DISTRICT SUMMARY

TONKOLILI

ADVANCING PARTNERS & COMMUNITIES, SIERRA LEONE

STRENGTHENING REPRODUCTIVE, MATERNAL, NEWBORN, AND CHILD HEALTH SERVICES AS PART OF THE POST-EBOLA TRANSITION

JUNE 2017

INTRODUCTION

Tonkolili District comprises 11 chiefdoms and has an estimated population of 531,435 (Statistics Sierra Leone and Government of Sierra Leone, 2016). Primary health services are provided at 105 health facilities, which include 12 community health centers (CHC); 8 community health posts (CHPs); 84 maternal and child health posts (MCHPs); and 1 clinic (Sierra Leone Ministry of Health and Sanitation, WHO, Service Availability and Readiness Assessment [SARA], 2017). Services are provided by 38 state-enrolled community health nurses (SECHN); 3 state-registered nurses; 164 maternal and child health aides (MCH aides); 6 midwives; 17 community health assistants (CHAs); 17 community health officers (CHOs); 3 lab technicians; 8 lab assistants; 3 public health assistants (PHAs); and 3 environmental health officers (Ministry of Health and Sanitation, Sierra Leone, Directorate of Human Resources for Health). There are currently 132 paid government health care workers and 130 unpaid (volunteer) government health care workers (District Health Management Team, Tonkolili, 2017).

The district's pattern of health service use is measured monthly by: outpatient visits, new and continuing family planning, antenatal and postnatal care visits, total deliveries, and children receiving prescribed vaccinations.

Table 1. Volume of Selected Health Services Provided in Tonkolili, 2016

DELIVERIES		ANC4		FULLY IMMUNIZED*		TOTAL FP	MALARIA CASES TREATED WITH ACT	DIARRHEA U5 TREATED AT THE PHU	OPD
PHU	COMMUNITY	PHU	OUT-REACH	PHU	OUTREACH				
19,362	1,002	17,683	5,444	15,530	5,631	54,904	137,411	14,352	488,710

* Indicates the child has received bacillus Calmette-Guérin, oral poliovirus, all 3 doses of pneumococcal conjugate, pentavalent, rotavirus, measles; and yellow fever vaccines according to schedule.

ACT: artemisinin-based combination therapy. ANC4: antenatal care 4th visit. FP: family planning. U5: under age 5 years. OPD: out-patient department visits.

Source: *Ministry of Health and Sanitation, HMIS / DHIS 2, Data accessed in May, 2017.*

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PROJECT OBJECTIVES

Advancing Partners & Communities is a project funded by the U.S. Agency for International Development and implemented by JSI Research & Training Institute, Inc., and FHI 360. In Sierra Leone the project aims at supporting the Ministry of Health and Sanitation's (MOHS') 2015–2020 post-Ebola Health Sector Recovery Plan by strengthening community-based non-Ebola health services, with emphasis on reproductive, maternal, newborn, and child health (RMNCH) in five priority districts: Bombali, Port Loko, Tonkolili, Western Area Rural, and Western Area Urban. The project seeks to improve access to and quality of basic health services by rehabilitating health posts' water, sanitation, and hygiene (WASH) and infection prevention control (IPC) infrastructure, complemented by capacity building, mentorship, and supportive supervision for health care workers (HCWs); providing clinical and non-clinical minor medical equipment (MME); and revitalizing community engagement activities for sustainability.

PROJECT BASELINE AND ENDLINE

The project conducted a baseline facility assessment in January–February 2016 to understand the PHU capacity and infrastructure in the five priority districts, and to establish a benchmark against which improvements made throughout the course of the project could be measured. Endline assessments were conducted in each of the five districts as follows: Bombali in May 2017; Port Loko in December 2016; Tonkolili in May 2017; Western Area Rural and Urban in March 2017.

In collaboration with the MOHS, four tools were developed to capture information on health facility management and staffing, physical infrastructure, available equipment, and staff knowledge. The tools were implemented in a total of 268 PHUs across the five districts at baseline and in 269 PHUs—including CHPs and MCHPs, and in community health centers (CHCs) in WAU—at endline. Data collection was conducted by each partner organization in its respective district.

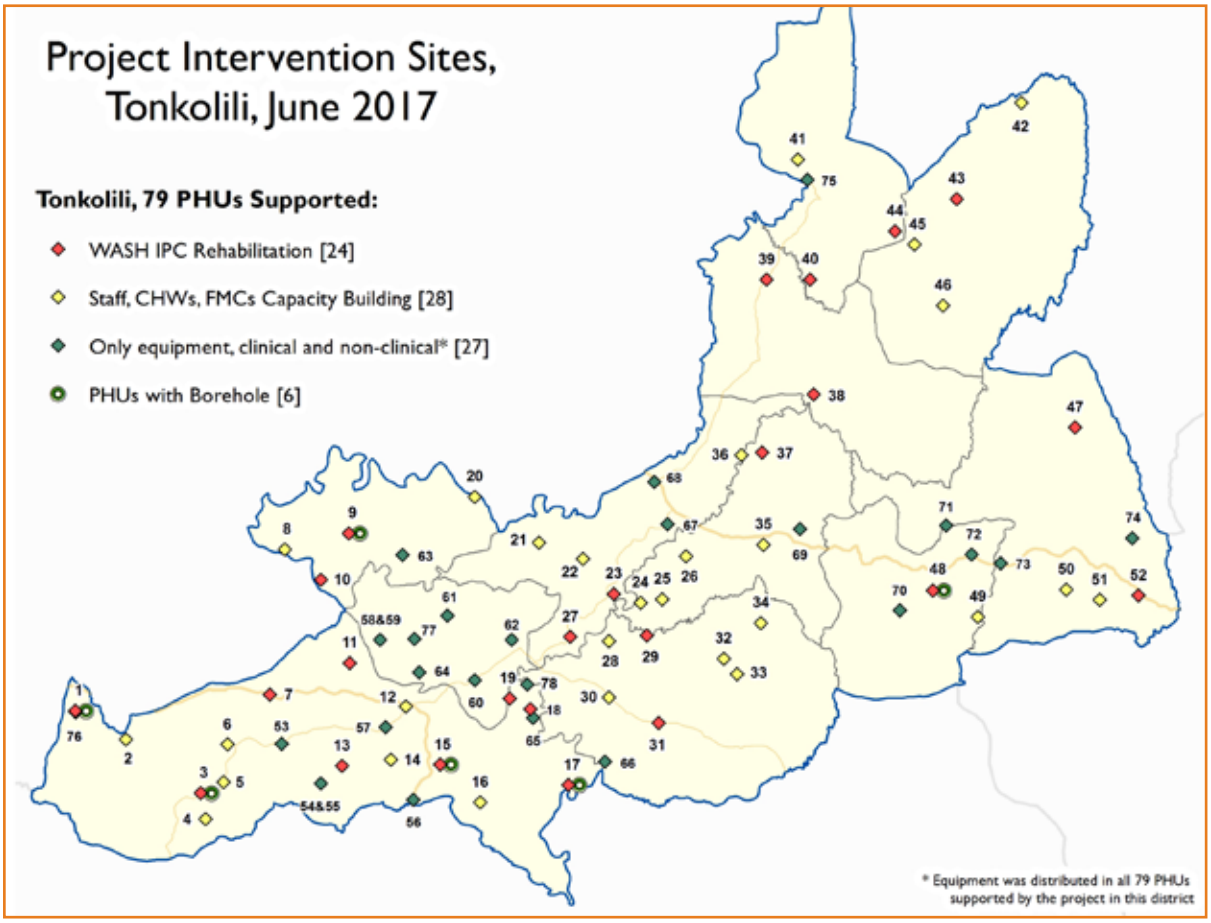
PROJECT INTERVENTION AND RESULTS

Adventist Development and Relief Agency (ADRA) is the district's implementing partner. It has supported 79 health posts (71 MCHPs and 8 CHPs) with a catchment population of 357,133 (67 percent of the district population) through a package of three tiers of intervention. In tier 1, 24 facilities were rehabilitated, which included IPC/WASH upgrades, capacity buidling and community engagement activities, non-clinical furniture, and minor medical equipment (MME). In tier 2, 28 facilities received capacity building and community engagement activities, MME, non-clinical furniture; and 27 facilities in tier 3 received non-clinical furniture and MME.

RESULTS

- 78 PHU staff trained on an RMNCH service package. Staff in the facilities received monthly clinical mentorship.
- 51 facility management committees (FMC) became operational.
- 780 (534 M: 246F) FMC members were trained on the community engagement strategy.
- 24 facilities received focused rehabilitation to comply with a set of minimum WASH/IPC standards. This includes the upgrade of 17 water points to support MOHS WASH Health Facilities Standards and 6 boreholes.
- 24 facilities received lighting for safe maternal night deliveries, using solar technical specifications approved by MOHS.

DISTRICT MAP



TONKOLILI DISTRICT PERIPHERAL HEALTH UNITS SUPPORTED BY THE PROJECT

Name/Type.Number on Map
Magbafth MCHP. 1
Makeni Rokfula MCHP. 2
Roneitta CHP 3
Bathbana MCHP. 4
Rorocks CHP 5
Magbaesa MCHP 6
Rokimbi MCHP 7
Robina MCHP 8
Rochain Malal MCHP. 9
Macobabana MCHP. 10
Mamaka MCHP. 11
Magboki Rd. M. 91 CHP . . . 12
Bakeloko MCHP 13
Petifu Fulamasa MCHP . . . 14
Rochen Kamandao CHP . . 15
Masengbeh CHP 16
Mayorgbor CHP 17
Magbanabom CHP. 18
Makelleh MCHP 19
Manewa MCHP. 20
Maborie MCHP. 21
Mamuntha MCHP. 22
Mayossoh MCHP 23
Mangaybana MCHP. 24
Rosengbeh MCHP 25
Mathufullie MCHP 26
Masoko MCHP 27
Maraka MCHP 28
Mathamp MCHP. 29
Mansumana CHP. 30
Warrima MCHP 31
Petifu Mayepoh CHP 32
Mayepoh CHP. 33
Makonkorie CHP 34
Makrugbeh CHP. 35
Masanga MCHP 36
Mathonkara MCHP. 37
Masumbri CHP. 38
Makonthandae MCHP 39
Bassaia MCHP 40
Kamasaypana MCHP. 41
Kunya CHP 42
Kholifaga MCHP. 43
Kemedugu CHP 44
Ninkikoro CHP 45
Dankawalia MCHP 46
Fothaneh Bana CHP 47
Wonkibor MCHP. 48
Mapamuri MCHP 49
Masiaka MCHP. 50
Matholley MCHP. 51
Fotaneh Jct MCHP 52
Mafulka MCHP 53
Magbassabana MCHP. . . .54
Makoni Line MCHP. 55
Bonkababay MCHP 56
Yonibana MCHP 57
Mabai CHP 58
Mabineh MCHP. 59
Mananie MCHP. 60
Mabang CHP. 61
Kombrabai Station CHP. . .62
Kiampkakolo MCHP 63
Petifu Line MCHP. 64
Massaba MCHP 65
Yeben MCHP. 66
Mamaso Kafla MCHP. 67
Clinic Magburaka MCHP . 68
Maseperr MCHP. 69
Mathinkalol MCHP 70
Magbass MCHP 71
Malone CHP 72
Robarie MCHP 73
Macrogba CHP. 74
Kathambo MCHP 75
Kumrabaiyoni MCHP 76
Masankoro MCHP 77
Marunya MCHP 78
Foindu MCHP* 79

* no GPS available

ACTIVITY HIGHLIGHTS

COMMUNITY ENGAGEMENT

FACILITY MANAGEMENT COMMITTEES

Advancing Partners & Communities contributed to the activation/revitalization of FMCs in 51 supported facilities. FMCs are established to enhance community engagement and ownership in day-to-day health facility activities. A total of 780 members, 32 percent of whom are women, were registered and trained.

Fothaneh Bana FMC members

Facility management committee meetings have been conducted on monthly basis at all 51 supported PHUs, and have been also attended by the DHMT representatives to encourage ownership and sustainability. An FMC functionality toolkit has been developed and is used by all Tonkolili/ ADRA FMC-supported PHUs. The Community Engagement Implementation Strategy and Toolkit consists of:

1) FMC verification and functionality assessment.

2) FMC (re-)establishment guide.

3) FMC orientation and strengthening guide.

4) PHU exit interview form.

5) Facility maintenance plan.

6) Facility improvement action plan.

7) Community engagement monitoring dashboard.

The facility maintenance and improvement plans are created for and used by the FMCs. The aim of both documents is to strengthen FMC's ownership over the PHU condition and improvement. The FMC uses the maintenance plan each month to check the PHU's conditions, identify problems, and decide how to fix them. The various problems are included and prioritized in the facility improvement plan, which is drawn every six months and revised against progress during the FMC monthly meetings.

The Masoko MCHP lacked fencing around its parameters, and the FMC made installing a fence an improvement plan priority. The FMC persuaded community members to contribute materials to build a perimeter fence around the health post.

Facility Improvement Plan example

At the Mathamp MCHP, the in-charge used a room in the main building as his/her residence, thereby limiting space for services. After renovations of the facility, the FMC decided to build staff accommodation for the in-charge, using community donated funds, materials, and labor. This rendered the MCHP exclusively for the delivery of health

services, and highights FMC commitment to respond to matters that affect PHU functionality.

Other FMC achievements included cleaning of the grounds and the clearing of the paths leading to the facilities, as observed in Magbafth MCHP and Ronietta CHP. Further, FMC members have instituted bylaws to prevent home deliveries and promote referrals and safe deliveries at project-supported sites.

In May 2017, ADRA conducted district review meetings in all 11 chiefdoms as part of Advancing Partners & Communities' sustainability strategy. The meetings, attended by paramount chiefs, representatives of catchment populations, and other stakeholders, were used to discuss project indicators with the community.

CAPACITY BUILDING

ADRA conducted training sessions on RMNCH that covered integrated management of newborn and childhood illnesses (IMNCI); reproductive health (RH) including labor and delivery care; and WASH/IP. Trainings were attended by 78 health staff and facilitated by ADRA staff and DHMT's health sisters (1 & 2). National MCH instructors were drawn from around the country to facilitate the IMNCI trainings.

ADRA's trainers and DHMT staff conducted post-training follow-up and clinical mentorship to all 52 project-supported PHUs to ensure that gains in knowledge and skills were maintained and put into practice. During the visits, ADRA focused on improving PHU staff ability to deliver RMNCH services to pregnant women and children under 5 years.

As an additional part of staff capacity building, ADRA's clinical coordinator and the DHMT staff conducted training for staff in-charge and their colleagues in each facility on proper storage, use, and maintenance of MME. Topics included store re-organization, inventory management, reporting, and record keeping. Training on MME use and maintenance was provided.

Table 2: Training by Topic, Cadre, and Gender in the Tonkolili District

# OF PHUs	HCW TRAINED		HCW TRAINED-(TOTAL)	TRAINING SUBJECT	GENDER		CADRE			HCWs INVOLVED
	M	F			M	F	MCH AIDE	SECHN	OTHER	
52	5	73	78	IPC/WASH	2	43	39	4	2	45
				IMNCI	3	38	31	7	3	41
				RMNCH/RH	5	73	72	4	2	78

Table 3: Baseline-Endline: Percentage of Respondents Scoring 80% or Higher on Knowledge Assessment

TONKOLILI DISTRICT	BASELINE	ENDLINE
MATERNAL HEALTH	17.0	67.6
NEWBORN HEALTH	90.6	100
CHILD HEALTH	26.4	58.1
PARTOGRAPH KNOWLEDGE	-	59.5
TOTAL NUMBER OF PHU STAFF INTERVIEWED	**53**	**74**

Table 4: Number of Clients Seeking Health Services in Target Facilities

YEAR	TOTAL N. OF OPD VISITS	TOTAL N. OF DELIVERIES
2016	460,495	14,450
2015	421,804	13,637
2014	371,952	11,773
2013	2,155,466	11,265

HMIS data results

INFRASTRUCTURE REHABILITATION

Based on the Sierra Leone MOHS WASH/IPC Guidelines, Advancing Partners & Communities project has identified minimum WASH/IPC standards for every health facility targeted by the project. These include consistent water access on site (24 hours per day throughout the year), availability of two of four waste pits (ash, placenta, sharps, and general/organic waste), presence of a functional incinerator and functional latrine system, and presence of a minimum of four hand-washing stations.

Building rehabilitation of facility integrity and compliance with minimum WASH standards began in March 2016 with a baseline survey that ranked facilities in each district from 1–20. The lower the ranking, the more in need of rehabilitation a facility was deemed.

The 24 PHUs that received structural improvements as well as water, sanitation, and hygiene upgrades and new 8-bulb solar lighting systems have been completed. Building upgrades focused on structural integrity and included repairs to walls (patching); ceiling (repairs to the wood panels); roofs (upgrades to corrugated iron sheeting); windows and locks (security); painting; stenciling labels to indicate room names; drainage; and soak-away pits. Concerning water and waste management the project supported six new boreholes and 17 rehabilitated hand-dug wells; 72 new or rehabilitated waste pits, and 24 new or rehabilitated incinerators.

A package of non-clinical furniture—long and short benches, tables, chairs, cabinets, shelving, and stools—was provided to 79 facilities in total. All project facilities also received medical equipment based on assessed needs. The equipment included delivery beds, gallipots, airway guedels, adult and infant weighing scales, delivery kits, mucus extractors, vaginal specula and retractors, resuscitator with masks, baby cots, height measure boards, instrument trays, patient privacy screens, stethoscopes, lamps, and bed pans.

The project supported MOHS WASH in Health Facilities Standards (2017) through technical feedback on water access, hand pumps (for hand-dug wells and boreholes), and waste management (ash, placenta, general/organic waste, and sharps pits, as well as incinerator specifications).

Ronietta CHP before rehabilitation

Ronietta CHP after rehabilitation

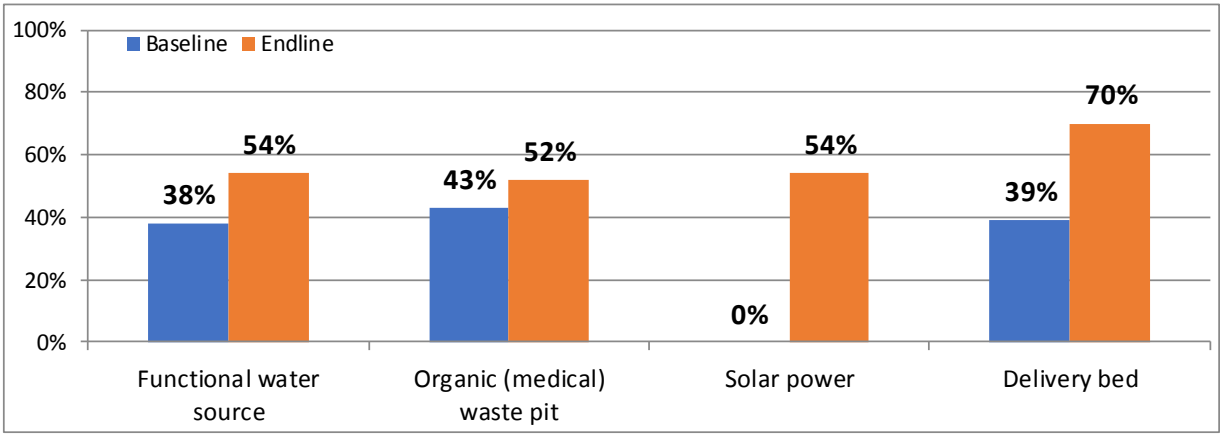
Magbafth before rehabilitation

Magbafth after rehabilitation

BASELINE-ENDLINE DATA

The endline survey shows that:

Figure 1: Baseline-Endline: Availability of Key Elements to Provide Basic Health Services



- 54% of the (surveyed) facilities now have functional water on site (either through a protected hand-dug well or a borehole), compared to 38% at baseline.
- 41% now have a functional pit for organic (medical) waste, compared to 16% at baseline.
- 54% now have functional solar power for service delivery at night, compared with 0% at baseline.
- 70% now have a delivery/labor bed, compared with 39% at baseline.

Table 5: Baseline-Endline: Availability of Waste Disposal Units at PHUs

WASTE DISPOSAL	% BASELINE	% ENDLINE
FUNCTIONAL INCINERATOR	45.1	33.8
GENERAL SOLID WASTE PIT	54.9	76.4
PIT FOR ORGANIC (MEDICAL) WASTE	15.5	40.8
PIT FOR SHARPS	16.9	42.3
TOTAL PHUS SURVEYED	**71**	**72**

Table 6: Baseline-Endline: Availability of Medical Equipment at PHUs

MEDICAL EQUIPMENT	% BASELINE	% ENDLINE
DELIVERY/LABOR BEDS	38.9	70.4
ADULT WEIGHING SCALES	34.7	81.9
RESUSCITATORS WITH MASK (ADULT)	38.9	77.8
WEIGHING SCALES (BABY)	51.4	79.2
SAFETY/SHARP BOXES	97.2	100
TOTAL PHUS SURVEYED	**72**	**72**

WAY FORWARD

FMCs have enhanced their roles as key community structures to improve PHU functioning. The strength of FMCs lies in their community representation. Regular monthly meetings enable the FMC to discuss PHU issues and develop plans for facility maintenance and improvement that they share with DHMTs, which provide resources and other support to ensure sustainability.

PARTNER BACKGROUND

ADRA has worked in Sierra Leone for over 25 years, focusing on health, WASH, vulnerable groups, and child protection. In Tonkolili, it has implemented programs in 11 chiefdoms to help the DHMT focus on community health promotion. ADRA's vision is a society where people's needs are met through participatory community structures for sustainable change.

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