lunkembesa gave birth to her ninth child, she decided enough was enough. But although she knew perfectly well how babies were made, she had no idea how to stop them being made.

Then she met Seraphine Lumfuankenda, a voluntary community health worker who walks 60 kilometres every week, going from village to village in the hills of southwestern Democratic Republic of Congo, offering advice about family planning and basic health care.
Agnes listened to what Seraphine told her, took her advice, and, four years after the birth of her ninth child, she has had no more. Outside her home, Seraphine leads her neighbours in a song, conducting vigorously with packets of contraceptives in each hand.

“Men and women must look after their health,” they sing. “It is not good for a woman to have one baby on her back, another at her feet, and a third in her stomach.” Even the village children join in.

“I talk to people about four things when I visit them in their homes,” Seraphine says. “I tell them about how they can plan the number of children they have; about sexually transmitted diseases, about AIDS, and about miscarriages. I don’t just hand out contraceptives when I first meet a couple—I tell them to discuss together what method they might prefer, and then to come to my home where I can give them what they decide on. Often, they come back later to see me again, to tell me how happy they are with the information I’ve given them.”

Seraphine is a vital part of a coordinated community health structure that places special emphasis on maternal health and the health of newborn babies. It is supported by six United Nations health agencies which have come together under the rubric H4+—H is for health, four is for the four agencies that originally launched the programme (UNFPA, UNICEF, WHO and the World Bank), and the + was added when UNAIDS and UN Women joined.

In places like Mbanza Ngungu, where Ms. Lunkembesa lives, deep in rural Congo, the programme is already making a real difference. Agnes is just one of thousands of

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women for whom H4+ has delivered life-changing—and often life-saving—results.

Dr. Eugene Kongnyuy, the H4+ programme coordinator based in Kinshasa, says: “The DRC is a country that has gone through a long series of wars and internal conflicts. It’s now considered a post-conflict fragile state, so its health system is also very fragile. What H4+ does is support the commitment of the government to ensure that basic services, people’s basic human rights, are given to them.”

Take the example of one woman whose two sisters had both died in childbirth. Their neighbours suspected witchcraft, so when the woman herself became pregnant, she was sent away in the expectation that she too would die. Fortunately, a community nurse found her and referred her to the local hospital, where she had a Caesarean section. Both mother and baby survived and are flourishing. “When we met her, she told us she couldn’t believe she was still alive,” says Dr. Kongnyuy. “There are so many stories we can tell to show how H4+ is saving lives.”

The programme focuses particularly on two of the eight United Nations Millennium Development Goals (MDGs). These eight goals range from halving extreme poverty worldwide to halting the spread of HIV and AIDS and providing universal primary education, all by the target date of 2015.

The H4+ programme’s priorities are MDG 4, which is to reduce by two-thirds the number of children who die from preventable causes before they reach their fifth birthday, and MDG 5, which is to reduce the number of women who die unnecessarily from causes related to childbirth by three quarters and provide for universal access to reproductive health.

It’s at the local level that the numbers tell the story. In 2010, 14 women died in childbirth in Mbanza Ngungu. Last year, the number was six; between January and July of 2013, the number was zero.

The regional chief medical officer, Dr. Philippe Pululu, explains how they did it. “With the help of our international partners and the H4+ programme, we set up an obstetrics and neo-natal training programme, and trained some community health workers to offer family planning advice. We also involved local journalists and community leaders so that more people would know what danger signs to look out for during a pregnancy.”
Dr. Pululu himself has become something of a local celebrity, thanks to his regular appearances on a community radio station. “If a pregnant woman has breathing difficulties, or violent headaches, or complains that she can’t see properly, that means something is wrong,” he tells listeners. “That’s when you must go to your local health centre.”

In another part of this vast country, at Mosango district hospital, 400 kilometres east of the capital, a new antenatal unit has been equipped and funded with the help of the H4+ programme. With beds and bedding provided, it also provides medical care for women from outlying rural areas whose pregnancies require constant monitoring. Without it, at least some of them—and their babies—would die.

Earlier this year, Solange Sola Mubisambo, a 32-year-old schoolteacher, spent five weeks in the unit, under close medical supervision. Every day, nurses took her temperature, measured her pulse rate, and monitored the heartbeat of her unborn child.

Now back in her village, she tells her story as she sits in her simple, mud-walled home, with her husband at her side. “I have four children, three boys and a girl. The first two were born without any problems. But my third pregnancy was very difficult and the birth was very complicated. I had irregular contractions and prolonged labour.”

When Solange became pregnant for the fourth time, she feared that both she and her unborn child could be in serious danger. Her husband, Mafalanga, 51, had already lost his first wife in childbirth, and he was terrified that the same thing might happen again.

“I went to the new ante-natal unit at Mosango,” says Solange. “I was so well looked after—they gave me a bed, a plastic chair, and a container for water. The other women
in the unit all had either difficult pregnancies or had had Caesarean sections in the past. Before the unit was opened, many of them would have had to give birth by the roadside.

“Now my little son Benjamin is five months old, but because of all the problems I’d had during the pregnancy, we decided that I would be sterilised. So now I know I won’t have to go through the same thing again.”

Solang and Agnes are just two women in one country who illustrate the huge potential benefits of the H4+ approach to women’s and children’s health. By coordinating the work of many different agencies, tackling root causes as well as immediate needs, it is already delivering real and long-lasting changes.

The programme’s reach is far wider than that of individual agencies, taking in the education of girls and child marriage, gender inequality issues, and mother-to-child HIV transmission, as well as the more immediate issues surrounding family planning, pregnancy and childbirth.

“Child mortality is also a human rights issue because children don’t ask to be born,” says Dr Kongnyuy. “If they are born, we must take care of them. We must ensure that everyone, especially women and children, has the right to life, and the right to equal participation in society. That’s what the H4+ programme aims to help to achieve.

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Giving Birth in Sierra Leone: Not Just Women’s Stuff

The Reverend George Buannie is a powerfully built man, with a voice to match. And in the dirt-poor village of Binkolo, in northern Sierra Leone, he’s talking serious stuff to a local farmer.

Not about how tough it is to survive in one of the poorest countries on earth. Not about football, or politics, or any of the other topics that men usually talk about. He is talking about teenage pregnancies, and child marriage, and family planning. “Women’s stuff.”

Except, says Rev. George, it’s not just women’s stuff. It’s everyone’s stuff. “You can’t expect to do anything effective about improving women’s health and maternal mortality rates if you ignore men,” he says. “They want to be involved, they want to know what’s going on. If you ignore them, and just have women talking to women, they get suspicious.”

In Sierra Leone, the whole “giving birth business” is still widely regarded as a women’s issue. Very few men have any idea what’s involved—and when they find out, they’re
appalled. They had no idea. The wife of a village chief phoned a health activist recently after he’d been to one of George Buannie’s meetings and saw a video of a woman giving birth. “What on earth have you done to my husband?” she demanded. “He’s a changed man, he’s started being nice to me.”

So how do you persuade someone like the farmer in Binkolo that it’s not a good idea to marry off his daughters at the age of 12 or 13? How can you convince them that when children give birth to children, far too many of them die? “I ask them a question,” says Rev. George. “I ask them: ‘Which do you prefer? To stand over the corpse of a young girl, as you prepare to bury her body in the ground, or to educate her about sex and contraception, so that she doesn’t die?’”

Dr. Jarrie Kabba-Kebbey of UNFPA, the UN Population Fund, one of six United Nations agencies supporting George Buannie’s work, has another question for the men of Sierra Leone. At a three-day training workshop for “male advocates and peer educators,” with the slogan: “Men taking the lead to put women ahead,” she says: “When you go out into the villages and talk to the men, ask them this: ‘When you look at your neighbours, who’s got the better life? Who’s better off? Whose children will have the best opportunities? The man with just two or three children, or the man with 10?’”

It’s not a difficult message to get across, says Dr. Kabba-Kebbey. “If a man has fewer children, he can afford to send more of them to school. Girls who go to school are less

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likely to get married too young, and less likely to get pregnant. And fewer teenage pregnancies mean fewer birth-related deaths."

Sierra Leone should be one of the most prosperous countries in West Africa, with its diamonds, iron ore and bauxite reserves. Yet, the vast majority of its people live in grinding poverty, and the country has the fourth highest maternal mortality rate in the world. About half of all its children suffer from stunted physical or mental development; 70 per cent of its women are illiterate. A 10-year civil war that ended in 2001 destroyed much of the country’s infrastructure: there’s no functioning national power grid and only a handful of paved roads.

H4+ is a joint initiative that mobilizes the efforts of six United Nations agencies—UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank—to improve children’s and women’s health and reduce mortality rates.

On health, though, it is making progress. With the help of international financial and technical support, the Government has introduced free health care for all pregnant women, nursing mothers and children up to the age of five. A massive training programme is under way for local-level health professionals, supported by H4+.

Baratu Lee was 12 or 13 when she had her first child. She’s not sure how old she is now -- she thinks she’s about 27 - and she’s had nine more since then. Three children, a pair of twins and a daughter, have died. Baratu is a member of the Fula tribe.
“In my tribe, we love children very much,” she says, with her youngest, five-month-old Safiatu, suckling at her breast. “Every time I had a baby, people came to see it. And when they saw that it was healthy, they said I was OK to have another one.”

But her neighbours were wrong. When her last baby was born, the doctors told her she would be risking her life if she had any more. And that’s where Mabinty Kamara comes in. Mabinty, a community health worker who was trained with the help of the H4+ agencies, had a word with Baratu’s husband.

He listened to what she said, he understood, and he agreed. Now Baratu has been sterilised and she says she’s so happy that she can concentrate on raising her eight surviving children, including two more sets of twins. Her husband is happy too, she says. A success.

Until recently, Sierra Leone had a mere 100 qualified midwives for the whole country, serving a total population of around six million. Now, thanks to support delivered through H4+, a second midwifery school has opened in the northern town of Makeni.

The students are already qualified nurses, and many have had several years’ experience working at the local level. H4+ agencies help sponsor 50 students every year (plus another 50 at another midwifery school in the capital, Freetown), paying all their fees and living expenses. The first group has already graduated and they are back in their local communities, helping to deliver babies safely.

In the village clinic at Masongbo, I meet Zainab Mansaray. She was a nurse for 10 years before training as a midwife, and she’s the first one they’ve ever had at the clinic. Judging by the dozens of women sitting patiently on benches on the verandah, as torrential rain pours down outside, her skills are desperately needed: about a third of the mothers or mothers-to-be look as if they’re no more than 15 or 16 years old. According to official figures, one-third of all Sierra Leonean women have become pregnant by the time they reach their 19th birthday, and complications of pregnancy and childbirth are the main causes of death among adolescent girls ages 15–19 years old in developing countries.

Dr. Kabba-Kebbay says: “What the extra funding from the H4+ programme has enabled us to do is fill gaps where we were short of resources. That means in particular more trained midwives where they are most needed—it’s been a very big success story for us.”

In some parts of the country, targets have already been met ahead of time. In Pujehun district, in southern Sierra Leone, not far from the border with Liberia, the district medical officer, Dr. Mohamed Vandi, tells me they’ve beaten their targets on contraceptive use and “institutional” births (i.e., deliveries in clinics or hospitals rather than in village homes). The training of more health workers in basic maternal and child health care is also being funded through the UN programme—and in the newly-built maternity wing of the regional hospital, birth-related deaths in the first eight months of 2013 were down to three from eight over the same period in 2012.
“You can actually see the impact of the H4+ programme in so many places,” says Dr. Kabba-Kebbay. “More trained midwives, more trained health professionals in local clinics, giving advice on family planning and anti-HIV measures, and now far more births with trained medical staff on hand. Add to all that the work we’re doing on educating men about the role they can play, on reducing gender-based violence and on teenage pregnancies, and we really can see the potential for huge changes.”
This brochure was made possible with the support from the Department of Foreign Affairs, Trade and Development of Canada.