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| 1. Mission - Places visited and Period (incl. of travel days): Kambia- Kailahun19th to 22nd January 2017
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| 1. Objective of Mission:
2. **Objectives**
3. Conduct an initial assessment on the current status of the maternal health care units in the PHU’s of existing communities in both Kambia and Kailahun District under the Japan funded health project
4. Do a follow up monitoring on ongoing japan funded health project activities.
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| 3. Mission Member(s)  Mary Turay – Project Coordinator (Health Projects/ UNDP/SL)Lynda Buckowski- Inclusive Growth, UNDP/SL  |
| 5. **Brief Summary of the Mission:****Background*****Japan funded health project***The Government of Japan has provided funding to UNDP for the implementation of three projects in Kambia and Kailahun districts, focusing on livelihoods, security sector reform (SSR) and Strengthening access to health care and community led development. Three Implementing partners have been recruited who will work collaboratively with UNDP, both in Kambia and Kailahun to implement the Strengthening Access to Health Project. The project has three components, Health, Governance and Livelihood and each IP has been recruited to implement either on one, two or all three components depending on their area of strength.As a further development, the Government of Japan has in addition approved a new project titled ***Building A Resilient Community Health System in Sierra Leone Post EVD Crisis*** under a Japan supplementary fund. UNDP will be the administrator of this project but will work with Government Line Ministries, Agencies and Departments, Implementing partners and Community organizations.The project is designed to provide support to vulnerable communities with specific emphasis on maternal, child and adolescent cohorts in the restoration of access to basic health care and the promotion of resilient communities in rural Sierra Leone. The project aims to strengthen universal health care coverage and health delivery systems in twelve communities of two border districts by; supporting local governance structures pertaining to communal health service delivery, promoting appropriate health seeking behaviour as in line with MOHS guidelines, aiding the delivery of quality health care through the rehabilitation of WASH features and the piloting of alternative energy within the local framework of health provision and finally providing a platform for the promotion of the Japanese model of financial pooling schemes as one particular means of ensuring increased access to basic health care for vulnerable households.The project will build upon the initial japan funded community health projects current being implemented by UNDP in the two border districts of Kailahun and Kambia respectively and will utilise the findings of the aforementioned projects in the selection of prioritised and vulnerable communities under the context of maternal, child and adolescent health access. Selection will be determined by the level of access and use of maternal health care by the female population in each community..        2**Key Findings:****Meeting with DHMT in Kambia and Kailahun: 19th to 21st January 2017**In Kambia, the meeting was attended by six members of staff of the DHMT including one field staff from WHO whiles in Kailahun the team met only with the District Medical Officer, Dr. Squire. In Kambia, the District Medical Officer, (DMO) Dr. Foday Sesay chaired the meeting. In both meetings, UNDP project coordinator stated the reason for the mission as a fact finding mission for initial assessment of the current maternal health care facilities in both districts and provided a brief background of existing PHU/Community led WASH projects in selected chiefdoms in the Districts which serves as a link and an entry point. The maternal health care units are located within the PHUs.Details of the current status of Maternal Health Units and facilities across both Districts is described below:* + 1. Lack of basic maternal health care equipment in the PHUs
		2. Late referrals- Kailahun DHMT recorded 26 maternal deaths caused by bleeding as a result of late referrals.
		3. Inadequate IPC and WASH facilities
		4. The need for capacity building of staffs at the PHU level handling the mothers and children.
		5. The need for capacity building of the Community Health Workers to enable them identify and refer mothers and children on time and appropriately.
		6. No drivers for ambulances. There is one ambulance but no driver
		7. Support data management- training of CHWs for effective reporting from the community level to the PHU level.
		8. Poor solar facilities which provide electricity only for the refrigerators where medicines are kept.
		9. Lack of delivery beds in all the maternal health centers. They use mostly general examination beds which are worn out.
		10. The delivery rooms are in need of some rehabilitation due to leaking roofs, space and hygiene
		11. Poor road network and accessibility of the community to the Maternal health centers
		12. Support to IDSR
		13. Provision of more adolescent user friendly centers within the PHU/MHC units. There are a few existing adolescent user friendly centers in four chiefdoms in the District (Kawasasa, Rokupr, Kasiri, and Bamoi Munu).

   WHO Field staff who attended the meeting in Kambia made suggestions on possible areas of intervention by UNDP as highlighted above. WHO are willing to work in partnership with UNDP, providing technical support in relation to building the capacity of Community Health Workers and staff at the PHU level handling mothers and children. We were made to understand that WHO are not involved in rehabilitation or construction work within health facilities/infrastructures or WASH facilities.  The worst affected chiefdom identified by the DHMT in Kambia District is Samu, while in Kailahun District, Njaluahun chiefdom is the worst affected. UNDP is already implementing project activities in Samu Chiefdom in the current Japan funded Post Ebola sub-regional health initiative. There is however much more to be done. UNDP has no presence in Njaluahun, Kailahun District. This is a new community that could benefit from the new project currently under review. The DHMT expressed their appreciation to UNDP for their support and interventions in the two districts and for involvement even at this initial planning stages of project interventions. They further expressed their willingness to work with UNDP in future project interventions relating to the ministry of health. In this regard, the DHMTs are happy to share their Health Development Plans with UNDP to promote partnership work with the Ministry.**B. Progress on Existing WASH Project**-    There has been marked progress on the current project activities under the Strengthening Access to Health Care and Community Led Development project. Five communities where visited in Kambia and three in Kailahun due to the limited time. Four out of the five communities visited have completed rehabilitated WASH facilities in both the communities and the PHUs. In summary, 20 VDC members per community participated in the reconstruction work, through which they received Cask for Work. Two members (one female, one male) were trained to repair the water pumps. Interviews with some of the VDC and community members indicate the rehabilitation of the water points have created a positive impact in their communities. One of the community members in Magbema Chiefdom in Kambia stated they have been without water pump for 7 years until now and that their only source of water had been the stream nearby. Implementing partners, GEKO/SL , MOPADA and Health for All Coalition were advised to include such human change stories in their reports. Due to the limited time of the mission, project coordinator may have to revisit project communities again for verification and an in-depth monitoring of project activities and engage beneficiaries and VDC members in discussions about the impact the project created so far.  |
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| **7. Follow-up Action Matrix** |
| **Actions to be taken** | **BY Whom By When** |
| 1. **Review reports from Implementing partners**
 | **Mary Turay- Project Coordinator 31/01/2017** |
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| 1. **Project Monitoring in both district**
 | **Mary Turay-Project Coordinator** **and Team 1ST to 10th of February 2017** |
| 1. **Discussions with UN WOMEN for a joint monitoring following the Gender Awareness Training.**
 | **Mary Turay, UN WOMEN 27TH January 2017**  |