

A community health system intervention to maintain prenatal care and safe deliveries during the Ebola outbreak

An integrated approach to mitigate the effects of
mistrust on routine care

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Background

- Maternal and child health indicators in Sierra Leone are among the poorest in the world
- MMR 1,360/100,000 (2014)
Neonatal MR 39/1000
- IMR 92/1000 (2014)
- Sierra Leone is now the only country in the world where MMR is above 1000/100,000 (World Bank, 2015)



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The Ebola outbreak in Sierra Leone

- 4,823 cases of EVD have been confirmed in men and 5,118 in women
- Cumulative deaths reached 3,589
- 4.1% Peripheral Health Units (PHUs) were closed (includes those repurposed as holding centres)
- Provision and use of essential health services was significantly reduced (MoHS) with a decrease by:
 - 23% in institutional deliveries
 - 18% in Antenatal Care (ANC)
 - 22% in Postnatal Care (PNC)
 - 21% in immunisations
 - 39% reduction in children treated for malaria
- Numbers of skilled health care workers employed by Ministry of Health and Sanitation has dramatically reduced (GoSL 2015)
- Maternal CFR is estimated to have increased by 30% (VSO/UNICEF/LSTM 2015)



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Port Loko District

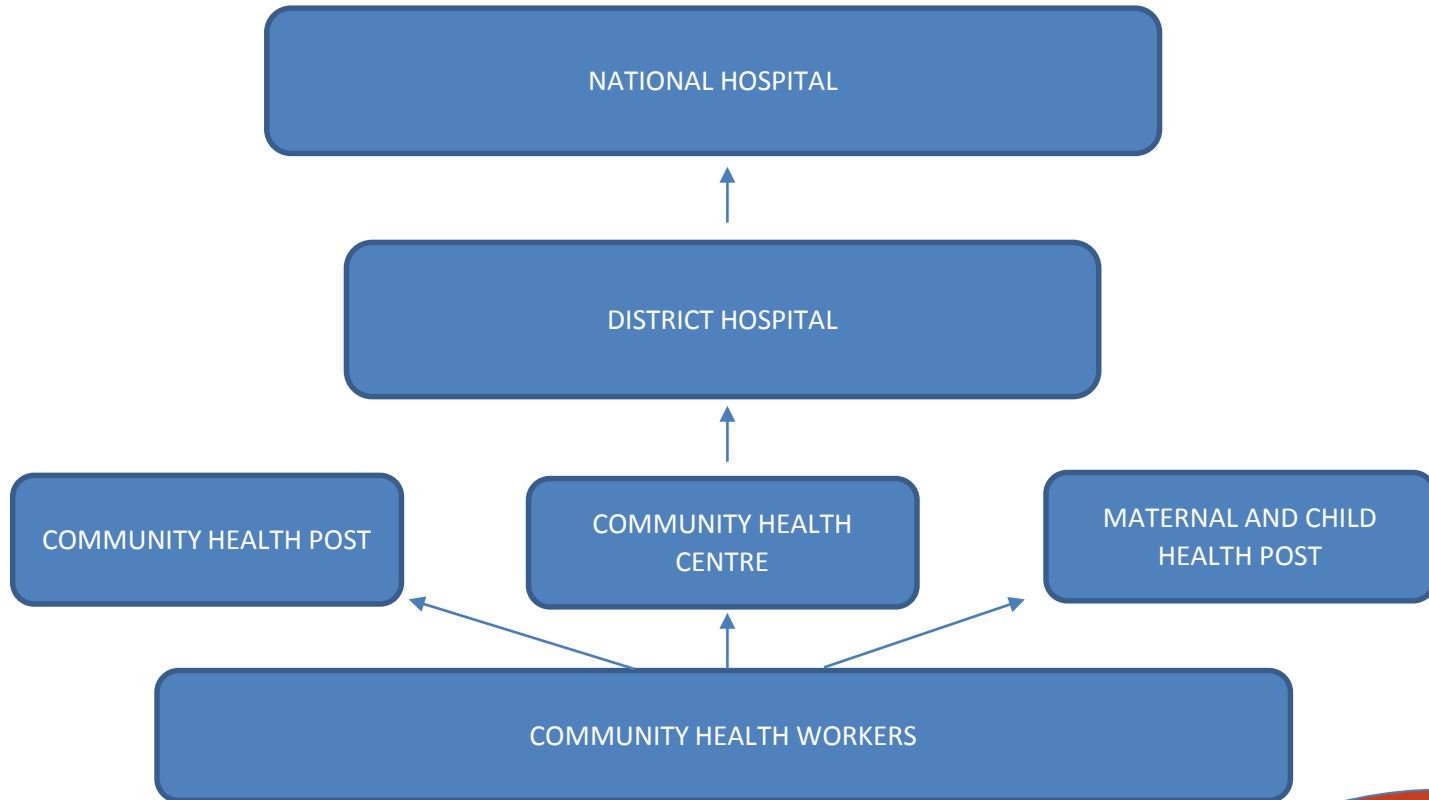
- Northern province of Sierra Leone
- Population est. 625,000
- 1485 confirmed Ebola Virus Disease cases
- 109 Peripheral Health Units
- 2 Government hospitals providing secondary/tertiary care



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Health Care Structure



Establishing Screening and Referral Units (SRUs): Port Loko District

Primary objective was to improve availability of:

- Early case detection
- Safe Isolation areas
- Supportive treatment for suspected & probable EVD patients
- Support to the health care system by building capacity of health care workers on initial EVD management





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PROJECT ACTIVITIES

5 sites within Port Loko District selected by the District Health Management Team:

- 4 Community Health Centres (CHCs), 1 Maternal and Child Health Post (MCHP)
- Provision of a 'full package' intervention including facility renovation, provision of essential equipment, training and supervision.
- Multi disciplinary approach
 - Health & WASH/Infection Prevention and Control (IPC) Mentoring and Training
 - Psychosocial Support
 - Community Engagement



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- Facility improvement:
 - Laundry & Waste management facility



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Facility improvement:

- Laundry & Waste management facility
- **Extension of existing maternity units**
- **Refurbishment of latrines**



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- Facility improvement:
 - Laundry & Waste management facility
 - Extension of existing maternity units
 - Refurbishment of latrines
 - **Construction of permanent screening, isolation and referral unit**



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- Facility improvement:
 - Laundry & Waste management facility
 - Extension of existing maternity units
 - Refurbishment of latrines
 - Construction of permanent screening, isolation and referral unit
 - Ensuring water and electricity supply
 - **Provision of essential equipment: delivery kits, sterilizers, delivery beds, PPE, medications, diagnostic equipment**



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Reproductive Health & IPC



- **Training and onsite daily mentorship**

- On-site sessions on range of topics (ANC, labour & delivery skills, IPC in labour units, wound care, malaria, nutrition, water & waste management...)
- Classroom training at Lunsar training Centre on obstetric and neonatal skills included HCWs from other PHUs – 48 midwives and Maternal and Child Health Aides (MCHAs)



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Psychosocial Support

- Training and Supervision
 - Basic Psychological First Aid
 - Training healthcare workers in providing psychosocial support and listening skills to individuals in needs
 - Reviewing psychological barriers to care for both patients and healthcare workers
 - Mental Health Awareness
 - Provide overview of mental health and mental health problems
 - Review established referral process for mental health services
 - District Mental Health Nurse



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Community Engagement

- Involved the community at all levels – planning and implementation.
- Formation and training of Village Development Committees – to serve as links between the community and facility staff.
- Continuous community meetings to deal with community fear regarding the SRUs.
- Community engagement to increase positive health care seeking, including the use/establishment of community health clubs.



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Results

- Each facility had training, supplies and sustainable structures to safely screen and isolate patients
- Facilities have not only been used for suspected EVD cases, but also for measles isolation
- One centre was able to safely manage the labour and delivery of a high risk contact from a quarantine household
- Attendance at ANC clinics has increased by 20% and institutional deliveries by 27%



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Results

- One site experienced a 32% increase in attendance for immunizations, 11% higher than Government target in the National Ebola Recovery Strategy
- The project facilitated renewed activities of Village development committees and the establishment Community health clubs.
- “MCH quality improvement package” developed and currently being implemented at larger scale as part of JSI/Advancing Partners & Communities project, under USAID post-Ebola recovery support.



CONCLUSIONS

- Historically poor outcomes for women and children have been compounded by fear and mistrust caused by the Ebola outbreak.
- The focus of any future outbreak response must include planning for ongoing provision and uptake of essential reproductive health services.
- Ongoing practical skills training, supervision and mentorship of health care workers in IPC, WASH and clinical skills institutionalises safe best practice and facilitates identification of gaps and informs capacity development strategies.



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CONCLUSIONS

- Empowering midwives and MCHAs through classroom-skills based trainings and **continuous on-site mentoring** allows staff to regain control lost during the outbreak & create sustainable improvement in service provision
- A **multidisciplinary approach**, done in conjunction with infrastructure revitalization and equipment provision, has resulted in noticeable improvements in quality of service delivery and increased utilization of services in a short time frame
- Rebuilding a health system after prolonged emergency response requires significant **community engagement** to regain trust between HCWs and communities



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Thank you for listening

