

**ACHIEVEMENTS MADE BY**  
**THE MINISTRY OF HEALTH AND SANITATION**  
**DELIVERED BY THE MINISTER OF HEALTH AND**  
**SANITATION AT THE FOURTH STATE OF THE NATION**  
**SYMPOSIUM 2003**

I am particularly pleased to have the opportunity of presenting an overview of the achievements and constraints of the Ministry of Health and Sanitation for the year 2002 to June, 2003.

**MISSION STATEMENT OF THE MINISTRY OF HEALTH AND SANITATION:**

The Ministry of Health and Sanitation is resolved to ensure that quality health services are available and affordable to all, especially vulnerable groups like children under five, school children and women of child bearing age. In close collaboration with donors and other major partners in health, the MOHS is determined to achieve the afore-mentioned objective through the following main strategies:

- Development of the Health Policies for the sector as a whole, as well as for the various program areas.
- Improvement of the administration of the health services, including decentralization and strengthening of the Health Management Information System.
- Rehabilitation of the network of health facilities at primary, secondary and tertiary levels.
- Development of Human Resources for Health with strengthening of medical, paramedical, and nursing training.
- Promotion of food safety and the provision of nutritional services to the population.
- Control of communicable diseases with improvement of maternal and child health and immunizations.
- Strengthening of Mental Health, Counseling Services, as well as support to the physically, psychologically traumatized and handicapped.
- Promotion of community participation and involvement and also inter-sectoral cooperation in health care delivery.

- Strengthening cooperation with international agencies and NGOs in the drive towards better health for all.
- Intensification of resource mobilization and coordination.

## **STRUCTURE OF THE MINISTRY OF HEALTH AND SANITATION**

The Ministry of Health and Sanitation is structured in accordance with programmes of which the largest and most important is that of policy formulation, coordination and general administration, encompassing the offices of the political, professional and administrative heads of the ministry. Directorates, namely Primary Health Care, Hospital and Laboratory Services, Support Services, Financial Resources, Internal Audit, Procurement Unit, Office of the Architect, and Office of the Donor/NGO Liaison Officer. There is need to strengthen the capacity to administer the health care delivery system. It is imperative that the capability to continue providing policy and administrative guidelines for the health sector at this level of the health care delivery system be maintained.

### **Goals and Objectives**

The overall goal of this program is to provide and enforce policy guidelines to ensure satisfactory implementation of activities in the health sector, as well as to strengthen management and administration with a view to rehabilitate the devastated health care delivery system as enshrined in the National Health Policy.

## **VISION OF THE MINISTRY OF HEALTH AND SANITATION**

The overall goal of the Ministry of Health and Sanitation is the provision of health services to the people of this country. Our partners in health share this vision and the strategies to achieve it have been clearly stated in the mission statement of the Ministry.

Additionally, a new policy of providing basic health services free to vulnerable groups (i.e. pregnant women, lactating mothers, underfive children, school going children) was introduced in the 2002 budget speech. This was perceived as another contribution to the overall development goal of attaining a level of productivity that will enable economic and social development, and thereby eradicate poverty. The important role of health in the poverty cycle is now generally recognized, and the challenge is to

translate this into more concrete steps e.g. the allocation of more resources to the sector.

### **District Operations - Background**

With the cessation of hostilities and the attainment of total peace, the epidemiological picture was characterized by a high prevalence of common communicable diseases like Malaria, Respiratory Tract and Skin infections. There was an explosion of Sexually Transmitted Infections, and data trends suggest an emerging epidemic of HIV/AIDS. The disabilities associated with the extensive physical and psychological abuses noted during the war years were now becoming apparent, further complicating the already dismal health status of the population at large. The nutritional status of vulnerable children under five and women of child – bearing age remained poor. The above was particularly true for those who were behind rebel lines, where there was very little food and health services were virtually non-existent; lack of drugs, equipment and supplies then characterized our health delivery service. This sad state of affairs was compounded by the increased need for services as whole communities had been displaced and lost their usual means of livelihood and survival. Thus, the thrust of activities for 2002 was targeted at rehabilitating the devastated health services and extending them to newly accessible areas countrywide, usually under very difficult circumstances through the District Health Management Teams in collaboration with the respective programmes of my Ministry.

### **Kailahun District**

The following activities were undertaken in this district during the period under review:

- Refresher training course for 150 Traditional Birth Attendants (TBAs)
- Basic training of 150 TBAs
- Rehabilitation of Daru Clinic
- Conduction of three rounds of Mass Immunization Campaigns
- Conduction of two rounds of NIDs for villages bordering Liberia and Guinea
- Re-establishing of 72 Peripheral Health Units (PHU)
- Rehabilitation of the Kailahun Government Hospital and 6 Health Centres through funds provided by the International Medical Corps (IMC).

### **Kenema District**

Achievements in this district were numerous and included the following:

- Rehabilitation of 30 PHUs
- Construction and commissioning of a 48 bed surgical ward in Kenema Hospital
- Installation of a 65KVA generator to supply the whole hospital
- Conduction of several workshops on Reproductive Health, Bloody Diarrhoea, Lassa Fever, Yellow Fever, HIV/AIDS and others.
- Participation in all NIDs activities in the district
- Construction of gravity-fed water system to supply the hospital and part of Kenema township.
- Decentralization of a total number of 75 functional PHUs.
- Allocation of an ambulance donated by UNFPA under the Emergency Obstetrics Core Programme.

### **Kono District**

On account of the prevailing circumstance in the district, activities were limited. However, the enthusiastic District Health Management Team (DHMT) members continued to attend workshops, and participated in two rounds of NIDs during the period under review. A total of 32 PHUs are now functional with support from UNICEF, World Vision and ICRC. The hospital also is now functional. There are three (3) doctors for the district and over fifty (50) members of staff displaced in Freetown have been ferried to Kono by the Ministry, though accommodation is still a problem.

### **Bombali District**

As security improved and more people returned home the Ministry had to provide basic health services in collaboration with other Partners. So far the following activities were carried out:

- 63 PHUs were made functional in nine of the Chiefdoms and Out-patient Department in Makeni hospital and an Underfives Clinic at Masuba
- 2 rounds of NIDs were successfully conducted
- Basic training for 100 TBAs were also conducted
- Also conducted were Workshops for staff on Emergency Preparedness, HIV/AIDS, AFP Surveillance, EPI and Chlorination of Wells.
- Refresher Training course for MCH Aides on Safe Motherhood.

- The District Health Management Team (DHMT) was strengthened with a new District Medical Officer who had returned with a Masters degree in Public Health.
- On the job training for vaccinators in selected PHUs is on going.
- Megaphones were distributed to 40 PHUs to strengthen social mobilization.
- Distribution of cholera information kits, posters on HIV/AIDS, WATSAN, Malaria, EPI etc to Clinics.

### **Kambia District**

The Ministry in collaboration with development partners has constructed 31 PHUs, an Out-patient department and an Under five clinic in Kambia town conducted two rounds of NIDs.

With regards to the Kambia Government Hospital which was completely razed to the ground during the devastating civil conflict, three groups have manifested interest towards its reconstruction namely Cheltenham Trust, a British Charitable Organisation, a German NGO, Cap anna Mur and the European Union. At the moment, under the European Union funded Health Sector Rehabilitation Project advertisement have been made for tender of expression of interest and have had design drawings prepared by local architectural firm, DTI.

These drawings will entail the main administrative block, a major theatre, pharmacy, two offices for doctors and the main waiting room for patients. The drawings will also include a male and female wards of about 30 beds each and a 25 bed paediatric ward, an underfive clinic, office for the District Health Management Team, a Tuberculosis Isolation Ward, Kitchen and Cold Room and well as Staff Quarters for both Doctors and Nurses.

Additional 3 Water Wells will be constructed to ease the problem of water supply. There are also 4 PHUs under construction.

### **Koinadugu District**

Besides the district hospital which continued to function throughout the period, three more health centers were made functional, a Therapeutic Feeding Centre for malnourished children was established, and Four rounds of NIDs were conducted in the district. Two doctors have been posted to the district, one is assisting the MSF – doctor in the district hospital.

### **Port Loko District**

Due to the escalation of hostilities in Liberia, a lot of Liberian ex-combatants have been located in camps in this district. Consequently this has led to an upsurge in the incidence of common communicable diseases. However, due to the concerted effort by the Ministry of Health and its partners a lot was achieved including the following:

- 66 Functioning Public Health Units
- Rehabilitation of the hospital and district medical store
- Provision of essential drugs and supplies to the functioning PHUs
- Construction of several wells and VIP latrines
- Cascade of trainings for all service providers on various topics
- Allocation of an ambulance donated by the UNFPA under the emergency obstetrics care programme to the hospital.

However, staffing in the district still remains a problem.

### **Tonkolili District**

Major achievements for the period under review included the following:

- Routine immunization intensified in all chiefdoms
- Successful implementation of four rounds of NIDs
- Rehabilitation of 4 PHUs in Gbonkolenken Chiefdom by MRC in Bo
- 60 functioning Public Health Units.
- 2 Doctors including a Specialist were recently posted to that District to man the affairs of the Magburaka Government Hospital which had been identified to be staffed by the Specialist Egyptian Doctors expected.

### **Bo District**

This is one of the safest districts, and remained that way throughout the period under review. The achievements were numerous, and include the following:

- Cascade of trainings on various topics that included Essential Drugs Cost Recovery and Bamako Initiative, STIs/HIV/AIDS, Cholera Preparedness and Management, and Child Feeding Practices.
- 64 functioning PHUs at the mement although 24 others would need some rehabilitation.

- Extension of the Children's ward as a result of support from the European Union.
- Supply of surgical kits.
- WFP food supplies to the hospital still continues.
- Support for hospital running costs.
- Hospital strengthened with the transfer of agreements, a surgeon and another Doctor and the allocation of an ambulance donated by UNFPA under the emergency obstetrics care programme.

### **Bonthé District**

- Construction of a Community Health Center at Tissana in the Dema Chiefdom with support from the European Union.
- Establishment of a clinic at Delken in Sittia Chiefdom, where there has not been a functioning PHU for the previous 7 years.
- Routine immunizations, Mass Campaigns and NIDs.
- Training of various staff on topics that included Health Education, First Aid, Prevention and Control of diarrhoeal diseases.
- A Baseline Survey to provide information to support planning and implementation of all health activities.
- 22 more PHUs rehabilitated by world vision, with 20 handed over to the Ministry of Health and Sanitation.

### **Moyamba District**

The achievements include the following:

- Routine immunization and successful implementation of 4 rounds of NIDs.
- 71 functioning PHUs
- Training of various categories of staff on topics that included Budgeting and Planning; Information, Education and Communication (IEC), Malaria Control and Acute Flaccid Paralysis (AFP) Surveillance.
- The district hospital was assessed to generate adequate information for prospective consulting firms wishing to give technical and financial proposals for the design and engineering services for the rehabilitation, extension or reconstruction of the hospital.
- Allocation of an ambulance donated by UNFPA to the hospital under the emergency obstetrics care programme .

### **Pujehun District**

All 39 PHUs are functional. The hospital was renovated and a second Doctor posted. Amongst the achievements were the following:

- Supervision of functioning PHUs.
- Routine EPI activities NIDs and Mass Campaigns.
- Training of various categories of staff on topics that included prevention and control of Bloody Diarrhoea, AFP Surveillance, First Aid, Oral Rehydration Therapy (ORT), Data Collection, Rational Use of Drugs, Emergency Preparedness, and Yellow Fever.
- NIDS for area bordering Liberia

### **Western Area**

This district has the capital Freetown with its plethora of health facilities and IDP camps. The following achievements were noted during the period under review:

- 39 functioning PHU.
- Allocation of an ambulance donated by UNFPA under the emergency obstetric care programme to PCM Hospital.
- Compilation of the existing district staff by location.
- Assessment of available equipment by facility.
- Training of various categories of staff on topics that included Growth Monitoring and Promotion, Safe Motherhood and Life-Saving Skills, Rational Use of Drugs, Disease Surveillance, and Anaemia Prevention and Treatment.
- Routine immunizations Mass Campaigns.
- Regular supervisory visits to PHUs and production and distribution of regular reports.
- The Goderich Satellite Clinic has now been converted to an emergency surgical unit
- 5 Health Centres under reconstruction. Already, the Ross Road and Cline Town Health Centres have been completed, handed over and formally opened. The Kissy, Jenner-Wright and Regent Health Centres are to be completed.

### **Planning and Information**

Some of the activities implemented during the period under review include the following:

- Quarterly Monitoring and Supportive Supervision of all accessible districts, with the production and distribution of detailed reports outlining the state of the health care delivery system country – wide.
- Training of District Health Management Teams (DHMT) on the utilization of the revised data collection instruments.
- Renovation of the Monitoring and Evaluation (M&E) as well as the Births and Deaths offices in Bo and Kenema, as well DPI offices to accommodate additional staff posted to the Unit.
- Establishment of an office for the Health Systems Research Focal Point.
- Strengthening of the main offices for the registration of Births and Deaths by the provision of a computer and printer
- Establishment of the Health Systems Research Steering Committee and revival of the Health Ethics Committee.
  
- Development and distribution of an eight-module household survey instrument to guide the DHMTs in the conduction of District baseline surveys.
- Supported the development of the Environmental Health Policy.
- Participation in the WHO Annual Regional Conference in Brazzaville where Regional health priorities were discussed and recommendations made to solve them, especially taking into consideration the input from WHO.
- The Director of Planning together with the Director of Drugs and Medical Supplies) participated in a Study Tour on Drugs and medical Supplies to three procurement centers in Europe, namely IDA in the Netherlands, UNICEF Denmark , and ECHO in the United Kingdom.
- Printing and distribution of routine data collection forms (with UNICEF support) and forms for the registration of Births and Deaths.
- Significant input into the planning and coordination of Donor – funded projects in the Ministry, especially the World Bank supported Integrated Health Sector Investment Project (IHSIP) and at the ADB supported Health Services Rehabilitation Project.
- Annual Health review and Planning.
- Training of staff on data collection analysis and report-writing.

- Recruitment of the Health Economist to inject economic dimension in the planning and information unit and the Ministry at large.

## **Human Resources Management**

### **Personnel**

The development of Health manpower remains high on my Ministry's list of priorities.

The acute shortage of Specialists in the field of health is a problem that is receiving the Ministry's urgent remedial attention. The Master Training Plan being elaborated will focus on training in the Sub-region where possible. Considering the prohibitively high cost of training medical specialists in Europe these days, coupled with the high incidence of brain drain, the ministry wishes to train most of its specialists and other health personnel within the Sub-region to the extent possible for the foreseeable future. I am pleased to say that necessary provision has been made in our budget for this purpose. In the meantime, in an effort to alleviate the acute shortage of key specialists in the service, His Excellency, the President had given approval for the extension of the services of number of Specialists who were due to retire.

Furthermore, the Human Resource Directorate has now been transformed into a unit headed by a Human Resource Manager under the Directorate of Planning and Information. Although the chain of command and supervision of activities will change substantially, the responsibilities are not expected to be substantially different from those of the erstwhile Director. The final implications will probably be that the activities of this cost center will be subsumed under that of the Directorate of Planning and Information during the next planning and budgeting exercise.

The following planned activities were implemented during the period under review:

- Post Graduate Specialist training of two Physicians(on going)
- One Medical Officer has completed post graduate specialist training in Anesthesiology in Accra, Ghana and has returned home.
- Post Graduate Specialist training in Public Health International of one Medical Officer and a Health Superintendent in the United Kingdom is on-going.
- Post-graduate specialist training of one Dental Surgeon

- Post-graduate Masters Degree course in Nursing of the Ag. Principal National School of Midwifery. (on going)
- Computer training of 3 Administrative Officers and 10 Finance Officers (on going)
- Ten (10) Anesthetists trained locally and funded by UNFPA.
- 2 (two) Nurses having qualified in Ghana on operative nursing returned home
- Post graduate specialist training of one radiologist

### **Drugs and Medical Supplies**

The Directorate continued to carry out its traditional role and responsibilities of providing specialized drugs to all government hospitals, essential drugs to functional PHUs and medical supplies. The following additional activities were implemented during the period under review:

- Drugs were supplied to camps for displaced.
- Procurement of adequate Essential and Specialized Drugs from HIPIC /GOSL funds for nation wide distribution.
- Procurement of adequate medical equipment including x-ray machines intensive care unit equipment, laboratory supplies and other medical consumables from HIPIC/GOSL funds for nation wide distribution.
- The amendments of the Pharmacy and Drugs Act have been accomplished and a new Pharmacy and Drugs Act 2002 is now being enforced.
- Development of a post war pharmaceutical master plan in collaboration with ADB and EU Pharmaceutical Components of both funding agents of health projects is in progress. This addresses all the key policy areas of our National Drugs Policy which entail the underlisted:

### **Administration:**

- Developing and operating an autonomous Central Medical Stores (CMS) and District Medical Stores (DMS) with a view to establishing an efficient and sustainable drug and medical supplies management system in harmony with government's decentralization drive.

### **Management of Central Medical Stores and District Medical Stores**

- Established a well functioning system to procure, review, store and distribute essential drugs and medical supplies to all government health institutions. This will also include the maintenance of appropriate records for all supplies at all levels.

### **Drug Cost Recovery**

- Resuscitation of the Drug Cost Recovery program countrywide.

### **Monitoring and Supervision**

- Supervise and monitor all the activities of the system in order to improve performance, correct errors and ensure sustainability.

### **Infrastructure and Equipment**

- This will involve the construction, rehabilitation of equipments storage facilities at Central Medical Stores, District Medical Stores and Hospitals, as the existing capacity is not only inadequate but ill equipped as a result of the eleven year rebel war.

## **PRIMARY HEALTH CARE**

The Ministry of Health and Sanitation in order to improve access to quality Health Care for the grassroots, embarked upon the construction of Peripheral Health Units (PHUs) in chiefdoms headquarters and small towns managed by appropriately trained staff under the Primary Health Care Programme. With the active participation of the communities, health care services continue to be strengthened.

### **Diseases Prevention and control**

The Disease Surveillance Unit is a specialized unit in the Ministry of Health and sanitation. The main objective is to reduce the burden of communicable diseases in the population

The following activities and achievements were made under this programme for the period under review:

### **Investigation and Reporting of AFP cases**

- A total of 57 AFP cases were identified with stool specimen collected and reported to the Institute Pasteur in Abidjan
- A total of 40 specimen results were received from Abidjan, all indicating negative for the Poliovirus.

### **Training**

- A total of 271 in-charges of Peripheral Health Units were trained on decision and reporting of AFP cases and other communicable diseases in the following districts Koinadugu, Tonkolili, Kono, Bonthe, Kenema, Kambia
- A total of 75 DHMT Members were sensitized in the three (3) regions on integrated disease surveillance activities.
- A total of 106 Peripheral health unit staff, district health management staff and hospital staff were trained in these districts.

### **Measles, Yellow Fever and Neonatal Tetanus surveillance**

The surveillance of Measles, Yellow Fever, and Neonatal tetanus was integrated into the on going AFP surveillance system using the same structure, personnel and resources. A total of 8 specimen from suspected cases of yellow fever were sent to the laboratory in Abidjan for analysis. All specimens were negative for yellow fever. No specimens were sent for measles and suspected cases of neonatal tetanus were reported to the unit.

### **Community sensitization meetings**

The total of 27 chiefdoms were sensitized in 9 districts on AFP Surveillance activities, emphasizing the need for early reporting of AFP cases to the nearest health facilities.

### **Malaria Prevention and Control**

Malaria remained the leading public health problem in Sierra Leone, and was therefore a topmost priority for my Ministry. The following activities were implemented during the period under review:

### **Case Management**

- Training of Trainers (TOT) on Malaria Case Management was conducted for 15 participants

- Adaptation of generic materials on Case Management and follow-up after training.
- Training of twenty six (26) Laboratory Technicians on basic malaria microscopy with a focus on anti-malarial drugs efficacy..
- Training of thirty (30) Dispensers and Pharmacists on malaria case management and rational use of anti-malarial drugs.
- Sensitization of 50 patent drug sellers on malaria prevention and control and the rational use of anti-malarial drugs.
- Provision of Health facilities with anti-malarial drugs and diagnostic materials.

**Promotion of the use of Insecticide Treated Nets (ITNs).**

- Draft policy on ITNs developed and being finalized.
- TOT of District Health Sisters and malaria focal persons on ITNs (26 participants) and elaboration of district plans for ITNs distribution on a cost recovery basis.
- Development of memorandum of understanding for the districts and other partners for use of ITNs.
- Training of Communities and IDPS in 4 Districts on Malaria Prevention and Control and ITNs.
- Distribution of ITNs on going in all district hospitals, tertiary hospitals including Police, Military and Prisons hospital etc.
- Provision of 1000 nets to each districts as seed stock (500 treated and 500 untreated nets) to be sold on a cost recovery basis.
- A total of sixty seven thousand (67000) ITNs distributed nationwide to the districts, various communities, health institutions etc in collaboration with partners (Merlin, Christian Children's Fund (CCF), Concern world wide and Oxfam).
- Mobilization of resources to scale up use of ITNs as provided by the World Bank, ADB, UNICEF and WHO.
- Establishment of Malaria Focal Persons at district level including the Western Area.

### **Onchocerciasis Control Programme**

This programme suffered severe setbacks in its implementation since 1991, two years after the start of operations in the country. As community members resettled in their respective village communities, the continuation of Ivermectin treatment in most of the Oncho endemic areas in the Eastern and Southern parts of the country with the NGO partner, Sight Savers International was reactivated.

The second distribution has been conducted in these region using the (CDTI) Community Directed Treatment with Ivermectin strategy. Also, ivermectin treatment has already commenced in the Northern region and remaining eastern region districts of Kono and Kailahun this year.

Prior to this venture, an epidemiological evaluation was conducted by the national and international teams whose result put the country prevalence of Onchocerciasis at 76.percent.

In December, 2002, The Deputy Minister, Mr. Ibrahim Sesay and the National Co-ordinator of the Onchocerciasis Programme, Dr. Abdulai Jalloh, represented Sierra Leone at the last Joint Programme Committee and the closure of OCP West Africa meeting held in Ouagadougou, Burkina Faso. The outcome of this meeting was that OCP residual funds of nearly three million dollars (\$3m) was allocated to Sierra Leone to enhance the continuation of the Oncho Control Programme for the next five years. Already this following activities have been indentified for implementation the year, 2003:

1. Entomological Surveillance all over the Country.
2. Mapping of Lymphatic Filariasis all over the country.
3. Training workshops for health workers on the management of Onchocerciasis and in the concept of Community Directed Treatment with Ivermectin (CDTI) in all the districts of the country.
4. Training of community volunteers on CDTI in villages in the major river basins of the country.
5. Ivermectin distribution and supervision of CDTI in all district of the country..

6. Supervision and monitoring of activities at all levels in all district of the country.
7. Public awareness and sensitization will be carried out at national, district and community levels through the mass media, radio National TV and community meetings. Various IEC message (posters) will be developed and distributed to health centers and communities.

The following activities were carried out during the period under review:

- Training workshops for health workers on the management of Onchocerciasis and in the concept of Community Directed Treatment with Ivermectin (CDTI) in Kenema (48), Bo (59), Bonthe (41), Moyamba (46), Pujehun (41), and the Western Area (66). These workers in turn trained Community Ivermectin Distributors.
- Training of community volunteers on CDTI in villages along the river basins in the Bo (904), Bonthe (758), Moyamba (1412), Pujehun (1222), and Kenema (1020) Districts.
- Ivermectin distribution and supervision of CDTI in Bo, Moyamba, Pujehun, and Kenema Districts.
- Supervision and monitoring of activities at all levels.
- Public awareness and sensitization were carried out at national, district and community levels through the mass media, radio national TV and community meetings. Various IEC messages (posters) were developed and distributed to health centers and communities.

### **STI/HIV/AIDS Prevention and Control**

The National AIDS Control Programme (NACP) has been transformed to the AIDS Response Group – ARG in my Ministry under the Sierra Leone HIV/AIDS Response Project (SHARP), which is a US\$15 million, four year World Bank - funded project to reduce the prevalence and mitigate the impact of HIV/AIDS in the country. The SHARP initiative is a multi-sectoral approach with all stakeholders involved in the fight against AIDS.

The ARG is the 3<sup>rd</sup> component of the four that form the SHARP with, 2.8 million US dollars. The other three are the NAS which focuses on capacity building, policy coordination and refugee activities with 2.7 million dollars; the line ministries with focus on coordinating other ministries for prevention

and care of HIV/AIDS 2.0 million dollars; the community and Civil Society Initiatives with emphasis on community sensitization for behavioural change 7.8 million US dollars.

ARG as a component started its activities on 3<sup>rd</sup> October 2002. Its functions include:

- The development of national guidelines training materials and monitoring and evaluation systems to ensure best practices interventions are implementations;
- Provide leadership in the development of a national surveillance system to direct and evaluate appropriate intervention efforts.
- Support implementation in public health facilities.

### **Activities since October 2002:**

Commemoration of World AIDS day 2002 from November 25 to December 9 2002 all over the country through:

- Mass Rallies
  - Presidential broadcast (for the first time ever, showing government's serious commitment to the AIDS issue.)
  - Radio/TV and community sensitization programmes
  - School Quiz Competitions.
- 
- Identification of 7 antenatal clinics as sentinel sites for surveillance namely Marie Stopes, PCMH, Lumley Hospital, Rokupar Hospital, and Makeni Kenema, and Moyamba Government Hospitals.
  - 14 Voluntary Counselling and Testing VCT Sites identified, Nine in the Western Area and one each in Bo, Kenema, Moyamba, Kono and Makeni, Government hospitals. In the interim, VCT is only available at the Connaught Hospital, Ramsy Laboratory, Marie Stopes and Military hospitals. These services will be expanded shortly.
  - Development of training modules for Sexually Transmitted Infections (STI) syndromic management.
  - Health workers at Peripheral Health Units (PHUs) have been trained on syndromic management of STIs.
  - Laboratory Technicians have been trained on conducting HIV tests.

- Supply of condoms to the provinces through the District Health Management Teams and established organizations on request.
- Completed a National HIV/AIDS Policy now passed and ratified by S.L. parliament.
- HIV/AIDS awareness and sensitization campaigns amongst various target groups in collaboration with other NGOs and institutions.
- Set up a Task force for social marketing of condoms. Meanwhile work is being done by CARE to provide 2,000,000 condoms for the Western Area including the peninsular from funds provided by the U.S. Government.
- Expert Working Groups have been formed for HIV testing and quality assurance; social marketing of condoms; information education and communication/behavioural change communication.
- Initiated the strategic planning process which commenced in March.2003
- Also the ARG has submitted proposal to the GLOBAL FUND for additional funding.

### **Maternal and Child Health (MCH/EPI)EXPANDED PROGRAMME OF IMMUNIZATION**

Under this programme, the national cold room in Freetown, and the regional cold rooms in Bo and Kenema as well as the district cold rooms were fully rehabilitated by my Ministry and made functional for the proper storage of vaccines. Consequently, vaccination activities in all these areas were undertaken.

In the area of capacity building, 433 MCH Aides have completed their training at seven centers in April this year. Another training programme has started this month. 2,150 Traditional Birth Attendants (TBAs), the group that handles 85% of normal deliveries were trained to conduct safe deliveries. These women were also trained to conduct safe deliveries as well as empowered to identify women at risk of possible complications and instructed to effect prompt referrals.

Also, refresher trainings for MCH Aides on safe motherhood, and for 500 EPI staff in 13 districts were conducted. Furthermore, the EPI Policy document was reviewed and is in the process of circulation. Also, approval for funding of a proposal presented to the Global fund for Vaccines and Immunization (GAVI), has been granted.

In the bid to strengthen the planning process, the decision making body, the Inter agency Coordinating Committee (ICC) meet on Monthly basis to supervise and solicit resources for the implementation of MCH/EPI activities.

Furthermore, under the EPI programme, a pre-fabric container for a refrigerator Unit to be installed at the Lungi International Airport for the storage of vaccines imported has arrived and arrangement has been finalized for the installation of the Unit at the International Airport. Under this programme also,

- Solar refrigerators for Koinadugu, Kambia, Kailahun and Bombali Districts have been provided and are to be installed in PHUs in these districts
- Nine Solar refrigerators for district cold rooms in Bo, Pujehun, Moyamba, Port Loko, Bonthe, Kenema, Tonkolili, Western Area and National were installed as backups to electrical refrigerators for antigen (DPT3)
- The EPI target for immunization in 2002 for pregnant women was 256628 and under one year old children 213854.
- The Yellow fever and Hepatitis B. Vaccine was also launched.

## **REPRODUCTIVE HEALTH AND FAMILY PLANNING**

The RH/FP Programme which focuses on reduction of maternal and infant morbidity and mortality, successfully implemented the following major activities during the period under review(2002):

- ❖ Recruitment of UNV Consultant Obstetrics/Gynaecology and National Assistant Trainers
- ❖ Development and use of quality care protocols & Guidelines on Emergency Obsteric Care (EMOC) and Clinical Management Flow Charts in hospitals
- ❖ Familiarisation tour to six project district hospitals, by the Programme Manager, UNV Consultant and Assistant Trainers.
- ❖ Capacity building for health service providers entailed the following:

- Nine (9) Nurse Anaesthetists trained, deployed and providing services at the PCM Hospital, Bo, Tonkolili, Port Loko and Kenema district hospitals and one in the Military Hospital.
- Training of 4 doctors and 12 midwives from six districts in Emergency Obstetric care.
- Training of fifty (50) Maternal and Child Health Aides (MCH) in Contraceptive Technology and Safe Motherhood (Kenema and Tonkolili Districts)
- Training of sixty (60) Monitoring & Evaluation Officers (M & E ) Midwives, Nurses and Community Health Officers (CHOs) on data collection instruments (Moyamba and Port Loko District)
- Training of one hundred (100) midwives, CHOs and nurses on the partograph and obstetric emergency flow charts (Western Area, Moyamba, Port Loko, Bo, Kenema and Pujehun Districts)
- International training of one Programme Support Unit Staff in Contraceptive Technology in Mauritius.
- Capacity building in hospitals and Peripheral Health Units (PHUs) through training of health personnel on Reproductive Health issues and provision of equipment and supplies for the strengthening of Labour Rooms, Theatres, Maternity Wards and Blood Banks.
- Compilation of Vesico-Vaginal Fistula cases referred to PCM Hospital. Most of these have recently been operated and treated.
- Monitoring and supervisory visits to Bo, Kenema, Moyamba, Pujehun, Port Loko and Tonkolili Districts.
- Training of 22 health personnel made up of CHOs, Midwives and MCH Aides on Contraceptive Technology.
- Orientation workshop for 10 Midwives and CHOs on Obstetric Emergencies and Life Saving Skills in the Western area.
- Provision of office equipment and supplies, connection of Internet facilities.

❖ Institutional capacity building.

(a) Upgrading of PCMH (as referral and Teaching Hospital) for EmOC.

- Renovation and establishment of an emergency obstetric care Outpatient Department
- Renovation and establishment of an office for EmOC Training Team.

- Provision of equipment, emergency drugs and supplies.

(b) Functioning District Hospitals (EMOC):

- Renovation of theatres and labour wards (PCMH, Bo, Kenema, Moyamba and Port Loko).
- Distribution of equipments and drugs to six (6) project districts, also non-project districts continue to benefit.
- Distribution of manuals (Guidelines for the management of Obstetric and Neonatal Emergencies for doctors and midwives) to project and non-project districts.
- Five Ambulances for referrals of obstetric emergencies in the project districts have been provided by UNFPA through the Programme and have been distributed to the Government Hospital in Kenema, Bo, Moyamba, Port Loko, districts and the PCM Hospital in Freetown.

### **HEALTH EDUCATION**

This division in my Ministry serves as a pivot for all Primary Health Care Services. Health Education ensures that people are well informed about prevailing health issues and in turn determines a choice for positive behavioural change that leads to the attainment of better health.

In order to partly achieve the abovementioned, the following activities were implemented period under review:

- 52 TV and 52 Radio weekly health talks and discussions were conducted.
- Information, education and communication materials were produced and distributed as follows:
  - 20,000 posters on proper refuse disposal
  - 20,000 posters on proper storage of drinking water.
  - 2,000 booklets on fact for life
  - 25,000 information kits on cholera prevention and control.
- Trained on the average 250 Blue flag volunteers in 10 districts and Freetown Western Area on Basic Hygiene Promotion activities. (Kabala and Bonthe remain to be trained)

- Conducted quarterly orientation workshop for 30 District Social Mobilization Coordinators and Health Educators.
- Trained staff of Pekin-to-Pekin movement on basic hygiene promotion
- Organised workshop on HIV/AIDS prevention and control for refugees/host based in Gondama, Jimmy Bargbo, Banjuma Sowa, Gerihun and Jembeh Camps.
- Commemorated specific health events like World TB day, World Leprosy day, World Health Day, World No Tobacco Day, World AIDS Day
- Trained intern SRN & SECHN Nurses on principles of Health Education and Health Promotion.
- Provide office equipments for Freetown, Bo and Kenema.
- Supervised Health Education staff in the provinces.

### **Nutrition and Diet**

The training of 40 Nurses in the management of severe malnutrition in November this year marked the establishment of a Therapeutic Feeding Center at the Children's Hospital. There were TFCs established in Bo, Makeni and Magburaka in collaboration with NGOs. In order to enhance nutrition surveillance countrywide, 66 PHU staff were trained using the training manual produced by the Unit. The appointment of Nutrition Focal Points has contributed tremendously towards improving nutrition activities country-wide.

Important activities implemented during the period under review include the following:

- Development of a draft National Plan of Action for the improvement of Nutrition for submission to Cabinet.
- Food supplementation to malnourished children country-wide. This area received significant support from NGOs and included training on therapeutic feeding.
- Nutrition surveillance continued with nutrition surveys by some NGOs and the training of relevant staff. This was followed through by regular supervisory visits.
- Provision of Vitamin A Capsules to children 6 months – 5 years, and Iron and Folic Acid to pregnant and lactating women up to 6 months after delivery.

- Nutrition Education with emphasis on the theme “Exclusive Breastfeeding Promotion, and Maternal and Adolescent Nutrition”.
- Development, Production, and distribution of IEC materials.
- Provision of three meals daily in all functioning government hospitals through out the country continued uninterrupted through out the year under review.

### **SCHOOL HEALTH PROGRAMME**

The National School Health Programme is one of the Primary Health Care Programme under the Director of PHC in my Ministry. The Programme started as a national programme in 1980 and has made significant strides in accordance with its objective of providing quality health care services for schools from pre-school to secondary school children i.e. 4 to 18 years free of cost. The programme has a two method of approach namely, **Curative and Preventive**.

There are specific clinics for treating school children where specialised forms of treatment are being used and it also helps in monitoring the activities of the clinic. The clinics are supplied with essential drugs both in kits and loose forms, school health prescription books and hospital registers. Also, sick report books are given to the Ministry of Education for distribution to school. School children should receive medical treatment **FREE OF CHARGE**, but they must be in uniform and must produce a sick report signed and stamped by the teachers of their respective schools.

Treatment of almost all disease is carried out in the clinics except for surgeries and major internal diseases, which are referred to the respective specialists. Since its inception the school health programme has treated a total of over half a million children nation wide in all Districts.

The preventive approach is implemented by carrying out training of teachers and health workers on various preventive activities that would benefit the children i.e. First Aid, ORT, Deworming, awareness raising on HIV/AIDS, counselling and by organizing school health clubs to promote health activities in the schools.

This programme is funded by the government of Sierra Leone and, supported by the World Bank, UNICEF and WHO. During the period review the underlisted were implemented:

- Conduct base line survey on environmental sanitation in school in 12 districts.
- Conduct survey on prevalence of anaemia and iodine deficiency amongst school children in the Western Area and three regional headquarters i.e. Bo, Kenema and Makeni.
- Conduct surveys to determine the prevalence of STI among secondary school children in Western Area, Bo, Kenema and Makeni.
- Provision of two motorbikes for the M&E and Environmental Officer for monitoring purposes.
- Repeat National Deworming campaigning in twelve districts.
- Provision of first Aid and ORT kits for Primary schools in six districts estimated at 600 ORT and first Aid Kits.
- Updated and produced protocol on diagnosis and treatment for diseases common among school children estimated at 600 copies.
- Produced and provided health education messages for schools .
- Provision of essential and specialized drugs for diseases to all Clinics servicing school children.

### **Hospital and Laboratory Services**

Laboratory services are considered very important, both for clinical practice and public health. The Connaught Hospital, the nation's foremost referral Health Institution, has a modern laboratory facility. Government will continue to provide substantial funds to purchase the necessary reagents, equipments and consumables for the laboratory at Connaught, Military and the Provincial Headquarter Hospitals, so as to make these Laboratories more functionally effective in their investigations.

Activities conducted during the period under review include the following:

- Increase in the number and quality of laboratory tests done; most routine tests were carried out in the Central Medical Laboratory at Connaught Hospital in the Units of Haematology, Chemical Pathology, Histopathology, Microbiology and Parasitology.
- In the area of Public Health, testing was carried out for epidemic prone diseases – Cholera, Shigellosis, Yellow Fever, and Meningitis. Early diagnosis of these diseases led to marked decrease in morbidity and mortality.

- Diagnostic capabilities were significantly improved in the Military Hospital, Satellite Clinics, PCMH, Children's Hospital, and the provincial hospitals of Bo and Kenema. Regular supplies for routine tests were made to these facilities.
- The Blood Bank at Connaught Hospital continued to provide safe blood for the residents of the Western Area.
- Provision of quarterly subventions to the hospitals to address incremental running costs.
- Rehabilitation of the Koidu hospital by Premiere Urgence, an international NGO with funds from USAID.
- Fencing of Kenema government hospital.
- Building of new Laboratory and Paediatric ward at the Kenema district hospital.
- Rehabilitation and building of new Paediatric ward in Bo.
- Refurbishment of the Moyamba government hospital.
- Refurbishment of Tonkolili district hospital.
- Emergency treatment continues to be provided to accident victims at the emergency hospital in Goderich.

### **Rehabilitation**

As earlier stated, the damages wrought on the health services of the nation were so extensive and substantial that huge capital investments were required to completely rehabilitate and fully restore health care delivery to all the population in the various regions of the country. As a result of limited available resources, my Ministry therefore developed a phased programme of rehabilitation and reactivation of health delivery services. Our attention has consequently been focused mainly on Hospitals and Health Centres in District and Provincial Headquarter Towns and areas with large displaced and returnee populations.

In this regard, contracts have been awarded for the reconstruction/rehabilitation of the following facilities:

- Community Health centers in 11 (eleven) Districts and work commenced in March this year.
- 4 (four) District Hospitals and 12 (Twelve) Community Health Centres in the Moyamba, Bombali, Koinadugu and Kono Districts.
- 5 (Five) Community Health Centres in the Western Area namely, Cline Town and Ross Road Health Centres, which have been

- completed and formally opened and the Jenner-Wright, Kissy and Regent Health Centres that are still to be completed.
- From resources provided by the Islamic Development Bank, 20 Health Centres and 18 protected water wells are being constructed nationwide.
  - International Medical Corps (IMC) has awarded contracts for the rehabilitation of the Kailahun Government Hospital and also reconstruction of 6 Health Centres in that District.
  - International Rescue Committee (IRC) is constructing 13 Peripheral Health Units in the Kono District.

I must hasten to add that these works were intended mainly to reactivate basic health care services for the deprived and traumatized population, as the Ministry in collaboration with Donor Agencies such as the ADB, IDB, BADEA, EU and the World Bank had reached an agreement for a comprehensive and thorough rehabilitation of the main referral hospitals in the Western Area and the provinces. The rationale behind the joint effort is to ensure that provision of basic health is made at the primary, secondary and tertiary levels.

### **TRANSPORT**

My Ministry in furtherance of its objective of providing quality, affordable and accessible health care delivery services nationwide, proceeded to tackle the patient – movement aspect of hospital services. A number of ambulances and official vehicles were procured by the Government and World Bank for the Ministry. At the peak of the Ministry's transportation crisis, UNICEF and UNFPA put at the disposal of the Ministry though on a loan basis, a number of official vehicles and ambulances for district operations. Concerned Sierra Leoneans, a group in Germany were kind enough to donate to this Ministry two Mercedes Benz ambulances, which came in very handy.

In the area of capacity building, an orientation workshop for drivers and mechanics was conducted so as to ensure proper vehicle utilization and maintenance, to update the driving skill of drivers in order to meet the new technology of modern vehicles and to promote efficiency with a view to reducing the rate of accidents and minimize the frequency of repairs and maintenance.

## **ENVIRONMENTAL HEALTH**

This programme is geared towards drastically reducing the current in-sanitary conditions and food contamination by increasing the number of households with access to safe excreta and solid waste disposal facilities, as well as access to safe and adequate water supply and hygienic housing and vector control.

Activities successfully implemented during the period under review include the following:

- Assessment of water and sanitation situation in the various districts.
- Production and distribution of the Environmental Health Policy and revised health ordinance.
- Orientation workshop for newly qualified EH Officers.
- Renovation and furnishing of the Environmental Sanitation offices.
- Launching of the AFRICA 2000 initiative to raise awareness of the importance of WATSAN activities and provide support for their implementation.
- Procurement of sanitary tools and disinfectants.

## **WASTE DISPOSAL**

In the bid to complement the enormous strides made by my Ministry in the area of Environmental Sanitation and waste Disposal, some well organized and patriotic youth groups – the National Youth Multipurpose Cooperative Society (NYMCOS) under the leadership of Mr. Abdul A. Ismail, voluntarily joined the National Cleaning Exercise on 2<sup>nd</sup> November, 2002 which was a resounding success. As a manifestation of my support for this act of patriotism by the youths, my Ministry organized an Emergency Waste Management Campaign for the City of Freetown effective 4<sup>th</sup> November, 2002, and contracted the Youths as well as provided the necessary logistical support to effectively enhance this campaign, which also coincided with the festive season and the home coming summit of Sierra Leoneans in the Diaspora.

Against this background, plans by my Ministry have been actualized through the approval of cabinet, to effect the transfer of the collection and management of garbage to the Ministry of Youths and Sports. It should be

noted however that this course of action is in consonance with His Excellency President's vision of creating employment for the Youths and at the same time setting up an institution to address the problem of waste disposal in the country.

### **DECENTRALISATION:**

The Government is committed to decentralization of public services with a view to providing greater local determination of priorities and management autonomy to deal with these. In the health sector, the ultimate goal is the setting up of District Medical Boards and Hospital Boards. This has received the approval of cabinet.

The process of decentralization when accomplished, will give the district the authority to plan, implement and monitor their individual programmes, mobilized resources and formulate national policy. To enhance the efficiency and effectiveness of the decentralization process, my Ministry has created the following autonomous institutions, which shall relate to each other:

- (1) District Health Boards
- (2) Hospital Management Committees

And intends to create a National Health Council.

Furthermore, in order to enhance the decentralization policy of the administration of the Health Care Delivery Services, my Ministry has also taken steps to start the fiscal decentralization of the Ministry through the allocation of funds on a quarterly basis to all the important units which will be replenished subject to the submission of satisfactory returns of the previous allocations. However, it is likely that the form decentralization will take is that of deconcentration.

### **FINANCIAL MANAGEMENT**

The Directorate of Financial Resources has introduced decentralized planning and budgeting system under the direct responsibility of the respective Programme Managers. In addition also, the directorate implemented the underlisted during the period under review:

- Request for proposals to enhance the computerization of the accounting, procurement and stores management of my Ministry of Health & Sanitation has been submitted. Consequently, financial management reports can now be generated at program level, service delivery level, geographic location, category of expenditure and source of funding.
- My Ministry has succeeded in the introduction of integrated planning and budgeting system which takes into account all sources of funding thereby enhancing better control, equitable distribution of resources and avoiding duplication of funds for some activities.
- The training of ten young members of staff attached to the Directorate, in basic Book Keeping and subsequently deployed in some of the districts to facilitate decentralized financial management at district facility level..
- The stores accounting system at the Central Medical Stores has been improved considerably. Stocks are now monitored and stock balances established half yearly which are reconciled with book values.

## **PROJECTS**

### **EUROPEAN UNION PLANNED PROGRAMME OF ACTIVITIES**

Under the European Union funded Health Sector Support Programme (HSSP) there will be the following operational components, which are complimentary and constitute a minimum comprehensive package of effective assistance to district health care.

Accordingly, the European Commission has committed itself to the provision of:

## 1.1 Technical Assistance

The HSSP will mobilize technical assistance:

- (a) seven internationally recruited long-term experts –
  - HSSP Co-ordinator, Specialist in Primary Health Care (PHC) and decentralization issues.
  - Administrator and Financial Controller
  - Health Financing and Management Advisor
  - Human Resource Development Advisor
  - Training and Research Advisor
  - Drugs Procurement Advisor
  - Primary Health Care Advisor
- (i) Three nationally recruited Primary Health Care Advisors
- (ii) A pool of national and international short-term, experts when required

### **CONSTRUCTION/REHABILITATION/PROVISION OF EQUIPMENTS**

The infrastructure component will consist of:

- i. rehabilitation and/or construction at the Central Medical Stores (CMS) and District Medical Stores (DMS)
- ii. Re-equipment of Central Medical Stores and some District Medical Stores
- iii. Rehabilitation/Re-equipment of the Community Health Training School (CHTS).

Rehabilitation of district-based health facilities will be partially financed under the District Support Fund (DSF).

### **TRAINING**

The training financed by the HSSP includes:

- i. Directly providing or locally purchasing training for health and support staff at central and district levels.

- ii. Training of trainers, locally or in regional or European Institutions for the CHTS and the Human Resources Directorate (hereinafter referred to as HRD).

### **PROVISION FOR RECURRENT COSTS**

In addition to the annual allocation from the DSF for targeted health districts, the HSSP makes provision for financing some of the recurrent costs of:

- i. Functioning of HRD in particular to strengthen its supervision, human resource management and planning capacities.
- ii. The total operating cost of the Support Unit Districts (SUD).
- iii. The CMS/DMS.

On the other hand, the Government of Sierra Leone undertakes to meet the following conditions:

### **BUDGET COMMITMENT AND TRANSPARENCY**

- i. The legal basis for an effective decentralization of the health sector is adopted.
- ii. A budget and accounting framework is adopted which supports decentralization and strengthens financial management within my Ministry to allow mid-term planning.
- (iii) My Ministry openly displays figures of funds allocated and actually disbursed to the districts in terms of training, infrastructural support, maintenance, and staff payments, drugs, medical supplies and equipment.
- iv. The budget allocation to districts recurrent costs are increased every year in the national budget.

## **SUPPORT TO DISTRICTS**

- i. My Ministry establishes District Health Management Teams (DHMTs) in the targeted districts, renders them functional and assures adequate staffing at the district level.
- ii. My Ministry also supports the establishment of District Health Management Committees (DHMC) who will represent the population in health district administration and will have oversight over all funds and material goods allocated to the district.

### **African Development Bank**

The African development Bank approved a health sector study in 1989 for selected referral hospitals and primary health centers at the central and provincial levels. The loan agreement was signed in August 1998, but due to constraints, the project only became effective on 16<sup>th</sup> December 1998, and was launched in February 2000 with the appointment of a project Manager and Project Accountant.

### **Project Components**

The project consists of five components as indicated below:

- i) Rehabilitation of 3 hospitals and 5 health centers
- ii) Health services Management support.
- iii) National Essential Drugs Programme
- iv) Audit
- v) Project Management.

The three hospitals are: Connaught, Princess Christian Maternity and Children's hospitals.

The five health centers as indicated earlier are the: Cline Town and Ross Road Health Centres which have been completed and formally opened and the Kissy, Jenner-Wright and Regent Health Centres which are still to be completed.

### **Project Objective**

The objective of the project is to strengthen the quality of the health care delivery systems, through rehabilitation of the identified existing health facilities and also improving the health services management and national essential drugs programme.

### **Project Management**

A Memorandum of Services Agreement (MSA) was signed in April 2001 between MOHS and UNOPS for the implementation of component 1, which is the rehabilitation of the three hospitals and five health centres targeted, and a Protocol Agreement was also concluded earlier between MOHS and WHO for Technical Assistance and the Pharmaceutical items of component III of the project, which is the national Essential Drugs Programme. While Civil Works under UNOPS has commenced for the health centers, WHO have not yet started disbursing because the office in Freetown have not yet accessed funds which were paid by ADB directly to WHO headquarters in Harare.

### **Present Status**

Civil works are in progress on the remaining three health centers and approval has been obtained from the Ministry of Finance and the Bank to award contracts for the three hospitals. Training of health personnel under the project is also on-going.

## **HEALTH SECTOR RECONSTRUCTION AND DEVELOPMENT PROJECT (HSRDP)**

I am pleased to inform you that the World Bank has recently approved a Development Grant Agreement amounting to SDR 15,200,000 (about US\$20,775,637) for the Health Sector Reconstruction and Development Project.

The project is the result of a series of consultations with the World Bank Mission as well as an indepth study and analysis of research funded through a Policy and Human Resources development Grant. The main objective of the project is to support the transition in the Health Sector from post-conflict reconstruction to sustainable poverty reduction.

## **ISLAMIC DEVELOPMENT BANK**

### **1. Integrated Rural Development Project (IRDP)**

In October 2000, the National Commission for Social Action (NACSA) succeeded in obtaining a grant from the Islamic Development Bank towards the Integrated Rural Development Project (IRDP) for the rehabilitation of 20 Peripheral Health Units (PHUs) in the so far areas in the provinces and the provision of Drugs and Medical Equipments for the rehabilitated PHUs. Also, Ventilation Improved Pit (VIP) latrines and water wells will be constructed for each of the PHUs.

The main focus is to re-establish the Primary Health Care (PHC) system especially in the rural areas through the reconstruction and rehabilitation of the damaged physical units.

The total cost of the project is \$1.450 Million which will be allocated as follows:

1) Rehabilitation and reconstruction of 20 PHUs	-	\$0.924M
2) Drugs	-	\$0.288M
3) Equipments	-	\$0.240M

The Sanitation Component of the project focus primarily on the construction of ventilated improved pit (VIP) latrines and water wells for the communities. Even before the war, the sanitation in some of the village communities was woefully inadequate; this situation has to be addressed in order to improve basic hygiene of these communities and reduce the incidence of disease due to poor and inadequate sanitation.

I am pleased to inform you that rehabilitation work which started in 2002 is in progress. The drugs and equipments for the 20 PHUs are now being procured by the successful bidders.

### **2. Kissy Mental Hospital**

The Ministry successfully obtained a loan from the Islamic Development Bank (IDB) towards the reconstruction of the Kissy Mental Hospital.

The total cost of the project is estimated at U.S\$2.510million.

The above amount will be allocated as follows:

1)	Rehabilitation & Reconstruction	-	\$1.531m
2)	Purchase of Equipment	-	\$0.408m
3)	Purchase of Drugs	-	\$0.092m
4)	Supervision	-	\$0.110m
5)	Preliminaries	-	\$0.100m
6)	Contingencies	-	\$0.269m

## **THE RETURN OF THE CHINA MEDICAL TEAM TO SIERRA LEONE**

The Government of the Republic of Sierra Leone and the People's Republic of China on Thursday 17<sup>th</sup> October, 2002 signed a Protocol for the dispatch of a nine man Chinese Medical Team to Sierra Leone.

I am pleased to inform you that a two man advance party has already arrived in Sierra Leone while the rest of the team would be arriving at the end of March this year. The Chinese Medical Team will be working side by side with their Sierra Leonean counterpart at the Kingharman Road Satellite Clinic soon to be upgraded into the Kingharman Road Hospital.

## **MINISTERIAL VISIT TO THE ARAB REPUBLIC OF EGYPT**

On 3rd February this year, I led a two-man delegation to the Arab Republic of Egypt on the invitation of my colleague Minister of Health and Population.

This visit afforded my delegation the opportunity to discuss the way forward for the promotion and development of cooperation in the medical and pharmaceutical fields, which culminated in the signing of a Memorandum of Understanding between the two Government.

Highlights of the Memorandum of Understanding include:

1. Agreement to exchange visits of experts in different specialities particularly in the following domain.
  - i. Cardiology
  - ii. Pediatrics
  - iii. Gynaecology
  - iv. Ophthalmology

- |     |                          |      |            |
|-----|--------------------------|------|------------|
| v.  | Otho-rhino – Laryngology | viii | Psychiatry |
| ix. | Radiology                | x.   | Nephrology |
| xi. | Medical Engineering      |      |            |

2. Co-operation in the field of training of medical and pharmaceutical staff after completion of the appropriate studies.
3. Agreement for Egypt to provide Sierra Leone, on request, with Physicians and Paramedical Staff according to our needs, the details of which shall be agreed upon through diplomatic channels.
4. In the spirit of this Memorandum of Understanding, it was also agreed by both parties that co-operation in the field of medicine should be extended beyond exchange of specialists to the identification of a hospital in Sierra Leone where Egyptian doctors can render service to the people of this country. In this regard, I informed my colleague, the Minister of Health and population of Egypt doctors can render service to the people of this country. In this regard, I informed my colleague, the Minister of Health and population of Egypt, that Magburaka Hospital has been earmarked for this purpose. It was agreed therefore, as an initial step, that a team from Egypt undertakes feasibility studies , as early as possible, to assess the needs of this hospital prior to the arrival of the Egyptian Medical Team.

**SECOND GLOBAL ALLIANCE FOR VACCINES AND IMMUNIZATION (GAVI) PARTNERS MEETING, DAKAR, SENEGAL 20<sup>TH</sup> TO 22<sup>ND</sup> NOVEMBER, 2002**

The GAVI Secretariat in November, 2002 released the sum of US\$90,000 to the Ministry of health and Sanitation to support operational activities of the Expanded Programme of Immunization (EPI).

**THE G.77 SOUTH –SOUTH HEALTH CARE DELIVERY PROGRAMME**

At the April 2000 Havana Summit of the 133 nation G.77 Countries, Sierra Leone was identified as one of the beneficiaries of the Nigerian/Libya Joint Initiative on Health in Africa, (NIL JIHA). This initiative in retrospect, was

convened about the spread of HIV/AIDS, the scourge of parasitic diseases such as malaria etc and the emergence of Tuberculosis in developing countries in general and sub-Sahara Africa in particular with a view to mitigating the disastrous effects of these diseases.

Thus, immediately on my assumption of office in July, 2002, I pursued my predecessors attempt to get South-South Health Care Delivery Programme to fully cooperate with my Ministry through the Ministry of Foreign Affairs and International Cooperation

I am particularly pleased to report that this dialogue has yielded dividend as my Ministry is anxiously awaiting the arrival of the under listed:

- Four-state of the Art Peugeot Ambulances scheduled to arrive in March, 2003.
- Volunteers (Medical Doctors and Nurses) to be dispatched as soon as our side indicate our preparedness to provide the volunteers with the necessary facilities (accommodation and logistics)

Having made this overview of most of our activities and achievements over the past eighteen months considering the numerous constraints faced by the ministry, we have not only regained substantial lost ground occasioned by the civil conflict and political instability, but we are now poised for a major turn around and improvement in health delivery services to our citizens.

### **THE WAY FORWARD**

With the Emergency Phase of health care delivery having been transformed into the developmental phase, my Ministry remain committed to the goal of achieving *Health for All* within the shortest possible time. This of necessity should be achieved by:

- Identification of training and deployment of adequate numbers of the technical staff at PHC level namely the Community Health Officer (CHO), The Environmental Health Officer (EHO), The Maternal and Child Health Aide (MCH Aide), the State Enrolled Community Health Nurse (SECHN) and the Vaccinators.
- Establishment of Community Health Centres in each of the 149 chiefdoms fully staffed and functional and supported by other

PHUs namely, CHCs, CHPs and MCHPs distributed within each chiefdom so that every locality shall have a functioning PHU within 3 miles.

- Adequate provision of drugs and supplies to these PHUs.
- Creation of effective referral link with the District Hospital by:

***Radio link of the PHU with the district hospital  
and***

***by provision of four wheel drive ambulances that can  
rush to the hospital to bring the referred patient from  
the village to the hospital.***

- Ensuring that every district hospital has the capability of rapidly and effectively managing such referrals
- Creating tertiary specialists hospitals capable of effectively treating the most difficult problems and linking such tertiary hospitals with the secondary facilities.
- Sensitising the community on the need for effective collaboration with the health care providers for maximum benefit to the patient
- Effecting positive and beneficial change in the health habits of the people.

This is a massive task. It needs all the support we can get. Our traumatized and distressed people need to be helped and rehabilitated. We can all do it together. My Ministry is concerned. I am sure I can count on the good will and support of all our compatriots. **HEALTH-FOR-ALL** is the slogan in our strides forward.

Mr. Chairman, Colleagues, Distinguished Ladies and Gentlemen, let me conclude this statement by assuring the people of our beloved country that the Ministry of Health and Sanitation with the support of our partners is fully prepared to enhance the health care delivery services and ensure the availability of basic health services to all our people at an affordable cost.

I thank you for your attention.