MEET OUR NEW DMO

Dr. Francis Jayah - the DMO

I am Dr Francis Jayah, the DMO/ Acting Medical Superintendent in Kambia Government Hospital. Since 1989, I have faced some challenges. However, with the support of DHMT and council, some of the successes are:
- Electricity every night from 6pm - 12midnight at the hospital.
- Surgical interventions come first and fees paid later.
- The maximum co-operation of the staff including the drivers, porters and laborers.
- UNICEF and WFP have established a stabilization center at the hospital and supplementary feeding centers at 22 District PHUs.

I will do everything possible to ensure that the relationship between the District Council, health related organizations, hospital, PHUs and DHMT remain effective in order to achieve our health care delivery goals. For better health, we encourage you to attend health facilities for health problems and not to depend on taboos, native herbs and quacks for treatment.
- Patients are provided 3 meals a day.
- Hospital charges have been reduced, e.g. caesarian section is from Le350,000 to Le100,000, admission fee is from Le25,000 to 8,500. (Further reductions are pending.)

MEET OUR HEALTH COMMITTEE CHAIRMAN

For any health programme to succeed, we need to understand the channels of communication in the community, such as information from the DHMT to the PHU staff, to the health committee, to the community and then to catchment villages. At District level this is done through the Ministry of Local Government and Community Development. It is absolutely necessary to ensure the full participation and involvement of the community in the implementation of health programmes.

In this context, the Kambia District Council formed the health committee.

The chairman of this committee, Councillor Mohamed Boi Jalloh has a committee is made up of 6 members chosen from the 7 chiefdoms of the district. Through the involvement and effective participation of the people in health affairs, the committee enabled local people to:
- Express their health needs.
- Acquire added knowledge and skills that enables them to participate fully in health programmes.

- Develop a sense of pride and ownership in the upkeep of their health facilities.
- Actively participate in immunisation and in cleaning their environment.
- Involve various personalities and religious groups in health activities.

The health committee however identified problems at community level, these include:

- Unwillingness to change.
- Misdirection by leaders.
- Superstitious beliefs.
- Political division.
- Poverty.
- Infighting between communities and between health workers.
- Poor motivation and low sense of commit-
<Kamagbewu>
The Kamagbewu PHU was selected for rehabilitation in 2008 based on criteria such as urgent needs, the willingness of the community to participate in construction work, and having no donor support.

Handing over Ceremony of Kamagbewu PHU

The rehabilitation of the clinic and the well, and the construction of the incinerator were started in September 2008 and completed in March 2009. The handing over ceremony was held and over 150 people from within and outside the catchment villages attended. They said they are now proud of having a good health facility for taking care of their health.

<Mange Bissan>
There were no health staff and no clinic at Mange Bissan area. One nurse was transferred at the request of the community in August 2007. The community provided a house as a health centre, and at the same time the community started to construct the building. However they could not continue, due to shortage of funds. After several meetings with the community, DHMT/JICA supported the completion of the construction, including the well and the incinerator with community participation. Construction was completed in March 2009 and the handing over ceremony was held. Over 200 people including the chairman of the District Council Health Committee and Section/Town/Village Chiefs from all over the chiefdom attended and they were very proud of this facility rehabilitated with community participation. They promised to take good care of it.

Handing over of Mange Bissan PHU
Health related Activities held in Kambia Within 6 Months

Onchocerciasis Campaign

Onchocerciasis, called River Blindness, and Lymphatic Filariasis are the two major neglected tropical diseases in the district. River Blindness and Lymphatic Filariasis are endemic in 5 chiefdoms and 7 chiefdoms, respectively. The major signs and symptoms of Onchocerciasis is blindness and Lymphatic Filariasis is hydroswell and enlarged foot. To prevent these diseases, the MOHS/DHMT embarked on mass treatment. The detail of the programme is:
- Name of the programme: Community Directed Initiative
- Duration: 2006 to 2021
- Area: The whole of Kambia District. The district will be divided into 830 villages/communities for easy access of people.
- Procedure:

1. Each village/community has at least one volunteer trained as a community drug distributor (CDD).

2. The programme gives the drugs to the CDDs for their respective villages once a year for distribution.

3. The treatment for the two diseases is done simultaneously.

Breast feeding campaign by Community Action for the Wellbeing of Children (CAWeC)

Breastfeeding Week is celebrated in the first week of August every year. The theme for this year is “Support Suckling Mothers to Breastfeed their Children”. The aim is to raise awareness of the importance of breastfeeding, and encouraging timely, adequate and correct approaches to breast feeding.

To encourage community participation for World Breastfeeding activities in 2009, CAWeC helped each PHU catchment community to plan their programme and organize their meetings on a day of their choice in August.

The organization of the meetings ensured a very high turn out at the meetings, even though it was the peak of the rains and the planting season. Participants from the communities, registered their promise to fully support suckling mothers, and to share the message with those who were absent.
OBSTETRIC CARE AT
THE GOVERNMENT HOSPITAL

The Matron, Frances Pearce has worked at the Government Hospital in Kambia since June 2004, when the hospital was rebuilt after the rebel war. As most deliveries are done at home with trained and untrained TBAs, delivery cases at the hospital are low. However, the cases referred to the hospital are mostly severe and normally end up in theatre for caesareans (C/S) or and hysterectomy due to ruptured uterus. Below are some delivery statistics from January – September 2009 in the Government Hospital in Kambia.

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<thead>
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<th>TYPE OF DELIVERY</th>
<th>Normal delivery</th>
<th>C/S</th>
<th>Still birth</th>
<th>Assisted</th>
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CAPACITY DEVELOPMENT OF DHMT

PC Training: The JICA Health Project, to enhance the capacity of the DHMT, has been conducting computer training for different levels of staff (beginners and refresher courses). A total of 4 sessions with 30 participants will soon boast of being computer literate.

CDHP2010: JICA's experts conducted a planning workshop for writing the 2010 Comprehensive District Health Plan. At this workshop, the making of realistic health plans that would be feasible to implement was emphasised. Council representatives, health related NGOs and the DHMT attended.