MEDICAL IMPACT SIERRA LEONE MONTHLY RESULT REPORT APRIL 2025





MISL APRIL MONTHLY RESULT/REPORT

Sierra Leone's healthcare system faces considerable strains, primarily in regional rural areas like, and other three districts. Primary Healthcare (PHC) is hindered by weak community engagement and lack of collaboration among stakeholders.

April, 2025 activities surrounds strengthening partnership relationship with partners' distinctive of National Malaria Control Programme (NMCP) for sustainable healthcare service delivery; Strengthen MISL capacity in raising community awareness and participation in malaria healthcare decision-making and service delivery. The World Malaria Day commemoration 2025 centered under the theme "Malaria End with Us: Reinvest, Reimages, Reignite" and with



Expected Outcomes:

- 1. Strengthened alliance with NMCP and related health agencies within Ministry Of Health and Sanitation (MOHS). Stronger partnerships will ensure heighten resource sharing.
- 2. Increased community participation in healthcare delivery: Communities will take an active role in healthcare delivery, leading to more responsive and accountable healthcare services.
- 3. Healthier communities through malaria prevention, treatment and control: Increased malaria awareness and healthy lifestyle practices will lead to improved health outcomes and reduced malaria burden in Western Rural communities.

Strategy:

The April activity builds long-lasting capacity within community-based structures like PHUs, FMCs and local health workers in Western Rural District, ensuring that they can manage healthcare resourcefulness independently. This is evidenced through:

I.Boosting local communities' full participation in malaria, prevention, and control mechanism. Also, early seeking behaviour for malaria medical attention at health facility (PHUs) by the public.

- ii. Awareness raising on malaria, and related gaps by engaging pregnant and lactating mothers, schools, traders, motto cycle riders, educationists and their communities during World Malaria Day launching in Western Rural.
- iii. Reimagining malaria: Strengthening community engagement in the lead to malaria prevention, treatment, control and better still elimination.



Dr. Austin Demby Minister of Health and Sanitation with MISL Executive Manger Alieu Badara Sesay and some staff of National Malaria Control Programme in Sierra Leone.

April, 2025 ACTIVITY PLAN

- 1. Expansion of Health Coverage through malaria medical brigade at district level by bringing malaria experts to do screening, treatment, counseling and referrals in 5 operational Districts (Kambia, Port Loko, Kono, Moyamba and Western Area.
- 2. Increase public awareness and recognition of World Malaria Day
- 3. Hold refresher's briefing with MISL health professionals on malaria screening and treatment service prior to World Malaria Day launching.

-Strengthen PHU capacity (FMC, CHW & Staff) on leadership and resource mobilization through collaboration on malaria medical Brigade with PHU in-charges.



Objectives for April activities include:

- Conduct malaria medical brigade on the launch of World Malaria Day, 25th April, 2025.
- Upsurge resource mobilization endeavours
- -Strengthen partnership with NMCP and Roll Back Malaria (RBM) partners.

ACTIVITIES

-Initiated Coordination Schedule for world malaria Day commemoration. Scheduled plan was developed, reviewed, and harmonized with that of NMCP.

- -District coordination with secondary schools and DHMT personnel commenced but counselled later, due to change of scope.
- -Engaged with NMCP on planning, coordination and resource mobilization.
- -Change notification scope letters and intensified mobile phone communication done to ensure convenience and trust is restored with District Health Management Team (DHMT) in our operations.
- -Conduct medical brigade on World Malaria Day Launching 25th April, 2025.

The effectiveness and usefulness of the interventions (Justification)

The April activities are key in achieving MISL 2025 project objectives.

- •They build ties and confidence in NMCP and RBM partnership and shape trust in the public potential donors for MISL role in raising awareness on malaria prevalence, cure, control and opportunities that are readily available hence close malaria mistaken beliefs.
- •They will improve school community involvement in the fight to end malaria in Sierra Leone.
- •They bear collaboration with the Western Rural DHMT on meeting coordination targets for world malaria week 19th-25th activities.

Resource mobilization activities.

Medical impact held several follow-up meetings with enlisted potential donors which endeavors done, but to no avail except promises and pending feedback.

Efforts on engaging NMCP intensified that led to fruitful dialog and resource sharing.

The resources used include:

i. Funding: See budget attached.

Funding from Medical Impact Mexico, individuals and NMCP.

iii. Materials:

Mobility is vehicular (Car), motto bikes, Daily Subsistence Allowance DSA, communication, office running expenses, canopy,banna,furniture and space for the meeting), some medical tools, equipment, and drugs



Personnel involved:

MISL Team (25) for coordinating the engagements, District malaria focal person for planning and coordinating world malaria Day activities 9 medical team (medical students-interns, clinicians, Lab Technicians, Nurses, social workers who serve as counselor), and 2 journalist.

Objectives Achieved:

- •Attended World malaria Day commemoration April 25th held at Freetown Polytechnic, Jui Hastings Western Rural District.
- •Engaged MISL District coordinators, DHMT malaria foal persons in Port Loko, Kono, Kambia and Western Area Urban on planning, coordination and implementation of malaria medical brigade.

•Wrote notification letters to school leaders and health clubs about funding inadequacy and gap that led to changes of dropping down Inter-secondary schools malaria quiz competition and malaria Brigade activity country wide except Western Rural.



Outcome:

- -Increased community participation in planning and execution of MISL awareness raising activities on world malaria Day commemoration in Western Rural district.
- -Upheld the right to free medication/healthcare for pregnant women, Lactating mothers and Under 5 children.
- -Enhanced collaboration with RBM partnership and Strengthened partnership with NMCP and MOH in collaboration to ensure health resourcefulness are make parallel with national and district main concern leading to viable progresses.

The medical Brigade model where malaria screening and treatment health talks as education sessions harnessed to raise awareness, curb misconceptions about malaria, and build the capacity of healthcare personnel in Western Rural district during the launching ceremony.

Encounters include:

- •Struggle to hire public cars intra-city and motto cycles intra-city, Western District.
- Mobility constrains heightened .
- -Resource mobilization constrains
- -Inadequate MISL health personnel considering size of target beneficiaries. The situation worsen when the turnout goes beyond the targeted or expected population.
- People directly impacted include beneficiaries from mixed works of life (School children, DHMT, MISL, pregnant women, lactating mothers and their children, petty traders, motto cycle riders and partners)

Sustainability Plan

- -Expanding partnership and intensify collaboration efforts will moderate resource constrains.
- -Collaboration with local groups and stakeholders will enhance high participation, knowledge sharing and success stories.





Conclusions and Lessons Learned

April activities centered on collaborative efforts towards World Malaria Day commemoration. Series of engagement held with potential donors and partners but sponsorship turned down. Despite stifle neck sponsor, NMCP shared huge resources supported by Global Fund, and RBM.

Malaria health talks, social behavioral change, screening and free treatment went uninterrupted and successful.

Key lessons learnt include matching resources available to fit target beneficiaries, otherwise inadequacies and unprecedented incidences are sure to happen.

Proper planning with heightened risk mitigation is crucial to success implementation of medical brigade in diverse categories of beneficiaries.

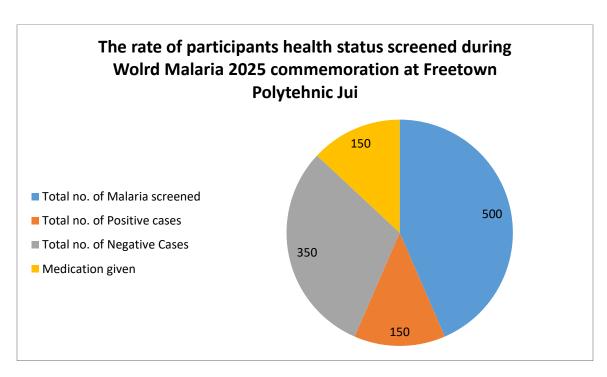
Notwithstanding, managing wide scope free treatment of malaria is spectacular to NMCP, RBM and the communities in Jui Hasting environs.

There is strong assumption that malaria Unit in MOHS will reckon MISL health interventions for a sustainable health system.



During the World Malaria Day 2025, over 700 attended MISL screened 500 on their rate of malaria health status

Disease	% Positive	% Negative	% Medication given	% Referrals
Malaria	30%	70%	30%	0



Direct Beneficiary: 500

Indirect Beneficiary: 1700