

From destruction to new birth be part of the bigger picture



Ranked 158th of 169 countries in 2010, Sierra Leone is one of the poorest countries in the world.¹ With over 10 years of conflict behind it and many more of unrest before that, Sierra Leone has seen much tragedy and suffered immeasurably.

Today, nine years after its conflict officially ended in 2002, Sierra Leone is still struggling to move forward from a civil war that destroyed communities, killed or mutilated thousands and caused millions more to flee. With Christian Aid and our partners Methodist Church of Sierra Leone (MCSL) and the Social Enterprise and Development Foundation (SEND), your school has the exciting opportunity to engage with life-changing work.

Unique to this Partnership Scheme is the committed 1:3 match-funding from the European Commission. That means, for every pound you raise, the EU will donate £3 of their own. By committing to raise an incredible £5,000 you will ultimately be contributing £20,000 to our work in transforming the lives of mothers and children in Kailahun District!

**Join us today and help us transform
healthcare in Sierra Leone**



¹ UNDP, Human Development Index, 2010 Rankings, hdr.undp.org/en/statistics/

Overview and statistics

Population:	5.8 million – about the same as Scotland
Area:	71,740 km ² (27,699 square miles) – about the same as Scotland
Major languages:	English, Krio (Creole language derived from English, spoken by 97% of the population), several African languages
Major religions:	Islam (60%), Christianity (10%), indigenous beliefs (30%)
Life expectancy:	Men – 46 years, women – 49 years (UN)
Main exports:	Diamonds, rutile (titanium ore), cocoa, coffee, fish
Average income per person:	US\$340 (UNICEF, 2009)
Climate:	Tropical, with landscape ranging from rainforests to savannah



Interesting fact!

The staple food (eaten for virtually every meal) is rice, often accompanied by fish. The Mende people (one of the ethnic groups in the country) have over 20 different words to describe rice, such as separate words for 'sweet rice', 'pounded rice' and 'the rice that sticks to the bottom of a pot upon cooking'.

Sierra Leonean independence was achieved in April 1961, however, unrest during the following 30 years culminated in a brutal civil war in 1991. The UN estimates that 20,000 people were killed and two million were internally displaced. A further 500,000 fled across Sierra Leone's borders to Guinea and Liberia, although Liberia was itself experiencing internal unrest at the time. The rebel group, the Revolutionary United Front, was notorious for kidnapping children (an estimated 10,000 children were captured) to be brainwashed into becoming child soldiers, and spreading terror by mutilating civilians. Although the exact number of people who suffered amputation at the hands of combatants may never be known, Handicap International and Médecins Sans Frontières estimate that at least 4,000 people, including women and children, were amputated and that approximately three out of every four people who experienced such mutilation died.²

Following the end of the conflict in 2002, a war crimes tribunal and a Truth and Reconciliation Commission were established and the people of Sierra Leone are now slowly rebuilding their shattered country. The government of Sierra Leone, with the support of the international development community, has been able to restore peace and political stability. Although much has moved forward, healthcare – and in particular maternal and child health – still faces enormous challenges.

- Almost one in 10 children die before their first birthday.
- A third of children aged under five are underweight.
- Average life expectancy is only 48.
- Only half the population have access to safe drinking water.
- More than half the population lives on less than \$1.25 a day; more than three-quarters live on less than \$2 a day.

² *Witness to Truth: Report of the Sierra Leone Truth and Reconciliation Commission, Appendix 5, Truth and Reconciliation Commission, 2004, p9.*

So what are the problems in Kailahun exactly?

Maternal and under-five mortality figures in Sierra Leone, and particularly in Kailahun District, are amongst the highest in the world. In Kailahun, the poorest district in the country, less than 32 per cent of children were delivered by a skilled birth attendant in 2008. This is because there are only three doctors serving 74 peripheral health units and two referral hospitals. With serious staff shortages, communities are unable to access adequate, life-saving healthcare.

With only one ambulance available at one hospital, mothers and babies living in rural areas are often unable to get to the hospital at all. Limited equipment in the two main referral hospitals means that mothers face struggles not only reaching the ward in time, but accessing the vital care they need when they get there. Neither hospital is able to provide comprehensive care to pregnant women and those in labour.

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Poor electric lighting on wards

With poor electrics and power supplies and the serious lack of equipment, ranging from beds to surgical tools, nursing and medical staff are unable to provide consistent care and work in very difficult conditions. A duty caretaker, the only staff member available on a recent visit to the hospital, eagerly explained how important improvement work would be – because there is no light in the operating theatres.

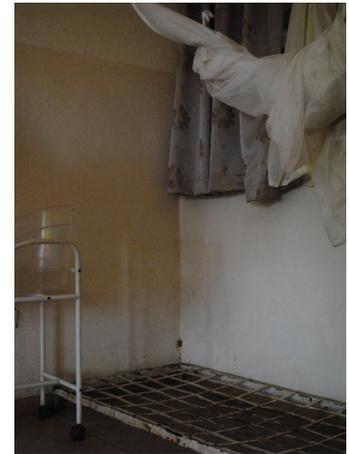
There are minimal health and sanitation

practices in place to maintain sterile conditions in either the operating theatres or the wards. As a colleague reflected on a recent visit: 'Through a small door we came in to a small, dark ward – there was no electricity on at the time. Getting used to the dark I started to see the bandages on the children, the dirty dressing holding the needle for the drip in the back of a small hand.' He also noted how 'some cots had children in them, some sitting, some sleeping, some in corners, just lying'. Thousands are deprived of adequate healthcare in Kailahun and many more continue to suffer in silence.

Encouraging people to attend hospital can be difficult, because they often wait till they are too ill to travel or first consult a local witch doctor.

There is general misunderstanding for many – often women will demand a pill or any form of medication from the doctor. It is not entirely clear whether this is to fulfil the sense that 'proper' medications cannot be bad, or to justify the trip to the hospital or clinic in the first place.

Whichever it is, it identifies the vital need for education and understanding.



An unused hospital room

Christian Aid/Jake Allen

Christian Aid/Jake Allen



A children's ward in the Kailahun District hospital

The children's ward (pictured) is typical of the wards in the main Kailahun hospital in the town centre. Sadly it provides little privacy for suffering children. Usually about 10 children share the ward, but there is little space for parents to sit beside them comfortably. The atmosphere is dark, unbearably hot and uninviting, an unsettling experience for a sick child or teenager. Everyone shares the same facilities. There are no amenities except cots and mosquito nets in the ward, so there is nothing for the children and their families to do but wait, unsure whether the one doctor will be able to attend today.

What are we doing about it?



On 1 April, a project to transform health and medical conditions for thousands of women and children in Kailahun District was launched by MCSL and SEND.

Your commitment and support will ensure that nursing and medical staff will be given the means and facilities to provide better care and life-saving treatment to thousands of people, particularly the most vulnerable in communities, women and children. Education and training will be offered to communities, encouraging access to the improved healthcare facilities and ensuring that those in need of medical care seek it as soon as possible.

Christian Aid alongside our partners MCSL and SEND:

- will work with other organisations to enable 24-hour electricity and safe, running water for key maternity wards and operating theatres at both hospitals and the Nixon blood bank laboratory
- will provide key equipment to maternity and children's wards, including two ambulances to ensure that mothers are able to effectively reach services
- will support the development of hospital board accountability to guarantee ongoing improvement in hospitals through mentoring and training
- will be part of setting up subcommittees that can oversee maintenance and ensure that the standard of care provided is effective, including setting up new guidelines on sanitation and correct hospital maintenance
- will encourage community involvement in the development of healthcare and ensure that the government engages with the needs which are being presented.

Beneficiaries
Total population of Kailahun District – 421,287 people!



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A nurse stands in the children's ward

Join us today alongside other schools, individuals, churches and community groups to reach our target of £289,860.

With match-funding of 1:3, that will make the entire contribution worth an incredible £1,159,443 which will transform healthcare and save the lives of thousands of women and children in Kailahun District!

If you have any other queries, please contact the Church Partnerships Unit by email partnershipscheme@christian-aid.org, or writing to PO Box 100, London SE1 7RT.

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Poverty is an outrage against humanity. It robs people of dignity, freedom and hope, of power over their own lives. Christian Aid has a vision – an end to poverty – and we believe that vision can become a reality. We urge you to join us.

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