EXTENDING HEALTH SERVICES TO VULNERABLE POPULATIONS IN CONFLICT AREAS OF SIERRA LEONE: THE KAILAHUN DISTRICT EXPERIENCE

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A small Republic in West Africa with 4 regions and 13 districts. Freetown is the capital.
Country profile
- Sierra Leone has an area of 27925 sq. miles
- Four provinces & 13 politically delineated districts
- Kailahun is one of the eastern districts that shares borders with Guinea & Liberia.

Health Indicators
- Women of Child bearing age (WCBA) of 1,254,039
- Under One year population of 208000
- Infant mortality rate of 154/1000
- Estimated Population of over 5 million people
- Under five population of 1,133,640
- Maternal mortality of 1800/100000 live births.
SECURITY SITUATION

- The rebellion started in Kailahun district in 1991 and since then peace & tranquility eluded the district which spread to the rest country.

- **By 2000**, only six of the thirteen districts were accessible to the Government of Sierra Leone.

- There was virtually no health infrastructure and health workers in the area.
  - Medicines & supplies lacking
  - Cold chain equipment absent
  - Mortality experience better imagined across all the age groups.
CURRENT SITUATION

- Emergency humanitarian aid and other vital nutritional supplements are being administered to forestall the malnutrition and provide medicines to the vulnerable groups (i.e. mothers, children and the elderly).
EPI coverage dropped to 40% in 1999.
EPI coverage in Kailahun was zero in 2000.
An estimated 15000 children were left out annually.
Over 75% families were already displaced.
(see Figure 1).
Recent EPI survey shows that Kailahun district is achieving its target if the support is sustained.
Strategies Used

1. National Immunization Days ((NIDs)
   - Meeting with RUF commanders/advisers for collaboration and to provide the necessary community sensitization
   - The NIDs was used as entry point and advocacy chip into the RUF operational area
   - Training and implementation of the exercise had a 60% RUF, 40% MOHS personnel.

2. Mass Immunization Campaigns
   - Catch up campaign taking all children under five in 3 phases (were conducted in April, May and July, 2001).

3. Rehabilitation of Health Facilities
   - 14 facilities were rehabilitated and health personnel deployed to provide primary care services.
   - Provision of vaccines and basic medical equipment by UNHCR, WHO, Rotary International and UNICEF.
Lessons Learnt & Constraints:

Lessons Learnt

- Collaboration with RUF provided gate way into the district.
- Rehabilitation of health facilities improved utilization of health services in the district.
- The broadening of services at the facilities boosted the confidence of the RUF leadership, WHO, UNICEF, and other implementing partners.

Constraints

- Influx of returnees and refugees exceeds district capacity
- Logistics and transport (feeder roads vandalized)
- Limited funding to maintain the rehabilitated facilities
- Inadequate trained personnel
- Lack of communication with the center (Freetown) should emergencies arise.
Recommendations:

- Provision of adequate logistics (safer roads) and transport (bicycles & motorcycles) to enhance efficient maternal & child care services.
- Training and retraining of health staff to provide comprehensive services.
- Rehabilitation of health facilities with provision of basic equipment and medicines as a priority – Donor support required.
- The provision of radio equipments to facilitate communication.
I appreciate the support given me by the Minister of Health & Sanitation Dr. II Tejan-Jalloh and Dr. AL Seisay, Project Manager MCH/EPI.

I thank WHO representative in Sierra Leone for his advisory role and his consultants, Drs. AP Bassi & GJ Lamiri for their technical assistance and support since this initiative to the vulnerable groups started last year.

I am grateful to the District Health team for their continuous support and all the RUF commanders for their concern in reaching the vulnerable groups amongst them.