RCGP and VSO
Family Medicine at the Heart of Global Health
‘60 for 60’

Placement Description
This is a new placement with the Makeni Regional Hospital and the District Health Management team (DHMT) and administratively under the supervision of Local Council. The DHMT is the administrative head of health delivery system in all districts in the country. For so many reasons the health outcomes in the country are still very poor especially at district level because even the organizational structures within these institutions are very weak in a sense that limited resources are not been managed properly resulting in mismanagement and in most cases duplications and subsequently little or very poor service to the community. As part of our partnership objective we hope to strengthen the capacity of these management teams to deliver good health outcomes.

VSO volunteer will work with the Hospital and the DHMT and other stakeholders already doing some work in health with the desire to reach more people in the rural areas. The volunteer will contribute time, skills and knowledge to provide clinical support at the Hospital level, support the training of health workers and other staff at the hospital and at the peripheral health units (this could have a real and long term impact on maternal, newborn and child health in Sierra Leone) and also involve in management, influencing and decision making at the hospital and district levels.

In Sierra Leone primary care is delivered from the Basic Emergency Obstetrics and Neonatal care (BEmONC) Centres and the Peripheral Health Units (PHUs) and hospitals through the outapatient department. There are three tiers of PHUs as listed below.

1. A Community Health Centre (CHC) In Sierra Leone for example will be staffed by a Community Health Officer (CHO), State Enrolled Community Health Nurses (SECHN), Maternal and Child Health Aides (MCHA), epidemiological disease control assistants and community health assistants.

2. Community Health Posts (CHPs) are responsible for populations of 5000-10,000 and are staffed by MCHAs and SECHNs.

3. Maternal and Child Health posts and centres (MCHPs) are responsible for populations of under 5000 and are staffed by MCHAs

Support
The volunteer will be line managed by the Medical Superintendent at the Makeni Regional Referral Hospital.

Two volunteers will be recruited to the same placement allowing for a degree of peer to peer support. They will be asked to undertake clinical duties separately but will be placed in the same accommodation.

The RCGP will provide distance support through a working group of senior clinicians, GP tutors and GPs with experience of working in Sub Saharan Africa and/or VSO placements.
There is currently 1 VSO Volunteer; Nurse working in the district, working with the DHMT to support the PHUs and BEmONC centres with capacity strengthening.

**Accommodation & Resources**

Volunteer accommodation is moderate and mainly shared with other volunteers where there are two or more in one placement location. In such circumstance, each volunteer will have their own bedroom but a shared bathroom, kitchen and living areas. Accommodation is generally expensive and of basic quality in Sierra Leone. Being with other international volunteers will entail consideration of other’s culture and ethnic backgrounds. Mutual understanding and respect among volunteers will help build harmony and sound interpersonal relationships which will be very instrumental in making stay in the placement comfortable and productive.

There is sufficient electricity supply in the district. The Programme Office sometimes provide generator for alternative power supply when there are blackouts but is normally fuelled by the volunteer.

There is no pipe-borne water in Bombali district except in few areas. Water containers are provided to volunteers to enable storage of water. Water filters are also provided for drinking purpose and other mineral water in sachets and bottles are available in the township at affordable cost.

**Water supply**

Water supply in the district generally depends on hand pump and traditional wells. Other sources include streams and rivers. Well includes traditional wells (protected and unprotected) and project wells some of which are completely sealed and provided with a hand pump. Others are provided with pulley rope and bucket. The traditional well is largely unprotected though it may be provided with a low wall and cover. The seasonality of the source of water is most important in Public and Community Health Care. The months of March (the height of the dry season) and August (the height of the rainy season) were designated as the reference months for the seasons.

**Office Resources**

The volunteers will work with minimum office facilities; have Office Space and furniture; access to a shared computer and stationery. The volunteers are advised to come with their own laptops if any has one. There is available commercial Internet services is in Makeni so volunteers are encouraged to use it as VSO does not normally give modems to volunteers.

**Security**

Security is relatively calm in Sierra Leone but there are some places and times when security of volunteers could be at risk. The volunteer will be further briefed about security issues once in-country should the need arise.

**Medical**
Common health complaints in the placement location:
Stomach upsets among expatriates in Sierra Leone is common due to consumption of unhygienically prepared street foods, so it is advisable to only buy food from trusted food centres and big restaurants otherwise prepare and cook your own food. Cold and coughs are also common due to weather changes and dust. Disease outbreaks (like cholera) are also common in Sierra Leone especially in the provinces, so practising proper hygiene especially hand washing is the best protection from outbreaks. Lassa fever is also common in the Eastern Province of Sierra Leone and had some isolated cases in other regions which are caused by waste from rats and body fluids from infected humans, therefore environmental sanitation and being careful with socializing with the locals is vital. Use of hand sanitizers will give an added protection.

Risk of Malaria
Malaria is endemic in Sierra Leone and the most common strain is the Plasmodium falciparum which causes cerebral malaria and can kill quickly. Insecticide-treated mosquito nets are provided for each volunteer and they are encouraged to sleep always under these nets. Volunteers are also encouraged to start taking their antimalarial prophylaxis as described before they leave their country of origin and to take this throughout the placement. These drugs will be provided. Volunteers are also encouraged to avoid going out at night unless they wear long trousers and long-sleeved clothes and use insect repellent sprays and lotions.

Risks and assumptions
- Hospitals have limited resources and lack of skilled medical staff
- GPs will be stretched to work in areas that might be outside of the standard GP skills set
- GPs will be working in a location with limited social amenities and where there are poor road networks leading to some communities
- GPs will be providing services to people who are mostly illiterate in English so must be keen to understand the local language spoken generally. So lessons will be given on that on arrival and during the In country Training, prior to getting to the placements. This is not much of a priority though. Other staff in placement can help to interpret.

Situation analysis
Sierra Leone has some of the poorest health indicators in the world, with life expectancy of 47 year, an infant mortality rate of 89 per 1000 live births, an under five mortality rate of 140 per 1,000 live births and a maternal mortality ratio of 857 per 100 000 births (SLDHS, 2008).

Malaria remains the most common cause of illness and death in the country. Over 24% of children under five had malaria in the last two weeks of the latest household survey done 2008 (SLDHS, 2008). The survey also reported that 26% of under-fives, 27% of pregnant women slept under ITNs, only 15% of children with fever received an antimalarial within 24 hours of onset of symptoms, and less than 2% of under-fives received the drug within 24 hours.

Additional health challenges include:
• Sector wide shortage of trained professionals, especially specialists in pediatric and maternal health
• Quality of service delivery and access to health care for citizens especially in remote rural communities
• Appropriate medical resources including enough trained workers and equipment
• Uniformity and standard of training institutions
• Upholding and maintaining the standards bureau for quality in drug supply

Bombali/Makeni information
Bombali is one of the five districts that make up the Northern Province of Sierra Leone with a total projected population of 434,440 inhabitants. The district headquarter town is Makeni. Bombali lies in the North and central part of Sierra Leone. It borders in the North, Kambia District to the Northeast, Port Loko to the South East, Tonkolili to the South and Koinadugu to the East. It occupies a total space of 7,985 Km² and comprises of 13 chiefdoms.

The Main economic activities include petty trading, small-scale mining, production of agricultural food crops and small ruminants. The district is predominantly Muslim.

The population is widely, but unevenly, dispersed amongst the Chiefdoms in the District. Only one Chiefdom contains more than 25 percent of the population of the District - Bombali Sebora with 25.1 percent of Bombali.

In relation to the total national population, only Bombali Sebora chiefdom (2.1 percent) has more than 2.0 percent of the population of Sierra Leone.

Barring all inaccuracies it is expected that the number of children ever born would increase with the age of the women. Women have about six children by the time they reach menopause.

The Climate, like that of the rest of Sierra Leone, is hot and humid with two marked seasons, the Rainy Season from mid-May to mid-October and the Dry Season from mid-October to mid-May. During the months of December and January a cool dry North East wind, the harmattan, blows over Sierra Leone from the Sahara. Its effect on Bombali District is not very marked.

Transport
Commercial vehicles and motorcycles are the means by which people travel from one location to another within the district, though there are few privately owned vehicles. There is little vehicular transport along the roads during the rainy season as vehicles breakdown due to bad roads when the torrential rains erode the soil.

Transport and communication links from central, district and chiefdom levels are appreciable. Poor feeder road network within the district hampers accessibility to health facilities greatly hence the delay in the referral system.

Majority of the feeder roads especially in the interior are in deplorable states, most of the bridges and coverts need rehabilitation.
Communication

The district has three radio stations: SLBS FM 88.0; Radio Maria FM 101.1; Radio Mankneh FM 95.1.
The four main mobile telephone companies are Airtel, Africell, and Comium. They offer GSM services in the Makeni and other towns across the district. GSM Services work on a prepaid basis. Prepaid cards can be purchased everywhere. Sierratel, Airtel, Africell, Comium, and a host of others provide email and internet facilities. Telecentres and Internet Cafes are also available in Makeni Township and at chiefdom headquarter towns like Mapaki, Paki Masabong Chiefdom. These facilities have greatly improved the communication system in the district.
The Makeni Power Authority (MPA) has the responsibility to provide power to all part of the Makeni city and beyond. There is distribution of electricity to some parts of the town and is some areas households use stand by generators and solar to produce electricity for domestic and commercial use. In recent times there has been massive improvement in the generation of power especially to Makeni city.