



sponsor a mum

Sponsor a Mum believes that safe motherhood is a human right. In many remote and rural communities worldwide, maternal mortality still remains high. Sponsor a Mum aims to reduce this by working with communities to improve their access to healthcare during pregnancy and childbirth.



“I live in Roj – it is ten hours away by car. There is no antenatal care where I live. I was brought on a stretcher after I had problems during my labour. An operation was done and I lost one of my twins.”

Sabrigal, Afghanistan



“My second wife had a problem when she was giving birth, it happened at night. I took her to Keur Madiabel health centre and then she was sent to Kaolak. When we arrived there was no one there to help, so we waited all night and in the morning it was too late, she had died with her baby. It was her tenth child who killed her.”

El Hadj Mammatt Diouf, Senegal



“Whilst in labour I was having problems and I was bleeding. There was nobody there to help me.”

Sonia, India

voices from
around the world

Many women and communities around the world share similar experiences. However, each community is different with individual needs. Sponsor a Mum recognises this and ensures that sponsorship is tailored to the needs of the women and the community. Money will go directly to improving a woman's access to healthcare to include transport, skilled care, training and education.

Sponsoring a Mum benefits not just the maternal health of the community but the general basic health of everyone through the improvement of facilities, transport, infrastructure and/or education.

By making motherhood safer, a baby's chance of surviving childbirth is also greatly increased.



A sponsor will receive regular updates via the website from those who have benefited from the sponsorship. If they wish to, they will be able to write letters to the community and a visit can be arranged.

become a sponsor now

Sponsor a Mum is looking for sponsors for Keur Sanou village in Senegal, West Africa.

Just choose which donate option is convenient to you on our home page www.imet2000.org/sponsoramum
Please email us for further information:
sponsoramum@imet2000.org

sponsor a mum

about senegal

Senegal is recognised as one of the poorest countries in the world. Its maternal mortality rate is nearly 700 deaths per 100,000 live births, an alarmingly high number.¹ It averages only one gynaecologist per 30,000 women of reproductive age, and most work in the capital.² Rural women give birth to five or six children on average, mostly aided by a traditional birth attendant.

Senegal remains an unsafe place to be under the age of five or as a pregnant woman with delivery complications. Nearly one in 160 women in rural Senegal die in childbirth. Nearly one child in seven dies before the age of five and one in four suffers from chronic malnutrition, malaria, and upper respiratory infections.³



about keur sanou

Keur Sanou is a village of 370 people of which 59 are men, 76 women and 235 children. Farming is their main source of income but

the rains were worse than expected last year resulting in many having to sell their livestock to gain some income for food and living.

sponsor a mum in keur sanou



The healthcare available in the village is scarce. 9 out of 10 women give birth at home with the average number of children per woman is 8. There is a health worker and a skilled birth attendant who can help with normal deliveries but as yet, are unable to provide any antenatal care and has no equipment.

A small building was built for a health centre but this lies empty. The nearest functional health centre is 8km away, a long walk for a pregnant woman especially where temperatures can reach beyond 50degrees. The nearest emergency obstetric care is in the provincial capital, up to 6 hours drive away.

Keur Sanou have asked for help to make motherhood safer in their community. Mariama Seck, president of the Keur Sanou Community Committee spoke of the main problems for pregnant women in Keur Sanou:

“There are many difficulties for a pregnant woman, at the beginning and at the end. They have problems getting antenatal care as there is such a big distance between here and the health centre. There is only one public transport per day early in the morning and if you miss that, there is not another one so then you have to take a horse drawn cart which the husband has to find from another village. Before she gets to the health centre, the woman delivers on the way. Sometimes it is the child that dies or the mother that dies. It is a shame to say the number of women that have died due to those difficulties. There are too many women.”

healthcare in keur sanou

your sponsorship will:

- Equip the health centre and build a fence around the centre so women can give birth safely and receive healthcare
- Provide a donkey cart to transport women to the health-centre/hospital for emergency care and healthcare
- Provide extra training to the skilled birth attendant
- Establish monthly mobile antenatal visits to Keur Sanou
- Provide a microcredit loan to maintain the healthcare costs

Solar panels, ambulance motorbikes and further health education programmes are in the later stages of the sponsorship.



Our local partner organisation, Tostan (www.tostan.org) has worked with Keur Sanou for a number of years implementing a 30 month education programme and providing a microcredit programme. They supported the women of Keur Sanou

set up a Community Management Committee to manage the loan.

Tostan will support Keur Sanou to provide sponsor's with feedback from women who have benefited from the help, to monitor the sponsorship, maintain improvements and manage the loan.

This investment would not just benefit Keur Sanou but many other surrounding villages that would be able to use the health centre, the education and the transport.

Khady Sou, from a nearby village observes, "There is no health centre so whoever is about to deliver, it is a problem. If there is a health centre that is well-equipped in Keur Sanou where we can come and give birth safely that will be good for the people of Keur Sanou and the people of my village".

your sponsorship



“I didn’t choose to have my baby at home. It’s just I didn’t have a carriage to get to the health centre.”

Fatou

“I have been pregnant 3 times and each time I have lost the baby.”

Siga Diop

“My wife had difficulties when she was pregnant. She was suffering and I went to find transport.

When I arrived they took her to the health centre and when we arrived at the centre, she died.”

Semou Diallo

“I lost my baby because there is no health centre here in Keur Sanou. I tried by myself first and then we tried to find a carriage. When we finally found a carriage the baby was dead before I arrived at Latmange health centre.” *Adam Ndour*

voices from keur sanou



how sponsor a mum began

Sponsor-a-Mum started in 2006 as a research and advocacy project to promote greater awareness and change of the issues surrounding maternal health. The research involved a 9 month trip where Toby and Antonia photographed, videoed and interviewed over 700 women, men, medical professionals and project workers in Afghanistan, Cambodia, Ghana, India, Nepal and Senegal.

These countries were chosen for their high maternal mortality rates, the willingness of remote rural communities to host our stay in their villages and organisations that were working with these villages that were interested in supporting our research.

The project quickly developed into not just an advocacy project but into the concept of Sponsor a Mum. During our stay with communities in Afghanistan, Cambodia, Senegal and Ghana we carried out feasibility studies of piloting Sponsor a Mum in these communities.



a bit about us



afghanistan

Badakhshan, a remote mountainous region of Afghanistan has the worst recorded maternal mortality in the world where 6,500 mothers die every 100,000 live births.¹ In many remote communities, there is no access to antenatal, emergency or obstetric or postnatal care. The nearest health facility can be as far as a 2 day or even a week's walk or donkey ride through the mountainous terrain.



ghana

In Hodzo village, Ghana, West Africa women are dying because they are unable to get to the hospital. There are no ambulances or public transport to emergency obstetric care. If an emergency medical situation occurs in such areas, the patient will in many cases reach the hospital too late, risking severe complications or death.



cambodia

In Malik village, Ratanakiri province, most women deliver at home. Skilled birth attendants are poorly equipped and the nearest health centre is 3 hours walk away along very difficult terrain with no transport available. There is no school in the area and so access to health education is greatly needed. There is no electricity, wells are used for drinking water, malnutrition is very common and people live in poverty.

potential sponsor a mum
communities



¹ World Health Statistics 2006 (<http://www.who.int/countries/sen/en/>) ² The State of World Population 2004 report, The Cairo Consensus at Ten: Population, Reproductive Health and the Global Effort to End Poverty, published by UNFPA, the United Nations Population Fund, page 57. ³ <http://www.directrelief.org/PressCenter/Commentary/NotesFromTheField/AfricaEntry.aspx?id=1896&blogid=430> ⁴ http://www.unicef.org/har08/index_afghanistan_feature.html