

DISTRICT SUMMARY



PORT LOKO

ADVANCING PARTNERS & COMMUNITIES, SIERRA LEONE

STRENGTHENING REPRODUCTIVE, MATERNAL, NEWBORN, AND CHILD HEALTH SERVICES AS PART OF THE POST-EBOLA TRANSITION

JUNE 2017

INTRODUCTION

Port Loko is one of the largest districts in the Northern Province of Sierra Leone, and is administratively divided into 11 chiefdoms. Health services in the district are provided by the district health management team (DHMT), headed by the district medical officer and a team of Ministry of Health and Sanitation (MOHS) staff. The district provides primary health services through 33 community health posts (CHPs), 62 maternal child health posts (MCHPs), 14 community health centers (CHCs), and three private clinics (Sierra Leone Ministry of Health and Sanitation, WHO,

Service Availability and Readiness Assessment [SARA], 2017), serving a population of 615,376 (Statistics Sierra Leone and Government of Sierra Leone, 2016). Services are provided by 617 salaried staff and 243 volunteers (Ministry of Health and Sanitation, Sierra Leone, Directorate of Human Resources for Health). Among the staff, 50 are state-enrolled community health nurses (SECHNs); 207 are maternal and child health (MCH) aides; 15 are community health assistants (CHAs); 13 are community health officers (CHOs); 89 are nurses; and 16 are midwives.

Table 1. Volume of Selected Health Services Provided in Port Loko, 2016

DELIVERIES		ANC4		FULLY IMMUNIZED*		TOTAL FP	MALARIA CASES TREATED WITH ACT	DIARRHEA U5 TREATED AT THE PHU	OPD
PHU	COMMUNITY	PHU	OUT-REACH	PHU	OUT-REACH				
17,938	1,820	13,514	5,355	9,427	4,581	58,020	116,904	15,622	337,067

* Indicates the child has received bacillus Calmette-Guérin, oral poliovirus, all 3 doses of pneumococcal conjugate, pentavalent, rotavirus, measles; and yellow fever vaccines according to schedule.

ACT: artemisinin-based combination therapy. ANC4: antenatal care 4th visit. FP: family planning. U5: under age 5 years. OPD: out-patient department (visit).

Source: Ministry of Health and Sanitation, HMIS / DHIS 2, Data accessed in May, 2017.



PROJECT OBJECTIVES

The Advancing Partners & Communities project is funded by the U.S. Agency for International Development and implemented by JSI Research & Training Institute, Inc., and FHI 360. In Sierra Leone, the project aims at supporting the MOHS 2015–2020 post-Ebola Health Sector Recovery Plan by strengthening community-based non-Ebola health services, with emphasis on reproductive, maternal, newborn, and child health (RMNCH) in five priority districts: Bombali, Port Loko, Tonkolili, Western Area Rural, and Western Area Urban. The project seeks to improve access to and quality of basic health services by rehabilitating health posts' water, sanitation, and hygiene (WASH) and infection prevention control (IPC) infrastructure, complemented by capacity building, mentorship, and supportive supervision for health care workers (HCWs); providing clinical and non-clinical minor medical equipment (MME); and revitalizing community engagement activities for sustainability.

PROJECT BASELINE AND ENDLINE

The project conducted a baseline facility assessment in January–February 2016 to understand the PHU capacity and infrastructure in the five priority districts, and to establish a benchmark against which improvements made throughout the course of the project could be measured. Endline assessments were conducted in each of the five districts as follows: Bombali in May 2017; Port Loko in December 2016; Tonkolili in May 2017; Western Area Rural and Urban in March 2017.

In collaboration with the MOHS, four tools were developed to capture information on health facility management and staffing, physical infrastructure, available equipment, and staff knowledge. The tools were implemented in a total of 268 PHUs across the five districts at baseline and in 269 PHUs—including CHPs and MCHPs, and in community health centers (CHCs) in WAU—at endline. Data collection was conducted by each partner organization in its respective district.

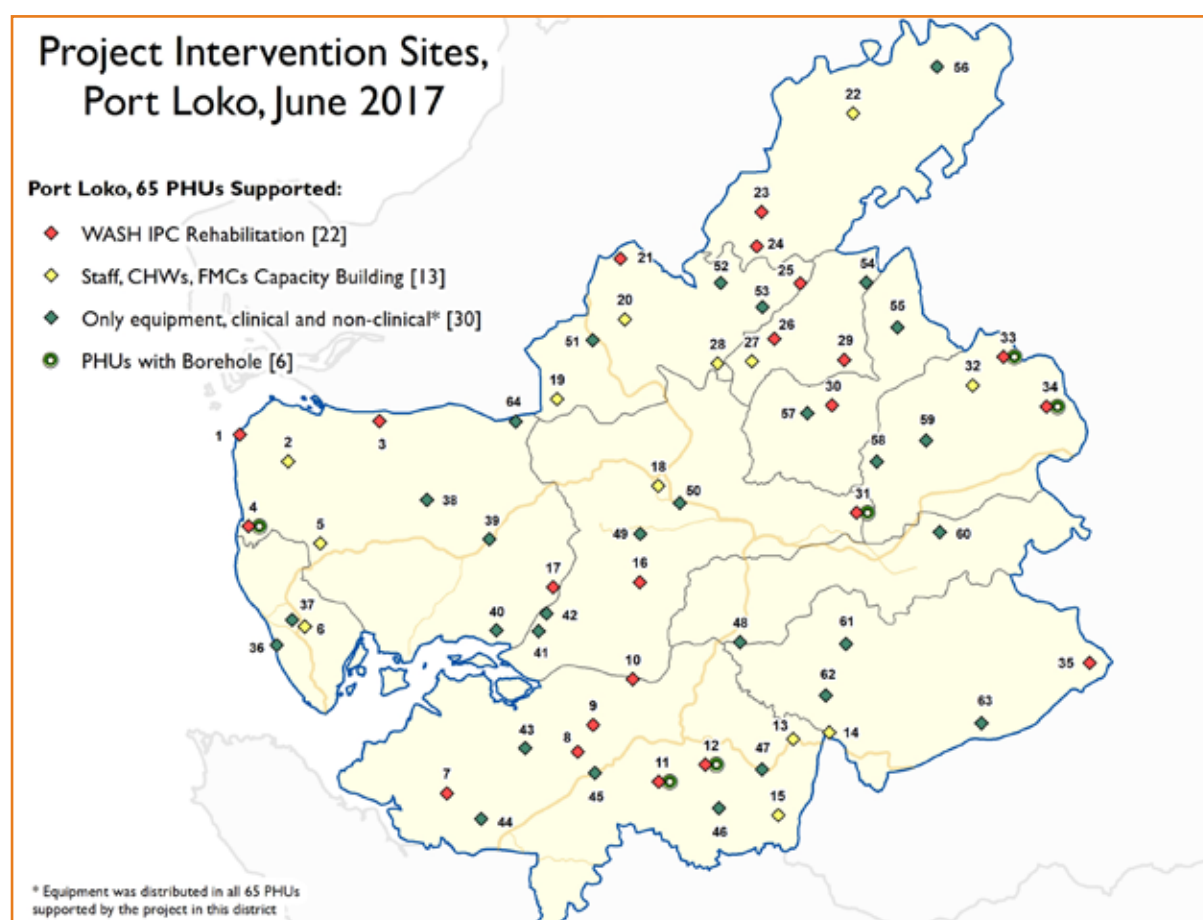
PROJECT INTERVENTION AND RESULTS

The project implementation in the Port Loko district was led by International Medical Corps (IMC). IMC implemented the project in 10 of the 11 chiefdoms. In total, IMC supported 65 facilities (43 MCHPs, 21 CHPs, and 1 CHC) with a catchment population of 327,027. These facilities are managed by 314 staff (104 on the MOHS payroll, 210 volunteers). Thirty-five facilities, with a total catchment population of 183,409 (30 percent of the district population), received composite interventions that included building infrastructure improvements, rehabilitation of WASH/IPC infrastructure, capacity building for HCWs, community engagement activities through the reactivation of facility management committees (FMCs), and procurement and distribution of non-medical furniture and MME. The remaining 30 facilities were received MME and non-medical furniture.

RESULTS

- 70 staff members (61 MCH aides, 9 SECHNs) from 35 facilities received RMNCH and IPC training.
- 222 non-clinical staff from 35 facilities received WASH/IPC training.
- 35 FMCs with a total of 209 members (125 men, 84 women) were reactivated and supported to strengthen their capacity to enhance community engagement and project sustainability.
- 22 peripheral health units (PHUs) serving a catchment population of 106,558 received infrastructure and system rehabilitation to comply with the Sierra Leone MOHS WASH/IPC standards.
- 65 PHUs received non-medical furniture and MME.

DISTRICT MAP



PORT LOKO DISTRICT PERIPHERAL HEALTH UNITS SUPPORTED BY THE PROJECT

Name/Type.Number on Map	Benkia MCHP 17	Worreh Bana MCHP. 34	Mange CHC. 51
Bailor MCHP 1	Port Loko Hosp. U-5 CHP . 18	Mayolla MCHP 35	Kawengha MCHP. 52
Musaia CHP 2	Bureh MCHP 19	Yongoro CHP 36	Kagbanthama CHP 53
Kagbullor CHP 3	Mabain MCHP. 20	Gbaneh Lol CHP. 37	Roktolon MCHP 54
Menika MCHP. 4	Minthomor CHP. 21	Mapillah MCHP. 38	Maroun CHP. 55
Mathen MCHP 5	Gboghodo MCHP 22	Mana II CHP 39	Kanthia CHP. 56
Kasongha MCHP 6	Magbolontho MCHP. . . . 23	Malap CHP 40	Rogbaneh MCHP 57
K/Ngollah MCHP 7	Komneh CHP 24	Makaba MCHP 41	Mabureh Mende MCHP . . 58
Kurankoh MCHP. 8	Barmoi CHP 25	Maboni MCHP. 42	Rosit Buya MCHP. 59
Malenki MCHP 9	Gbombana MCHP. 26	Rokon MCHP. 43	Rolemray MCHP. 60
Magbeni MCHP. 10	Maboroghnoh MCHP 27	Kissy Koyya MCHP. 44	Nonkoba CHP. 61
Rofoindu CHP. 11	Romeni MCHP 28	Mile 38 CHP 45	Mathaineh CHP 62
Mawoma MCHP 12	Rogballan CHP. 29	Makali MCHP 46	Royeiben MCHP 63
Warima MCHP 13	Robaka MCHP. 30	Makiteh MCHP. 47	Katongha MCHP. 64
Mamalikie MCHP 14	Maronkoh MCHP 31	Magbele CHP 48	Kalangba MCHP* 65
Makarankay MCHP. 15	Masamboi MCHP 32	Maforay MCHP. 49	* no GPS available
Mafoimara CHP 16	Manumtheneh MCHP 33	New Maforkie CHP 50	

ACTIVITY HIGHLIGHTS

COMMUNITY ENGAGEMENT

FACILITY MANAGEMENT COMMITTEES

Advancing Partners & Communities contributed to the activation of FMCs in the 35 supported facilities. FMC members were trained by IMC and DHMT staff on their roles and responsibilities and received capacity-building support for advocacy and resource management to assist in the development, implementation, and monitoring of the facility maintenance action and improvement plans.

The facility maintenance and improvement plans are created for and used by the FMCs. The aim of both documents is to strengthen FMC's ownership over the PHU condition and improvement. The FMC uses the maintenance plan each month to check the PHU's conditions, identify problems, and decide how to fix them. The various problems are included and prioritized in the facility improvement plan, which is drawn every six months and revised against progress during the FMC monthly meetings.

Before the formation of the FMC, the facility attendance rate was low [for women and children] for the whole year. But today, the effort of FMC members has enabled the health center to record higher numbers of deliveries at the [Rofoindu MCHP].

– Emma Kamara, Rofoindu MCHP Officer in-charge

The DHMT of Port Loko was involved in on-site mentoring and supervision of the FMC activities to ensure sustainability following the conclusion of the project.

FMC activities have increased use and uptake of services. In some cases, FMCs have demanded to be involved in aspects of the facility administration and management. As an example of FMC ownership, in Komrabai Nyolla the FMC raised concerns about the management decisions being made by HCWs at the facility. After a poor response from staff, they wrote to DHMT who came in to resolve the situation.

The FMC built a bridge for the Rofoindu MCHP, which is located in a community that was isolated from the rest of the chiefdom because of a river and a lack of a passage to connect the two sides. This intervention has allowed the facility to overcome challenges faced in the past, such as scarcity of drugs and food, and inaccessibility during the rainy season. The construction of the bridge was decided during a monthly FMC meeting at which members agreed to use community resources to ensure safe access to the facility.

CAPACITY BUILDING

The project provided RMNCH training, including integrated IPC training, to 70 HCWs from the 35 facilities targeted for capacity-building initiatives (see Table 3). These trainings were organized and jointly facilitated by the IMC and DHMT teams, who applied standard training methodology backed by experience-sharing and peer support strategies. Along with the classroom-based training, the IMC organized a refresher training at the facility level, clustering targeted PHUs.

The IMC, in collaboration with the DHMT IPC coordinator, organized an IPC training for 222 non-clinical staff (87 men, 135 women).

Supportive supervision and mentorship sessions focusing on RMNCH and IPC activities were conducted in all 35 health posts. HCWs were monitored and supported on a monthly basis to ensure enhanced skills and continued learning. This system of mentorship has supported identification of gaps and contributed to improved provision of appropriate health

Table 2: Training by Topic, Cadre, and Gender in the Port Loko District

# OF SUPPORTED PHUs	#STAFF TRAINED		#STAFF TRAINED-CLINICAL	#STAFF TRAINED-NON-CLINICAL	TRAINING SUBJECT	GENDER		CADRE			HCWs INVOLVED
	M	F				M	F	MCH AIDE	SECHN	OTHER	
35	4	66	70	0	RMNCH/IPC	4	66	61	4	5	70
	87	135	0	222	IPC (NON-CLINICAL STAFF)	87	135	0	0	222	222

services. During the supervision, the IMC staff supported HCWs in the facilities monitoring supplies and removing expired drugs.



Training session in Port Loko.

Table 3. Baseline-Endline: Percentage of Respondents Scoring 80% or Higher on Knowledge Assessment

PORT LOKO DISTRICT	BASELINE	ENDLINE
MATERNAL HEALTH	59.7	97.0
NEWBORN HEALTH	100	100
CHILD HEALTH	38.8	83.6
PARTOGRAPH KNOWLEDGE	-	88.1
TOTAL NUMBER OF PHU STAFF INTERVIEWED	67	67

Table 4. Number of Clients Seeking Health Services in Project Target Facilities

YEAR	TOTAL N. OF OPD VISITS	TOTAL N. OF DELIVERIES
2016	242,053	11,046
2015	201,103	9,585
2014	188,481	8,776
2013	185,930	8,740

INFRASTRUCTURE REHABILITATION

Based on the Sierra Leone MOHS WASH/IPC Guidelines, Advancing Partners & Communities project has identified minimum WASH/IPC standards for every health facility targeted by the project. These include consistent water access on site (24 hours per day throughout the year), availability of two of four waste pits (ash, placenta, sharps, and general/organic waste), presence of a functional incinerator and functional latrine system, and presence of a minimum of four hand-washing stations.

Advancing Partners & Communities targeted 22 of the 65 PHUs with infrastructure and rehabilitation activities to ensure the facilities met the minimum WASH/IPC standards of the MOHS.

Renovation activities focused on PHU structural repairs to roofs, ceilings, walls, doors. The project also targeted the establishment or improvement of systems such as power,

water, and sanitation. The project provided all 22 PHUs with access to lighting by installing solar panels, which enable the HCWs to provide services at night. The project provided hand-washing stations (either Veronika buckets or water basins); ensured access to water sources (including boreholes and hand-dug wells¹); and provided access to improved sanitation by building or rehabilitating latrines and upgrading liquid and solid waste management systems.

In addition to infrastructure and WASH/IPC rehabilitation, the project provided MME—including delivery beds, gallipots, guedel airways, adult and infant weighing scales, delivery kits, mucus extractors, vaginal specula and retractors, resuscitators with masks, baby cots, height measurement boards, instrument trays, patient privacy screens, stethoscopes, lamps, and bed pans—to all 65 PHUs. The project also provided health posts with non-clinical furniture, including cabinets and shelving units for facility storage as well as benches, chairs, and tables.

The project supported MOHS WASH in Health Facilities Standards (2017) through technical feedback on water access, hand pumps (for hand-dug wells and boreholes), and waste management (ash, placenta, general/organic waste, and sharps pits, as well as incinerator specifications).

¹ The project constructed six boreholes and rehabilitated 16 hand-dug wells.



Gbombaba MCHP - Before

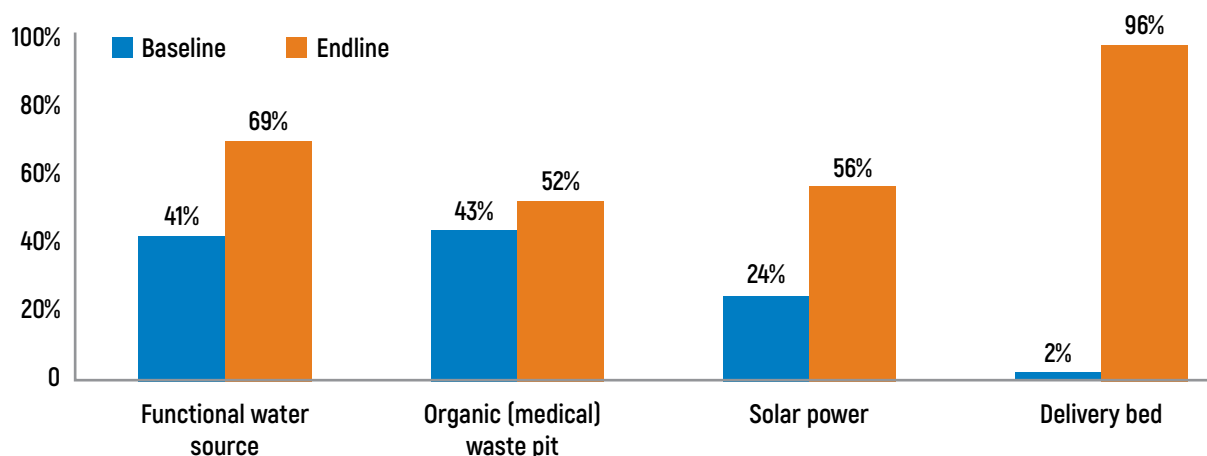


Gbombaba MCHP - After

BASELINE-ENDLINE DATA

The endline survey conducted shows that:

Figure 1. Baseline-Endline: Availability of Key Elements to Provide Basic Health Services



- 69% of the (surveyed) facilities now have functional water on site (either through a protected hand-dug well or a borehole), compared to 41% at baseline.
- 52% now have a functional pit for organic (medical) waste, compared to 43% at baseline.
- 56% now have functional solar power for service delivery at night, compared with 24% at baseline.
- 96% now have a delivery/labor bed, compared with 2% at baseline.

Table 5. Baseline-Endline: Availability of Waste Disposal Units at PHUs

WASTE DISPOSAL	% BASELINE	% ENDLINE
FUNCTIONAL INCINERATOR	37.0	44.4
GENERAL SOLID WASTE PIT	72.2	65.5
PIT FOR ORGANIC (MEDICAL) WASTE	42.6	51.9
PIT FOR SHARPS	31.5	42.6
TOTAL PHUS SURVEYED	54	55

Table 6. Baseline-Endline: Availability of Medical Equipment at PHUs

MEDICAL EQUIPMENT	% BASELINE	% ENDLINE
DELIVERY/LABOR BEDS	1.8	96.4
ADULT WEIGHING SCALES	38.2	80.0
RESUSCITATORS WITH MASK (ADULT)	54.5	70.9
WEIGHING SCALES (BABY)	40.0	76.4
SAFETY/SHARP BOXES	100	98.2
TOTAL PHUS SURVEYED	55	55

WAY FORWARD

At the district level, the community engagement activities have enhanced the relations between the communities, the facility staff, and the DHMT. Indeed, the activation of the FMCs has strengthened the communities' ownership of the day-to-day activities of the PHUs and made HCWs accountable to their communities. Further, the capacity-building activities for the FMC, which led to their involvement in the maintenance of the facilities themselves, are expected to contribute to their long-term sustainability. FMC members now understand their roles and responsibilities, and are recognized by other members of the community as well as the HCWs, improving their sense of ownership and interest in maintaining their role for the benefit of their communities.

PARTNER BACKGROUND

The IMC's mission is to improve the quality of life through health interventions and related activities that build local capacity in underserved communities worldwide. The IMC started working in Sierra Leone in 1999 following the

country's civil war, with a focus on primary health care, mental health, and HIV and AIDS programs. The IMC's more recent Ebola response and recovery operations in Port Loko commenced in 2014 with the construction and operations of an Ebola treatment center and the opening of a capacity-building center to provide training to fill the knowledge gaps identified during the Ebola response.

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