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ROLE AND EFFECTIVENESS OF HEALTH PARTNERS IN REDUCING MATERNAL MORTALITY IN KAMBIA DISTRICT, SIERRA LEONE

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ABSTRACT

Maternal mortality remains a major public health concern in Sierra Leone and other low-resource settings. This study analysed the role of health partners in interventions aimed at reducing maternal mortality in Kambia District. A descriptive mixed-method design was used. Questionnaires were administered to 125 health personnel in selected health facilities and to 41 workers from six partners involved in maternal mortality reduction. Data were checked for completeness and analysed using descriptive statistics in Excel and SPSS. All 125 health personnel reported awareness of partner interventions. The partners identified were Kambia Appeal, GOAL, Marie Stopes, CAPACARE/UNFPA, GIZ/CARE and the Sierra Leone Red Cross. The main intervention activities reported by health personnel were capacity building, provision of fuel and food to staff and patients, provision of funds for meetings, donation of medical equipment and provision of vehicles. Capacity building was the most frequently reported activity (28.8%). Partner performance was generally rated positively: 86.4% of respondents rated Kambia Appeal as very successful, compared with 75.2% for GOAL, 68.8% for CAPACARE/UNFPA, 65.6% for Marie Stopes, 64.0% for Red Cross and 57.6% for GIZ/CARE. The findings indicate substantial partner involvement and generally favourable perceptions of intervention effectiveness, while also pointing to the need for better coordination, reporting and resource management.

Keywords: maternal mortality; health partners; interventions; Kambia District; Sierra Leone; effectiveness

I. INTRODUCTION

Maternal mortality is an important indicator of population health and of the quality of reproductive health services. The thesis underpinning this manuscript notes that preventable maternal deaths remain concentrated in low-resource settings and that obstetric haemorrhage, hypertensive disorders, infections and other obstetric and non-obstetric conditions continue to contribute substantially to maternal mortality in Sub-Saharan Africa (Jarnda et al., 2021; Musarandega et al., 2021). The literature reviewed in the thesis also identifies transportation barriers, delayed care, inadequate equipment, insufficient financing, shortages of skilled personnel and socioeconomic conditions as important contributors to maternal mortality (Okwan & Kovács, 2019; Sageer, 2019). Kambia District has received support from government and development partners through interventions directed at maternal and reproductive health. The thesis identified Kambia Appeal, GOAL, Marie Stopes, CAPACARE/UNFPA, GIZ/CARE and the Sierra Leone Red Cross as partners involved in maternal mortality reduction. Kambia Appeal, for example, supports the district health system through training, supervision support and assistance with equipment and supplies. The broader literature emphasizes that partner action should be coordinated with government systems and should strengthen the continuum of care, family planning, reproductive health and the capacity to identify and respond to maternal deaths (WHO, 2014; WHO, 2015).

The study therefore sought to analyse the role of partners in interventions for reducing maternal mortality in Kambia District. Specifically, it identified the partners involved, described their interventions, assessed perceived effectiveness, and examined challenges affecting implementation.

II. LITERATURE REVIEW

Maternal mortality is defined in the thesis using the WHO/ICD-10 concept of death during pregnancy, childbirth or within 42 days of termination of pregnancy from causes related to or aggravated by pregnancy or its management, excluding accidental or incidental causes. The literature reviewed identifies severe bleeding, infection, unsafe abortion, hypertensive disorders and obstructed labour as major preventable causes (United Nations, 2020).

The thesis further reports that maternal mortality is shaped by social and health-system determinants, including rural residence, socioeconomic position, education, access to skilled birth attendance, transportation, availability of health facilities and the quality and timeliness of care (Garenne, 2015; Batist, 2019; Onambele et al., 2022). Partner interventions therefore have relevance when they strengthen human resources, supplies, transport, referral systems, reporting and community access to reproductive health services.

WHO guidance cited in the thesis places emphasis on standards, technical support, training, evidence-based clinical and programmatic guidance, and improved surveillance of maternal deaths (WHO, 2014; WHO, 2015). The thesis also notes that partner interventions have produced improvements in developing countries, although continued action is required to eliminate preventable maternal deaths.

III. MATERIALS AND METHODS

Study design and setting: A descriptive mixed-method study design was used, combining quantitative and qualitative approaches. The study was conducted in Kambia District, North-Western Sierra Leone, including Kambia Government Hospital and selected Peripheral Health Units. Kambia District borders Port Loko District, Karene District and the Republic of Guinea.

Study population and sampling: The study included active health personnel at supervisory level and personnel from partner institutions involved in maternal mortality reduction. A total of 125 health personnel were interviewed. In addition, 41 workers from six active partners were interviewed, with seven questionnaires administered to each partner. Three chiefdoms were selected from the ten chiefdoms in the district using random sampling; purposive sampling was then used to select relevant health personnel and partner workers.

Data collection and analysis: Structured questionnaires were administered to health personnel and partner workers. Facility and partner records were also considered. Completed questionnaires were checked for completeness and consistency, entered into Excel and exported to SPSS version 16.0. Descriptive statistics were used to summarize the findings.

Ethics: Ethical permission was sought from the Ministry of Health and Sanitation ethics and scientific review process, together with approval from health-facility authorities. Participation was voluntary, confidentiality was assured and respondents were informed that information would be used for academic purposes.

IV. RESULTS

Respondent characteristics: Of the 125 health personnel, 74 (59.2%) were female and 51 (40.8%) were male. Nurses constituted 62 (49.6%) of respondents, followed by midwives (17.6%) and Community Health Officers (16.0%).

Sex	Frequency	Percent
Male	51	40.8%
Female	74	59.2%
Total	125	100%

Partner awareness and familiarity. All 125 health personnel (100%) reported awareness of partner interventions. Kambia Appeal was the partner with whom respondents were most familiar (31.2%), followed by GOAL (20.0%), GIZ/CARE (19.2%), Marie Stopes (13.6%), CAPACARE/UNFPA (8.0%) and Red Cross (8.0%).

Partner	Frequency	Percent
Kambia Appeal	39	31.2%
GOAL	25	20.0%
GIZ/CARE	24	19.2%
Marie Stopes	17	13.6%
CAPACARE/UNFPA	10	8.0%
Red Cross	10	8.0%

Intervention activities. Five broad activities were reported: capacity building (28.8%), fuel and food to staff and patients (22.4%), provision of funds for meetings (18.4%), donation of medical equipment (16.8%), and provision of vehicles (13.6%).

Intervention	Frequency	Percent
Capacity building	36	28.8%
Fuel and food to staff/patients	23	22.4%
Funds for meetings	23	18.4%
Medical equipment	21	16.8%
Vehicles	17	13.6%

Perceived effectiveness and success. The thesis reports that 80% of intervention activities were effective overall. Partner-specific ratings show favourable assessments, although the detailed effectiveness table contains an internal percentage inconsistency for Kambia Appeal; therefore, this manuscript relies on the study's reported overall interpretation and the separate success-rating table.

Partner	Very successful	Successful	Not successful
Kambia Appeal	108	17	0
GIZ/CARE	72	53	0
CAPACARE/UNFPA	86	39	0
Red Cross	80	45	0
Marie Stopes	82	43	0
GOAL	94	31	0

Frequency of activities. Activities were reported as occurring daily, weekly or monthly depending on the partner. Kambia Appeal was reported as daily by 79.2% of health personnel, while GIZ/CARE was reported as monthly by 84.0%. CAPACARE/UNFPA, Red Cross and GOAL were predominantly reported as daily, whereas Marie Stopes was predominantly reported as weekly.

V. DISCUSSION

The findings demonstrate broad recognition of partner contributions to maternal mortality reduction in Kambia District. All health personnel interviewed reported awareness of partner interventions, suggesting that partner activities are visible within the district health system. Kambia Appeal had the highest familiarity rating, consistent with the thesis description of its long-standing district-specific engagement in health-system strengthening, training and support to maternal and child health.

The predominance of capacity building among reported intervention activities is consistent with the literature reviewed in the thesis, which emphasizes the importance of skilled health workers and continuing training for obstetric care (WHO, 2014; Ahmed & Fullerton, 2019). Support for fuel, food, equipment, vehicles and meetings also addresses practical health-system constraints identified in the maternal mortality literature, including transport and equipment limitations.

The positive success ratings across all six partners suggest that respondents perceived partner interventions as useful. Kambia Appeal received the highest proportion of "very successful" ratings (86.4%), followed by GOAL (75.2%). These perceptions should, however, be interpreted as reported assessments rather than causal estimates. The study design was descriptive and did not establish that a particular partner independently caused changes in maternal mortality.

The findings also support the thesis conclusion that partner activities were generally effective and satisfactory. At the same time, the presence of coordination, reporting and resource-management challenges indicates that effectiveness can be strengthened through better integration of partner activities with district health priorities.

VI. CONCLUSION

Six partners were identified as actively involved in maternal mortality reduction in Kambia District: Kambia Appeal, GOAL, Marie Stopes, CAPACARE/UNFPA, GIZ/CARE and the Sierra Leone Red Cross. Their interventions included capacity building, support with fuel and food, meeting funds, medical equipment and vehicles. Health personnel reported high awareness of these interventions and generally favourable assessments of their effectiveness and success. The findings indicate that coordinated partner support is an important component of district-level maternal health programming, but sustained improvement requires stronger coordination, timely reporting and appropriate resource management.

VII. RECOMMENDATIONS

Partners should ensure timely availability of funds for planned activities; health facilities should provide timely reports on intervention outputs and impacts; partners and health facilities should strengthen transparency and accountability; the Ministry of Health should support retention of trained staff; health facilities should promote judicious use of resources; and partners should establish a dialogue mechanism to synchronize interventions and reduce duplication.

LIMITATIONS

The study was conducted in selected chiefdoms and one referral hospital and therefore may not represent all health facilities or communities in Sierra Leone. The study also relied substantially on respondents' assessments. The thesis notes possible reluctance to provide sensitive information, financial and time constraints, and the possibility of socially desirable responses. These limitations restrict causal interpretation.

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