



---

**INTERNATIONAL RESCUE COMMITTEE  
SIERA LEONE PROGRAM**

**QUARTERLY REPORT**

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

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

**1<sup>ST</sup> APRIL 2015 – 30<sup>TH</sup> JUNE 2015**

**PRESENTED TO:  
THE USAID OFFICE OF FOREIGN DISASTER ASSISTANCE**

**Collaborating Partner:**  
International Rescue Committee Sierra  
Leone  
c/o Saffea Senessie, Country Director  
Tel: +232 (0) 76 622998  
E-mail: Saffea.Senessie@Rescue.org

**Agency Headquarters:**  
International Rescue Committee  
c/o Adrian Clarke, Program Officer  
Tel : 212.551.0954  
E-mail: Adrian.Clarke@Rescue.org

**JULY 30<sup>TH</sup>, 2015**

## **I. Executive Summary**

---

<b>PROGRAM TITLE:</b>	Strengthening Infection Prevention and Control (IPC) in Government Hospitals in Sierra Leone
<b>PROJECT NO:</b>	AID-OFDA-G-15-00098
<b>AGENCY:</b>	International Rescue Committee (IRC)
<b>COUNTRY:</b>	Sierra Leone
<b>CAUSE:</b>	Ebola Virus Disease Outbreak
<b>REPORTING PERIOD:</b>	1 <sup>st</sup> April 2015 – 30 <sup>th</sup> June, 2015
<b>GOAL:</b>	To improve Infection Prevention and Control (IPC) knowledge, practices, and infrastructure in 19 government hospitals in Sierra Leone
<b>OBJECTIVE(S):</b>	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.
<b>BENEFICIARIES:</b>	Total targeted: 4,890 (health workers) and 5,687,150 individuals. Indirect IDP beneficiaries: N/A
<b>LOCATION:</b>	Bo, Bombali, Kambia, Kailahun, Kenema, Kono, Moyamba, Port Loko, Pujehun, Tonkolili, Western Urban, and Western Rural, Sierra Leone
<b>DURATION:</b>	Twelve Months

## **Introduction**

During the reporting period from April to June 2015, Ebola Virus Disease (EVD) 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. The Ministry of Health and Sanitation (MoHS) is shifting its attention from emergency EVD response to strengthening the health system's ability to prevent future large scale outbreaks while quickly detecting and containing the ongoing transmission. 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 EVD<sup>1</sup>, 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 the Ebola Response Consortium (ERC), which provides support to the Ministry of Health and Sanitation (MoHS) Ebola response, has been implementing 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 health care services in the hospital. 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 hospitals 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 practices.

## **II. Summary of Activities**

### **Sierra Leone**

**Type of Disaster:** Pandemic Disease

**Total Number of Beneficiaries:** Total targeted: 1,514 (health workers).

**Intervention Month(s):** 1<sup>st</sup> April 2015 to 30<sup>th</sup> June 2015

#### *Recruitment and Placement of NGO Infection Prevention and Control (IPC) Mentors*

All partners now have an NGO IPC Mentor stationed at each of the 19 supported hospitals. Most of the IPC Mentors attended the master IPC training, those that were unable to attend had not been recruited by the time of the master training. During this reporting period, the mentors worked alongside their Ministry of Health and Sanitation (MoHS) counterparts, the IPC Focal Person and Nursing Supervisor of each hospital, and facilitated IPC training for hospital staff, provided daily IPC supervision, and established Patient Safety Committees (PSCs). Many of the IPC Mentors have previous experience with Ebola response in Sierra Leone, which has benefitted both the project and the MoHS focal persons.

#### *Health Care Worker (HCW) Training*

IPC trainings for clinical and support staff at each hospital began in March, and finished in ten hospitals by the end of June. As of June 30<sup>th</sup>, a total of 3,955 clinical and support staff have been trained using the SOP for safe provision of hospital services training curriculum. As of June 30<sup>th</sup>, training in the remaining nine hospitals<sup>2</sup> was ongoing, with plans to finish in July. However, due to the large number of staff working at

---

<sup>1</sup>World Health Organization, Ebola Situation Report, 8 July 2015

<sup>2</sup>Kambia Government Hospital, Moyamba Government Hospital, Magburaka Government Hospital, Lumley Government Hospital, Government Hospital, King Harman Road Satellite Hospital, Ola During Children's Hospital, Princess Christian Maternity Hospital, and Rokupa Government Hospital.

Connaught Hospital, the IPC trainings are expected to continue until August; and due to a delay with the Service Level Agreement between Concern Worldwide and the MoHS, training has not yet started at Magburaka Government Hospital.

Ideally, trainings are facilitated jointly by the IPC Mentors, IPC Focal Persons and Nursing Supervisors who attended the national training of trainers hosted by the MoHS in February and March. However, in many hospitals the Nursing Supervisors are not always available, therefore, the trainings are often facilitated by the IPC NGO Mentor and the IPC Focal Person. Training topics include, screening and isolation, hand hygiene, cleaning and disinfection, screening PPE, full PPE, common PPE mistakes, injections and sharps safety and disposal and waste management. Pre- and post-tests were administered before and after the training to measure the outcomes. Some hospitals, including Moyamba government hospital, recruited new staff since the initial training or have staff that were unable to attend the initial training. Thus, these individuals received one-on-one training and, along with all trained staff, are receiving ongoing on-the-job IPC training, with plans for to conduct another round of training for all staff in the next quarter.

#### *IPC Monitoring*

IPC Mentors are working closely with IPC Focal Persons to conduct daily monitoring and supportive supervision of all hospital staff in relation to IPC practices. Monitoring includes visiting all wards of the hospital to ensure that IPC measures are being used appropriately and providing coaching and support on waste disposal, transport of patient, hand hygiene, environmental hygiene, safe patient contact and sharps safety. Partners are using daily, weekly and monthly assessment tools. Three hospitals - Koidu, PCMH and Connaught – are piloting an IPC ward level assessment tool. The ERC and the CDC conducted a joint supervision to Koidu government hospital to observe the implementation of the ward assessment tool. The lessons learned from these pilots will help to design the national IPC ward level tool that will be rolled out to all hospitals.

#### *M&E Training*

At the end of May, the CDC and ERC trained all MoHS focal persons, NGO IPC Mentors, and some MoHS nurse supervisors on the National IPC monitoring forms, which include: the Sierra Leone IPC Daily Checklist, the Facility IPC Weekly Report and the Facility IPC Monthly Report. MoHS and NGO staff walked through all aspects of the forms, including practical exercises in compiling information for the Monthly Report form that is due every month to the MoHS. Staff started using the IPC Daily Checklist nationally at the beginning of June, with the first Facility IPC Monthly Reports due to MoHS by mid-July. These monthly reports will be used to inform the development of a monthly traffic light tool to show the progress of each hospital in various aspects of IPC (human resources, training, PPE supply, etc.). This traffic light tool will be used to track individual hospital progress and to compare progress across hospitals.

#### *Screening*

ERC partners constructed or rehabilitated screening points at the entrance to each hospital, which are now functional and have dedicated screening staff, through other funding sources. Partners also supported the training for screeners who have been specifically trained to ensure that all patients, visitors, and HCWs are screened and wash their hands before gaining access to the hospital. These screeners also ensure that any person arriving at the hospital, who meets case definition, are safely moved to the isolation area. Some hospitals are also supporting in-patient screening for EVD, and this will be rolled out to all hospitals in the next quarter.

#### *Establishment of Patient Safety Committees*

All hospitals, with the exception of Rokupa Government Hospital, established a Patient Safety Committee (PSC) who meet once a month – Rokupa's PSC will be established in July. While Magburaka Government Hospital's PSC was established, it has not started meeting yet as a result of the delay with the SLA.

Each PSC composition varies by hospital. The size of the committee ranges from 10-40 people representing, departmental heads, nursing staff, laboratory technicians, administrative staff, and cleaning, kitchen, and security staff. The key functions of the committee meetings are to discuss IPC challenges for hospital staff, identify gaps, and plan remedial actions. In each hospital, the committees have put in place measures to strengthen screening and improve monitoring of PPE use and supply. None of the members of the PSC receive incentives for their participation in the meetings.

#### *Establishment of IPC offices*

In order to support coordination between IPC Mentors, IPC Focal Persons and other IPC leaders, ERC partners have started to establish IPC office space in all hospitals and provide furniture and IT equipment to facilitate IPC documentation and reporting on project activities. 11 hospitals currently have a fully functional IPC office. For the other seven hospitals, procurement for office furniture and computers is ongoing with plans to finish in July.

#### *Support to Operation Northern Push*

Due to the recent increase in the number of EVD cases in the northern districts of Port Loko and Kambia, greater attention was placed on the consolidation of screening stations at Lungi and Kambia Government Hospitals, and the enforcement of strict IPC procedures at the hospitals' gates and within the wards. The IRC's partner, GOAL, rolled out in-patient EVD screening, with 3x daily screenings to those exhibiting new onset Ebola symptoms. This process was monitored by the IPC Mentor and Focal Person to ensure it was implemented correctly.

#### *Handover of Kambia Government Hospital from ACF to GOAL*

The Kambia Government Hospital IPC project was undertaken by ACF in February, in partnership with technical support partners (CDC and WHO) and MoHS. By early May, ACF was not able to recruit an IPC Mentor and also decided that they were not well-positioned to support this project. In consultation with the OFDA team in country, the IRC decided that ACF would transfer the project to GOAL on May 30<sup>th</sup>, who was in a better position to recruit staff and support project activities. Before the handover, ACF completed the baseline assessment of IPC in the hospital, supported training for all hospital staff and established PSCs and the screening areas. With support from the ERC coordination unit, GOAL took over and is now providing IPC training and mentoring to all hospital staff.

**III. Indicator Tracking**

Indicator	Target	Quarterly Result		Cumulative		Remark
		M	F	M	F	
Number of health care facilities supported <sup>3</sup> and/or rehabilitated by type (e.g., primary, secondary, tertiary)	19	19		19		
Number of health care providers trained by type (doctor, nurse, community health worker, midwife and traditional birth attendant) disaggregated by sex <sup>4</sup>	4890	M	F	M	F	In the previous quarter, it was reported that 81 HCWs had been trained. However, the data has been corrected. The cumulative totals reported here are correct for the period February-June.
		1501	2378	1521	2434	
<i>Doctor</i>		15	9	15	9	
<i>Nurse</i>		263	1755	277	1793	
<i>Community Health Worker</i>		2	1	2	1	
<i>Midwife</i>		1	87	1	92	
<i>Traditional Birth Attendant</i>		0	1	0	1	
<i>Other</i>		1220	525	1226	538	
Number of consultations, disaggregated by sex and age <sup>5</sup>	Unknown	<i>See table below</i>				
		M	F	M	F	

<sup>3</sup> “Support” in this case means setting up screening and isolation procedures at the hospitals.

<sup>4</sup>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.

<sup>5</sup> 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 by sex, by under-five and over-five.

Indicator	Target	Quarterly Result		Cumulative		Remark
<i>Under-Five</i>		3219	2886	4334	3855	Does not include Magburaka data from February; also does not include Pujehun and Kailahun data for February-April.
<i>Over-Five</i>		2515	6493	3189	8683	
Number and percentage of hospitals per month that score green on the national IPC assessment tool	19; 100%	0%		0%		As June was the first month the tool was rolled out, no hospital scored green overall on the tool.
Number and percentage of hospitals per months that show improvements in scores on the national IPC assessment tool	19; 100%	0%		0%		Training for the IPC assessment tool was not rolled out until the end of the reporting period, only reports for the month of June are available, therefore we cannot compare against other months yet. This will be reported on next quarter.

## IV. Constraints and Challenges

### *Engagement of Hospital Staff*

Some IPC Focal Persons assigned to each hospital by MoHS expressed dissatisfaction with their salaries, which is compounded by the fact that nomination for this position excludes them from participation in other MoHS campaigns, which often come with larger per diems that augment their salaries. In turn, their level of motivation and dedication to their functions has declined. The Chief Nursing Officer (CNO) and MoHS National IPC Focal Person are aware of these issues and are in the process of addressing this at the national level within the government. In addition, some of the nursing supervisors who participated in the master training for this project have many responsibilities within the hospital, which impacts the level of practical IPC supervision and support in the hospitals.

### *Behavior Change*

Engaging staff to adopt improved IPC practices has proved challenging in some hospitals. Improvements in IPC require changing years of health worker behavior, and can only be achieved if health workers have the necessary PPE to be able to implement these new behaviors. Furthermore, due to the decline of EVD, there is not the same fear as there was at the height of the outbreak, and so healthcare workers are returning to previous behaviors. Although improvements have been made in some areas, particularly in proper use of PPE, generating effective behavior change has been a more gradual process than originally anticipated. ERC partners have engaged with the hospital management and PSCs to develop solutions to ensure that all hospital staff are committed to improving IPC practices in their facilities.

### *Irregular supply of PPE materials*

Some of the trainings were delayed because of a lack of PPE needed for the trainings. The CDC was originally supposed to provide the PPE, but was not able to do so in all cases. Therefore the PPE had to be provided through MoHS sources, and sometimes was not available. This was not a problem for all hospitals, but was a major problem for the large Freetown hospitals.

In some hospitals, staff expressed concern that materials ordered from the Central Medical Store (CMS) are not being delivered to the hospital in a timely manner. When storekeepers place orders via the CMS they often do not receive the appropriate quantities or items that were ordered. Additionally, there is disconnect between hospital stores delivering to their respective wards. Routine monitoring and spot checks in the wards of some hospitals have shown a shortage of key PPE components (such as face masks, gloves, and goggles), even though these materials are available in the hospital store. ERC partners who are experiencing these stock issues have implemented store-tracking tools to monitor what is ordered and received via the CMS. The ERC is currently in discussions with the MoHS to advocate on behalf of hospitals with regard to strengthening the supply chain with the Central Medical Stores.

### *Insufficient Water, Sanitation and Hygiene (WASH) facilities*

The lack of functional WASH facilities in most hospitals, including water distribution networks and appropriate waste management systems, diminishes the likelihood of staff adhering to IPC protocols as it often hampers the ability to carry out basic hygiene requirements. Prior to the start of the project, the supported hospitals did not have waste separation at the point of generation and transportation and lacked safe waste disposal methods. The project is investing technical support in this area; staff have been trained on waste management and disposal and waste bins have been purchased to support collection and safe disposal. The ERC is implementing a complimentary project to construct and rehabilitate WASH facilities in government hospitals, supported by DFID. Improved WASH facilities will assist hospital staff to adhere to IPC protocols.

### *Delays in Service Level Agreements with MoHS*

At the end of the reporting period, a Service Level Agreement had yet to be signed between MoHS and Concern Worldwide, which has had a serious impact on the IPC training in Magburaka Government Hospital in Tonkolili district. Though, this is the only hospital impacted by the new SLA. A formal commencement date for the training has yet to be confirmed. Though some IPC measures are being carried out on the wards and corrections made accordingly, it is the responsibility of the nurses on the wards to carry out routine IPC tasks. The IPC mentor is mentoring and supporting staff with IPC procedures, even though these mentors have not yet received training on the subject. Overall, it is a challenge for the clinical staff to implement IPC without supervision.

## V. Activities for the following quarter

When the issue of the Service Level Agreement between Concern Worldwide and MoHS is resolved, Concern Worldwide are ready to begin training of staff immediately. To make up for the delay in starting training, Concern plans to train 40 staff per week by dividing the week with the first 20 clinical staff being trained Monday till Wednesday and the non-clinical staff being trained on the Thursday and Friday, as they do not require the full curriculum which relates to some clinical treatment situations.

During the next quarter, it is expected that all HCWs in all 19 supported hospitals will be trained, and that the ERC supporting daily mentorship and supervision will continue. The ERC is also working with WHO, CDC and MoHS to support the roll out of updated IPC hospital reporting tools, in-patient screening and also the ward level IPC assessment tool. All of these tools will contribute to better monitoring of IPC within the hospital, and better information on a national level about the progress of IPC efforts in hospitals throughout the country.

The ERC will also work to strengthen the systems at the hospital and national level to support improvements in IPC. This will include continued support for the PSC and IPC offices, advocacy for more IPC supplies, improved coordination at the national level, and also improved monitoring and learning from the project.

The ERC is currently scaling up a complimentary intervention to upgrade WASH facilities in government hospitals across Sierra Leone. Partners implementing the IPC intervention will ensure that IPC protocols and WASH facilities are integrated to fully support each hospital.

### Annex: Photos



MoHS focal person training HCWs on IPC



HCWs attending to a patient in full PPE



Support staff demonstrating donning of PPE for cleaners