MEDICAL IMPACT SIERRA LEONE



MONTHLY RESULT

REPORT

FEBRUARY, 2025

2025 Service delivery project Report February

Sierra Leone's healthcare system faces substantial strain, chiefly in rural areas like Kalangha section, Burreh Chiefdom, Port Loko district, North-West region where access to quality and justifiable healthcare services remains inadequate. Primary Healthcare (PHC) is mired by weak community engagement and lack of collaboration among stakeholders. In kalangba section, Burreh chiefdom there is severe constraint such as distance and out of pocket cost in accessing healthcare services. Many embark on and rely on quack drug peddlers and self-medication.



Mange Burreh PHU facility lacks the necessary malaria test kits and medicines all-round the year which strains the system; healthcare decisions often exclude local involvement, reducing responsibility and participation effectiveness.

Medical Impact Sierra Leone aim is to strengthen community ownership and participation, ensuring improved access to quality healthcare and better health outcomes in in our operation districts.

In an effort to address the health conditions of the inhabitants of Kalangba section February, MISL intervention activities in February include:

- -Conducting community sensitization campaigns on health rights and responsibility.
- -Disease prevention and promotion of healthy behaviours.





MEDICAL BRIGADE APPROACH

Malaria health education intervention-: Talks on the need for health Education and vaccination, emphasizing on family involvement in providing access.

The aim is to generate a scenario in which people throughout the year have to be healthy, know how to achieve good health status individually and collectively to maintaining it.

The session involves impacting knowledge on malaria vaccines, availability and access. ITNs usage, correcting the odds of precise answering malaria related questions, the odds of taking malaria vaccine; improving knowledge of malaria transmition patterns, prevention, treatment and its signs and symptoms, and improving knowledge of indoor residual insecticide spraying in every epidemiological lings all-year round. However, pockets of poor ITN perceptions persist.





Methodology:

- Education about the signs, symptoms, susceptibility, transmission and prevention of malaria as well as proper malaria ITN use.
- -Conduct free and standardize treatment of malaria, BP assessment and worm infestation.

The importance of health education is not limited to serve as a tool through which change is motivated, discern the validity of the information received about malaria prevention, treatment and control typical of vaccines, ITNs use plus other malaria related aspect, but its relevance as communication channel that empower individuals and communities to become activists in individual environmental actions.

In all processes targeted, learning should be facilitated to bring about changes in health-damaging behaviors or maintain healthy ones.

Further, talks on the importance of Blood Pressure measuring particularly that of adult was done emphasizing the benefit the health of the heart, brain, and reducing the risk of mild cognitive impairment .Therefore, treating BP is associated with reduction in the risk of developing Alzheimer's disease she paused.

Blood Pressure BP measure is an important part of a general health assessment .Its reading gives an indication of how one's heart is working. High blood pressure can be silent, so the importance of people seeking to get regular BP checks is necessary. Reducing stroke risk is one of the biggest benefits of making a healthy BP, she continued.

Malaria is defined in local language distinguished from hepatitis, jaundice and other differential diagnosis. The cause of malaria is from the bite of an infected mosquito (vector) that transmits the pathogen that result to malaria infection.

In addition preventive measures available were mentioned which most effectively is the protection from mosquito bite through the correct and daily use of ITN which steps were reechoed.

- -diagnose correctly, administer appropriate treatment guidelines
- -case management procedure adherence, and take complete vaccination.

Control measure include seeking early treatment from certified healthcare professional in the nearest health Center. Take complete dose of malaria medication.



Relevant statistics and data on the population served see table below

Characteristics	Gender	Under 5	aged	Cold&	Fever	Malaria	BP -	Deworming
		3		cough		+/-	Reading	
No. Male	75		75					
No. Female	93							
No. Tested						168		
No. Under 5		87						
No. Aged			72					
No. Malaria +/-						18/150		
No. with fever without					75			
malaria								
No. with cold & cough				18				
with malaria								
No. severe cases						06	04	
No. of Referrals						06	04	
No. assessed for BP							171	
No. low BP=51							51	

No. High BP=63				48	
No. Normal BP				68	
No. severe				04	
No. Dewormed					154

No laboratory microscopic done test in the field for worm infestation.

ROLLBACK MALARIA PARTNERS PLANING MEETING

To enhance collaboration with development partners 3 Executive members of MISL attended the postponed Rollback Malaria Partners Meeting.

Long awaiting meeting held on the 20th February, 2025 at NMCP conference hall commenced at 10:15am which was well attended. The meeting purpose was to discourse and resort to the 2025 malaria targets plan.

Members present were referred to the dished out minutes sheet of the last meeting held for concerns and corrections. Matters raised from the minutes of last meeting were discussed and reach a conclusion which led to adoption of the minutes of the previous partnership Roll back meeting.

Updates from National Malaria Control Program were done by Madam Chair, Deputy Manager as follows:

- 1. The level of achievements in malaria fight reflecting the strategic plans through 2030. Comprehensive report will be out by May she assured.
- 2. Updates on World Malaria Day planning and coordination. Review and adoption of plans for the commemoration of world Malaria Day/week (19th -25th April, 2025).At this juncture of the meeting the project manager II MISL raised constrains of meeting the budget regarding the request for Medical Impact to conduct Inter-Secondary Schools Malaria Quiz Competition countrywide. He then urged development partners and giant implementing partners to kindly take bold step to support MISL given the task to intensify malaria awareness raising in schools.

Presentation on the benefits of using drone for malaria larvaciding in Ghana and Sierra Leone. The drone project looks at mapping targeted larva infested habitats in communities or regions in Sierra Leone and how it can be replicated for the benefit of partners and the MOHS.

The effectiveness and usefulness of the interventions

Medical Brigade activities implemented in Burreh chiefdom was well coordinated with clear messages in local languages, MISL team and health professionals arrived on time having the tent of meeting ready.

The activity is useful and necessary because:

- ✓ It builds and strengthens community ownership, improves participation as a result of increased confidence on the relationship between healthcare givers and the community.
- ✓ It increases access to free and affordable malaria treatment, BP assessment and deworming.

The resources used including funding,

Materials:

Malaria test kits, malaria drugs, BP tablets, cotton wool, gauze, gloves, wash facilities, soap, and disposable box, stipend, transport fare, communication, daily subsistence allowance (DSA)

Personnel involved:

MISL Team (05) for coordination, provide supportive monitoring and financing

Health Professionals (04) health talks, health service delivery (diagnose, administer treatment, health advisory and referral);

Women leader, youth leader and Town Head-grant permission, support facilitation, accommodation and mobilizing the category of beneficiaries.

Challenges, obstacles encountered:

Challenges experienced include:

- ✓ Struggle to hire vehicle for long travel distance coverage from MISL head office through Burreh chiefdom which is over 103 miles
- √ Tight budget constrains which reasons activities and size of health professionals scaled down.
- ✓ Limited healthcare professionals that lead to over lapse working time and late return.

Personnel

Volunteering was from local support by women's group leader, Youth Leader and the chief couple with two nurses that represented the Community health center CHC right away from chiefdom head Quarters' town, mange.

Finances-Medical Impact Mexico

- Outcome:

Increased community ownership and participation in healthcare in Kalagba Section, Burreh chiefdom. The people of Kalangba took active role in healthcare delivery, leading to more alert and accountable healthcare service.

-Leading to healthier communities through disease prevention as increased awareness and healthy lifestyle practices leading to improved health outcomes and reduced disease burden in Kalangba Burreh chiefdom.

Enhance collaboration with development partners at NMCP, MOHS

Strengthens partnership with NCMP and MOH in collaboration to ensure health initiatives are align with national and district priorities leading to sustainable improvements.

SUSTAINABILITY STRATEGY –The activities intended in medical Brigade will build lasting confidence within community-based structures ensuring acceptable healthy behavioral change practice such as early seeking for medication, exhibit trust in health workers.

Continued partnership enhancement with local stakeholders and agencies in integration of project activities.

Conclusions and Lessons Learned

Medical Impact Sierra Leone activities in February 2025 involves community awareness and participation which encompasses sensitization through health talks session in rural medical brigade malaria, BP and deworming health delivery services. Community members sensitized on malaria health rights and responsibilities; over 180 direct beneficiaries in Burreh chiefdom.

Partners' engagement meetings held to promote collaboration with MISL project activities, and relationship strengthening. The activities undertaken were successful as over 90% expected participants attended the brigade session, high recognition, and confidence invested in MISL for committed participation by partners.

Nevertheless, teachings learned include: budget specification on risk mitigation for monthly activity is necessary to avoid halt particularly transportation cost uncertainty; empowering communities and health professionals to enhance cost effective implementation is key.

People directly impacted through health education >180.