

Maintaining rights based service delivery during the Ebola epidemic in Liberia (March 2014-September, 2015)

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Background

Map of Liberia



- The Ebola Virus outbreak began in December 2013 in Guinea;
- March 2014, Foya District Lofa County, Liberia by a lady from Guinea who came to visit some family members;
- May 2014 in Sierra Leone;
- It was declared an international emergency by WHO in August, 2014.
- Liberia declared Ebola transmission free for the 3rd time in October, 2015 by WHO

Background

- Total EVD affected persons-10,672
- Cumulative deaths-4,808
- Population 3.9 million (LDHS 2013)
- Maternal mortality in 2007 994/100,000 and increased to 1072/100,000 live births in 2013 (LDHS)
- Total fertility rate 4.7 %
- Family Planning: Any method 20%, modern method 19%; unmet need 31%

Method

- *Liberia struggled to control the escalating EVD outbreak against a backdrop of high maternal, newborn and child mortality and low skilled birth attendance rates.*

The following were methods used by PPAL

- Staff capacity building in the clinical management, control and prevention of Ebola
- Provision of Personal Hygiene kits to staff and volunteers
- Provision of Personal Protective Equipment (PPE) at all Services delivery points (Markets booths, Youth Centers and Clinics)

Method cont'd

- Conducted health promotion activities of the national response
- Mobile clinic sites and market booths provided vital services as many health facilities were closed.
- Using peers educators to promote an integrated messages SRH-EVD at community level
- All the measures above were mainstreamed with EVD promotional messages.

Results / Key findings

Throughout the epidemic PPAL not only carried out most of its normal activities, but also played a vital part in the national response mechanism:

- Contributed significantly in cropping the deadly EVD from the country
- Trained its entire workforce of 116 staff and 1,212 peer educators, volunteers and mentors in Infection Prevention and Control measures
- Provided a wide range of high quality comprehensive SRH services to a total of **266,673** clients in 2014 down from **410,050** clients in 2013

Results cont'd

Services (2014)	Youth (<25 years)	Adults(>25 years)	Total	CYP
Contraceptives services	67,326	52,676	120,002	17,787
FP and Ebola Outreaches	38,895	35,309	74,204	
Normal deliveries	14	92	106	
MVA	32	97	129	
Other SRH services	32,505	39,727	72,232	
Total	138,772	127,901	266,673	

Success/Outcome of PPAL/IPPF intervention

- The entire Association's staff remained healthy as a result of the safety measures put in place.
- Increased awareness of preventive measures among staff and volunteers
- Continuous client flood at all PPAL's facilities (although there was a drastic decline during the heat of the crisis).
- Staff equipped to respond to Ebola initially before referring to MoH treatment unit.

Challenges, results and lessons learnt

Key Challenges

- Health workers facing high risk of exposure to Ebola when attending childbirth through body fluids
- Delivering services during travel restrictions and quarantining of some counties
- The Ebola outbreak severely compromised health systems, with significant deficits in human resource capacities and closure of health facilities
- Absence of well-functioning health facilities to provide backup referral services, led to more obstetric and neonatal complications
- Misconceptions and fears led to significant declines in the utilization of health facilities with reductions in skilled birth attendance rate and an increase in home deliveries

Cont'd

Lessons learned

- Community involvement in interventions can increase participation and influence other communities who are still deeply rooted in cultural and traditional beliefs as well as misconceptions about Ebola and other SRH issues especially family planning;
- Service delivery at community level through outreaches, market booths and mobile clinics increases access to community based SRH interventions through crisis situations

key take–a way for audience members

- Emergency preparedness for civil crisis and **disease outbreak** should be a priority to all NGOs providing SRH services to ensure its continued delivering of services during any epidemic or disaster.
- Build the system and resilience (working not only with religious leader but also governors, civil servant etc) to cope with this kind of crisis-> using resources generated by this crisis to have a more stronger system.

Conclusion

- As the health of women and their babies are being promoted in the future post-2015 sustainable development agenda, it is critical that the issue of maternal and newborn survival in humanitarian emergency settings, like the Ebola outbreak, is prioritized. The importance of having systems in place to monitor health data cannot be emphasized enough, so that critical gaps in care can be identified and addressed.
- There are recovery strategies being planned now by the government, but require the involvement of organizations like ours that deal more with the grassroots of the society. Our partners, Donors and others will be of tremendous assistance in meeting the needs and mitigating the effects scourge of the deadly Ebola scourge on our people.