Monthly Report January 2024
First activity of MISL 2024 was a meeting held on the 6th January, in a bid to review December 2023 monthly activities. Further, discussions were centered on the challenges, successes, and lessons learned. This was followed by mapping out the Quarterly- monthly activities for 2024 (Jan.-Apr). Strategies to implement MISL plans for January were set which indicate field work in both Kambia and Port Loko Districts, North-West Region of Sierra Leone.
On the 10th January, 2024 MISL team met with the Acting Director, Donor Coordination NGO Officer at the Ministry of Health and Sanitation (MOHS) of Sierra Leone. The purpose of the meeting was to gain recognition and complete the Service Level Agreement (SLA) with the MOHS that will give permission to MILS to visit and operate with any District Health Management Team (DHMT) across Sierra Leone.
MISL Field activity in Kambia district include visit to the (DMO) head of District Health Management Team Kambia town and Manage Community Health Center(CHC), Port Loko district. On Friday 12th January,2024. MILS five Executive representatives headed by the Country Director Mr. Alieu Badara Sesay, couple with the Program Manager, Project Officer, two females and one male volunteers met with the Kambia District Health Management Team in a meeting convened in the conference room by Dr. John Yillia (DMO) Kambia district. The meeting last for one hour and the activities that climax the meeting include: Introduction of twelve DHMT personnel drawn from eleven (11) Health units/divisions to name but a few: District Health Administration, Surgery, Nutrition, Material Health, Focal personnel on various District Health and Sanitation units, Disaster Management, Nursing Units, and In-charges of PHUs. On the other hand, Medical Impact Sierra Leone (MISL) team comprises of the lead County Director, Program Manager, Project Officer, two volunteers couple with the driver. Mr Alieu Badora Sesay (Country Director) made statement of the purpose of the visit which takes into account introduction of Medical Impact Sierra Leone (MISL) to the Kambia District Health Management Team (DHMT), initiation and familiarization of MISL program activities for the period 2024-2028. Responses from DHMT centered on the Ministry of Health and Sanitation (MOHS) partnership with other health actors’ policy protocols and compliance. However, what was clear is that through continuing interactive health care delivery interventions with research, the need for broader examination of training needs, prevention campaigns, workable outreach, schedules, disease prevention activities and funding, quickly become apparent to both MISL and Kambia and Portloko DHMT.
Meeting with the Kambia District Health Management Team (DHMT)

A list of participants was provided to MISL and MISL did likewise. Aside from oral presentations promise was made for written briefs to be submitted in subsequent interaction when MISL must have presented documents of MOHS partnership.

In addition to endorsing MISL activities in Kambia District in agreement with MOHS participants at the January 12th meeting highlights other important issues to be addressed by Kambia DHMT as the central health care delivery actor while in the course of MISL field work would seek and rely on MISL for support in order to increase access, provision of health commodities and improve on quality and equity. The event was reasonably successful.
On Friday 19th January, 2024, MISL team met with the In-charge (CHO) at Mange. Considering the numerous health care delivery challenges recorded at a meeting held in December 2023 with the Port Loko District Health Management Team and lending activities outside Port Loko city that take place in one of the hard to reach areas such as Mange, Bureh Chiefdom. It is devastating to know how health care services are worse managed. Considerably work effort at least in term of support in provision of medical tools and equipment, strengthening community awareness raising on health and related issues such as disaster alertness, Infection Prevention Control (IPC). Mange Community Health Center (CHC) covers five Maternal Health Aid posts MCHA Post with a catchment population of over 25,000. Secluded briefing was held with the Mange CHC in-Charge and all-inclusive meeting with a staff size of ten including the genitor. At Mange CHC staffing is less a problem except the five MCHA Posts in the interior of which MISL was able to reach two at an average distance of 5KM. Inspections were made on the infrastructure, disaster prone sites, river route which is the shortest and easiest transportation means, though highly risky than the inland roads and interviews with community stakeholders held.
Some of the Challenges outlined were put on floor for workable solutions through discussions with health care providers in collaboration with community involvement in decision making. Most common health challenges are:

- Wash facilities inadequacy due to lack of storage facilities, source of safe water and dilapidated water infrastructures.
- Ambulating services which case only one ambulance vehicle available at the district headquarters which is about 8km
- Poor facilities of maternity units in the health centers visited in Bureh chiefdom
- River banks being eroded to an extent possible flooding occurs at the peak of raining season
- Misconception of health messages by community on affordability and accessibility of health commodities and services.

Nevertheless, MISL together with the healthcare workers and the communities visited, outline suggestions in consent to proffer strategies that would enhance MISL implementation of health and health related activities meeting overall program objectives in Bureh chiefdom.
A disaster prone sites (this river is very close to the Mange Bureh (CHC) that needed quick action to prevent flooding.
MISL team crossing the Little Scarcies River. The river banks being eroded to an extent possible flooding occurs at the peak of raining season at Mange Bureh Community Health Centre. This is one of the ways (crossing point) to access the Mange Community Health Centre.

MISL IMPACT TEAM LOOKING AT THE MANGE COMMUNITY HEALTH CENTRE FACILITIES

Mange Bureh Community Health Centre labour room. This is the birth center for CHC but without a rest room in it and they asked MISL to look on this problem.
MISL team entering the HIV/AIDS department at the Mange Community Health Centre to see the procedures and available facilities.
MISL inspecting the Wash facilities at Mange Community Health Centre, inadequacy due to lack of storage facilities, source of safe water and dilapidated water infrastructures.
On Sunday 21st January, 2024, monthly review meeting held by executive members to examine the level of achievements made on filed work of MISL particularly within the context of the current health care delivery status in Port Loko and Kambia Districts and MISL programme. The filed activities done revealed several lessons that MISL health and health related activities require:

Increase sources of funding

- That barriers to health care services still persist and it is increasingly evidenced in suburbs where distance and road network is in bad shape.
- That MISL membership has to be resilience and committed with undistracted focus while upholding the values of the organization.
- That MISL legitimacy forms the bedrock in partnership and collaboration with key health care delivery actors in and out of Sierra Leone.
- However, members consent that the work of MISL shows the need for further engagement with the DHMTs and the communities as beneficiaries for long-run sustainability of MISL programs,
- Social implications and replicability in other regions in Sierra Leone.
- In sum, this report attempted to assess the viability and relationship between MISL and the communities covered in the Port Loko and Kambia DHMT and other health actors.
- The importance of monthly and yearly planning and scheduling discussions brought the meeting to an end.

Activities carried out end of January involved engaging the media countrywide to further create and broaden knowledge and understanding of the core functions of MISL indicating its values, short and long term plans for the communities and regions targeted. The medium of engagement lately done include the print media and electronic media. See photos.

Projecting into February plan of work which is overshadowed by field activities in suburbs or hard to reach areas not excluding Medical Brigades outreach, partner and collaborate in bed net distribution.