



P.O. Box 14822 • Minneapolis, MN 55414

PLACE  
STAMP  
HERE



The doors of the Birth Waiting Home will be opening very soon. Please join us on Sunday, October 29, 2017, to raise funds for its first year of operations. RHCI's goal for the event is \$24,000, and we would not mind exceeding this modest goal, not at all!

You are promised a festive Fall evening with inspiring stories and compelling pictures, a delicious buffet dinner, and an opportunity to take part in a fabulous silent auction and prize drawing.

Show your support for RHCI's mission to improve the lives of families in rural Sierra Leone.

Tickets at: <https://www.eventbrite.com/e/rhci-opening-the-doors-dinner-event-tickets-36827901244>

Or by contacting Carol Nelson at 651.503.1369, [cnelson@rhcimnsl.org](mailto:cnelson@rhcimnsl.org) or through a Board member.

**Make a difference in the lives of mothers and children.**

# Exhilarated, Exhausted, and Fully Alive... The Next Chapter

By Dr. Gary Johnson

My wife, Sandra, and I worked in Sierra Leone from early May to late September of 2016. I returned, without Sandra, in December and stayed until May. This story begins in December.

**Exhilarated.** Wow! RHCI's program is moving forward with incredible speed. Everyone in Tikonko Chiefdom knows about RHCI. Due to prior work and patience, relationships have grown exponentially in number and depth. We listen and deliver and are making a real difference. This is what people told me everyday. Yeah!!



Sampson Tommy, BWH Contractor, Dr. Turay, Bo District Medical Officer, and Gary Johnson

At last! The birth waiting home (BWH), a project of heart and hard work, is nearing completion. In the Tikonko Chiefdom, young women die routinely from basic obstetrical emergencies and I saw the gaping holes these deaths leave behind. The waiting home, and the staff that work there, will change that by bringing skilled local care and emergency transportation to poor women who are facing what is too often a lethal event, the birth of their child.

Great news! RHCI has hired a nurse midwife, Josephine Wilburforce, and a nurse, Julianna Mattu Sagba, both very experienced, for the BWH. They

have already begun partnering with the traditional birth attendants (TBAs) of the chiefdom and the staff at the Tikonko Community Health Clinic (CHC). If you knew how hard it is to find such people, you would be exhilarated too!

Yum! Food in large quantities is growing on RHCI's land surrounding the BWH. In addition to many vegetables and a pineapple field, fruit orchards with mangoes, coconut, guava, banana, and plantain have been planted. With RHCI's leadership and support, collective farms involving high numbers of women have been started. Improved food security and healthier, more prosperous families are sure to follow.

As we hoped! Our mobile clinics to remote villages remain wildly popular. And, we have now partnered with two remote health posts in the chiefdom. The isolated maternal and child health aides who work at those posts now have a fighting chance to provide their patients with effective care. We have made a long-term commitment to those communities.

**Exhausted.** My soul remains injured by deaths that didn't have to be. At times I am angry. As the number of people you've saved begins to mount, including from far away villages, the lines outside your home begin to build around 6 AM. People are carried all night to be at your door. I prayed for strength to treat everyone with kindness. The Muslim mosque and Christian church prayed for me as well. In my view, physicians don't say, "No." But, there are limits. Agonizing decisions are made. I wanted so badly to get so much done. An enduring system of care needs to be built. Fortunately, the relationships are there; that's the key. I, and we, have a long view and timeline.



Gary Johnson, MD, providing medical care at the RHCI office in Tikonko

**Fully Alive.** What a blast! What amazing work to have the opportunity to do! What great people, here and in Sierra Leone, to do it with. Joy, love, kindness, heroism, corruption, hardship, suffering, courage, hope, hopelessness, life and death are on full display all around you, all the time. What an amazing opportunity and blessing to be part of it all!



Professional colleagues in the Chiefdom: TBAs, CHC staff and BWH staff check out the RHCI garden that will improve food security and health in the community.

TBA: Traditional Birth Attendant

CHC: Community Health Center

BWH: Birth Waiting Home



To make a donation to further the work of RHCI, go to [GiveMN.org](http://GiveMN.org) and look for Rural Health Care Initiative. All donations are tax deductible and very much appreciated!

# Summary of Financial Report July 1, 2016 to June 30, 2017

## RECEIPTS

Cash at beginning of fiscal year .....	\$ 15,602
Total donations.....	\$ 96,540
<b>Total funds available in the year.....</b>	<b>\$112,142</b>

## PAYMENTS

### Expenses

Tikonko Programs .....	\$31,191	63% of operating expense
Fundraising.....	\$ 8,484	17% of operating expense
Management/Admin.....	\$10,228	20% of operating expense
<b>Total operating expenses .....</b>	<b>\$49,904</b>	

### Non Cash Adjustments

Depreciation .....	(\$ 9,018)
Increase in account payables, etc. ....	\$ 1,946
<b>Total payments for expenses .....</b>	<b>\$42,832</b>

Capital expenditure (Birth Waiting Home)..... \$57,130

\*Total Expenditure in 2016-2017 ..... \$99,962

Cash at the end of fiscal year ..... \$12,180

**\*Tikonko programs and the construction of the Birth Waiting Home constituted 91% of RHCI donations in fiscal year 2016-17**

For detailed financial report, contact [cnelson@rhcimnsl.org](mailto:cnelson@rhcimnsl.org).

## By the Numbers in 2016 –17

- 1 Tikonko RHCI Project Health Committee** was formed with 9 local Tikonko community members including health care workers, teachers, farmers and community leaders to advise the RHCI Board
- 3 Rural health centers in the Tikonko Chiefdom** are beneficiaries of RHCI support (Tikonko, Kassama and Sebehun Tarbay) with over 14,000 people living in the catchment area of the 3 health centers
- 5 Structures in the Birth Waiting Home complex** include the large main building with open courtyard, an outdoor kitchen building, a latrine, a triage building, and the storage container.
- 51 Health care workers** received training in January 2017
- More than 200 Fruit trees** were planted including banana, plantain, coconut, orange, grapefruit, lime, moringa, lemon, papaya and guava plus a pineapple field
- 2350 Children** received life-saving medical care at the Outreach motorbike clinics this past year



The need for and popularity of the Outreach motorbike clinics is apparent!

## Mother and child come to the RHCI office



### The problem:

Malnutrition of Mother means little milk for her child causing his malnourishment.

### The solution:

Refeeding the Mother, supplementing the child and continued breastfeeding.

**The outcome:** After two weeks, milk was flowing, child perking up, and both return to village and home.



## RHCI Board Members

**Sarah Cassell,**  
*Board Chair*

**Lansana Hindolo**  
**Gary Johnson**

**Rebecca Johnson**

**Hassan Kamara**

**Alice Karphe**

**Vicki Lee**

**Jim Leslie**

**Carol Nelson**

**Ajayi Nicol**

**Jonathan Rose,**

*Treasurer*

**Ibrahim Seisay**

**Sheku Sheriff**

**Carrie Vogelsang**

## RHCI Staff in Sierra Leone

**Manley Jongopie,** *In-Country Director*

**Mohammed Kabba,**

*Outreach Clinic Manager and Farm Worker*

**Sao Jongopie,**

*Facilities and Interpretive Assistance*

**Josephine Wilburforce,**

*Midwife, Birth Waiting Home*

**Julianna Mattu Sagba,**

*Nurse, Birth Waiting Home*

**Sonny Vandy,** *Agriculture Manager*

**Bob Koroma,**

*Security for BWH and site management*

## Please Let Us Know Two Things

1. A change of address
2. Your email address

RHCI can save both time and money if you will share this information. We won't give it to others and we won't use it often.

Thank you!

Email to: [cnelson@rhcimnsl.org](mailto:cnelson@rhcimnsl.org) OR

Mail to: RHCI

PO Box 14822

Minneapolis, MN 55414

# Update on RHCI's Five Strategic Objectives

## Objective 1 **Build and Operate a Birth Waiting Home**

Since breaking ground on the BWH in May 2016, steady progress has been made on construction and operational plans. Two key staff members, Midwife Josephine Wilburforce and Nurse Julianna Mattu Sagba have been interviewed and hired. They will work closely with the TBAs and Tikonko Health Center Staff to provide lodging and care for pregnant women nearing the time of delivery and for post-partum women and their newborns. The date of opening is not yet determined.



Nearly completed BWH getting ready to launch!

**Impact** It is anticipated that 250-300 women will be served annually at the Birth Waiting Home, giving them access to skilled care at the time of delivery, education and training. To date, there has been much anticipation and hope in the community of Tikonko and employment for local construction workers and the contractor, Mr. Sampson Tommy.

## Objective 2 **Operate Mobile Motorbike Clinics**

On Fridays, a team of two motorbike drivers and three nursing staff from the Tikonko Health Center travel to one of four villages in rotation: Lembema, Dodo, Gbalehun and Sunga. The majority of patients treated are children ill with malaria, upper respiratory infections, skin infections and diarrhea. This past May/June, the RHCI motorbike driver and outreach staff were part of a country-wide team delivering insecticide treated bed nets to all villages in the area, along with de-worming medication and Vitamin A.



RHCI staff Mohammed Kabba helps an outreach motorbike driver over rough roads to bring medical care to the village of Sunga.

**Impact** The monthly records from the motorbike clinics are sent back to the US staff for monitoring and evaluation. Approximately 4000 patients have been treated since its start in October 2015. When compiled over time, the anticipated



outcomes are a reduction in malaria and earlier treatment of infections and diarrhea. The impact will be less suffering and debilitation and fewer deaths.

Moms and babies waiting for health services at Lembema Outreach Clinic.

## Objective 3 **Provide continued education to Health Care Workers**

Two trainings were held in January 2017. In the first training, twenty-seven health care workers were part of the Helping Babies Breathe program taught by Carrie Jo Cain, RN from World Hope International in collaboration with Dr. Carol Nelson from RHCI. Everyone in attendance was able to demonstrate the skills taught.

The second training was a two-day review course for the TBAs, with Jitta Rogers from Midwives on Missions of Service assisting and interpreting. Fifty-one TBAs and health care workers attended the second course and received certificates of participation. Both training sessions were very well received.



Health care workers are eager to learn at training in January, 2017

**Impact** These health care workers are able to provide better maternal health services in their villages within the Tikonko Chiefdom.

## Objective 4 **Strengthening Government Clinics in the Tikonko Chiefdom**

Upon recommendation from the Paramount Chief J.K. Macavoray and the Tikonko RHCI Project Committee, RHCI has expanded from one to three the number of health clinics to which support is provided, adding the remote villages of Kassama and Sebehun Tarbay which can only be reached by very treacherous roads. Out of stock medications and donated supplies (such as gloves, infant kits, and wound dressings) are examples of the support. Dr. Gary Johnson was instrumental, during his extended time in Tikonko, in developing these relationships.



Maternal Child Health Attendant Anita treats a family at the Kassama Health Center.

**Impact** The Tikonko Health Center is the catchment area for approximately 8000 people. Sebehun Tarbay's Health Center serves 3000 and Kassama Health Center serves 3500 people throughout their catchment areas. This brings to over 14,000 the number of people in the Tikonko Chiefdom who are beneficiaries of Rural Health Care Initiative's work.

## Objective 5 **Support Nutrition by farming on RHCI Land**

Under the direction of Dr. Gary Johnson, the local Tikonko Agriculture Business Center (ABC) was strengthened. RHCI created and became part of a Farm-based Operation (FBO) that is doing a small collective farming project. Purdue Improved Crop Storage (PICS) bags were introduced to prevent post-harvest crop loss.

A new Agriculture manager, Sonny Vandy, was hired. Under his direction and work, a large vegetable garden and many fruit trees were planted. The food will be used for the Birth Waiting Home staff and residents, with the excess sold at market to enhance the sustainability of the project.



August, 2017...harvesting the groundnuts

**Impact** The future impact is yet to be determined as the crops are being harvested, and the trees will not start producing for several years.

# How It Works

By Dr. Gary Johnson ("Joe Tikonko")



RHCI gained valuable insight by listening to and learning from community members in village meetings.

In January of 2017, RHCI met with community members of Kassama, a remote village and health post in rural Tikonko Chiefdom to discuss their health care needs. Soon after, we made a commitment to work with Kassama and another community. We began supplying them with critical medical supplies. In addition, Anita, a maternal and child health aide in Kassama, and I exchanged cell phone numbers.

Around 8AM on February 11, I received a phone call from Anita. She told me that she had a woman who was 32 weeks pregnant and bleeding heavily. Could I help? Sure, I could leave immediately. The task was clear enough; we needed to get the woman stabilized, out of the bush and to the government hospital in Bo. I grabbed my kit and a large plastic sheet to cover the back seat of RHCI's Toyota Hilux, jumped in and drove off.

40 minutes and 15 miles of rough road later I'm at the bedside. I turned away to give some direction (an IV hadn't been started), and before I could do any further assessment, I heard a whoosh sound. I looked around to see a little baby boy, the placenta, and a lot of blood in the bed. The baby boy was tiny and appeared dead. If he wasn't dead, his odds of survival were very poor given the situation. I looked at Anita and said, "We have to try" and she echoed, "We have to try." I asked for a bag and mask, she disappeared, and I set about clamping and cutting the cord and drying off the child. As soon as the bag

arrived I attempted a resuscitation but had no success. Although I was ventilating the child, there was no response, and we had no supplemental oxygen. I began to attend to the mother. I took a last look, and the tiny boy took a breath. Cool.

The mother's bleeding had slowed with the delivery. Critical to the baby's survival was getting him skin to skin (kangaroo care) with Mom. There are no incubators. Mom is the heat source, and if the child lost a few degrees of body temperature, he would not recover.

Miraculously, the child continued to breathe, and we even had him nursing weakly on the long trip out of the bush. Mom was lying down in the back seat of the truck as we drove the 15 miles of rough road to Kikonko and then 8 more to the hospital in Bo. The child's good luck continued at the hospital. A friend of mine, a visiting Irish pediatrician, was on duty, and would be over the next week. The boy weighed 1.1 kg, about 2 1/2 pounds.



Lifesaving "kangaroo care" with Mother and son enroute to Bo in the backseat of RHCI's Toyota Hilux.

Babies and moms in similar situations routinely die in rural Sierra Leone. Health aides don't have the cell number of an American doctor. There are no doctors and typically no medical transportation. If a government ambulance did arrive in time (highly doubtful, they are hours away if available at all), there would be a driver with no tools and no skills. Commonly, the baby would not have been attended to at all and this all would have occurred in a village hut with no skilled care of any kind. Also, in this case I had the good fortune of having taken, just two weeks before, the Helping Babies Breathe course that RHCI board chair Carol Nelson MD had brought to Tikonko Chiefdom. I had trained with the Tikonko clinic staff and a select group of chiefdom traditional birth attendants.

The key here is that a chain of care extending out to that health post aide had been established. There was/is a relationship. And she had a telephone number. And the person who will answer that phone is skilled (our midwife will be

on payroll September 1st). And, she has a truck at her disposal. This is starting to look like the care we'd all like our moms and babies to receive. After years of work, this is how it works!



Health care aides Rita (L) and Anita (R) with Gary Johnson

In addition, every week Anita sends me, via Whats App, pictures from the health post. It's a system we set up to ensure that RHCI-gifted support is being used appropriately. It is. While the pictures demonstrate considerable suffering, an appreciative, isolated health aide now has something to offer her community. Nice. We will not let her, or this community, down.

## Barriers to Care

Many women in rural Sierra Leone live with few resources. This means that they can face barriers to care in even a basic obstetrical emergency such as bleeding, infection, or birth complications. Emergencies occur in 13% of pregnancies. Here are some typical barriers and how they can compromise a safe delivery.

- 1 Distance to and from care...can mean a 5 mile (or more) walk while in labor
- 2 No transportation...a long walk or doing without services
- 3 Distance and no transportation... care providers can't respond in time
- 4 No money...no care, no food, slower recovery
- 5 No trained, available help...deliver alone and at increased risk
- 6 No medical supplies... make do and greater risk of poor quality care
- 7 No care for children at home... stay with children and forgo care

## Sarah Cassell, New RHCI Board Chair



Sarah Cassell, one of the founding board members of RHCI, has seen the organization grow from an idea shared in 2010 by Alice Karpel into a vital component of maternal/child health care in

Tikonko, Sierra Leone. Although Sarah's exceptional experience in leadership and health care will serve her well, this newly elected RHCI board chair has an enormous task ahead.

The Birth Waiting Home, nearing completion, will begin operations as soon as it writes budgets, policies and procedures, is furnished and stocked with supplies, is staffed and permitted to open. Opening will necessitate both community and donor education and everyone's fave, fundraising. In addition, Sarah expects to continue partnering with key stakeholders to create a sustainable community program for nutrition and health education and to expand current outreach into other areas of the Tikonko Chiefdom.

Sarah feels it is "an honor and a privilege" to step into her new role as board chair, and she describes her board as "an amazing team...diverse, equitable and inclusive." She, like others who have taken RHCI from dream to reality, is passionate about its goals and relentless in their pursuit. This, from a woman who has many other volunteer commitments, is employed as a Nurse Manager of a Cardiology Unit at Regions Hospital and works as an adjunct faculty at Metropolitan State University. She graduated from Augsburg University with a Doctorate in Nursing Practice and a focus on transcultural nursing.

Sarah begins her message to all of us with this African proverb:

*If you want to go fast, walk alone; if you want to go far, walk with others.*

"With RHCI, we do want to go far, so we are inviting all our friends and supporters to walk alongside us as we journey to make a difference in the lives of women and children in Tikonko." Let's see how far we can go together...walk with us!

## Report from the Executive Director

By Carol Nelson



Partners in saving Moms and babies: Carol Nelson, MD and Marion Foday, TBA

What a year! Since July 1, 2017, Rural Health Care Initiative has experienced much progress and a number of changes. Here in Minnesota, recent leadership changes include Sarah Cassell being voted in as the Board Chair. I am now the volunteer Executive Director. Our three annual events, Boynton Bowling, Raise the Roof Fall Dinner, and the March Taste of Africa were all productive and memorable occasions.

In Tikonko, Sierra Leone, Dr. Gary Johnson and his wife Sandra advanced the work of RHCI in many ways, providing medical care and leadership, plus new agriculture initiatives during the past year. The biggest accomplishment in Tikonko was the construction of the Birth Waiting Home (BWH) under contractor Sampson Tommy. All this was taking place while RHCI continued to provide support for the motorbike clinics and support and donations for two additional health centers, extending RHCI's reach further into the chiefdom.

I was privileged to visit Tikonko during the first 3 weeks of January. I facilitated the course Helping Babies Breathe and a two-day review for the Traditional Birth Attendants (TBAs). What a remarkable group of women and so dedicated to helping others! They will be very involved at the BWH.

None of this work would be possible without generous financial support from you, our donors and volunteers. Because of you, RHCI is starting to make a difference in a much bigger way in the Tikonko Chiefdom. Because of you, we will be able to expand and serve more people. **And because of you, the BWH will be key to saving the lives of women and newborns in years to come. THANK YOU!**

## Catching Up with Manley

Manley Jongopie has been In-Country Director of RHCI since 2014, but that's not his only claim to fame. He started working with RHCI as a volunteer and is committed to helping the people of Tikonko and Freetown in many ways. Trained in Computer School and Professional Photography, he divides his time between the two cities, about 100 miles apart. He is very pleased to see the positive changes in Tikonko and the outlying villages generated from the work of RHCI.

Most recently, he helped the communities in Freetown, Sierra Leone's capital, that suffered damage and death from sudden, serious flooding. His activities as In-Country Director include project management, communications with RHCI in Minnesota, and managing the Tikonko staff and volunteers. Manley serves as a liaison with the Tikonko Health Center staff, the Volunteer Medical Committee and the Paramount Chief, J.K. Macavoray and he maintains a connection to the Bo District Medical Center and Dr. Turay. He also assists international volunteers in both Freetown and Tikonko and develops community relations in the Tikonko Chiefdom.



Manley Jongopie on Left, at the groundnut harvesting in Tikonko

This workload requires a person with abundant energy and the ability to wear many hats – boss, team builder, motivator, communicator, educator, PR pro, problem solver, coordinator, negotiator, and more. His secret to making it all work seems to be a penchant for being clear, positive and happy.

Asked what he sees being accomplished, he cites improved health care in maternity, for "under fives," and for the elderly. Looking ahead, he'd like to see better health care for all ages.