

# Sierra Leone Partners Conference

Healthcare Breakout

October 26, 2017

# Wishlist Consolidation

1. Equipment (training, repair) 9 votes
2. Recruiting MD (internet access) 15 votes
3. Community Health (Water, WASH) 14 votes
4. Administrative training
5. Attracting patients to hospital

Measurable, Date, Can be Done, Partners

# Upgrade Equipment - Medical and Transport

Investigate possible barriers:

## 1. "Appropriateness"

What are others using in-country

What will work ie power supply, inverters

Will SL staff use it?

Is it available in country

## 2. Instructions and Training

In country, direct observation and apprenticeship preferred

Availability and location problems

## 3. Maintenance and Service (Repairs)

In country service and warranty

Life span and budgeting for replacement

# Upgrade Equipment - Medical and Transport

Action plan to be done by 3/1/2018

1. Share existing list of required equipment with partners
2. Determined what stored equipment not being used that can be used.
3. Write checklist and manual detailing selection, acquisition and maintenance of equipment and vendor services.
4. Explore partnership with foundations (TriMedx) for in country training repairs, etc
5. Provide resources and contacts in SL for vendors.
6. measurements to provide vendor form evaluation for partners to report on vendors. 2018 purchases to be reported on bob 12/31/18
7. update vendor list as purchases made.
8. provide import of shipment cost .
9. probably 5K limit as a place to start tracking equipment
10. Pam Moffit, Ivan White, Cythia Vaughn and Edie Gleaves. Partners are users of equipment.

# Physician Recruitment - Barriers

- Lack of call
- Travel / Road issues
- No Internet
- Limited social
- Family Food
- Health risk to provider
- Isolation
- Inadequate work environment (equipment, staff, training)
- Financial (Debt, Family lifestyle)
- Respite
- Continuing education
- Medical / Christian Community awareness

# Physician Recruitment - Action Plan with Measurable, Dated, Doable and Partnership)

- Pursue recruiting 1 year (minimum) replacement to allow more time to recruit permanent (Measurable as y/n, Complete by Jan 31st, doable and GBGM, Rotifunk Haugesund and MOH Partners)
- Address barriers per need of recruit (Measurable y/n, Date 2/2018), ( Doable and Partnership varies by barrier).
- Approach Medical School / Divinity school combination to widen pool) (Two NC institutions by February 2018, doable, MOH board might lead)

# Community Health Initiatives

1. Lower infant and Mother mortality by delivering preventive and if possible curative services at the community level by improvements in Water, Sanitation and Hygiene
2. Train and support Hospital staff for community outreach that includes disease prevention and screening for health needs.

# Community Health Initiatives: Action Plan

1. Hand washing curriculum, reinforcement and support at UMC Schools. ( Measured by reports of schools o compliance, Leonard and Joseph, survey schools, 3 Months, SLAC,
2. Survey need for sanitation facilities at schools, (toilets at schools, sanitation education, soap, WaSH). Measurable by survey response, Leonard and Joseph, 12 months, Conference Health Board,
3. Install access to clean water with “bore hole” wells or with purification systems (survey and implementation) Measurable by installation of wells water or purification systems, 2 - 3 year depending upon funding program. Conference Health Board
4. Community outreach staff and training to Kissy, Mercy and Rotifunk Hospitals to implement or maintain programs serving communities the respective catchment areas on a regular basis. Number of new patient referrals. Catherine, 12 months, Conference Health Board
5. Improve referrals to hospital. Measure by number new patients, 12 months Catherine, Conf board