



DISTRICT SUMMARY

WESTERN AREA URBAN

ADVANCING PARTNERS & COMMUNITIES, SIERRA LEONE

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

JUNE 2017

INTRODUCTION

The Western Area Urban (WAU) district is characterized by a densely distributed and underserved population. In 2015, the total 2015 population was 1,055,964 (528,207 males, 527,757 females), and 110,236 children were under 5 years old (Statistics Sierra Leone and Government of Sierra Leone, 2016). The reported district level poverty rate is 20.7 percent, with food insecurity and chronic malnutrition affecting about one-fifth of the population (UNOCHA Sierra Leone, 2015). Adding to these issues, lack of stable electricity and potable water, poor sanitation, and hygiene infrastructure create barriers to adequate health care services. Moreover, only 61.6 percent of live births in the district take place in a health facility (Statistic Sierra Leone, MOHS Sierra Leone, ICF International 2013 Sierra Leone Demographic and Health Survey, 2014).

The WAU district has 55 peripheral health units (PHUs), of which 19 are community health centers (CHCs); 22 community health posts (CHPs); and 14 maternal and child health posts (MCHPs)¹ (Sierra Leone Ministry of Health and Sanitation, WHO, Service Availability and Readiness Assessment [SARA], 2017). The 55 PHUs are staffed with 1,026 health care workers (HCWs) and auxiliary personnel. Of these, 53 are community health officers (CHOs); 16 are community health assistants (CHAs), 6 are state registered nurses (SRN); 271 are state-enrolled community health nurses (SECHN); 38 are midwives; 286 are maternal and child health aides (MCH aides); 79 are nursing aides; 27 are laboratory technicians/assistants; and 250 are volunteers.

Table 1: Volume of Selected Health Services Provided in WAU, 2016

DELIVERIES		ANC4		FULLY IMMUNIZED*		TOTAL FP	MALARIA CASES TREATED WITH ACT	DIARRHEA U5 TREATED AT THE PHU	OPD
PHU	COMMUNITY	PHU	OUTREACH	PHU	OUTREACH				
16,757	3,902	16,530	1,081	27,327	3,688	46,302	67,595	10,804	241,094

* 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.

1 The district has 11 hospitals.



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 Ministry of Health and Sanitation's (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 Rural. 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 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 WAU is led by Action Against Hunger. Action Against Hunger supported 45 PHUs (20 CHCs, 16 CHPs, and 9 MCHPs), covering a total population of 708,470 (67 percent of the total population in the district). These facilities have 712 staff members: 487 HCWs on the MOHS payroll and 225 volunteers.

Between January 2016 and June 2017, the 45 PHUs benefited from a range of activities and interventions, as detailed in Figure 1. Twenty received a full package of interventions: IPC/WASH and infrastructure rehabilitations, capacity building and community engagement, and MME. Twenty PHUs received a combination of capacity building, community engagement activities (training for facility management committees [FMCs] and community health worker [CHW]), and of non-medical and medical equipment. Five facilities received clinical and non-clinical MME.

RESULTS

- 141 PHU staff members (124 women, 17 men) have been trained on basic emergency obstetric and newborn care (BEmONC), integrated management of newborn and childhood illnesses (IMNCI), reproductive health/family planning (RH/FP), IPC/WASH, and health information management systems (HMIS).

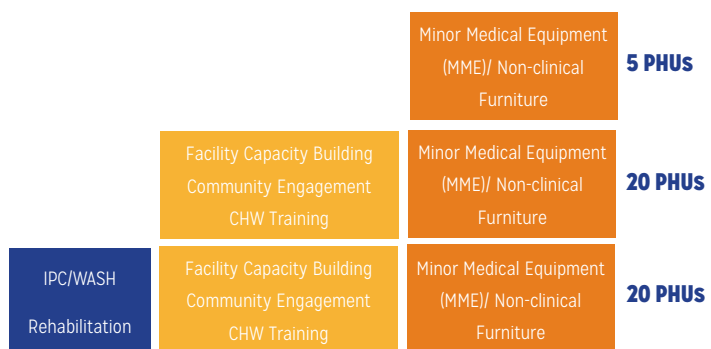
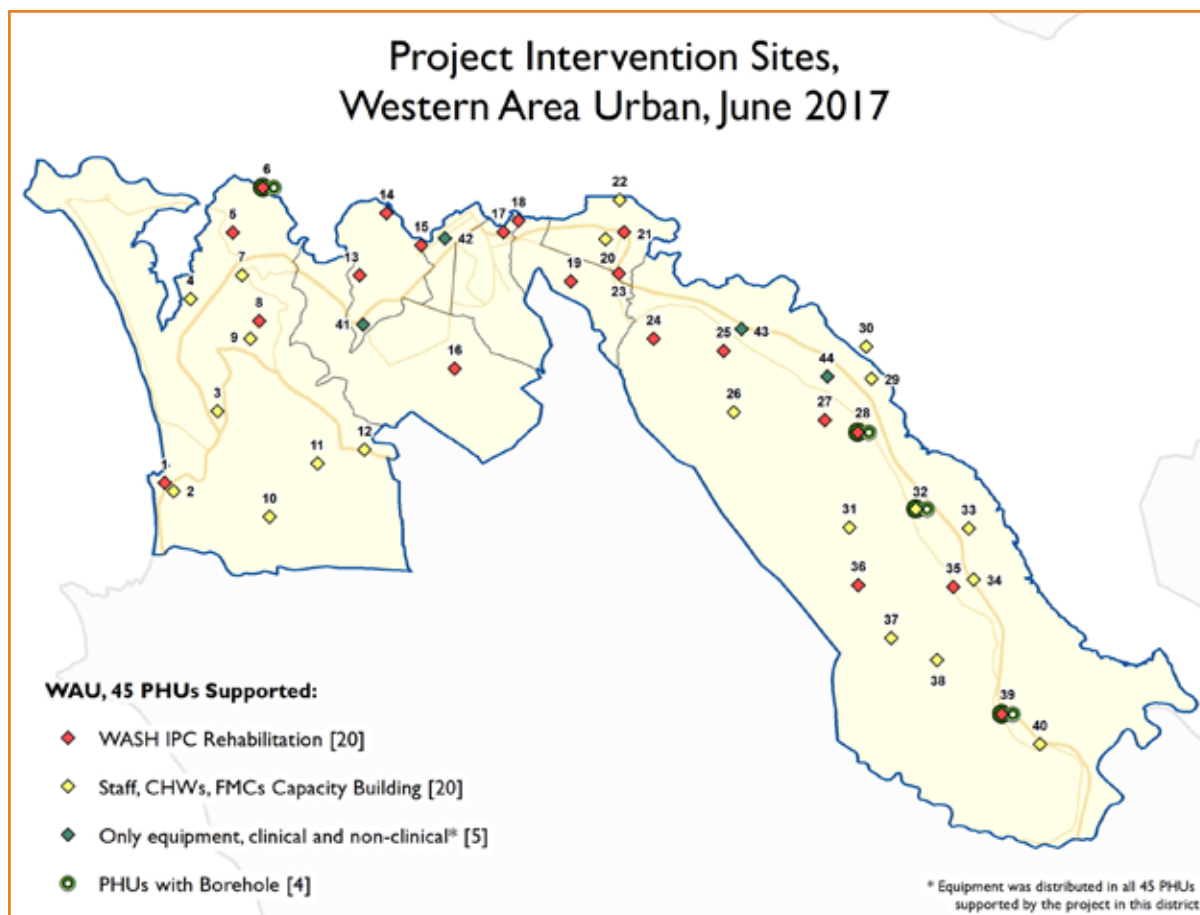


Figure 1: Project Interventions, by Technical Area

- After the adoption of the revised MOHS CHW policy for 2016–2020, 495 CHWs and 55 CHW peer supervisors were trained using the new in-service training manual and job aids.
- 40 FMCs were reactivated (one per PHU) and supported with monthly meetings. 319 FMC members were trained in planning and resource management to facilitate the sustainability of the project interventions, especially related to WASH/IPC rehabilitation and building integrity renovations.
- 20 PHUs, with a total catchment population of 372,876, were rehabilitated according to need to ensure minimum WASH/IPC standards were met.
- 60 infrastructure caretakers were trained on operation and maintenance.
- 45 PHUs received non-medical furniture and MME.

DISTRICT MAP



WESTERN AREA URBAN DISTRICT PERIPHERAL HEALTH UNITS SUPPORTED BY THE PROJECT

Juber Mi Rm. CHC1	Grey Bush CHC.13	Kissy CHC25	Alkatab Clinic CHP38
Stella Maris MCHP2	Kingtom Police Mi Rm. CHC14	Looking Tn. MCHP26	Allen Town CHP39
Family Clinic CHP.3	Kroobay CHC15	Kuntorloh CHP27	Adbangs Quarrey MCHP . .40
Thompson Bay CHP.4	George Brook CHC.16	Approve School CHC28	Haja Nenneh41
Murray Tn. M I Rm. CHP . . .5	Susans Bay CHC.17	Iscon CHP29	St. Joseph CHC42
Murray Town CHC6	Mabella CHC.18	Tasley CHC30	SRC CHC43
Signal Hill Former Wilb. MCHP7	Ginger Hall CHC19	Philip Street MCHP31	Weslyan CHC44
Wilberforce CHC8	Welbodi MCHP20	Wellington CHC32	Methodist Clinic CHP* . .45
Scan Drive MCHP.9	Ross Rd. CHC21	Slims CHP33	
Pace'S CHP.10	Pmo CHP.22	Blessed Mokaba CHP . . .34	
Malama MCHP11	J/Wright CHC23	Calaba Tn. CHC.35	* no GPS available
Hill Station CHP12	Moyiba CHC24	Koya Tn. CHC36	
		Fam. Home Mov. CHP . . .37	

ACTIVITY HIGHLIGHTS

COMMUNITY ENGAGEMENT

COMMUNITY HEALTH WORKERS

Since July 2016, Advancing Partners & Communities has supported the MOHS and stakeholders in revising the CHW policy and developing comprehensive training package. Based on global evidence adapted to country context, the revised policy focuses on harmonizing and integrating all community efforts, having one single national CHW program, and formally recognizing CHWs as an integral part of the health system. The policy was officially launched in February 2017, and the first batch of CHWs started training on the new curriculum the same month.

The project supported the rollout of the revised CHW policy by training 495 CHWs and 55 CHW peer supervisors from 55 PHUs in the WAU district using the new in-service training manual and job aids. The purpose of this training was to build CHW capacity to deliver basic health services, particularly identification, treatment, and referrals of common ailments (e.g., malaria, diarrhea, and pneumonia). The training, facilitated by 18 district trainers, was delivered in three modules and included “in-community” training sessions (hands-on guided experience of new skills learned) under the supervision of the MOHS and the district health management team (DHMT).

FACILITY MANAGEMENT COMMITTEES

Facility management committees link PHUs and communities and strengthen the community engagement and ownership of day-to-day health facility operations. FMC members discuss challenges and solutions to PHU infrastructure needs, medical needs (e.g., medicine), best practices in health care and disease outbreak prevention, and any other aspect related to the overall functionality of PHUs. Action Against Hunger supported the re-establishment of FMCs in 40 PHUs, each comprising 10 influential community members.

From April 2016 to May 2017, the project supported 483 FMC monthly meetings in all 40 target PHUs. The FMC members

discussed issues related to accountability, advocacy, and community feedback, as well as facility physical and operational conditions and processes. The FMCs received planning and resource management training to facilitate development, implementation, and monitoring of facility and maintenance and improvement plans.



FMC meeting, WAU

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.

Among the problems that the Malama MCHP FMC identified were access to water, lack of a placenta pit in the waste management area, and lack of lighting in the delivery room. These were included and prioritized in the facility improvement plan, with clearly defined roles and responsibilities, timeframes, and expected needs, contributions, and results. The FMC in Malama, The Welbodi Eye Group, as the Malama FMC is known, gathered financial resources from its members and the community members to ensure funding for the improvement plan activities.

We raise funds to finance activities related to the facility maintenance. We use what we call a development box and envelopes to collect donations from community members. We [Malama FMC members] contribute 5,000 Leones every month. We also save money collected as a form of fine from those who commit or promote home delivery. ... We also mobilized resources such as cement and free labor from the community for the construction of placenta pit, which is ongoing. We also plan to construct a mini-pharmacy in the facility that can serve our patients.

– Ms. Sia Momoh, treasurer, Welbodi Eye Groupe

OTHER ACTIVITIES

Action Against Hunger trained 198 "lead mothers," heads of mother support groups (MSGs) on RMNCH and WASH practice messages that they are expected to transmit to the community. Furthermore, Action Against Hunger disseminated RMNCH messages through radio discussions on family planning, antenatal care, importance of institutional delivery and postnatal care, and early childhood health care.

CAPACITY BUILDING

The project trained 141 health professionals from 40 PHUs in the WAU district. The training sessions were organized in collaboration with MOHS trainers. For each training,

conducted between May and July of 2016, Action Against Hunger targeted 40 HCWs (one per PHU).

Action Against Hunger and MOHS also organized trainings to build HCW capacity to manage major childhood illnesses (33 women, 7 men); provide emergency obstetric and newborn care (39 women, one man); enhance the quality of the FP/RH services in the PHUs (38 women, 2 men); and IPC to refresh basic knowledge and practices HCWs gained during the Ebola outbreak (35 women, 5 men) [see Table 3]. In consideration of the challenges faced by PHUs in health data collection and management, Action Against Hunger supported the MOHS in organizing training on HMIS (33 women, 7 men) to build HCW capacity to use the database and tools to ensure quality data collection, entry, and analysis for decision making.



HMIS training in WAU

Table 2: Training by Topic, Cadre, and Gender in the Western Area Urban District

# OF PHUs	HCW TRAINED		HCW TRAINED-(TOTAL)	TRAINING SUBJECT	GENDER		CADRE			HCWs INVOLVED
	M	F			M	F	MCH AIDE	SECHN	OTHER	
40	17	124	141	IMNCI	7	33	15	21	4	40
				BEmONC	1	39	17	17	6	40
				RMNCH	2	38	16	22	2	40
				IPC	5	35	16	20	4	40
				HMIS	7	33	18	16	6	40

Action Against Hunger also conducted post-training follow up, supportive supervision, and skills monitoring visits to the trained HCWs on a monthly basis. This helped identify gaps and pushed for improvements in HCWs' RMNCH skills

to ensure provision of high-quality health care services. The team used tools developed by JSI and standard MOHS IPC and IMNCI checklists to assess the quality of IPC practices and RMNCH services at PHUs.

Table 3: Percentage of Respondents Scoring 80% or Higher on Knowledge Assessment

WAU DISTRICT	BASELINE	ENDLINE
MATERNAL HEALTH	44.0	63.3
NEWBORN HEALTH	81.6	91.8
CHILD HEALTH	10.5	63.3
PARTOGRAPH KNOWLEDGE	-	87.8
TOTAL NUMBER OF PHU STAFF INTERVIEWED	76	49

Table 4: Number of Clients Seeking Health Services

YEAR	TOTAL N. OF OPD VISITS	TOTAL N. OF DELIVERIES
2016	263,590	17,121
2015	206,218	17,006
2014	223,384	15,919
2013	240,141	16,978

HMIS data results

INFRASTRUCTURE AND WASH/IPC 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.

The project provided infrastructure and WASH/IPC rehabilitation to 20 of the 45 target PHUs, reaching a total catchment population of 356,777. The PHUs were selected through a baseline physical infrastructure assessment that provided the opportunity to prioritize the interventions based on the individual needs of the facilities. The aim of the intervention was to ensure the PHUs met the MOHS WASH/IPC minimum standards.

The infrastructure work included repairs of roofs, ceilings, walls, and doors, and construction of power supply sources, mainly installation of solar panels and provision of energy-saving bulbs to facilitate HCW work, particularly at night. The project also provided the facilities with improved WASH and IPC facilities in line with the MOHS standards by installing or rehabilitating hand-washing stations (either Veronika bucket or water basin); ensuring access to water sources (through boreholes, hand-dug wells, water towers, and water tanks); and providing access to improved sanitation by building or rehabilitating latrines and improving liquid and solid waste management systems). Because of the limited space available in the WAU district, Action Against Hunger was not able to fully meet the MOHS WASH/IPC standards, particularly for water access and waste management, at all PHUs.

The project distributed non-clinical furniture, such as benches, tables, cupboards, and shelves, to 45 PHUs. All facilities received MME, including delivery beds, delivery kits, weighting scale, and resuscitators with masks, based on assessed needs. Action Against Hunger conducted an orientation for all HCWs to ensure correct use of distributed materials.

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).

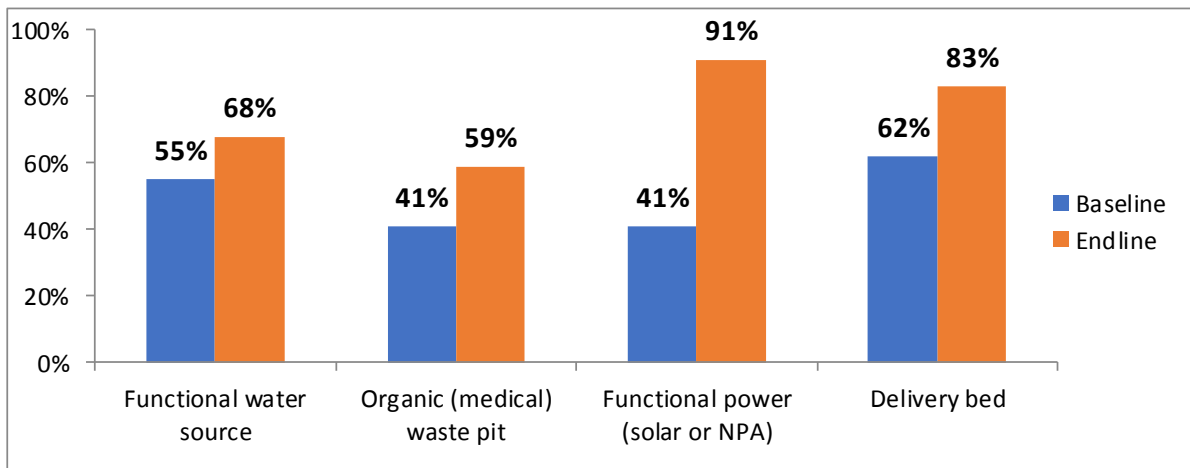


Juba Mi Room Before and After Intervention

BASELINE – ENDLINE DATA

The endline survey shows that:

Figure 2. Baseline-Endline: Availability of Elements to Provide Basic Health Services



- 68% of the (surveyed) facilities now have functional water on site (either through a protected hand-dug well, a borehole, or pipe), compared to 55% at baseline.
- 59% now have a functional pit for organic (medical) waste, compared to 41% at baseline.
- 91% now have functional power for service delivery at night (either solar or national electricity grid), compared with 41% at baseline.
- 83% now have a delivery/labor bed, compared with 62% at baseline.

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

WASTE DISPOSAL	% BASELINE	% ENDLINE
FUNCTIONAL INCINERATOR	86.4	81.8
GENERAL SOLID WASTE PIT	40.9	59.1
PIT FOR ORGANIC (MEDICAL) WASTE	40.9	59.1
PIT FOR SHARPS	36.4	50.0
TOTAL PHUS SURVEYED	22	22

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

MEDICAL EQUIPMENT	% BASELINE	% ENDLINE
DELIVERY/LABOR BEDS	61.5	82.5
ADULT WEIGHING SCALES	71.8	85.0
RESUSCITATORS WITH MASK (ADULT)	33.3	85.0
WEIGHING SCALES (BABY)	71.8	82.5
SAFETY/SHARP BOXES	97.4	100
TOTAL PHUS SURVEYED	39	40

THE WAY FORWARD

Advancing Partners & Communities has established several systems that are expected to contribute to the sustainability of key aspects of the project.

- Throughout the project, DHMT representatives have been actively involved in monitoring visits to health facilities and community activities, as well as supportive supervisions visits to PHUs to provide on-the-job mentoring to HCWs. These interventions have enhanced the MOHS ownership of health care services.
- The training and support provided to the FMCs have improved community ownership over the day-to-day PHU activities and relations between community members, PHU staff, and DHMT. The maintenance and implementation plans have laid the foundation for long-term FMC engagement and will help ensure that HCWs provide appropriate health services.
- The training and support to CHWs and lead mothers during the project is expected to ensure the continuation of health-seeking behavior promotion initiatives.

PARTNER BACKGROUND

Since 1991, Action Against Hunger has been implementing programs based on humanitarian needs in the Sierra Leone. During the civil war, projects focused on emergency interventions to support the population affected by the conflict. Since the beginning of the Ebola virus disease outbreak, Action Against Hunger has been operating social

mobilization and behavioral change activities (including community-led Ebola management and eradication), nutrition activities (including nutrition for Ebola survivors), food security and livelihoods, and WASH, IPC, and surveillance to ensure health and safety of quarantined communities in Freetown and Western Area (Urban and Rural), Moyamba, and Kambia district health facilities.

Action Against Hunger's focus for the next five years is to continue its presence in Western Area and Moyamba by implementing quality programs. Through its multilevel focus on food security and livelihoods, nutrition, health, and WASH, particularly at the household and community levels, Action Against Hunger continues to work toward its vision of a world without hunger.

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