SUCCESS STORY
Sierra Leone

HEALTH CARE FACILITY CELEBRATES BIG STEPS FORWARD IN INFECTION PREVENTION AND CONTROL

Six months into the COVID-19 pandemic, the Geoma Jargor Community Health Center (CHC) in Sierra Leone’s Pujehun district was in desperate shape. Infection protection and control (IPC) commodities and personal protective equipment (PPE) were in short supply. The facility’s water supply was unreliable. In addition, the ash, organic, and sharps pits used for waste disposal were nonfunctional either due to a lack of maintenance or because they had been constructed as temporary facilities.

As a result, waste accumulated outside the health facility, creating an environmental health hazard. As Onitta J. Kposowah, the community health officer in-charge at the Geoma Jargor CHC, explained, “The waste zone attached to the facility had been in a dilapidated state for the past two years. It was a challenge to properly dispose of waste materials, consequently causing odor nuisance in the vicinity. The waste zone was infested with rodents that had always been an eyesore to us.” Kposowah added, “The hand dug well that serves as a source of water to the facility had not been yielding adequate water supply all year round, and we had constraints in storing adequate water at the facility.”

The situation at Geoma Jargor CHC was reflective of other health care facilities (HCFs) throughout the country. In September 2020, district health management teams (DHMTs), together with the U.S. Agency for International Development’s MOMENTUM Country and Global Leadership project, conducted an initial rapid assessment of IPC and water, sanitation, and hygiene (WASH) readiness at 26 HCFs in Kailahun, Pujehun, Western Area Urban and Western Area Rural districts. Findings showed that most HCFs had poor IPC/WASH readiness—both before and during the COVID-19 pandemic.
The assessment’s initial findings showed an average IPC/WASH readiness score of 39% for the 26 HCFs. Most lacked the WASH services needed to maintain basic IPC standards, and many of the IPC deficiencies could be resolved through inexpensive material solutions and staff compliance to IPC guidelines. Moreover, given the uncertainty around COVID-19 and how it was transmitted at the onset of the pandemic, many health facility staff were reportedly absent from their duty stations for fear of contracting the disease. Clients were also afraid, and some sought alternative care, ranging from self-care to traditional healers, often with poor outcomes.

The MOMENTUM-supported COVID-19 response to ensure IPC/WASH readiness of the targeted health facilities could not have been timelier.

Geoma Jargor CHC, which serves a population of 9,428, was among the HCFs showing low IPC/WASH readiness (36%) at initial assessment and one of seven HCFs requiring rehabilitation. In collaboration with the Pujehun DHMT, MOMENTUM provided technical and material assistance to improve the facility’s waste zone and installed a rainwater harvesting system. MOMENTUM trained a cross-section of the facility management committee, including the facility’s IPC/WASH focal person, on how to maintain the waste zone, and provided firsthand coaching to HCF staff on IPC compliance.

This key intervention helped move Geoma Jargo CHC IPC/WASH readiness assessment scores from 36% in September 2020 to 85% in February 2021—an impressive increase in only six months.

At the rehabilitated waste zone handing-over ceremony, co-facilitated by MOMENTUM and the DHMT, the Geoma Jargo community and health facility staff, could hardly contain their happiness over the dramatic IPC/WASH improvements. Bintu, the peripheral health unit in-charge at Geoma Jagor CHC, stated that MOMENTUM’s help to rehabilitate the waste zone and install a rainwater harvesting system “could not have come at a better time. This is a red-letter day for the facility.”
SUCCESS STORY
Sierra Leone

SUPPORTING LOCAL S/HERO’S EFFORT TO IMPROVE ACCESS TO MATERNAL AND CHILD HEALTH SERVICES

In 2017, community health nurse Rebecca Swaray used her personal funds to build the only health clinic in Thompson Bay, a neighborhood in the capital city of Freetown.

The maternal community health post (MCHP) serves vulnerable women and children within the facility’s catchment population of 11,000 people—and Rebecca is the head nurse in-charge. A semi-permanent structure constructed with zinc sheets, Thompson Bay MCHP is the only clinic providing basic health and emergency services to mothers, pregnant women, and children from Thompson Bay, Cockle Bay, and other temporary settlements along a major road in Freetown.

The health post was among the first of 26 facilities selected by the U.S. Agency for International Development’s MOMENTUM Country and Global Leadership project, in collaboration with the district health management team (DHMT) of Western Area Urban district, to support infection prevention control (IPC) readiness improvements and strengthen two-way communication between the community and the DHMT.

The goal of the initiative is to address community concerns about accessing health services during the pandemic.

After conducting a baseline assessment, Thompson Bay MCHP received a distribution of infection prevention and control materials and personal protective equipment, including examination gloves, soap for handwashing, disinfectant, hand sanitizer, face shields, masks, elbow gloves, cleaning kits, and a handwashing station.

During a visit to the clinic, MOMENTUM staff noticed patients and health workers were exposed to rains due to inadequate window coverings and rain seeping through the rusted ceiling.

NAME: Rebecca Swaray

ROLE: Head Nurse In-Charge

LOCATION: Freetown, Sierra Leone

SUMMARY: USAID’s MOMENTUM Country and Global Leadership project revitalized a key maternal community health post in Freetown, improving its ability to provide quality health services for mothers, pregnant women, and children.
Following the visit, MOMENTUM worked with facility staff and community members to reactivate the community-led facility management committee and mother support group. These reactivated groups developed plans to improve the facility’s condition. During the two-day reactivation meeting, MOMENTUM learned that heavy rains and a leaking roof in the labor and delivery room caused patients to at times be referred to other facilities further away from their community to deliver. In some cases, patients opted to deliver at home with traditional birth attendants instead of going to facilities under those conditions. With support from community members, MOMENTUM worked with a local contractor to complete minor repairs by installing a new roof, doors, and windows with mesh and shutters; replacing all external zinc sheets; and painting external walls to protect it from rust.

"I decided to help build the clinic back in 2017 during the rainy season. Then, the clinic was a makeshift tarpaulin structure. I could not stand the sight of children, mothers, and pregnant women drenched by rain while waiting for medical checkup and treatment...I did not do this because I am rich. I am like any average nurse. I did it because I felt I should help the Thompson Bay community, especially because I knew this would benefit the children and the pregnant women."

**THOMPSON BAY MATERNAL COMMUNITY HEALTH POST BEFORE MOMENTUM:**

**THOMPSON BAY MATERNAL COMMUNITY HEALTH POST AFTER MOMENTUM:**
SUCCESS STORY
Sierra Leone

NAME: Sister Susan Tucker
ROLE: District Health Sister of Pujehun district
LOCATION: Sierra Leone

SUMMARY: Quality improvement (QI) is critical to ensure facilities use appropriate infection prevention and control and water, sanitation, and hygiene practices. Yet few health care facilities in Sierra Leone have active QI processes or up-to-date training programs. MOMENTUM Country and Global Leadership supported virtual QI training in four targeted districts as well as onsite training for frontline health workers in areas with limited network access. Now, all facilities in the four districts can use their data to inform QI practices.

A HYBRID APPROACH TO QUALITY IMPROVEMENT TRAINING HELPS FACILITIES REACH DESIRED OUTCOMES

During the COVID-19 pandemic, training activities around the world pivoted to creative uses of virtual platforms to reach more people with fewer resources. In four districts of Sierra Leone, coaches and frontline workers learned critical quality improvement (QI) approaches, including data analysis and use. These trainings were delivered virtually and onsite where network connectivity was not available.

Sierra Leone is partnering with the U.S. Agency for International Development’s MOMENTUM Country and Global Leadership project, which provides technical assistance to ministries of health and other country partners to support health systems capacity-building to improve health outcomes, with a focus on maternal, newborn, and child health.

When the pandemic hit, MOMENTUM supported new interventions to ensure continuity of care and strengthen the health system’s response to COVID-19 and future infectious disease outbreaks.

MOMENTUM’s COVID-19 response emphasizes two key areas: health care facility infection prevention and control (IPC) and water, sanitation, and hygiene (WASH) readiness. QI plays a key role in IPC/WASH readiness, yet few facilities in Sierra Leone have active QI processes or up-to-date training programs. According to district health sister Susan Tucker of Pujehun district, “[The] quality improvement concept is quite new for us. How to improve quality in our facilities has been a huge elephant.”

Sierra Leone grapples with unacceptably poor reproductive, maternal, newborn, child, and adolescent health outcomes despite huge investments in input and output processes such as training midwives and laboratory technicians. Results pointed to inadequate quality of outputs as the major cause of this mismatch between investment and outcomes.
To address the need for QI, MOMENTUM, through the Institute for Health Improvement (IHI), provided training to coaches in the four targeted districts and to frontline health workers through an online practicum in Western Area Urban and Western Area Rural. Since Kailahun and Pujehun are in areas with limited networks, health workers in these two districts were not able to participate in the virtual QI practicum.

This lack of access to the virtual practicum concerned the trained coaches in Kailahun and Pujehun districts. Through a WhatsApp group created for the coaches, they heard their peers discuss how helpful the practicum had been in improving IPC practices in their facilities and how they were implementing what they had learned during the QI coach training.

To reach the Kailahun and Pujehun coaches, the project used a “hub and spoke” model. The district health management team and senior staff/chieftdom supervisors in higher-level community health centers served as hubs supporting lower-level facilities (spokes). Coaches were selected from the facilities’ staff and received training. Once trained, the coaches in the districts that were unable to participate in the virtual practicum conducted onsite practicum QI training using the same training curriculum with support from the MOMENTUM Sierra Leone team.

As a result of the training, all facilities in the four targeted districts can now use their data to inform QI practices. Based on their IPC/WASH readiness assessment results, facility teams develop goals, which inform project charters. The charters have helped improve IPC compliance in certain behaviors, such as handwashing and the proper use of masks, gloves, and other personal protective equipment.

Since the QI training, Sister Tucker looks forward to a bright future for her facility: “We have now moved from being a novice in quality and taking the leap of faith in teaching and we are realizing the dividend.”