



**INTERNATIONAL RESCUE COMMITTEE
SIERRA LEONE PROGRAM**

QUARTERLY REPORT

**STRENGTHENING INFECTION PREVENTION AND CONTROL (IPC) IN GOVERNMENT HOSPITALS IN
SIERRA LEONE**

(CONTRACT NO: AID-OFDA-G-15-00098)

16TH FEBRUARY 2015 – 15TH FEBRUARY 2016

PRESENTED TO:

**THE USAID OFFICE OF FOREIGN
DISASTER ASSISTANCE**

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I. Executive Summary

PROGRAM TITLE:	Strengthening Infection Prevention and Control (IPC) in Government Hospitals in Sierra Leone
PROJECT NO:	AID-OFDA-G-15-00098
AGENCY:	International Rescue Committee (IRC)
COUNTRY:	Sierra Leone
CAUSE:	Ebola Virus Disease Outbreak
REPORTING PERIOD:	February 16 th , 2015 – March 31 st , 2015
GOAL:	To improve Infection Prevention and Control (IPC) knowledge, practices, and infrastructure in 19 government hospitals in Sierra Leone
OBJECTIVE(S):	To improve safety of routine essential health services and protect health care workers (HCWs) and patients in government hospitals from nosocomial infections by educating HCWs; implementing standard operating practices; and monitoring hospital staff's adherence to the SOP.
BENEFICIARIES:	Total targeted: 4,890 (health workers) and 5,687,150 individuals Indirect IDP beneficiaries: N/A
LOCATION:	Bo, Bombali, Kambia, Kailahun, Kenema, Kono, Moyamba, Port Loko, Pujehun, Tonkolili, Western Urban, and Western Rural, Sierra Leone
DURATION:	Twelve Months

Introduction

In August 2014, the International Rescue Committee (IRC) initiated the creation of the Ebola Response Consortium (ERC) to support the Ministry of Health and Sanitation (MoHS) in coordinating response efforts of various international non-governmental organizations (INGOs). The full ERC is now comprised of eight member organizations – Action Contre la Faim (ACF), CARE International, Concern Worldwide, GOAL, King’s College London, the IRC, Marie Stopes Sierra Leone and Save the Children – and four partner organizations – ABC Development, eHealth, Muloma Women’s Development Association (MUWODA), and Welbodi Partnership – who have pooled their collective technical and operational resources to support the MoHS in the fight against Ebola. The ERC is currently supporting three key initiatives within the response: 1) support of a national strategy for Infection Prevention and Control (IPC) and screening of suspected Ebola Virus Disease (EVD) cases at 1,090 Peripheral Health Units (PHUs) and 20 government hospitals in the country, 2) support for effective surveillance in 10 districts of the country, and 3) continuation of primary health care in 5 districts.

The initial EVD outbreak was identified in Guinea in March 2014, and since then spread to Liberia, Mali, Nigeria and Sierra Leone. The Sierra Leone MoHS declared an outbreak in its own country on May 26th, 2014. As of early March 2015, 60-100 cases per week were still being reported until numbers began to decline later in the month. Through March 31st, 2015, the MoHS reported 11,993, suspected, and probable cases of Ebola, and 3,804 confirmed, suspected, and probable deaths caused by Ebola for all of Sierra Leone’s 14 districts.¹

While health care facilities specifically designed for EVD treatment exist, patients with EVD are still visiting facilities that do not have the capacity or training to treat EVD, which poses significant risk of transmission to health care workers (HCW), facility staff, other patients and visitors. Since the start of the outbreak, approximately 431 HCWs have become infected with EVD² in Sierra Leone, catalyzing fear among HCWs and patients, and resulting in reduced availability and utilization of routine essential health services. The risk of hospital-associated transmissions is twofold in an EVD outbreak: 1) direct transmission of EVD from a patient (or other staff) to the HCW and subsequently, 2) risk of transmission from the HCWs to their family and community. 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 health care work force. Modifications to routine services offered (e.g., labor and delivery, lab testing) at government health facilities are necessary to prevent transmission of EVD.

This OFDA-funded program provides support to Sierra Leone’s Ministry of Health and Sanitation (MoHS) to implement a comprehensive program to support IPC trainings and intensive supervision in 19 government hospitals in response to the danger that nosocomial transmission poses to the provision of primary health care services. The EVD outbreak poses a serious threat to the continuation of health care at the tertiary level in Sierra Leone, as delivery of health services is extremely difficult where patients and staff are at risk of contracting Ebola through routine interactions. To respond to this threat, the designated ERC partner is supporting Patient Safety Committees (PSCs) and a designated IPC focal point in each targeted hospital to implement trainings and to monitor staff adherence to the standard operating procedure

¹ Government of Sierra Leone, Ministry of Health and Sanitation, Ebola Virus Disease - Situation Report (Sit-Rep) – 31 March 2015

² CDC data from the Viral Hemorrhagic Fever Database for Sierra Leone Ebola outbreak. Data through 15 December 2014, accessed on April 24, 2015

(SOP) for “*Safe Provision of Hospital Services during an Ebola/Viral Hemorrhagic Fever (VHF) Outbreak*”. The initial IPC master training was held over two weeks in February and March 2015, with attendance from MoHS IPC focal points and ERC staff. Over the 12-month project period, ERC partners will roll out IPC trainings in 19 government hospitals, to 4,890 hospital staff, covering both clinical and support functions in each hospital. All staff will receive an initial comprehensive training on IPC, as well as refresher trainings as needed. By providing ongoing supportive supervision, and on-the-job training that is based on identified areas of weakness, the ERC will ensure health workers feel confident to continue to safely provide health care to their communities, and will be able to take necessary steps to immediately correct any mistakes as they are identified.

II. Summary of Activities

Sierra Leone

Type of Disaster: Pandemic Disease

Total Number of Beneficiaries: Total targeted: 4,890 (health workers) and 5,687,150 individuals

Intervention Month(s): February 16th, 2015 to February 15th, 2016

The MoHS established PSCs at the district and hospital level and appointed a dedicated and full-time IPC focal point at each governmental hospital. An IPC Expert staffed by the ERC partner organization is also stationed at each hospital to ensure implementation and strengthening of IPC practices and procedures. The full-time IPC Expert will work with the MoHS IPC focal person for each hospital to lead trainings for hospital staff, and to mentor and support the district hospital’s PSC. The ERC IPC focal person will also mentor the MoHS IPC focal person.

For the targeted hospitals, as a first step in ensuring staff adherence to the SOP for “*Safe Provision of Hospital Services during an Ebola/Viral Hemorrhagic Fever (VHF) Outbreak*”, 82 MoHS IPC focal points, nursing supervisors, nurse educators and partner organization IPC mentors received an intensive 2-week (11-day) training in IPC from March 2nd-13th. Curriculum was developed by Centers for Disease Control and Prevention (CDC), with support from the Infection Control African Network (ICAN). ICAN staff served as the master trainers and were supported by CDC and WHO.

Significant progress was made in IPC training of personnel and establishing infrastructure in the hospitals. As of March 31st, 2015 the following was accomplished:

- 11 of the 19 hospitals (58%) established a PSC;
- Designated IPC offices were set up in 12 (63%) of the hospitals;
- 15 (79%) hospitals have an NGO IPC mentor in place;
- 17 (89%) have a MoHS IPC mentor;
- The baseline assessment was completed in 12 hospitals (63%), with an additional 4 hospitals in the process of carrying out the assessment.

III. Indicator Tracking**Table 2: Objective Achievements for Project by Indicator**

Indicator	Unit	Target	Actual Q1	Cumulative	Remark
Health: Health Systems and Clinical Support					
Number of health care facilities supported ³ and/or rehabilitated by type (e.g., primary, secondary, tertiary)	Facility	19	19	19	
Number of health care providers trained by type (e.g., doctor, nurse, community health worker, midwife, and traditional birth attendant) disaggregated by sex ⁴	Person	4,890	82	82	82 MoHS IPC focal points, nursing supervisors, nurse educators and partner organization IPC mentors received an intensive 2-week (11-day) training in IPC from March 2 nd -13 th .
Number of consultations, disaggregated by sex and age ⁵	Person	TBD			For the 19 hospitals, the 2013 consultation number was 253,607 patients. The information was not available disaggregated by sex and age. We will receive the target – disaggregated by sex and age – after we start receiving monthly utilization numbers, and can estimate the proportion between the different sex and age categories. The overall target is to have a 5% increase in total consultations, based on the previous year.
Number and percentage of hospitals per month that score green on the national IPC assessment tool	Facility	19; 100%	0%	0%	This won't be reported until the following quarter because the IPC assessment tool will not be rolled out

³ "Support" in this case means setting up screening and isolation procedures at the hospitals.

⁴ This will be defined as the number of healthcare workers that are trained on the modules from the "Safe provision of hospital services" training curriculum.

⁵ The ERC will track "admissions" and not consultations. Additionally we will not be able to disaggregate this information to the level of detail normally needed (0-11 months; 1-4 years; 5-14 years; 15-49 years; 50-60 years; 60+ years) as part of this project. As with the currently ongoing portion of the project, the ERC will disaggregate only sex, by under-five and over-five.

Table 2: Objective Achievements for Project by Indicator

Indicator	Unit	Target	Actual Q1	Cumulative	Remark
					until after the IPC trainings are completed.
Number and percentage of hospitals per months that show improvements in scores on the national IPC assessment tool	Facility	19; 100%	0%	0%	This won't be reported until the following quarter because the IPC assessment tool will not be rolled out until after the IPC trainings are completed.

IV. Constraints and challenges

The official MoHS appointment letters for the MoHS IPC focal points in the hospitals were not available until the end of the reporting period, leading to delays in the IPC focal persons being accepted by the hospital management as formally having this position. Additionally, there has been no salary increase or change in status for the MoHS IPC focal points. Several of the focal points are asking for additional compensation given their increased responsibility and workload. The ERC Consortium Coordinating Unit (CCU) is currently working with the MoHS IPC National Coordinator to advocate with the MoHS Directorate of Human Resources for a small salary increase for the new positions, since this is a more specialized position and deserves a higher salary.

Based on the original division of responsibility between the project partners, CDC was supposed to provide the personal protective equipment (PPE) for the trainings that will happen at the 19 hospitals. However, there have been various challenges, and at the end of the reporting period it was clear that CDC would not be able to provide the PPE for the hospital trainings, this was due to an internal CDC decision-making process that the ERC was not privy to. The ERC CCU is currently working with MoHS, CDC and UNICEF, to try to source the PPE supplies for the training from Central Medical Store (CMS).

V. Activities for the following quarter

In the next quarter, the ERC members will work to establish PSCs in the remaining 7 hospitals. Designated offices will be established for the 8 hospitals without offices. Four NGO IPC mentors and one MoHS mentor will be put in place at the remaining hospitals that are currently lacking these positions. The 4 baseline assessments that are currently in process will be completed and the remaining 3 baseline assessments will be carried out. The ERC CCU is working with the CDC to compile the data from the baseline assessments into baseline reports for each hospital. IPC trainings at the hospitals will start in April and continue throughout the next quarter. It is expected that the initial 3-day training for all HCWs in the 19 hospitals will not be completed until July 2015. The CDC will be supporting a second training for the ERC and MoHS IPC focal persons from all hospitals in June. The focus of this training will be on improved monitoring and evaluation, to roll out the daily and ward assessment tools. The roll out of the improved M&E tools, which will be linked to the MoHS national IPC plans, will start after the training in June.