

# **Report for OWL health branch following scoping visit**

## **Oct/Nov 2018**

Travelling personnel – Helena White MW, Sarah Galloon HV, (Katrina Moss MW)

Purpose of visit – scoping visit for new concept of a health branch for OWL. To assess Yemoh Town Health Centre as previously known to the personnel and seemed suitable in terms of location, size and workforce.

Yemoh Town Community Health Centre was built to support the people of Yemoh Town, a semi-rural area on the outskirts of Bo city, and the surrounding areas.

The clinic serves approximately 18,000 people and has recently been extended to offer a more comprehensive maternity service with new rooms for ante natal, delivery and post natal care. Some of these new areas are already in use for children's vaccination clinics, feeding and nutritional advice plus general clinics. The remainder, however, is not currently in use as there is no equipment yet – no beds, no running water, no supplies etc. We are in discussions with the local health authority to get assistance with this.

There is also potential for a laboratory, enabling quicker diagnostics without need for patient transfer.

Lansana Deen is the senior Community Health Officer (CHO), a very friendly and dedicated man who provides good leadership and is very keen to nurture our friendship into a supportive and reciprocal relationship. He is on call every night and oversees the everyday running of the health unit.

Yemoh Town Health Centre is the highest level Peripheral Health Unit in the Kakua Chiefdom, with a number of Community Health Posts (CHP) referring to it, and for which Mr Deen is responsible

Workforce - There are 3 CHOs and 2 trained Maternal and Child Health Aides who provide ante-natal, labour and post-natal care - there are no midwives at the health centre. The majority of the staff are volunteers, 80% are not salaried and the most senior staff get paid approximately \$150 per month. This is not always reliable.

Ante-natal consultations are being encouraged in order to detect problems earlier and are around: 120-180/month – women are seen any day of the week so care is not missed for want of being free on a given day. There are 12-20 births per month; 18 due this month. The extension of free health care to more categories of the population means less income for the health unit; such income is used to fill gaps in medication and supplies (eg sutures for perineal repair) from Ministry of Health and Sanitation. This gap is filled in part by patients or even staff paying out of their own pocket. The maternity services offered here would be comparable to a woman having a home birth in the UK, the facilities are the same and if Mr Deen is present then the level of skill is adequate to safely carry out an uncomplicated delivery and recognise a problem to refer in a timely manner. However, if a woman presents with ongoing complications – bleeding, obstructed labour, sepsis etc then

referral can be the main stumbling block to the safety of the woman. When we were in Bo we witnessed 12 ambulances being delivered into the city for the use of Bo district – I understand that these are now set up and ready for use which should decrease one of the main causes of maternal death in the country.

Children's clinics are held here too, mainly for vaccinations but increasingly for feeding and nutritional assessment and advice. Sick children are also brought here and are referred on appropriately, it would be good to see a larger paediatric presence here so parents were not having to travel miles with ill children. There is an outreach team but this is mainly for catching those children who have not been brought in for their vaccinations. In the UK children have regular developmental checks and we thought this may be something that could be explored in SL. Providing more paediatric support- teaching staff how to recognise common ailments and suitable treatments with a view to incorporating developmental checks into the remit of the out-reach team. Bo Children's Hospital is fast becoming an excellent referral unit and we could work with them in supporting staff training at YTHC.

We spent several days at YTHC, learning about the everyday running of the clinic, meeting all staff and discussing the possibility of a Link with health workers in the UK.

Through my experience of working in other units in SL I found this group of staff very engaging, focused, motivated and very keen to learn and work with us, to improve their own skills and therefore improving the service they can offer the community. We ran sessions on normal labour and neo natal resuscitation and were overwhelmed, firstly by the knowledge and skills of two particular members of staff but also the enthusiasm of those less able to learn these skills and become competent.

Looking into the future in regards to our Link I feel very positive. The team of staff at this unit are very engaging and very keen to learn as much as they can to improve services offered. The building itself is ready to be utilised as a centre able to serve a growing community with plenty of scope to sustain further children's clinics and inpatients when required. It has also been earmarked to become a centre for Basic Emergency Obstetric and Neonatal Care which means further input from the Government. I believe that if we Link with Yemoh Town Health Centre and work with the great health team there we can make a tangible improvement to the health care offered to the people of the area.

### **Vision – (aka Strategic Plan)**

One World Link is built on mutual friendship, support and a culture of respect for each other. Our vision of the health link will be based on these core values with an aim to achieve the following:-

- A health branch committee for Bo and UK – comprising of a multidisciplinary team of health professionals, primarily for maternal and child health but welcoming support from other disciplines should it be offered.
- Work in partnership with 'The African Maternity Health Link' who can offer support with all aspects of maternity care including neo natal resuscitation skills.

- Work in close collaboration with the District Medical Officer and his team to support input from the Ministry of Health and Sanitation regarding the upgrading to a BEmONC centre and ensure we are teaching within MoHS guidelines.
- Provide basic equipment where we can and encourage the local community to be part of the support for the clinic by contributing where they can, e.g local craftsmen being commissioned to produce beds, chairs, tables etc, keeping the clinic and surrounding areas as clean as possible – in line with the Governments new initiative.
- Reciprocal visits where possible with a long-term view of possibly linking with a clinic/GP surgery in the UK

