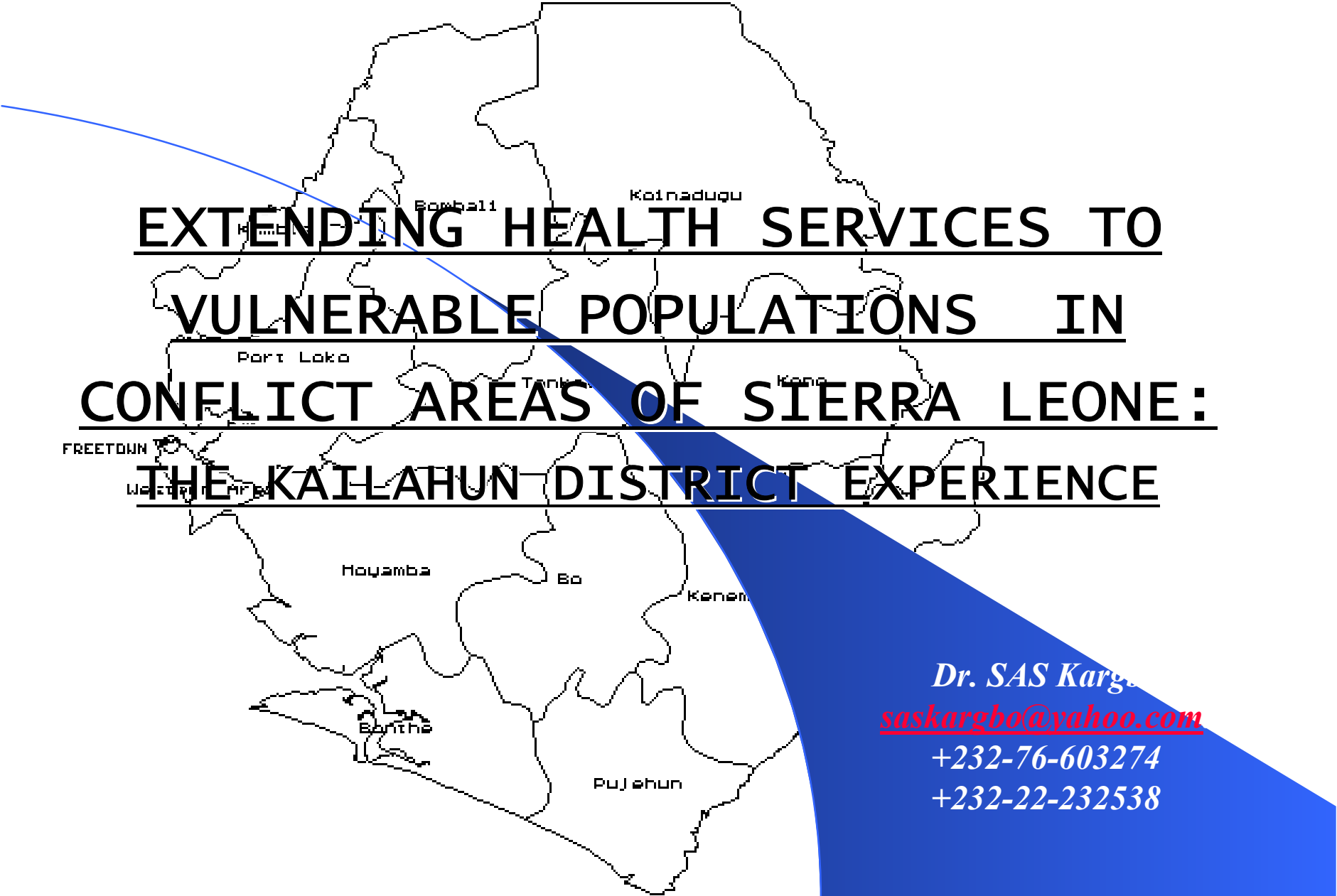


Map of Sierra Leone by District



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

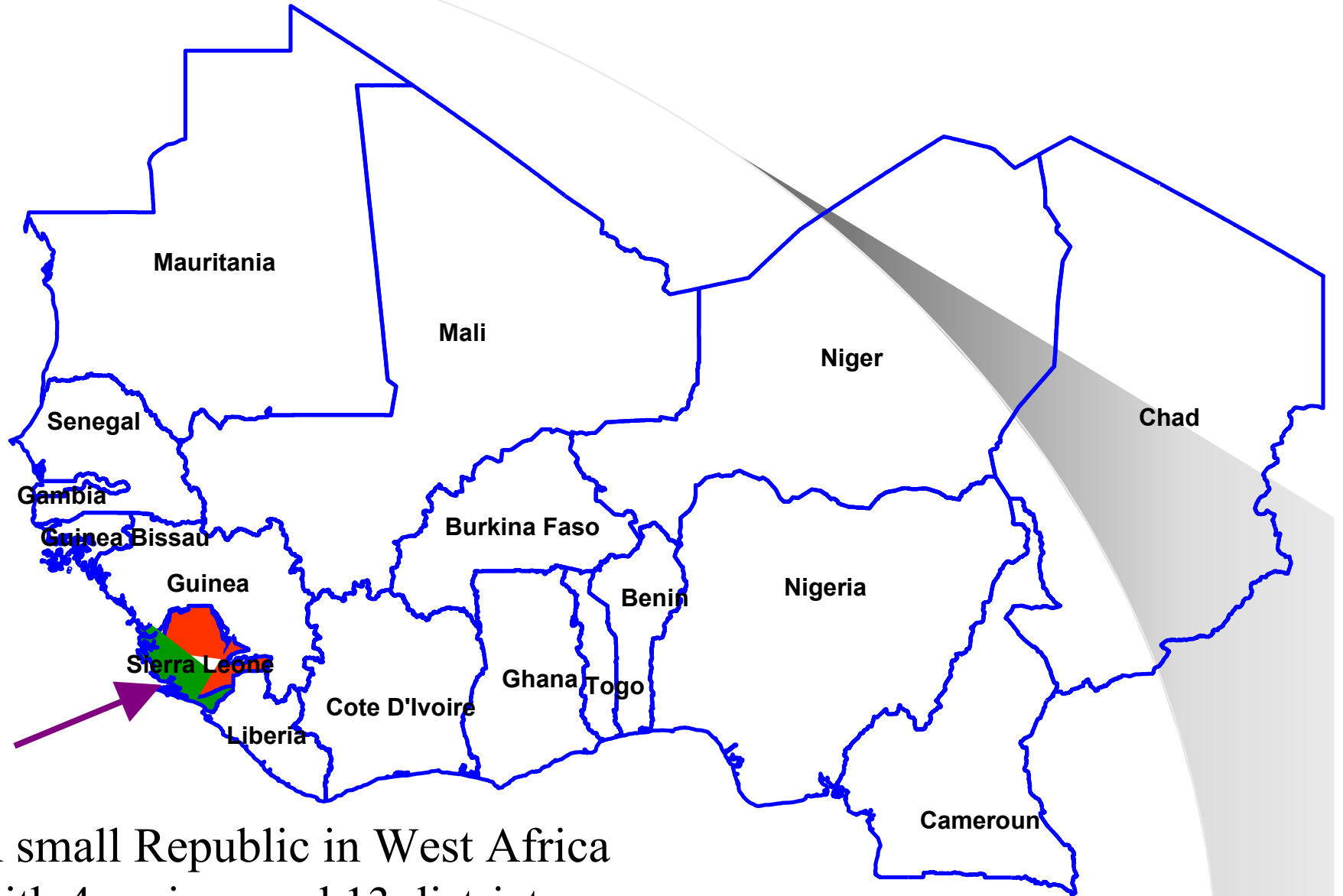
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## Map of West and Central Africa



A small Republic in West Africa  
with 4 regions and 13 districts.  
Freetown is the capital.

# BACKGROUND

## 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 5million people
- Under five population of 1,133,640
- Maternal mortality of 1800/100000 live births.



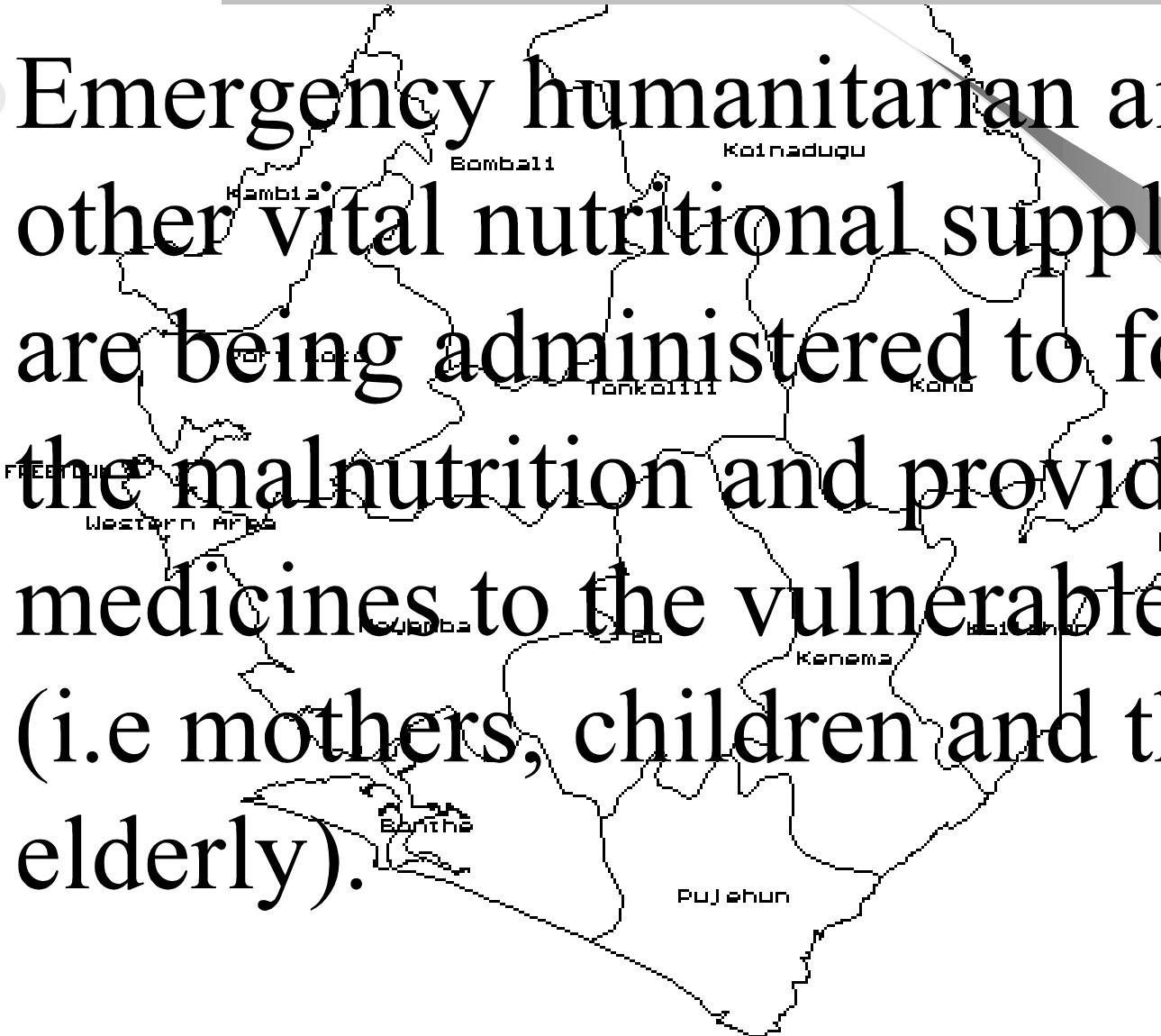
# SECURITY SITUATION

- 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.

Map of Sierra Leone by District

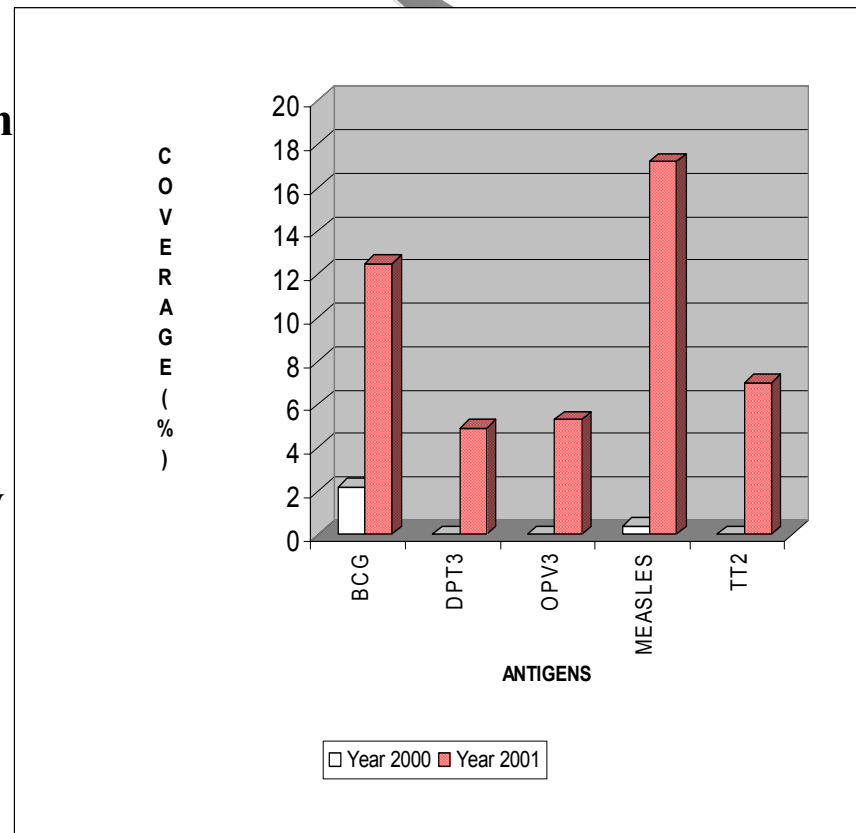
## CURRENT SITUATION

- 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).



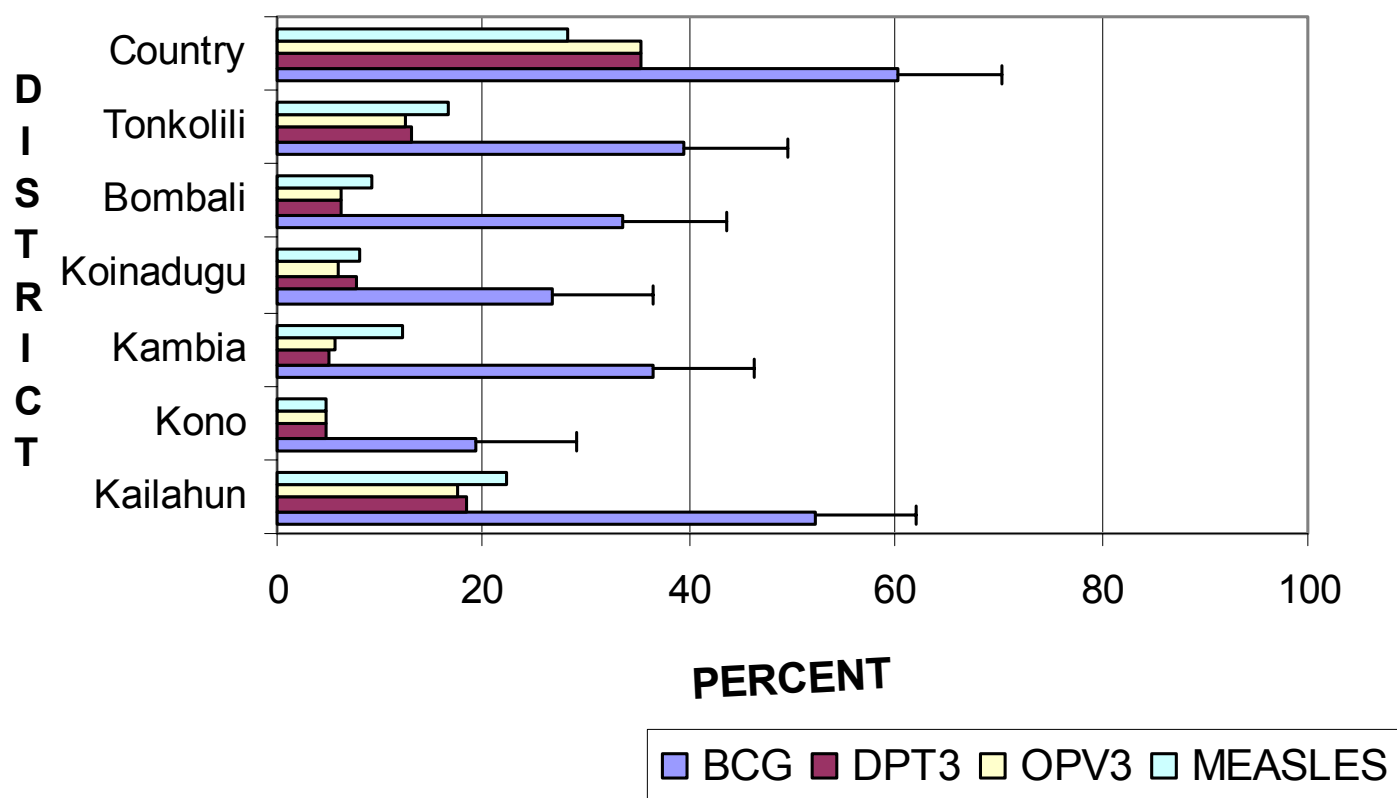
# EPI Coverage at a glance

- ◆ **Universal Child Immunization achieved in 1991.**
- ◆ **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

RECENT EPI COVERAGE SURVEY IN SIERRA LEONE  
SEPTEMBER 2001



# **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.**

# Acknowledgement

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- 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.