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CHALLENGES IN PARTNER IMPLEMENTATION AND REPORTED MATERNAL MORTALITY TRENDS IN KAMBIA DISTRICT, SIERRA LEONE

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ABSTRACT

Partner organizations contribute resources and technical support to maternal health programmes, but implementation can be constrained by reporting, financing, staffing and coordination problems. This manuscript examined implementation challenges reported by partners and compared reported maternal mortality cases before and after the introduction of partner interventions in Kambia District, Sierra Leone. The study used a descriptive mixed-method design. Forty-one workers from six maternal-health partners were surveyed, alongside 125 health personnel in the wider study. Descriptive analysis was conducted using Excel and SPSS. Among health personnel, the leading implementation-related challenges were untimely response (25.6%), duplication of activities by different partners (19.2%), stock-outs (17.6%) and lack of funds (15.2%). Among partner respondents, the largest reported challenge was untimely dissemination of reports from the hospital (41.5%), followed by shortage of funds (22.0%), retention of trained staff (14.6%) and misuse of available resources (14.6%). The study's dedicated trend series recorded 52, 45, 53, 50 and 48 maternal mortality cases in 2004–2008 before partner intervention and 20, 22, 19, 20 and 18 cases in 2018–2022 after partner interventions. The mean number of reported cases fell from 49.6 to 19.8, a descriptive reduction of approximately 60.1%. Because the study did not provide live-birth denominators for these series, the figures should be interpreted as reported case counts rather than maternal mortality ratios.

Keywords: maternal mortality; implementation challenges; health partners; reporting; Kambia District; Sierra Leone

I. INTRODUCTION

Maternal mortality remains a major public health problem in Sub-Saharan Africa. The thesis identifies obstetric haemorrhage, hypertensive disorders, infections, unsafe abortion and obstructed labour among major causes, while transportation problems, delays in seeking or receiving care, inadequate equipment, shortages of skilled staff and inadequate financing contribute to poor outcomes (Jarnda et al., 2021; Musarandega et al., 2021; Sageer, 2019).

In Kambia District, partner organizations have supported maternal and reproductive health services through training, medical supplies and equipment, transportation support, funds for meetings and maternal death investigation, and other health-system interventions. The thesis, however, identifies implementation problems that may reduce the efficiency of these activities. These include delayed reporting, shortage of funds, staff retention difficulties, misuse of resources, poor communication and duplication of activities.

Understanding such implementation barriers is important because maternal death surveillance and response depends on timely identification, reporting and action on the causes and circumstances surrounding maternal deaths (Scott & Dairo, 2015; Kouanda, 2022). This manuscript therefore examines the challenges faced by partners and health personnel and describes the reported maternal mortality trend before and after partner interventions in Kambia District.

II. LITERATURE REVIEW

The thesis literature emphasizes that maternal mortality is influenced by interacting health-system and social determinants. Rural populations may face poor transportation, shortages of trained personnel, limited health awareness and lower socioeconomic resources (Garenne, 2015). Delays in receiving care and transportation problems are also identified as contributors to maternal mortality (Jarnda et al., 2021).

Partner support can strengthen service delivery, but the effectiveness of such support depends on health-worker capacity, timely treatment, adequate equipment and supplies, financing, referral systems and effective coordination. Ahmed and Fullerton (2019), as cited in the thesis, identify inadequate expertise and delays in early treatment as challenges to reducing maternal and neonatal mortality. WHO guidance similarly emphasizes the importance of counting maternal deaths accurately, understanding their causes and developing context-specific interventions (WHO, 2015).

III. MATERIALS AND METHODS

Study design and setting: A descriptive mixed-method study was undertaken in Kambia District, North-Western Sierra Leone. Study sites included Kambia Government Hospital and selected Peripheral Health Units.

Participants and sampling: The study included 125 health personnel and 41 workers from six active partner organizations. The partner sample was obtained through stratified random sampling, with a quota of seven questionnaires per partner. Three chiefdoms were randomly selected from ten chiefdoms, followed by purposive selection of relevant supervisory health personnel, District Health Management Team members, hospital personnel and partner workers.

Data collection and analysis: Questionnaires addressed partner interventions, frequency of activities, challenges, reporting, perceived success and maternal mortality figures. Data were checked, entered into Excel and exported to SPSS version 16.0. Descriptive statistics were used.

Trend-data approach: For the pre/post comparison, this manuscript uses the dedicated baseline series presented in the thesis (2004–2008) and the dedicated current series presented after intervention (2018–2022). These are reported case counts, not rates, because the thesis does not provide corresponding live-birth denominators for the series. The comparison is therefore descriptive and should not be interpreted as a causal estimate of partner impact.

IV. RESULTS

Partner and health-personnel challenges: Health personnel identified untimely response as the most frequent challenge (25.6%), followed by duplication of activities (19.2%), stock-outs (17.6%) and lack of funds (15.2%). Poor communication and unclear mandates were reported less frequently.

Challenge reported by health personnel	Frequency	Percent
Untimely response	32	25.6%
Duplication of activities	24	19.2%
Stock-out	22	17.6%
Lack of funds	19	15.2%
No certificate after training	15	12.0%
Poor communication	7	5.6%
Mandate not well spelt	6	4.8%

Challenges reported by partner workers. Among the 41 partner respondents, untimely dissemination of reports from the hospital was the largest challenge (41.5%), followed by shortage of funds (22.0%), retention of trained staff (14.6%), misuse of available resources (14.6%) and lack of transparency and accountability from beneficiaries (7.3%).

Partner implementation challenge	Frequency	Percent
Untimely dissemination of hospital reports	17	41.5%
Shortage of funds	9	22.0%
Trained staff retention	6	14.6%
Misuse of available resources	6	14.6%
Lack of transparency/accountability	3	7.3%

Levels and types of intervention. Kambia Appeal was reported as operating at district level, while GOAL, CAPACARE/UNFPA, GIZ/CARE, Red Cross and Marie Stopes were reported as operating at national level. Partner activities included staff training, construction and rehabilitation of health facilities, medical equipment, drugs, blood drives, fuel for obstetric emergencies, maternal death investigation and review funds, meeting funds, vehicles, and other amenities.

Partner	Level reported
Kambia Appeal	District
GOAL	National
CAPACARE/UNFPA	National
GIZ/CARE	National
Red Cross	National
Marie Stopes	National

Reported maternal mortality cases before and after intervention. The thesis reports 52, 45, 53, 50 and 48 cases for 2004–2008, respectively, before partner intervention, and 20, 22, 19, 20 and 18 cases for 2018–2022 after partner interventions.

Period	Year	Reported cases
Before intervention	2004	52
Before intervention	2005	45
Before intervention	2006	53
Before intervention	2007	50
Before intervention	2008	48
After intervention	2018	20
After intervention	2019	22
After intervention	2020	19
After intervention	2021	20
After intervention	2022	18

Descriptive comparison. The mean number of reported cases across the five pre-intervention years was 49.6, compared with 19.8 across the five post-intervention years. This corresponds to an approximate 60.1% lower mean case count. The final year in each series also shows 48 cases in 2008 compared with 18 in 2022, a 62.5% lower reported count. These calculations are descriptive comparisons of the thesis data and not maternal mortality ratios.

V. DISCUSSION

The findings show that implementation barriers occur at both health-facility and partner levels. Untimely reporting was particularly prominent among partner respondents, while untimely response was the leading challenge reported by health personnel. These findings are important because maternal death surveillance and response requires timely information to identify causes, review events and trigger corrective action (Scott & Dairo, 2015; Kouanda, 2022).

Financial and supply constraints were also important. Shortage of funds and stock-outs can limit the ability of health facilities and partners to maintain activities, while staff-retention problems can weaken the benefits of training. The thesis literature similarly links inadequate funding, shortages of equipment and delayed referral to maternal deaths (Sageer, 2019). The reported duplication of activities indicates a coordination problem: multiple organizations may be contributing to maternal health, but their activities need to be synchronized with district priorities.

The reported decline in maternal mortality case counts between the dedicated pre-intervention and post-intervention series is substantial. However, the study design does not establish that partner interventions alone produced the decline. Changes in service delivery, health policy, community behaviour, staffing, referral systems and other contextual factors may also have contributed. Furthermore, the thesis does not provide live-birth

denominators for these series, so a maternal mortality ratio cannot be calculated from the presented figures.

The results nevertheless support the thesis conclusion that partner interventions were associated with lower reported maternal death counts and that strengthening reporting, financing, accountability, staffing and coordination may improve programme performance.

VI. CONCLUSION

The major implementation challenges identified were delayed reporting or response, shortage of funds, stock-outs, duplication of partner activities, staff-retention difficulties, misuse of resources and weak communication or accountability. The thesis data also show a substantially lower number of reported maternal deaths in the post-intervention series than in the pre-intervention series. The findings suggest that partner programmes can be strengthened by improving the flow of information, ensuring timely financing and supplies, retaining trained personnel, and coordinating partner activities through district-level dialogue.

VII. RECOMMENDATIONS

Partners should ensure timely funding and reporting requirements; health facilities should submit intervention and maternal-death reports promptly; the Ministry of Health and partners should support retention of trained staff; partners and facilities should strengthen transparency and accountability in resource use; and a district coordination forum should be used to synchronize partner activities and minimize duplication. Future evaluations should maintain consistent maternal-death definitions and collect live-birth denominators so that maternal mortality ratios can be calculated and trends assessed more rigorously.

LIMITATIONS AND DATA CLARIFICATION

The study covered selected chiefdoms and one referral hospital and included a relatively small number of partner respondents. Respondent perceptions may also be affected by social desirability or concerns about organizational scrutiny. In addition, the thesis contains more than one set of maternal-death figures in different chapters. To avoid silently reconciling these figures, this manuscript uses only the Chapter Four baseline/current series specifically presented as the pre-intervention and post-intervention comparison.

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