



**INTERNATIONAL RESCUE COMMITTEE
SIERRA LEONE PROGRAM**

QUARTERLY REPORT

**"INFECTION PREVENTION AND CONTROL (IPC) AND SCREENING FOR
SUSPECTED EBOLA PATIENTS IN PRIMARY HEALTH CARE FACILITIES IN SIERRA LEONE**

(AGREEMENT NO: AID-OFDA-G-15-00025)

1 APRIL – 30 JUNE 2015

PRESENTED TO:

THE USAID OFFICE OF FOREIGN DISASTER ASSISTANCE

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I. Executive Summary

PROGRAM TITLE:	Infection Prevention and Control (IPC) and Screening for Suspected Ebola Patients in Primary Health Care Facilities in Sierra Leone
PROJECT NO:	AID- OFDA-G-15-00025
AGENCY:	International Rescue Committee
COUNTRY:	Sierra Leone
REPORTING PERIOD:	1 st April – 30 th June 2015
GOAL:	Ensure that Sierra Leoneans are able to access health services from trained and protected health workers in all Peripheral Health Units (PHUs) within the context of the Ebola outbreak.
OBJECTIVE(S):	Enable PHUs to remain open, accessible, and providing care, by ensuring screening processes are in place, IPC protocols are followed, and that isolation of suspected Ebola cases occurs.
BENEFICIARIES:	Total targeted: 6,696 (3,729 Health care workers; 2,976 CHWs) Direct; 5,883,302 Indirect IDP beneficiaries: N/A
LOCATION:	All districts of Sierra Leone except for Koinadugu

I. Introduction

During the reporting period from April and June 2015, Ebola Virus Disease was confined to just three districts (Kambia, Port Loko and Western Area Urban) and there was an average of 10-20 newly confirmed cases per week. Protecting health workers and patients at all health facilities has been a key strategy within the EVD response. Patients with EVD still present to non-EVD facilities, posing a risk of transmission to healthcare workers (HCW), facility staff, other patients and visitors. Since the start of the outbreak, over 400 HCWs have become infected with EVD¹, leading to fear among HCWs and patients, resulting in reduced availability and utilization of routine essential health services. Maintaining IPC precautions, instituting strict screening and isolation procedures, and determining appropriate modifications for routine services are essential measures for ensuring the safety of the healthcare work force. The International Rescue Committee (IRC) led Ebola Response Consortium (ERC), which provides support the Ministry of Health and Sanitation (MoHS) Ebola response, has been implementing a national strategy to protect the primary health care systems since October 2014. The strategy is a multi-pronged approach, including training and provision of supplies for IPC and screening, followed by intensive mentoring and supervision on IPC and screening. The ERC has developed a strategy to reinforce the fundamental IPC approaches in line with initial assessments made of each PHU. Ongoing supportive supervision and on-the-job training based on identified areas of weakness of health worker IPC and screening practices will ensure health workers at PHUs feel confident in continuing to safely provide health care to their communities, and will also be able to take necessary steps to immediately correct any mistakes as they are identified. Health facilities that demonstrate weak IPC practices receive additional support according to need, until they have improved IPC and screening practices.

II. Summary of Activities

Within this reporting period, IRC and its partners carried out the following activities.

Follow up Supervisions

ERC partners have continued to conduct bi-monthly mentoring and supervision sessions at each PHU. Partners continue to use the quality assessment tool to identify gaps in IPC practice and structure. From April to June, ERC partners conducted a total of 4,319 supervisory visits to PHUs. These visits serve to motivate and encourage the PHU staff to continue to adhere to IPC protocols despite the decrease in the number of new EVD cases. ERC partners have been conducting joint supervisions with DHMTs whenever possible. Each PHU is jointly visited at least once each quarter. During the reporting period, approximately 29% of supervisory visits were joint visits with members of the DHMT. These visits encourage DHMT participation in the project, with the goal that the DHMT will eventually be fully responsible for IPC supervision. ERC partners continue to incentivize Community Health Workers (CHWs) at each PHU who were trained to be screeners during the previous reporting period. For those screeners who were originally trained are no longer engaged in the program, partners have recruited and trained replacements.

Distribution of IPC Supplies

ERC partners have been working with UNICEF to ensure DHMTs resupply PHUs with PPE materials. UNICEF has supported the international procurement of PPE and the ERC partners support the District Logistics Offices (DLOs) to distribute the materials to PHUs as needed and advocate for supplies in times of shortages. Partners use the district coordination meetings to follow up on shortages of supplies, as noted using the quality assessment tool, to support timely restocking. Due to the rains, some screening and isolation areas, made with local materials, have been damaged. When necessary, partners have been providing tarpaulins, nails, and other supplies to reinforce screening and isolation areas.

¹World Health Organization, Ebola Situation Report, 8 July 2015

Community Engagement

ERC partners continue to support Facility Management Committees (FMCs) at targeted PHUs. FMCs aim to build a stronger relationship between PHUs and the communities they serve. FMCs meet on average once a month. These meetings provide an opportunity to engage community members in making physical improvements to the facility and to educate community members about the IPC measures in place at the facility.

Incentives for best performing PHUs

As an incentive to maintain IPC adherence, which continues to be a challenge as caseload decreases and complacency has set in, ERC partners have been providing rewards to the best performing PHUs in each district each month. The award selection criteria and award given have been decided with the DHMT. Some districts give cash and some give non-financial awards. Selection is based on the scores of key areas of the quality assessment tool.

ERC Assessment of IPC Supervisions

In April and May, ERC conducted an assessment with the aim of hearing directly from HCWs and PHU staff about how they perceive the IPC supervisions in order to make programmatic adjustments heading into the next phase of the project. This assessment was funded jointly by SIDA and Google. From this assessment it is clear that a refresher training is needed for screening staff at PHUs as there still many issues around proper screening. More work is also needed with IPC supervisors around training on effective mentoring and supervision. This information will feed into trainings to improve programming moving forward.

Project Handover in Bonthe, Kambia, and Port Loko

ERC partner Marie Stopes Sierra Leone (MSSL) had been supporting PHUs in Bonthe, Kambia, and Port Loko since the beginning of the project. On May 15th, MSSL handed over their work to GOAL in Bonthe and Port Loko and to ACF in Kambia. IRC made this decision based on ongoing performance issues with MSSL and consulted with the OFDA team in country before doing so. GOAL and ACF performed assessments of each PHU previously supported by MSSL to understand their current state and have been providing all necessary support. In Kambia, ACF initially experienced delays in implementation due to lack of a Service Level Agreement (SLA) between ACF and MoHS, but this was resolved in mid-June. Through discussions held between ACF, the Kambia DHMT, and the national MoHS, it was decided that activities could start while awaiting the SLA.

Support to Operation Northern Push and Ring Microsurge

In June, the national government initiated Operation Northern Push, a surge operation meant to end ongoing EVD transmission in Port Loko and Kambia. IPC support and training activities within the PHUs is a cornerstone of the surge. In Port Loko, 12 IPC trainers spent three days at each of the 40 PHUs in the hotspot areas conducting intensive IPC training and supervision. GOAL rapidly distributed IPC supplies to Port Loko PHUs in need of them, in coordination with DHMT. In Kambia, ACF's IPC in PHUs team also helped strengthen IPC practices and structures in hotspot areas in the district. ACF worked with the DHMT to determine priority PHUs needing extra help leading up to surge, including distributing plastic sheeting to reinforce screening stations. Also at the end of June, Concern worked with partners in Western Area to implement a Ring Microsurge. This Microsurge began with a one-day training, implemented by CDC and IOM, for IOM staff and ERC district trainers & supervisors. This strategy creates a 'ring' in health facilities surrounding hotspot areas to strengthen capacity of health workers to screen, isolate, and notify suspect Ebola cases. Eight PHUs and four hospitals around Maballa were included in the IPC Ring Microsurge operation for two weeks starting from June 29. Intensive supervision on IPC was undertaken daily at each of the facilities by teams of IOM and ERC staff. The exercise also included putting to alert all the pharmacies, traditional healers, religious leaders, headmen & women, youths and traders.

III. Indicator Tracking

HEALTH							
Health Systems and Clinical Support	Target	Quarterly Result		Cumulative		Remark	
Number of health care facilities supported ² and/or rehabilitated by type (e.g., primary, secondary, tertiary)	1,096	1,103		1,103		The additional 7 PHUs is due to incorrect lists of PHUs in each district given to ERC partners by the MoHS. The actual number is reflected here.	
Number of health care providers trained by type (doctor, nurse, community health worker, midwife and traditional birth attendant) disaggregated by sex	6,696	M	F	M	F	Cumulative total are not disaggregated by sex or type as this information was not available during the previous quarter. The 22 people trained this quarter are newly recruited staff at the PHUs.	
		10	12	4286			
		<i>Doctor</i>	3	0			
		<i>Nurse</i>	3	2			
		<i>Midwife</i>	4	8			
<i>Traditional Birth Attendant</i>	0	2					
Number of consultations, disaggregated by sex and age	Unknown	M	F	M	F	Data missing for Pujehun April-June, Moyamba May-June, Kambia, April-May, Kailahun April and June, Bonthe April-June, Port Loko April-June. Partners have experienced difficulty collecting data from DHMTs. Starting next quarter, partners will collect consultation data directly from PHUs.	
<i>Under-Five</i>	192,153	196,569	368,897	383,860			
<i>Over-Five</i>	91,957	207,360	225,579	390,275			
Number and percentage of PHUs per month that require “urgent action” (retraining, etc.) in their Ebola response in terms of their (a) infection	25%	a) 16.6% (n=250) b) 21.7% (n=326)		a) 21.3% b) 25.8%			

² “Support” in this case means setting up screenings at all of the health facilities.

prevention and control structure; or (b) infection prevention and control behavior (see annex G, Ebola Infection Control Assessment at PHUs)						
Health	Sub Sector: Community Health Education/Behavior Change					
Number of CHWs trained ³ and supported (total and per 10,000 population within project area), disaggregated by sex	3,288	M	F	M	F	306 additional CHWs were recruited and trained this quarter as screeners. Cumulative totals are not disaggregated by sex because this information was not available for previous quarters.
		152	154	3106		
Number and percentage of CHWs specifically engaged in public health surveillance ⁴	3,288; 100%	152	154	3000 total, 2700 currently engaged		Some CHWs have left since the start of the project, so while there were a total of 3000 engaged at one time, the total currently engaged is fewer.

³ The CHWs and TBAs will be trained to do screening at PHU.

⁴ This engagement refers to screenings conducted by CHWs and TBAs.

IV. Constraints and Challenges

PPE Supplies

Maintaining adequate stocks of PPE in PHUs continues to be a challenge. Disposable items such as towels are used more quickly than they are replenished. In some districts, the DHMT has logistical challenges in delivering PPE to facilities. As a result, the response time to stock outs can be very slow. ERC partners are providing transportation of supplies when necessary. Some PPE supplies, such as veronica buckets, liter sprayers and IPC printed materials have been damaged by chlorine and need to be replaced. The number of staff participating in IPC activities at PHUs is often more than the number of sets of PPE materials available. In these cases, screeners do not always have PPE items, such as gumboots and goggles because they are already in use by other health facility staff.

PHU Infrastructure

The rainy season began during the reporting period and heavy rains have damaged screening stations and isolation areas at many PHUs. The screening stations were made from local materials and not established as permanent structures. When necessary, ERC partners have been providing tarpaulins and other materials to reinforce the structures. Additionally, there is some concern regarding the retention of screeners during the rainy season given the problem with many of the screening booths, as well as no rain gear for the screeners.

Engagement of DHMT Staff

It has been difficult to get consistent engagement from DHMT on the issue of joint supervision due to workload and competing priorities. DHMT staff are under pressure to return to their normal duties. ERC partners are working with DHMTs to schedule at least quarterly joint visits to each PHU. This effort to engage DHMTs will continue in the next reporting period in order to ensure sustainability for the program.

Data Collection

The IPC supervisors who visit the PHUs are still making some minor errors in completing the quality assessment tool. This has caused difficulty for the DHMT's M&E Officer to input the data in the database. ERC partners have held refresher trainings to improve their use of the tool. However, we still need to follow up on this in coming months to ensure that capacity is maintained and further strengthened.

MoHS restrictions

In November 2014, the president challenged the Ministry of Health and transferred responsibility for coordination from the MoHS Emergency Operations Center to the military-led National Ebola Response Commission (NERC). This changed the leadership of the response away from the MoHS. As EVD transmission declined and the recovery preparatory work began, the government of Sierra Leone issued "Recovery and Transition" priorities in April 2015, which is a short-term recovery plan to transition from the Ebola response back to the long-term development agenda. In June 2015, the Ministry of Health introduced Service Level Agreements (SLA) aiming to reassert central level "coordination and regulation in the public health sector and to ensure efficiency, effectiveness and transparency". While the aims of the SLA are commendable to ensure more coordination of health activities and more cost effective use of resources, in the short term the introduction of the SLAs has delayed and stalled some NGO activities. However, this project has been able to continue without interruption.

V. Activities for the following reporting period

The next phase of the project will aim to improve linkages between the newly created national IPC Unit within the MoHS. The next phase of the national IPC in PHU project will see a switch in focus from EVD related IPC to comprehensive IPC. These changes will be based on the yet to be approved MoHS national IPC guidelines. The guidelines will be comprehensive to address all areas of IPC, instead of having the EVD focus that the program has

had over the last eight months. The ERC will work with the MoHS, WHO and CDC to do another set of trainings for PHU staff on the MoHS comprehensive IPC guidelines. To strengthen MOHS engagement with the program at the district level, ERC partners will focus on improving DHMT involvement in the program, particularly regarding sharing of program data to inform DHMT decision making. The ERC will support this by seconding a M&E staff to the DHMT, who will build the capacity of the DHMT to collect, analyze and report on IPC monitoring data and lessons learned from supervision. The aim is to strengthen the monitoring and learning of the program, to strengthen district level decision making so that it is timely and also informed by the data that is being collected. The ERC will also continue to support mostly IPC mentoring and supervisions and quarterly supervisions by the DHMT.

Best IPC facilities/Practice in Pictures:



Screening at the triage

Incinerator & Placenta pit adjacent

Latrine for suspects/isolation

Isolation, doffing rooms established



Screening at triage & results communicated



Purchased & improvised HW stands



Good use of PPE



Adherence to IPC standards operation procedure emphasized (observed) by trained facility staff



Monitoring/engagement visits by IRC staff