

Advancing Partners & Communities
Post-Ebola Recovery:
Strengthening Primary and
Community Health Services
Sierra Leone

June 2017



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& COMMUNITIES



THE PRESIDENT'S
RECOVERY
PRIORITIES
Health



TAKE YOUR CHILD FOR MARKLATE

Marklate Protects your Child from Childhood Diseases

unicef

TAKE YOUR CHILD FOR MARKLATE

BIKU BUN SI WAKILLA

Your 5 Moments for Hand Hygiene

Family Planning and Reproductive Health

Advancing Partners & Communities
Post-Ebola Recovery:
Strengthening Primary and
Community Health Services
Sierra Leone

IMPLEMENTED IN PARTNERSHIP WITH:



ADVANCING PARTNERS & COMMUNITIES

Advancing Partners & Communities is a cooperative agreement funded by the U.S. Agency for International Development (USAID) under Agreement No. AID-OAA-A-12-00047 beginning October 1, 2012. Advancing Partners & Communities is implemented by JSI Research & Training Institute, Inc., in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. Advancing Partners & Communities provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

In Sierra Leone, from July 2015 to July 2017, the project worked through grant from USAID's "Ebola Response and Preparedness" funds to support the Ministry of Health and Sanitation (MOHS) in the implementation of its 2015–2020 Health Sector Recovery Plan (HSRP) in five districts. The project's goal is to strengthen critical community-based non-Ebola health services, with emphasis on reproductive, maternal, newborn, and child health (RMNCH) services.

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Table of Contents

PAGE

06

Project Overview

PAGE

07

Coordination and
Partnership

PAGE

09

Infection Prevention
and Control & Water,
Sanitation, Hygiene, and
Waste Management

PAGE

10

Solar Power

PAGE

12

Capacity
Building

PAGE

14

Community
Engagement

PAGE

16

Medical and
Non-Medical
Equipment

PAGE

17

Forward
Together

PAGE

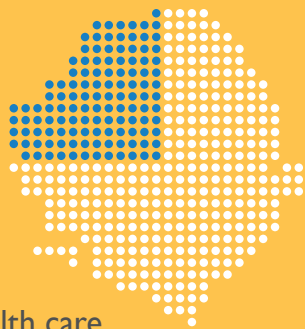
18

Acronyms

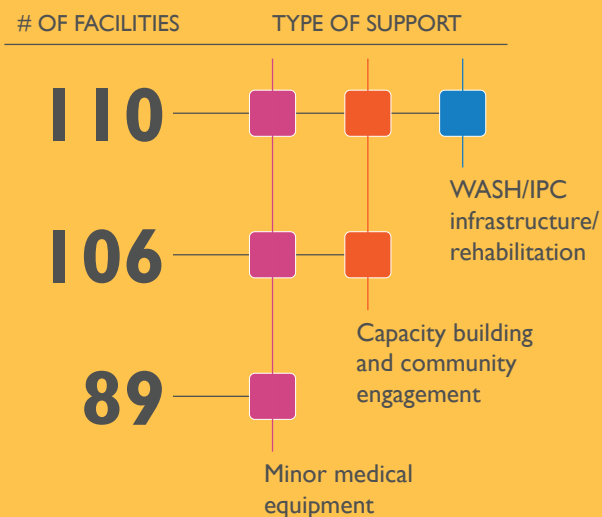
THE PROJECT REVITALIZED
305 HEALTH FACILITIES, SERVING

28%

of the country's population, improving primary health care for 2 million Sierra Leoneans.



These 305 health facilities received either one, two, or three types of support from the project:



On the Road to Resilience and Sustainable Development

PROJECT OVERVIEW

Between May 2014 and January 2016, Sierra Leone was impacted by the worst Ebola outbreak in recorded history. The outbreak exposed critical gaps within the country's health system, revealing the need to strengthen health services to prevent future outbreaks. To begin the country's recovery, Sierra Leone launched the Health Sector Recovery Plan, 2015-2020.

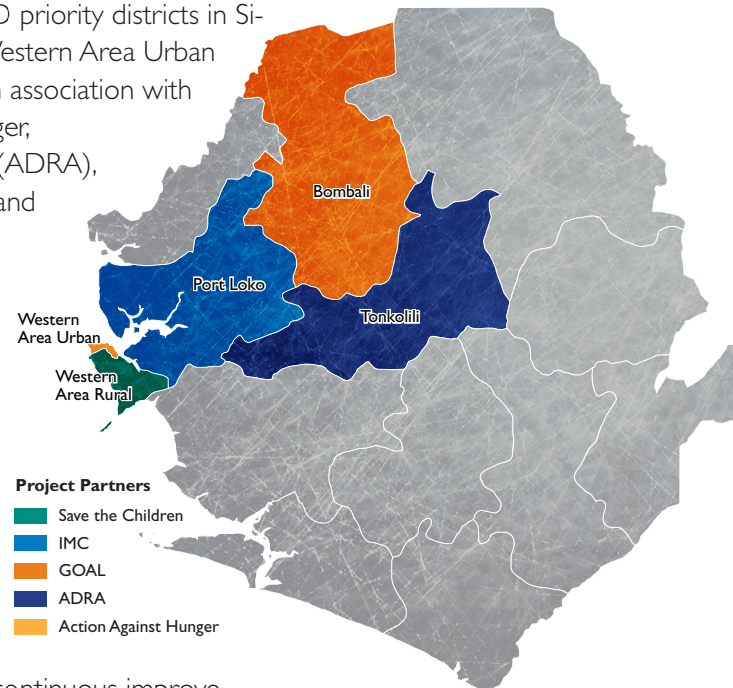
The United States Agency for International Development (USAID), through the Advancing Partners & Communities Project, supported Sierra Leone's Ministry of Health and Sanitation (MOHS) in achieving key results of the President's Recovery Priorities, with focus on reproductive, maternal, newborn, and child health (RMNCH) services at peripheral health units (PHUs). The project's contributions generated significant improvements in infection prevention and control (IPC) practices; infrastructure for water, sanitation, and hygiene (WASH) and waste management; human resource capacity building; and community engagement.

During the project, 305 PHUs benefited from various levels of support, including improved water and sanitation features; installation of solar power systems for lighting the health facility; provision of basic medical equipment; and training of over 900 health professionals, 1,500 community health workers (CHWs) and peer supervisors, and members of 214 Facility Management Committees (FMCs). These initiatives have improved health services for 2 million Sierra Leoneans and strengthened health facilities, making them more resilient in the face of potential future outbreaks.

The project was implemented in five USAID priority districts in Sierra Leone (Bombali, Port Loko, Tonkolili, Western Area Urban [WAU], and Western Area Rural [WAR]) in association with implementing partners Action Against Hunger, Adventist Development and Relief Agency (ADRA), GOAL, International Medical Corps (IMC), and Save the Children.

COORDINATION AND PARTNERSHIP

Only with the help and collaboration of numerous stakeholders was it possible to implement the project's varied initiatives in just 18 months. A key approach was to ensure that USAID's assistance merged with short- and long-term MOHS plans and with the President's Recovery Plan in support of Sierra Leone's post-Ebola recovery. The programs were designed for continuous improvement and sustainability of the interventions.



By contributing and mobilizing significant resources across key components of the health system, the project was able to leverage synergies of the various interventions. For example, making sure that government policies support the training that health workers need—while giving them the physical infrastructure required to practice the IPC methods they learn during training—enables health workers to provide safe quality patient care.

With simultaneous improvements in policies, infrastructure, training, and community engagement; USAID, in partnership with the MOHS and other stakeholders, has built a foundation that enables better primary care and sets national standards. To complete such a comprehensive program, the project worked with stakeholders from all levels of the country's health system, including government agencies, faith-based and nongovernmental organizations, international donors and implementers, local communities, and commercial vendors.

2015

December | Project launched and work in the five districts begins.

2016

January | Baseline survey conducted in 268 health facilities

March | IPC/WASH rehabilitation begins in 20 facilities

April | Borehole development started

May | Community engagement strategy developed, implementation begins

June | Solar technical specifications approved by MOHS

August | IPC/WASH rehabilitation ongoing in 100 facilities

September | Clinical mentorship activities commence

October | Community engagement strategy rolled out through training of 214 FMCs

December | Training of 950 clinical and non-clinical staff completed

2017

February | Revised CHW Policy 2016-2020 launched

March | Training for 1,500 CHWs rolled out in 3 districts

May | Minor medical equipment distributed to more than 300 facilities

June | 105 of 110 facilities achieve the WASH/IPC minimum standard



Launch of the CHW Policy, 2016-2020

POLICY

Project support to MOHS policies and guidelines built a foundation to improve national standards for health care.

- **Community Health Worker Policy**
- **Standards & Guidelines for WASH Services in Health Facilities in Sierra Leone**
- **Operational Guidelines and Training Manual for Facility Management Committees**

COLLABORATORS

Ministry of Health and Sanitation

- Directorate of Primary Health Care
- Directorate of Reproductive and Child Health
- Directorate of Policy, Planning and Information
- Directorate of Environmental Health and Sanitation
- District Health Management Teams
- District Councils
- Health Facilities

Ministry of Water Resources

- Water Directorate

NGO Partners

- Action Against Hunger
- Adventist Development and Relief Agency
- GOAL
- International Medical Corps
- Save the Children

Local Communities

- Facility Management Committees
- Community Health Workers
- Peripheral Health Units

Commercial vendors

- World Hope International
- EDAL Drilling Ltd.
- MAG Energy

National and District Coordination and Working Groups

- President's Delivery Team Key Results Initiative Meeting
- Social Mobilization Working Group
- CHW Technical Working Group
- MOHS M&E Technical Working Group
- eHealth M&E Data Collection Working Group
- Reproductive Health Working Group
- District Lead Inter-sectoral Working Group
- Health NGO Forum
- NGO Community Logistics Forum

“We used to have to walk far for water from a community tap which we would have to refill many times a day, just to wash our hands. Now...the women visiting the facility have water to clean their hands, their faces, and their bodies.”

— Ms. Umu Sesay, Maternal and Child Health Aide,
Officer in Charge, Tokeh Community Health Post, Western Area Rural District

Health Facilities

WATER, SANITATION, HYGIENE, WASTE MANAGEMENT, AND INFECTION PREVENTION AND CONTROL

Clean water and sanitation, a Sustainable Development Goal indicator, is the basis for IPC in any health facility. The baseline assessment conducted by the project in 268 PHUs determined that 70 percent of PHUs lacked access to water on-site; and half of them lacked a general waste pit and a working incinerator.

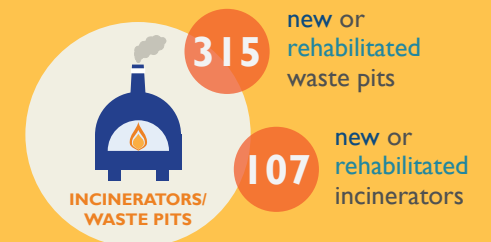
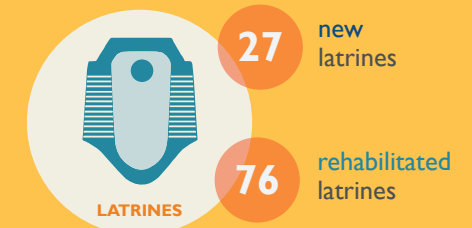
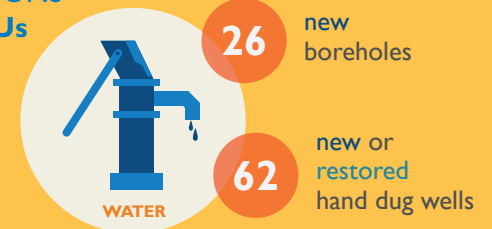
To enable health workers to practice a basic level of IPC, the project rehabilitated 110 PHUs with WASH and waste management infrastructure, including wells, water storage, and support structures, as well as toilets or latrines, showers, hand hygiene stations, waste pits, and incinerators at most sites.

The project also supported the completion and printing of the 2017 MOHS Standards & Guidelines for WASH Services in Health Facilities in Sierra Leone, which establishes minimum standards for PHUs nationally. The guidelines include having year-round access to potable water as well as functioning waste pits.



Waste management at a PHU

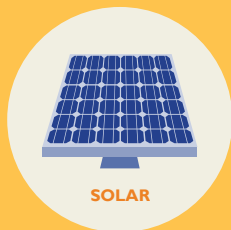
WASH/IPC REHABILITATIONS FOR 110 PHUs



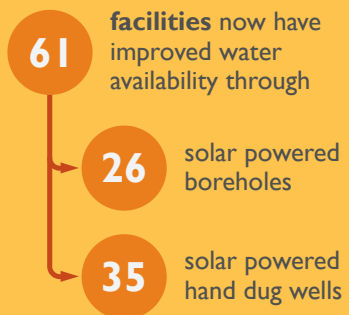


Solar power system and bore hole with solar submersible pump at Magbafth Maternal and Child Health Post in Tonkolili District.

108 PHUs NOW HAVE SOLAR POWER FOR LIGHT



SOLAR POWER FOR WATER



“The light when you compare to before, I had to use torch light or Chinese lights I buy. I have to put them here or put the other in my mouth; it was too strenuous for me. But now, all these things do not happen again...I just turn the light on and it is so bright that anything I want to do I can get it clear. So the light area is very good.”

— Mbalu Kamara, Officer in Charge, Magbafth Maternal and Child Health Post, Tonkolili District

SOLAR POWER

Delivering a baby at night can be especially risky when a health facility is without lighting. According to the project’s 2016 baseline assessment, 79 percent of PHUs lacked continuous electrical power: Health workers in these facilities were forced to work by the light of lanterns or flashlights, if they had light at all.

For safer health services, the project provided 108 PHUs with solar power systems for lighting and other electrical needs. In each health post, the project installed a self-contained, sustainable solar power system that provides lighting to the facility’s delivery and observation rooms, stores, and officer-in-charge’s administrative office. Two outdoor light fixtures illuminate the entry and exit doors. The system uses energy efficient LED bulbs and provides a minimum of 12 hours of continuous nightly operation. Importantly, health workers can also recharge a hand held lantern or head lamp provided by the project, as well as mobile phones.

The project installed solar-powered pumps in 26 boreholes and 35 hand-dug wells, improving water availability 61 health facilities.

STRUCTURAL REHABILITATION

At 50 percent of the health facilities surveyed through the baseline assessment, the project found severe building disrepair that impacted health services. Debris falling down from dilapidated ceilings, leaking roofs, and deteriorating walls and floors made it difficult for health workers to maintain sanitary conditions at their facilities.

The project renovated health facility buildings in 110 sites across the five districts. Renovations included repairs and replacements of roofs, ceilings, floors, walls, windows, doors, stairs, fencing, as well as de-junking and painting of surfaces inside and outside the facility.

The rehabilitation of buildings has improved usability and cleanliness in health facilities by preventing leaks, limiting dust and debris, and enabling staff to keep surfaces clean. This improves IPC, resulting in better health services. As PHUs improve, people are increasingly likely to seek medical care, and communities are more inclined to feel pride and ownership of their local health facility.



Before



After

Front views of Fothaneh Bana Maternal and Child Health Post, Tonkolili District



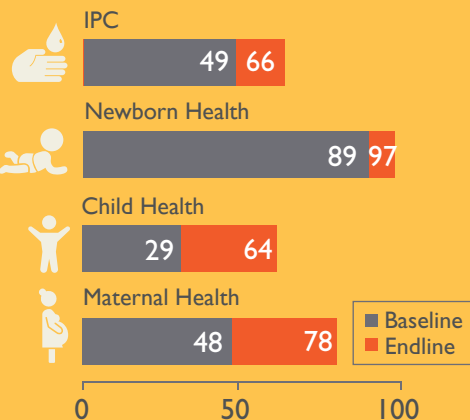
In Port Loko District, maternal and child health aides are presenting after group work during a training on labor and partographs, facilitated by Sister Elizabeth Amara, District Health Management Team training supervisor.

BASELINE & ENDLINE ASSESSMENTS

Salaried Staff



Knowledge Scores: % of respondents scoring 80% and higher for each topic area:



“Before now, I was seriously constrained in diverse areas, relating to service delivery at this PHU. Fortunately, USAID came to our aid [...] by providing us delivery room, year round water, solar lights, MMEs, and trainings for proper service delivery. I am a very happy Nurse today [...].”

— Aminata Kamara, Officer In Charge, Kagbullor Maternal and Child Health Post, Port Loko District

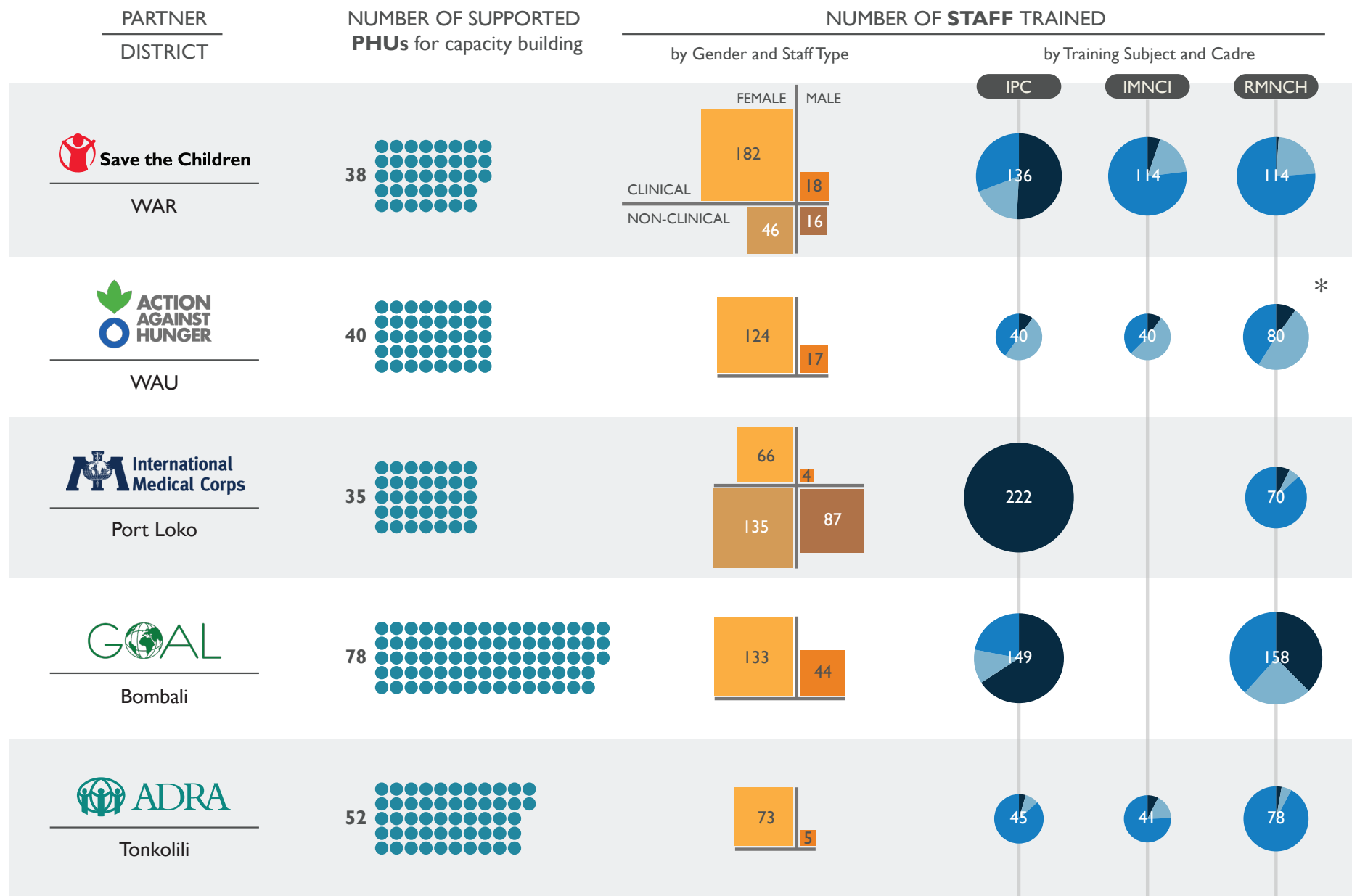
Health Care Facility Staff

CAPACITY BUILDING

The Ebola epidemic took the lives of more than 200 of the country’s already limited health workforce, including 11 specialized physicians. Strengthening and rebuilding human resources therefore became a key priority of the MOHS plan for restoring and recovering the health sector. To support this goal, the project improved the capacity, knowledge, and skills of health workers in critical lifesaving areas—primarily RMNCH—in 243 PHUs at the community level.

The project worked with the MOHS to implement a holistic quality improvement and capacity building program for health workers in the public health sector, including maternal and child health (MCH) aides, state-enrolled community health nurses (SECHNs) and community health officers (CHOs). Training topics, based on district priorities and documented gaps, covered RMNCH, integrated management of childhood and newborn illnesses (IMCNI), and IPC.

For sustainability, the project conducted all training activities in collaboration with the District Health Management Teams (DHMTs) using MOHS-approved curricula and training materials. To reinforce the training and achieve better performance, the project followed up the trainings with regular supportive supervision, on-the-job training, and mentorship. As a result of the program, 666 clinical and 284 non-clinical staff from 243 health facilities in the five districts benefited from at least one training session. The project’s innovative approach, placing emphasis on on-the-job clinical mentorship and supervision, to complement the training staff received, improved staff knowledge in key areas: “the percentage of staff with minimum knowledge improved from 49 to 66 percent for IPC; from 48 to 78 percent for maternal health; and from 29 to 64 percent for child health.



* Also conducted HMIS trainings for 40 staff

CADRE: ■ MCH Aide ■ SECHN ■ Other



Community Health Worker Duada Kargbo counsels the mother of a two-month-old baby, Sella Limba Chiefdom, Bombali District.

“We are focusing on [rolling out] an enhanced CHW programme that will support pregnant women to access services and deliver essential drugs ... to children.”

— Dr. Abu Bakarr Fofanah, Minister of Health and Sanitation

Community Engagement

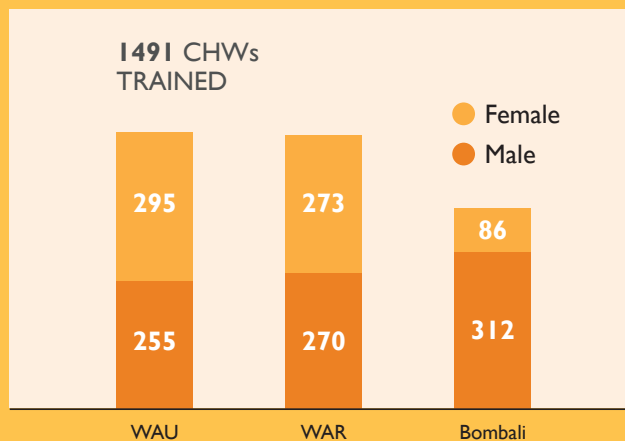
COMMUNITY HEALTH WORKERS

Community health workers (CHWs) have been a formal part of Sierra Leone’s health services since 2012, when the MOHS launched its first national CHW policy, bringing together volunteers from different health programs. The implementation of the policy, guided and funded by UNICEF, was interrupted by the Ebola virus disease outbreak, leaving a fragmented system of CHWs.

CHWs play an important, complementary role for the provision of health services in hard-to-reach, disadvantaged areas. Recognizing CHWs as an integral part of the health system, the revision and implementation of the CHW policy became a national priority.

The project was a key partner in creating the revised 2016-2020 CHW policy, which formally recognizes CHWs as an integral part of the health system, with the goal that CHWs become an essential part of the continuum of care, linking the community to the health facility. The project also supported the development of the national strategy; revision of the training curriculum; updates to the monitoring and evaluation framework tools, including CHW data for MOHS’ health management information system (DHIS2); and support to the national CHW hub at the MOHS.

The policy was launched in February 2017 and the first cohort of CHWs were trained and will graduate in May/June 2017. The project supported the training of 1,491 CHWs and peer supervisors in three districts: Bombali, Western Area Urban, and Western Area Rural.



“As facility management committee (FMC) members, we were able to mobilize community members to construct the only bridge that connects Rofoindu Maternal and Child Health Post to the city. This has improved access to the facility, as well as enhanced easy delivery of medicines and medical supplies.”

— Alpha P. Conteh, FMC Secretary, Rofoindu, Port Loko District



Bridge built by FMC members in Rofoindu village, Port Loko District.

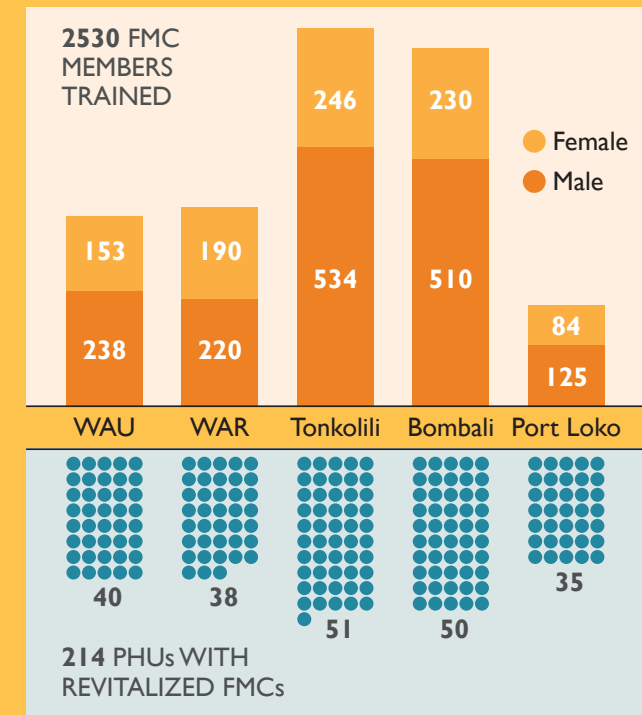
FACILITY MANAGEMENT COMMITTEES

Strengthening local governance and including community members in health system design and improvement can support the delivery of quality health services and align need and demand for services. As part of the post-Ebola recovery, the MOHS collaborated with the project to develop a harmonized community engagement (CE) strategy for the health sector.

The strategy focuses on facility management committees (FMCs) at PHUs, which allow community stakeholders to take ownership of and develop partnership with their health facilities. FMCs play a central role in connecting district-, facility-, and community-level stakeholders, and they enable communities to give feedback, which enhances accountability for quality health services at the facility. FMCs can also help advocate for resources and promote CHW engagement.

The strategy—which includes a capacity building toolkit for FMCs—consists of an FMC assessment, a guide for establishing FMCs, and tools to develop facility maintenance and improvement plans, as well as monitoring progress.

By December 2016, the project had activated or reactivated FMCs for 214 PHUs. As a result, FMCs have helped to improve access to and demand for services; they have supported project rehabilitations, and they have helped to address improvement issues in RMNCH, other health services, and staff relations. As a final phase, the project has worked with the MOHS to adapt the FMC strategy and toolkit so it can be scaled up nationally.

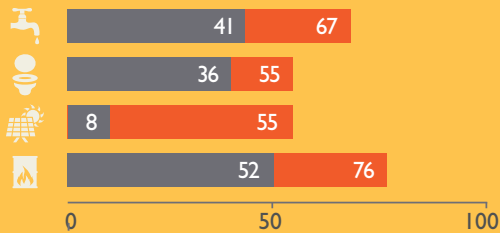


305 PHUs EQUIPPED WITH BASIC MEDICAL EQUIPMENT, INCLUDING:



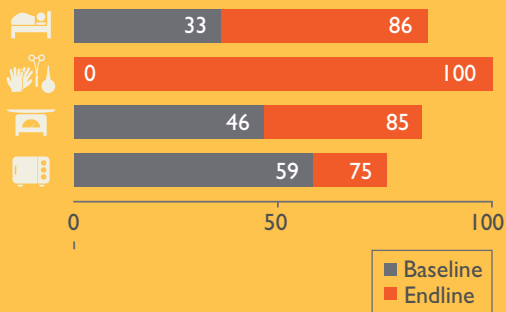
INFRASTRUCTURE

% of facilities with:



MEDICAL EQUIPMENT

% of facilities with:



“We are very fortunate that this project has provided us with equipment so that we can actually do our job to our fullest...we are lucky.”

— William Fambuleh, Officer in Charge, Murray Town MI Room, WAU District

MEDICAL AND NON-MEDICAL EQUIPMENT

Prior to the project’s interventions, many PHUs lacked the most basic medical equipment, including items such as delivery beds and stethoscopes. According to the baseline assessment, only 33 percent of surveyed health posts had a delivery bed, and about half had a baby or adult weighing scale. None of the facilities had a functional delivery kit.

To improve health services, especially for RMNCH, the project distributed minor medical equipment to 305 health posts based on need, along with medical furniture. The medical equipment and furniture will enable health staff to perform life-saving and routine interventions for their patients, in particular for mothers and children.

The medical equipment provided to the PHUs includes delivery beds, airway guedels, adult and infant weighing scales, one or more delivery kits, mucus extractors, vaginal specula and retractors, resuscitators with masks, baby cots, height measure boards, instrument trays, patient privacy screens, stethoscopes, sphygmomanometers, autoclaves, lamps, and bed pans.

The five partners who carried out improvements on behalf of the project contributed to the rehabilitation of PHUs by providing sets of non-clinical furniture, including cabinets and shelving units for facility storage and organization, as well as benches, chairs, and tables used by health care workers and patients.

“It is our responsibility as a government; it is our responsibility as a Ministry to ensure that we sustain those gains that we have made after Ebola.”

— Dr. Brima Kargbo, Chief Medical Officer, MOHS

Forward Together

TRANSITION AND SUSTAINABILITY

Through national, district and community level engagement, Advancing Partners & Communities has supported discussions of sustainability of services in the long term as donors reduce support in the years ahead, taking into account the Government of Sierra Leone’s ability to maintain a basic level of health services. For all program interventions, the sustainability aspect has been considered and discussed with the MOHS, grantees, and other stakeholders. Since its inception, the project has engaged with the MOHS, DHMTs, and local councils to develop district implementation plans tailored to local situations and needs.

The project has ensured that the most important project activities (e.g., renovations, WASH/IPC, minor medical equipment procurement and distribution, training program) are implemented in line with MOHS-approved standards and guidelines. Whenever formal MOHS guidance did not exist, the project worked closely with MOHS counterparts to make that guidance available, or to give the MOHS and its stakeholders the opportunity to review project activities and deliverables.

Throughout the project, PHU, FMC and DHMT staff have been engaged on how to operate and maintain any new facility-level tools and technology, including the management of new and upgraded WASH/IPC facilities. This exit strategy directly supports the MOHS’ Ebola virus disease early recovery phase, which aims for recovery interventions to reach national scale.





Acronyms

ADRA	Adventist Development and Relief Agency
APC	Advancing Partners & Communities
CE	community engagement
CHO	community health officer
CHW	community health worker
DHMT	district health management team
FMC	facility management committee
HSRP	2015–2020 Health Sector Recovery Plan
IMC	International Medical Corps
IMCNI	integrated management of childhood and newborn illnesses
IPC	infection prevention and control
JSI	John Snow, Inc.
MCH	maternal and child health
MOHS	Ministry of Health and Sanitation
NGO	nongovernmental organization
PHU	peripheral health unit
RMNCH	reproductive, maternal, newborn, and child health
SECHN	state-enrolled community health nurse
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WAR	Western Area Rural
WASH	water, sanitation, and hygiene
WAU	Western Area Urban





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