



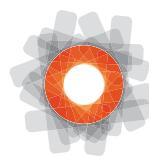
# Stories of Change

VOL 4:

## In Their Own Words: The Young Champions of Maternal Health



ASHOKA



Maternal Health Task Force



## In Their Own Words

“Women are not dying because of diseases we cannot treat...They are dying because societies have yet to make the decision that their lives are worth saving.”

– Mahmoud Fathalla, Chair of the WHO Advisory Committee on Health Research

Every year, over 350,000 women die from complications related to childbirth or pregnancy. That's 40 mothers dying every hour, 99% of them in developing countries. Dying or becoming disabled during pregnancy or childbirth is both unnecessary and preventable, but health systems and resource allocations have yet to prioritize maternal health. Childbirth—an event which can inspire so much hope, should never be the cause of so much tragedy.

In 2009, [Ashoka](#) and the [Maternal Health Task Force \(MHTF\)](#) at [EngenderHealth](#) joined forces to invest in the future of the maternal health movement. Since its founding in 1980, Ashoka has worked with over 3,000 leading social entrepreneurs to build communities of innovators who work together to transform societies and design new ways for the citizen sector to become more entrepreneurial, productive, and globally integrated. When it was launched in 2008, the MHTF established the Young Champions of Maternal Health program, and invited Ashoka to implement it. Ashoka and the MHTF agreed that a collaborative community of social entrepreneurs, dedicated to the proposition that no mother should suffer in pregnancy or childbirth, can deliver system-changing transformations to the maternal health field.

The 15 Young Champions, selected through an Ashoka [Changemakers.com](#) online competition and a rigorous interview process, represent a new cadre of young professionals that can sustain the momentum to end the cycle of maternal death and disability. These Young Champions of Maternal Health were

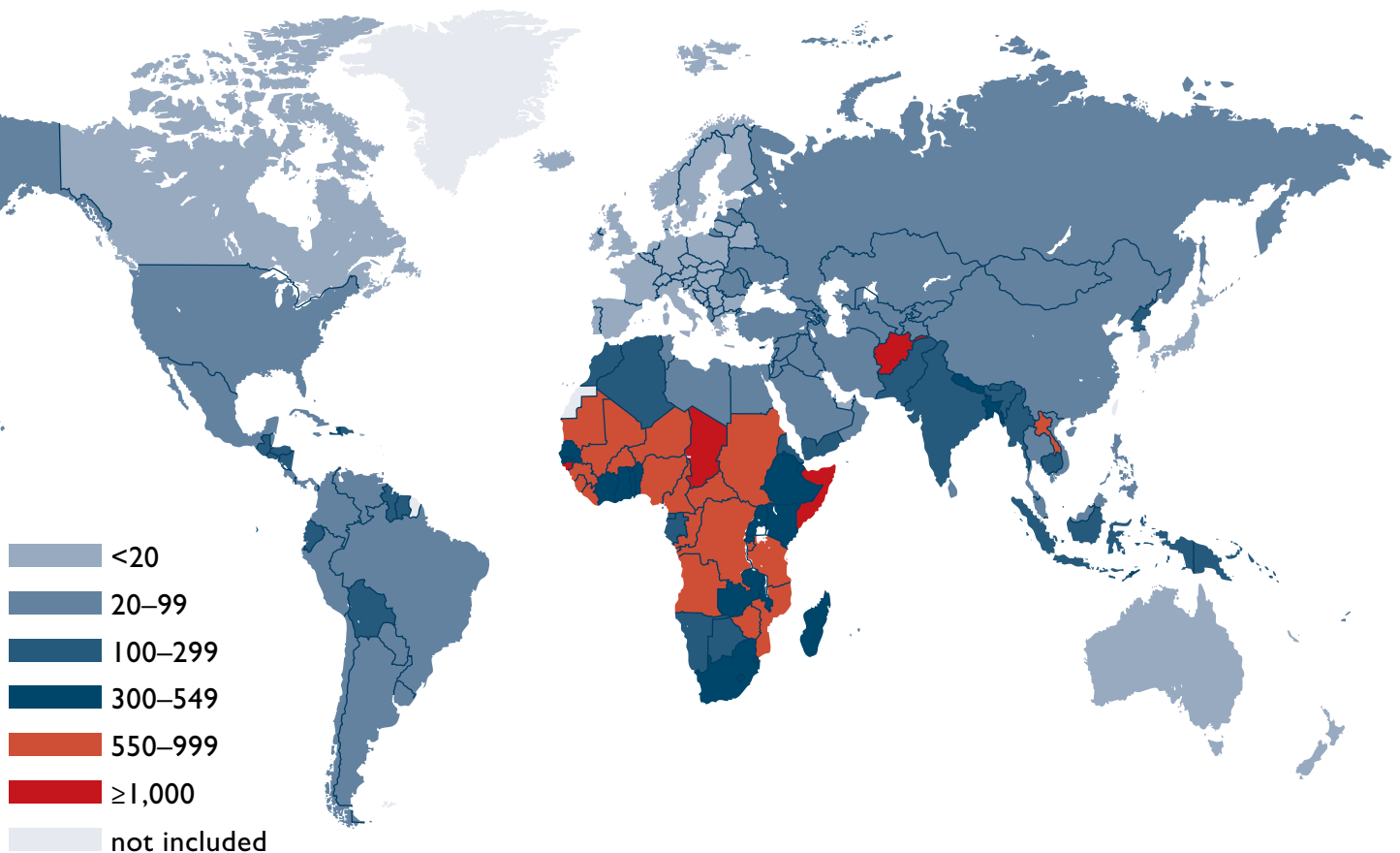
members of the first-ever international mentorship program to focus on supporting a new generation of global leaders dedicated to improving maternal health.

The Young Champions hail from 12 countries, including India, Ethiopia, and Nigeria—countries with high maternal mortality—and come from extraordinarily diverse backgrounds: an Iranian midwife, an American banker, a Brazilian artist, and a Pakistani doctor to name just a few. Each of these Young Champions packed up their lives and moved to a new country for nine months to learn from an Ashoka Fellow—men and women with proven track records in providing system-changing solutions that address the world’s most urgent social problems by developing, running, and sustaining effective social ventures.

The Young Champions of Maternal Health represent a powerful new force to transform the field of maternal health globally. In this Stories of Change eBook, the Young Champions share their journeys as evolving social entrepreneurs who will undoubtedly create systemic change in the maternal health field.

### GLOBAL MATERNAL MORTALITY

Deaths per 100,000 live births as reported in [WHO \(2010\) Trends in Maternal Mortality 1990–2008](#).



### STORIES OF CHANGE

Stories of Change is Ashoka’s electronic book series. Through these publications we share the stories of the changemakers in the Ashoka community: Fellows, Youth Venturers, staff, and partners. People who are producing system change solutions for social problems, inspiring innovation, and creating an Everyone A Changemaker™ world.

We hope you enjoy and share these stories. But most importantly, we hope these stories will inspire you to continue creating change in your community.



# Table of Contents

In Their Own Words .....	1	Martha Fikre Adenew .....	12
Anna Dion .....	4	Onikepe Oluwadamilola Owolabi .....	13
Carolina Damásio .....	5	Peris Wakesho .....	14
Ifeyinwa Egwaoje .....	6	Sara Al-Lamki .....	15
Fatemeh Ahmadi .....	7	Seth Cochran .....	16
Faisal Siraj .....	8	Yeabsira T. Mehari .....	17
Hellen Mammeja Kotlolo .....	9	Zubaida Bai .....	18
Julianne P. Weis .....	10	Transforming the Maternal Health Field .....	19
María Laura Casalegno .....	11	Connect with Us .....	21

**Writers:** Claire Bangser, Bruno Borges, Megan Coolidge, Duc Luu, Tiffany Morris, and Tyler Spalding

**Layout:** Megan Coolidge and Rachel Land

**Contributors:** Tessa Farnsworth and Corrie Sutherland

Attribution-Noncommercial-No Derivative Works



## Anna Dion CANADA

In Canada, Anna is addressing the challenge of low-income women's inability to access appropriate healthcare during pregnancy by training a critical mass of volunteer companions to support them through their reproductive health decisions. During her placement in Argentina with [Ashoka Argentina Fellow Alberto Vázquez](#), Anna developed an [inter-disciplinary birthing companion program](#) in partnership with the local Secretary of Health and Director of the High-Risk Maternal and Infant Health Unit. In May, Anna gave birth to a healthy baby boy and has begun her own journey as a mother. Here, she shares how her experience as a Young Champion has influenced her own perspective on solutions to maternal death and disability and how she will integrate her work in this field with her journey as a new mother.

Through this program, I have strengthened my own belief in the model of filling the gap between medical and social services to improve the health and well-being of marginalized populations.

Many of the women who I have worked with both in Canada and through my internship in Argentina would turn to the medical system for solutions to broader public health issues, such as food, housing, childcare, or social support programs. Despite these basic services being essential to building healthy families, this information is rarely in the hands of health professionals. **It is in bridging this gap that I hope to reduce the isolation and missed opportunities** particularly for adolescent and minority women in Canada. I am confident in this model, but am now figuring out how to adapt it to the context of supporting women who experience loss on their own journey towards motherhood, with some of the key tools of a critical eye, thorough analysis and bias towards action that push me forward. As I learn more about the field itself, a path through this forest slowly becomes clearer.

I guess I could say the same thing about my journey towards parenting—that I have a general idea where I am headed and where I want to end up, but know that I cannot plan my path; understanding instead that I will end up discovering it along the way, hopefully gathering a couple of key skills along the way for good measure.



## Carolina Damásio BRAZIL

Carolina has a new idea that channels compassion, creativity, and collaboration as forces for social change. In Brazil, she founded a citizen sector organization in an impoverished northeast region called The Art of Being Born which uses art as a tool to help mothers during pregnancy. In Mali, with guidance from the Ashoka West Africa representative Coumba Toure, she adapted her Art of Birthing model to the Malian context. Below, Carolina reflects on the surprises and challenges of working within a unique cultural context.

While I'm thinking about the future, several girls in Mali become pregnant, are rejected by their families, must leave their villages, and have no idea what their future will be. When I decided to adapt the 'Art of Birthing' to the Mali context, I decided that it would be replicated with teenagers, most of whom are experiencing unplanned pregnancies. But, I confess I had no idea how these girls are neglected!

In a Muslim country full of traditions, a pregnancy without a marriage results in the girl's isolation. Without any prospects for the future, and with no support in a location where it's hard to survive, I spent my last weeks working to make sure the 'innovative idea' continues.

In Koutiala, I met a group of pregnant girls between 13 and 18 years old and I started teaching health with art, enabling them to appreciate the special time of pregnancy. At the end of the first meeting they were photographing the life and coloring their smiles.

Before I was born,  
I was made of **light**  
Yes! I used to play with **stars**

I used to travel around.  
I played around the sun  
And lay colors on the face of the moon

One day, I came by this **world**  
And I saw  
so many people struggling  
And I said  
I want to bring some **justice**

Remember! / Long before I was born / I was made of **light** / And I used to play with the **stars**  
— Coumba Toure



## Ifeyinwa Egwaoje Madu NIGERIA

Ifeyinwa has a deep belief in women's empowerment and the ability of youth to contribute to building a new society. Prior to the Young Champions program, she helped build the [Girls' Power Initiative](#), an organization that encourages women to question gender roles within their own environments and become visible members of their communities. During her Young Champion's placement, her skills and interests were easily transferred to the American context where she worked for [Birthing Project USA](#) under the direction of [Ashoka U.S. Fellow Kathryn Hall-Trujillo](#). She became so inspired by her mentor's model that she plans to replicate it in Nigeria. During her placement, Ify was struck by the stark differences between maternal health in the U.S. and Nigeria.

I had to do some research on maternal health in Nigeria this January. The figures I came across are disheartening and shows the enormity of challenges that I am going back home to tackle after my nine month internship as a Young Champion. Nigeria is only 2% of the world's population, yet accounts for 10% of maternal deaths from childbirth. **Nigeria ranks second to India globally in number of maternal deaths** and for every woman who dies from childbirth, another 30 suffer from long-term ill health.

In the last week, I have had to compare the United States' maternal health system with the one we have in Nigeria. [The gap is huge](#). Here in the United States there are well-equipped health facilities that have been made accessible through the Medicaid program to women who ordinarily would not have been able to afford it. But back home my sisters, cousins, neighbors, and friends die on a regular basis because of a lack of access to skilled health care during pregnancy and childbirth.

With the realization that at the end of today 144 women will have died from childbirth in Nigeria, I have resolved this year to do everything within my means as a woman, as a Nigerian, and as a Young Champion to bring my idea of providing prenatal home-based care to Nigerian women to reality. I might seem like a lone voice, but I know that if I cry long enough and loud enough, change will definitely come someday for my Nigerian sisters.



## Fatemeh Ahmadi IRAN

Fatemeh's life was transformed when, as a young girl, she accompanied her mother to a midwifery clinic and realized that midwifery could profoundly impact the poor treatment of women in Iran. She has developed a [three-pronged approach to women's health literacy](#) based on Paulo Freire's educational model. During her Young Champions placement, Fatemeh was surprised at the lack of general health education. As a result, she implemented her approach to teach local health workers under the guidance of [Ashoka Uganda Fellow Rita Sembuya](#) and Dr. Jane Vella. Here, Fatemeh expresses how working in Uganda has shifted her outlook on teaching maternal health.

I remember the advice of my professor, Dr. Golnar Mehran at Al-Zahra University, when she said goodbye to me. She said, *“Wash your eyes and look in another way; in this way you will learn many things from Uganda.”*

It is the second time that I can feel changes happening inside me. The first time was when I entered Alzahra University to study educational psychology. The second time began when I was selected as a Young Champion to work with Joyce Fertility Support Centre in Uganda.

It has now been one month since coming to Uganda and starting to work at the Joyce Fertility Support Centre. I see how this very small office with sparse facilities is capable of doing big jobs and I am happy to be here.

Rita has paved the way for me to visit some organizations and evaluate their work according to how they educate women in maternal health. These visits have helped me improve my evaluation skills and see with my own eyes how the traditional model of education is unfortunately dominant in the maternal health field.

I know that if we are going to educate women according to our project there is a need to connect the educational content to their context.



## Faisal Siraj PAKISTAN

A medical doctor in Pakistan, Faisal is changing the maternal health field in his country by tapping into a poorly-utilized resource: medical interns. Faisal has a history of establishing entrepreneurial health efforts in both clinical and community settings in Pakistan and Kashmir and is an impassioned speaker about health systems reform. In the excerpt below, Faisal expresses his initial reactions to finally arriving in Nigeria—where he would spend the next few months working with [Ashoka Nigeria Fellow Lucy Attah Auwalu](#) to map the skills of [Traditional Birth Attendant \(TBA\) associations](#).

Sometimes people really do not know what their destination is. What are we in this world for and how are we going to achieve what we desire? Lost somewhere deep in my thoughts, looking at the golden floor of clouds, all off a sudden the captain made this announcement, “We are landing at Lagos airport in ten minutes.” A little smile danced on my lips and I told myself, “At last you made it!”

My first day at the office was really memorable because a lot of people were there to greet me. I came to understand they were eagerly waiting for their Oyeboo (what they call me, meaning “White Man”).

I had to visit every station as everyone was waiting for their Oyeboo. That was the best feeling I have ever had in my entire life!

We decided we are going to start community awareness sessions on a daily basis. I cannot express how it feels when you start knowing new people and communities. During the awareness session we actively involve the pregnant women in the discussion and we talk about a healthy diet during pregnancy, importance of cleanliness, sexually transmitted infections, HIV, importance of HIV screening in pregnancy, Tuberculosis (TB), Malaria, and family planning. I am happy that the communities are taking interest in discussions regarding the issues and that they are very friendly and open about these issues.



## Hellen Mammeja Kotlolo SOUTH AFRICA

Hellen's passion for helping those less fortunate and her ability to “think big” has led her to not only become the dedicated maternal health professional that she is today, but also a leader in the maternal health field in South Africa. Hellen has identified the lack of coordination and communication between hospitals, clinics, pharmacies, NGOs, community health centers, and pregnant women as key barriers to maternal health referrals and record keeping in and around Johannesburg. During her mentorship, Hellen worked with [Ashoka India Fellow Indu Kapoor](#) to further explore this connection by developing a concept for the use of mobile technology in pregnancy prevention. After attending the Young Champions Future Forum in Ghana, Hellen reflected on the role of history in her own life and the maternal health field.

On the last day in Ghana, a few Young Champions and I visited Elmina Castle at the Cape coast of Ghana—a place where slaves used to be captured and kept before being shipped off to different parts of the world like America. Who knew how many emotions this place would expose for a young African woman who herself has lived during apartheid? This is a history not so far forgotten in the southern tip of Africa.

Being at Elmina was emotional yet I realized that during our time in the 21st century there are still forms of inequalities that happen in our midst. **The death of women and children is a human rights issue.**

History teaches us a lot about suffering and the evolution from slavery to freedom. A hospital taught us that it is possible to reduce unnecessary deaths and find ways to motivate hardworking staff in one of the busiest hospitals in Ghana. Our mentors taught us that there are challenges, but that the dream lives on and that those challenges will build us to become even better champions. I learn more each day about the possibilities because tomorrow started yesterday.



## Julianne P. Weis USA

As a public health master's student and later, as a project coordinator at a hospital in Niger, Julianne saw an opportunity to improve post-operative training for women suffering from obstetric fistula. Julianne proposed expanding healthcare workers' roles to conduct non-compulsory, comprehensive trainings on fistula prevention for post-operative fistula survivors. During her Young Champion's placement, Julianne worked with [Ashoka Brazil Fellow Raquel da Silva Barros'](#) organization, Lua Nova. While at Lua Nova, Julianne applied her skills to improve another area of maternal health: rehabilitation for young mothers. Motivated by her desire to improve the health of these young mothers, Julianne developed a [comic book about safe motherhood](#) and a book detailing therapeutic activities for new mothers. Below, she describes an emotional exercise she conducted with the young women at Lua Nova.

I was in front of the group holding a closed shoe-box, explaining to the participants: "Think of the most important person in your lives. A person who deserves all your care, whom you truly love and know most intimately... Think of this person and what their feelings, motivations, and dreams are..."

As they sat thinking, I told them they would then meet this person face-to-face, inside this very shoe-box! I had each girl come up to the front of the room and open the box, seeing a mirror inside. Shock registered on their faces as they realized that it was they themselves who deserve all care and love imaginable! They had worthy motivations and dreams that must be respected! The girls began to cry, and most could only glance in the mirror for a moment before looking away, too startled to see themselves in such a light.

It was a breakthrough moment for all of them to have someone actually say to them: **you have worth**. And so this last week, with a whole team of professionals pampering and photographing them and their children, the girls were moved and appreciative. It was a culmination of this whole course which turns the attention on the potential of these young women to erase the hardened abuse they have previously been privy to, and to cultivate their innumerable qualities and skills.



**M**aría Laura believes that the ability of every woman to access an early gynecologic and obstetric consultation can reduce the risk factors that may affect the normal evolution of pregnancy. She plans to address the lack of access to maternal health care in remote areas of Argentina by creating a system of mobile health clinics that are coordinated by health agents to provide early pregnancy screenings. During her Young Champions placement, Laura worked on the Obstetric First Responder Project with [Ashoka Mexico Fellow Dr. Haywood Hall](#). This project provides training workshops to midwives, doulas, health workers, and communities in rural areas to teach them how to detect early signs and symptoms of [obstetric emergencies](#). During one month of her placement, Laura traveled to both Guatemala and the U.S. In this excerpt, she notes the stark cultural and maternal health differences between the two countries.

We live in a fascinating world, with so many cultures, so many landscapes, so many realities... sometimes these different realities can be very unfair...that's why I think that **we live in a world of contrasts...**

In Guatemala I met Connie Vanderhyden, Jeri Pearson and her husband Marty Pearson, and Kim Dowat. Connie and Jeri are part of the organization Kickapoo Guatemalan Accompaniment Project (KGAP) and they have been working in Chacula community for over seventeen years. The goal of the KGA Project is to work with ex-refugees from the Guatemalan Civil War to develop strategies and tools to improve education and health in the community.

After my visit to Guatemala, I traveled to Kansas City, Missouri. I attended an international [Advanced Life Support in Obstetrics \(ALSO\)](#) board meeting with Dr. Hall. There were three days of intense work and it was great to see how the ALSO program is being developed in other countries.

I went from the warm and sunny Guatemalan weather to the cold and cloudy winter in the U.S. I went from the land of mountains and volcanoes to the land of plain fields. I saw people growing coffee and beans and people raising cows. I saw people living in the worst conditions and people who have all their basic needs satisfied and more...

It is really difficult to understand how, still now, we have these unfair differences...how can the world be so indifferent to all this... how can the world be so... contrasting...



## Martha Fikre Adenew ETHIOPIA

**A**cross Ethiopia, some 22,000 women died in 2005 due to causes “related to or aggravated by pregnancy or its management” (as reported by the WHO, UNICEF, UNFPA, and the World Bank). Martha believes that women must feel empowered to solve their own problems if these figures are to decrease and maternal health solutions are to become sustainable. Prior to her placement as a Young Champion, Martha began developing maternal health clubs in rural areas that focused on building networks of female educators to devise community-based solutions to women’s health. Due to the influence of her Young Champion program mentor, [Ashoka U.S. Fellow Kathryn Hall-Trujillo](#), Martha’s idea has developed even further to more strongly involve the community’s insights to identify and solve their own problems, rather than rely on external solutions. After her nine month placement in the United States, she now returns to Ethiopia with a plan to create a platform where women can support one another, bring important health services into the home, and prepare themselves financially to give birth in a health facility.

When I was in Ethiopia I was working in different public health fields including maternal health, which clued me in on how severe the maternal health problem is. **As a health care provider I see firsthand mothers dying and suffering from child birth.** It has always broken my heart. Even though I had a deep desire to change the situation, I had no idea how to do it and bring about change as an individual. Specifically, working with Kathryn’s organization, [Birthing Project USA](#), helped me understand different strategies of how women can help each other and solve their own problems in a very cost effective way.

There are uncertainties. But, one thing I am sure of is that I am going to put all my efforts into improving maternal health by implementing my idea and working with others. My completion of my journey as a Young Champion is as if a chapter of a book has been read, but the entire book still remains.



## Onikepe Oluwadamilola Owolabi NIGERIA

Onikepe is a passionate young doctor interested in improving access to maternal care in rural areas. In Nigeria, she is creating a maternal health training program for doctors undertaking the country's National Service Year (NSY) requirement. During her placement as a Young Champion with [Ashoka India Fellow Arminda Fernandez](#) at the Society for Nutrition, Education, and Health Action (SNEHA), Onikepe assisted the organization in developing a [sustainability plan](#) and secured funding for SNEHA to enhance outreach of maternal health to slums. In the following excerpt, Onikepe sadly reminds us that preventable maternal deaths can happen to those closest to us.

I walked into my cousin's house at 11pm in the suburbs of London, relieved to be inside a warm place after 2 hours of traveling. It was my eighth day away from work in Mumbai, and all my days had been spent in a specialist hospital on the outskirts of London caring for family. Indeed, I hardly had any time to think of the community resource centers in the slums of Mumbai or the data I was collecting. All my energy and attention was focused on something different.

As I slumped into the sofa exhausted from three hours of traveling home, my cousin's first statement was "our cousin died yesterday you know." She then proceeded to tell me about one of our other relatives who died in childbirth. With her limited medical knowledge, she felt the case had been mismanaged, and she related the details to me, eventually calling up the deceased's sister-in-law to clarify the unclear details. I switched into my doctor role, asking as many questions as I could to create a clear picture, and sadly her hunch turned out to be right; **it was an extremely avoidable maternal death**, one which took place in the city where facilities are available and whose victim was an educated member of a middle class family.

Two weeks before this, I heard that a senior colleague of mine from medical school had also died in childbirth, from some of her outraged friends who were trying to investigate what appeared to have been a poorly managed case. As I tried to quell my cousin's anger for the rest of that night, I mulled over these two incidents. It really hurt to think that two people whom I was somehow connected to died for reasons that can be prevented. My concluding and very simple thought before I slept was that there is still a lot of work for me to do.



## Peris Wakesho KENYA

Peris recognizes that talking about early motherhood, accessing antenatal and post-natal care, and adjusting after a maternal morbidity is very difficult for adolescents. She is addressing this challenge by starting “Swahiba Clubs”—psychological support groups that provide privacy and a safe space for adolescent mothers and fathers to address their sexuality, relationships, health needs, and motherhood with other adolescent parents. During her Young Champions placement working with [Ashoka Nigeria Fellow Dorothy Aken’ova](#), Peris was inspired by Niger state’s women day care school system where adolescent mothers go to a separate school with other mothers to complete their education. As she returns home to Kenya, Peris will introduce this system to government leaders and civil society organizations to prevent pregnant adolescents from dropping out of school while increasing their access to reproductive health services and support networks to address maternal morbidity. In the following excerpt, Peris expresses her persistence as a young social entrepreneur.

At exactly three minutes past 3pm, on my way back to INCREASE (the organization where I am based), just before I turned the last corner, the motorbike driver lost control and we fell to the ground! As I jumped, just before the motorbike hit the ground and fell on my other foot, I shook off the dust from my hands and feet, asked the motorbike driver if he was okay, paid him his money and walked to INCREASE Youth Center. I thought to myself, “This is part of the experience when working in communities; not just sharing their food, air, water, and empathizing with them, but also experiencing some of the challenges first hand.”

The beauty of this experience is that it reaffirms how even as I wind up my Young Champions program, which marks the beginning of my long journey as a social entrepreneur aiming to influence others to be changemakers in the maternal health field, some things are apparent: I have fears of how well I will be able to implement my project. Will the community see its viability and want to be part of it? How many adolescents’ lives will I impact positively? Will I fall? And if I fall, which might happen, just like what happened when I fell from the motorbike, I will have to gracefully stand up, see that the team I work with is okay and ready to continue, brush off the dust, and move forward because this is the only way that I will make a positive difference. It is not just about the falling, but what I do thereafter.



## Sara Al-Lamki OMAN

Sara Al-Lamki's parents fled Zanzibar during the revolution in which Sara's grandfather was killed and they became refugees in Ireland and Egypt for years before returning to their ancestral Oman. These family experiences informed Sara's social consciousness. Sara is now focused on reducing maternal mortality rates in the Arab world by training midwives in rural areas to perform the duties of nurses in city clinics. During her placement with [Ashoka Indonesia Fellow Luh Putu Upadisari](#), Sara [interviewed](#) Indonesian women to examine their economic background, access to information, and knowledge about maternal and reproductive health. The following excerpt details her experience in Indonesia just before the end of the Young Champions program.

The countdown to the end of the Young Champions (YC) program looms ever closer, and the future is daunting and exciting all at once. We have all just returned from another inspiring YC meeting, this time in Accra, where we exchanged ideas, experiences, challenges, and our journey of figuring out the next phases in our lives. It was the perfect way to end our placement—with as much inspiration and vigor to change the world as we started, forgetting all the hardships we've endured, and finding solace in each others' experiences. Still it is not quite over yet, and I'm trying to squeeze the very most out of the final 3 weeks left in Bali, and making sure that all loose ends are tied so I can leave knowing that I left a footprint, no matter how small.

For me, it was also a month of triumph—15 weeks and 156 interviews later—I was done with my pregnancy habits and maternal health status survey. Dr. Fred Sai ended our Accra meetings with telling us to start slow, and to begin with just “**lighting up your corner.**” I'm still a long way away of course. I still have to analyze the data and figure out what it all means, but it's been a great ride, and the preliminary results are very promising. Just another reminder that my time in Bali is truly running out, but hopefully that my little contribution has begun to light up my little corner, and I can expand it to wherever my journeys take me next. It may take a while to light up the whole room, but I think I'm on the right track.



## Seth Cochran USA

A former consultant and a serial social entrepreneur, Seth conducted research in Africa in 2008 to attempt to understand the challenges local organizations face while treating [obstetric fistula](#). Moved by his passion for creating solutions to social problems and taking advantage of his strong business background, Seth founded [OperationOF](#) to empower society's most marginalized members to make motherhood safer. During the Young Champions Program, Seth worked with [Ashoka Spain Fellow Andrés Martínez Fernández](#) to apply appropriate information and communication technologies to [improve primary healthcare systems](#). Here, Seth explains how he applied skills he developed in private equity to improve remote healthcare delivery in Spain and Peru.

Like most engineers, I spent my youth either taking household electronics apart or playing with Legos. Both activities exhibit a fascination with the simple pieces that make up more complex objects. Surrounded by circuit boards, I no longer possess the desire to destroy a radio in search of understanding its components. In a former life as a finance guy, I let my inner nerd trade in the bucket of Legos for an Excel model with complicated formulas and every costing function you can imagine holding it together.

These kinds of models helped me evaluate creative ways to finance projects when I managed a \$160 million budget in my former finance life. So when Andrés handed me a booklet on financing structures for social businesses and asked me to start working on a capital structure strategy to support EHAS growth, another part of my old self came out of hibernation.

This month has required me to dust off lots of my old private sector skills. **Funny thing is that applying these skills to extend healthcare to people in need is much more exciting than making anonymous shareholders richer.**



## Yeabsira T. Mehari ETHIOPIA

You could have been one of those many girls married off at 13,” Yeabsira’s father once said. Mothers that suffer from fistula, a condition that often causes a foul stench, which, in Ethiopia, is a cause for segregating mothers from the rest of society, are often young. Since then, Yeabsira has been passionate about improving women’s health in Ethiopia. She plans to develop a fistula health center in the country that will address both the negative economic and the socio-cultural effects of fistula through a three-year residential training program. In the meantime, she will work in India, her Young Champions placement country to launch a peer-to-peer health education program which incorporates obstetric fistula awareness. Below, Yeabsira explains how working at the ASHA Foundation with her mentor, [Ashoka Fellow Glory Alexander](#), exposed her to the necessity of educating women in order to successfully put an end to maternal death and disability.

Initially, my aim to take part in ending obstetric fistula was the main push behind all my work. Then, I moved to India and started working in a different field than obstetric fistula: HIV/AIDS. Though HIV/AIDS and obstetric fistula don’t have much in common, they do share certain traits that have a massive impact on the women who suffer from these ailments.

Aside from the physical effects, HIV/AIDS and obstetric fistula patients suffer from psychosocial damage and face being ostracized by their communities. Education on what the ailment is, how it happens, and why it happens is lacking for both. Most believe both conditions are caused by an evil spirit, or by the woman being deemed unfit for motherhood by a higher power. Sitting through counseling sessions at ASHA, I was amazed to see how many women blamed themselves for bringing such a disease to their family — even though, eight out of ten times, it was actually the father’s infidelities that put them at risk. In a country where the act of sex or even discussing sex is a taboo, working in the field of maternal health is difficult. So it was in India that I learned the importance of knowledge. The force behind my work slightly shifted to... education.



## Zubaida Bai INDIA

Having once been one of the “silent victims” with whom she now works: a woman who, as a result of unsanitary birthing conditions and practices, contracted an infection that caused her to suffer for years, Zubaida Bai used her passion and experience in the social development sector to found [AYZH](#), a social enterprise aimed at bringing technology solutions to rural women. During her Young Champions placement, Zubaida worked with [Ashoka U.S. Fellow Rebecca Onie](#) and her organization Health Leads to analyze their Screening and Referral System of all 7 of their locations and map out trends for them to think about in order to develop a customized screening and referral tool which is tailor-made for each Health Leads location. Zubaida is now collaborating with other Young Champions to promote and sell her sleek clean birth kits around the world—hoping to generate profit for the maternal health field. Here, she recounts her journey during her placement as a Young Champion.

I’ve often felt that God has given me wheels for legs because my family’s life has been a constant ride. We have been up and down hills, crossed lots of bridges (most of which have been wobbly), but the Almighty always ensures we come out unscathed.

When I started on this trip nine months ago with my extended Ashoka and MHTF family, I had a lot of fear and apprehension and wondered if this was the right decision for me, AYZH, and my family. **Today, I look back at the best nine months I could have spent in my personal and professional career.**

The nine months were filled with regularly scheduled travels and innumerable cups of coffees with people in the field of women’s health. Reflecting on what made these nine months fruitful, I realized there is not one answer. Each meeting gave me something new to add to my knowledge. Some meetings pushed me to think harder, better, broader; others helped me feel refreshed and stronger, and some made me think about more innovative thoughts and ideas.

The bottom line is that during this program nothing has changed but my mindset. I discovered that when I listen to people talking about the same subject I am passionate about and having people pay close attention to my words when I speak does wonders to my confidence. It made me fearless and I think it made all of us fearless to see there were others who understood and shared our passion.



# Transforming the Maternal Health Field

“There is no better investment than safeguarding the lives of mothers.”

– Ban Ki Moon, UN Secretary General

A year ago, fifteen complete strangers in 12 different countries independently packed their lives into suitcases. They packed dress clothes and swimsuits, t-shirts and traditional items from home, flip flops, high-heels, laptops, books, and photos of loved ones. They said goodbye to their friends, parents, teachers, bosses, peers, siblings, and even their own children to jet off to a new country, a new home, a new job, and a completely foreign way of living for the nine months to follow.

The common thread between these fifteen perfect strangers was an unrelenting passion to transform the lives—and specifically the health—of women and mothers.

Each of them proposed a new solution to improve the maternal health field and each of them was selected by Ashoka, the Maternal Health Task Force, and a panel of expert judges to become a Young Champion of Maternal Health.

In the first and second trimesters of the Young Champions of Maternal Health Program (September 1 through February 28), the Young Champions went through a wide range of experiences and growth pains—learning to apply their previous knowledge and experiences to address a maternal health issue in an entirely new context. They worked closely with their host organizations and Ashoka Fellow mentors to design projects and programs that would unite the institution’s existing solutions with the Young Champion’s unique perspective and insights. At the same time, the Young Champions found themselves deeply entrenched in the successes and struggles of social ventures on the ground.

There is no doubt that each and every Young Champion faced immense challenges during this time. The combination of working in a different country (and often in a foreign language) far from family, friends, and familiarity; a different cultural context with its own traditions, norms, and obstacles; and a new host organization with foreign processes and unique challenges to address the sobering issues around maternal death and disability, was taxing and extremely difficult. During the hard times, Young Champions connected with one another. They shared their struggles, frustrations, fears, ideas, and successes. They inspired each other to persevere and challenged each other's perspectives and approaches.

In the ninth month, the Young Champions packed their suitcases once again. This time, they convened in Accra, Ghana, a hub of maternal health innovation in West Africa, for the Young Champions Future Forum. The three-day gathering brought the Young Champions group together with leading social entrepreneurs (including four Ashoka Fellows) and high-level maternal health experts (including [Dr. Fred Sai](#)) from Africa and the U.S. Over the course of three days, the Young Champions group received targeted guidance and social entrepreneurship skills training to help them put their maternal health ideas to action. They shared maternal health and social entrepreneurial knowledge, strengthened their professional networks, and inspired one another to sustain the momentum that the YCMH program has built.

The constant sharing of field-specific knowledge, experiential wisdom, new hopes, goals, and innovative ideas, ultimately birthed significant new collaborations. **One creation resulting from this gathering is the Maternal Health Innovation Fund (MHIF) which will be founded by Young Champion, Seth Cochran.** The fund will raise an initial \$150,000 to provide seed capital to high caliber social entrepreneurs focusing on maternal health. During the Future Forum, the Young Champions recognized that bringing passionate local people with cultural context together with young innovators in the global north can lead to powerful collaborations which yield maternal health solutions that reach the people who need them most. While these innovators have creative solutions to solve maternal death and disability, large foundations do not have the capacity to administer and manage small seed grants. The MHIF will fill this role by having a board of maternal health and social entrepreneur experts select promising young maternal health innovators and provide seed-funding for their start-up social ventures.

In addition to the MHIF, another collaboration which came out of the gathering was the idea to generate profit for the maternal health field by selling Young Champion Zubaida Bai's clean birth kits. Zubaida's clean birth kits are unique because they are compact and stylish and as a result, women use them as purses. After a conversation at the Future Forum, Ashoka Fellow Kathryn Hall-Trujillo decided to buy Zubaida's clean birth kits in bulk and then re-sell them to generate profit for her own organization—this partnership will help sustain both Zubaida and Kathryn's organizations, enabling them to better serve the women with whom they work. Zubaida is now partnering with other Young Champions and members of the maternal health field to sell her clean birth kits. The Maternal Health Innovation Fund and the birth kits are just two examples of collaborations which resulted from this gathering—there will certainly be many more collaborations as the Young Champions community continues to work together over the coming years.

The Young Champions have now returned home with a suitcase of new set of tools, ideas, and skills packed in with their souvenirs. Though the nine-month program officially ended, there is **no doubt this group will give birth to real change in maternal health for years to come.**



# Connect with Us

## THE MATERNAL HEALTH TASK FORCE

[The Maternal Health Task Force](#) (MHTF) at EngenderHealth contributes to shaping collective efforts to improve maternal health worldwide. Recognizing that real progress requires better coordination and increased global attention, the MHTF brings together existing maternal health networks and engages new organizations by identifying innovation, fostering dialogue, building consensus, and sharing information.

## CHANGEMAKERS.COM

Changemakers is Ashoka's community of changemakers, a platform for those wishing to make a difference and the organizations that wish to engage with them. Changemakers open-sources social change ideas by hosting competitions and conversations that matter.

## ASHOKA IS SOCIAL!

Change Insight Blog <http://www.ashoka.org/changeinsight>

Twitter <http://www.twitter.com/ashokatweets>

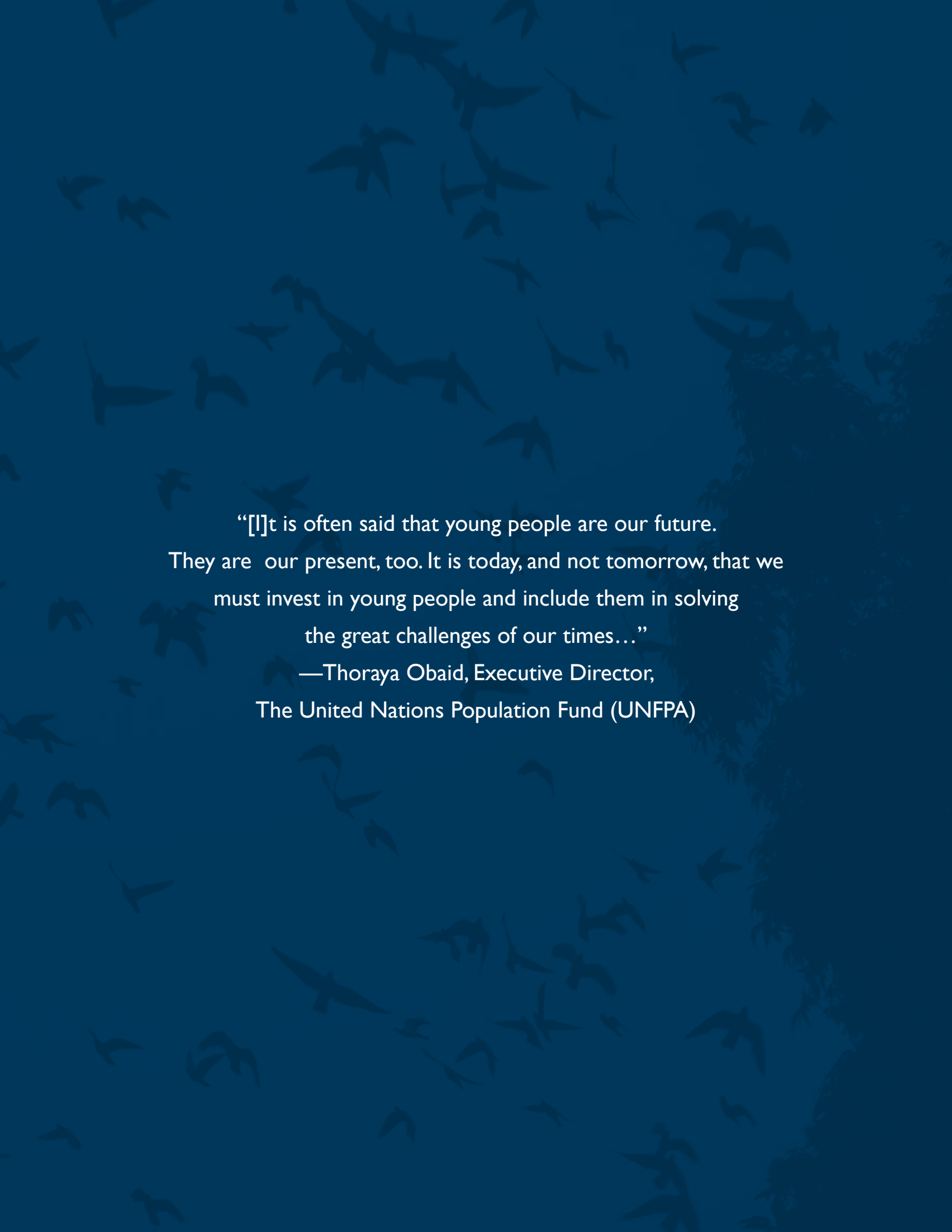
Facebook <http://bit.ly/AshokaFB>

LinkedIn <http://bit.ly/AshokaLI>

YouTube <http://www.youtube.com/ashokavideos>

Ashoka was founded on the belief the social entrepreneurs are the most powerful force for changing the world. Our investment in leading entrepreneurs is deliberate—we support the best innovators, who we believe will achieve the greatest impact for systemic social change. These entrepreneurs also serve as role-models and facilitators for the next generation of social leaders, building an Everyone A Changemakers™ world.

We believe that the synergy between a passionate “who,” an innovative “what,” a sustainable “how,” and a community of changemakers can and will change the world.



“[I]t is often said that young people are our future.  
They are our present, too. It is today, and not tomorrow, that we  
must invest in young people and include them in solving  
the great challenges of our times...”

—Thoraya Obaid, Executive Director,  
The United Nations Population Fund (UNFPA)