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■ Case Study

IMPROVING INFECTION PREVENTION AND CONTROL READINESS TO MAINTAIN HEALTH SERVICES IN SIERRA LEONE

MOMENTUM Country and Global Leadership's Work to Strengthen the Health System During the COVID-19 Pandemic

CONTEXT OF THE COVID-19 PANDEMIC RESPONSE

The COVID-19 pandemic caused disruptions across Sierra Leone's health care system, as it did in many other countries. Sierra Leone's swift response was influenced by lessons learned from the Ebola crisis. The Ministry of Health (MoH) to invest invested in emergency response infrastructure, particularly case management, contact tracing, quarantine measures, and laboratory testing protocols. Despite these efforts, several critical challenges impacted the uptake of health services during this period.

Nationwide, attendance at health care facilities (HCFs) was low for various reasons related to both the health system and community demand. Facilities also reported shortages in key personal protective equipment (PPE) such as gloves, masks, and goggles, and water, sanitation, and hygiene (WASH) supplies (e.g., mops, buckets, liquid soap, hand

sanitizer). The health system experienced health worker shortages (including community health workers) due to transportation challenges, staff's hesitancy to report for service in the absence of PPE, and infections and quarantines among health workers.

“But before [the intervention], people are dying in their houses because [they were] scared to come to the facility. Staff [were] also locked down to work, they [didn't] have materials, they [didn't] have gloves.”—Government official, key informant interview (KII)

Myths and misconceptions about COVID-19 were prevalent in Sierra Leone and throughout the world at the beginning of the pandemic. People were afraid to visit HCFs because they did not want to contract COVID-19. One respondent involved in qualitative data collection for the learning activity (Box 1) said, *“The facility became a place where people are afraid to go because they said, if I go to the facility, I'll be injected and I'll die”* (MOMENTUM staff, KII). Community members were also reluctant to seek services given the possibility of enforced isolation and its consequences on their productivity and livelihoods, along with limited food and water supplies available at some quarantine and isolation quarters.

“Well, people were not actually going to the facility because when you get into the facility you need to do the screen and then if they detect anything, suggest you have COVID. Or anybody you've been in contact with, you need to be isolated. So all these fears were there.”

—GOVERNMENT OFFICIAL, KII

potentially strengthening the health system while implementing activities to strengthen IPC and WASH readiness and prevention as a part of the country's COVID-19 response.

Given the delays in receiving care, when people with COVID-19 complications did arrive at an HCF, they were *“...in the moribund stage, making it difficult for them to survive”* (local health provider, FGD), which spread more fear. This situation was compounded by a lingering mistrust of the health care system wrought by the Ebola crisis.

Other facility challenges stemmed from poor infection prevention and control (IPC) practices or limited uptake of protocols for working safely in the context of COVID-19 rather than a lack of equipment.

Declines in uptake of essential services and health systems challenges during the pandemic created a need to assess assets and gaps and prioritize immediate IPC risks and HCFs' needs. This case study draws upon KIIs and focus group discussions (FGDs) with project staff and partners about their experiences in

Box 1: Overview of COVID-19 HSS Learning Activity

MOMENTUM Knowledge Accelerator led a multi-country learning activity guided by Bertone et al.'s framework¹ to document the factors facilitating or inhibiting the implementation and outcomes of health systems strengthening (HSS)-oriented COVID-19 activities. Key informant interviews and focus group discussions were conducted with various health system actors for case studies across three MOMENTUM projects in India and Sierra Leone. The findings from the other two case studies and multi-country analysis are available [here](#).

¹ Bertone, Mary Paola, Natasha Palmer, Krista Kruja, and Sophie Witter. 2022. [“How Do We Design and Evaluate Health System Strengthening? Collaborative Development of a Set of Health System Process Goals.”](#) *International Journal of Health Planning and Management* 38, no. 2: 1-10.

THE INFECTION PROTECTION AND CONTROL READINESS AND COMMUNITY ENGAGEMENT RESPONSE

Intervention Overview

To address this context, MOMENTUM Country and Global Leadership implemented an intervention to maintain the delivery of essential health services during the COVID-19 pandemic and improve the quality of care in targeted HCFs.¹ The intervention was not a health systems strengthening activity per se, but rather a short-term investment in response to the emerging COVID-19 pandemic. MOMENTUM technical support to the Government of Sierra Leone’s planning and strategy development focused on IPC and WASH facility readiness and preparedness, components that aligned with the Government’s pandemic-response efforts. From July 2020 until September 2021, the COVID-19 response intervention was implemented in 26 high-volume HCFs delivering maternal, newborn, and child health services in two high-burden disease areas of the country (Western Area Urban and Western Area Rural), and two low-burden disease areas (Kailahun and Pujehun). Of the 26 HCFs (21 primary and 5 secondary), 8 were faith-based and 18 were public.

To improve WASH/IPC readiness in selected facilities, MOMENTUM first addressed the immediate HCF infrastructure and IPC material shortages identified in a health facility assessment as inhibiting IPC readiness. They then worked to improve behavior compliance and systems challenges by leveraging technology to support virtual and in-person WASH/IPC and quality improvement-focused training, coaching, and mentorship. More details of the intervention and its results can be found in this [technical brief](#).

Figure 1. Geographic Implementation Areas

Healthcare Facilities (HCF)
7 of 71 (10%) Western Area Urban
2 of 63 (3%) Western Area Rural
9 of 100 (9%) Kailahun District
7 of 84 (8%) Pujehun District



¹ Sierra Leone was one of five countries that received rapid support from MOMENTUM Country and Global Leadership, along with Bangladesh, Ghana, India, and Uganda.

MOMENTUM also implemented risk communication and community engagement (RCCE) activities to ensure that district authorities had the knowledge and capacity to roll out an integrated community engagement model at the district and community levels. To ensure COVID-19 responses centered and empowered the community, the team used RCCE to reduce disease transmission by training and updating community health workers (CHWs) on COVID-19 protocols and ensuring their continued, safe community engagement and support of essential service delivery. Throughout the pandemic, CHWs encouraged community members to continue to use essential services, addressed rumors, worked with communities to identify solutions to challenges resulting from COVID-19 (e.g., physical distancing or isolation requirements), and built community members' confidence in essential services.

Figure 2. IPC/WASH Readiness Improvement Program Approach

Phase 1		Phase 2		
Support	Procurement and Civil Works	Moderate Virtual Platforms	Offer Physical and Virtual QI Training	Facilitate Data Reviews
<ul style="list-style-type: none"> • Designed IPC readiness assessment and data collection • Supported review of assessment data by facilities, districts, and Ministry of Health, in partnership with facility hubs • Identified facility IPC leads and created inter-facility networks 	<ul style="list-style-type: none"> • Procured and distributed needed IPC supplies • Identified facilities to provide minor WASH infrastructure repairs 	<ul style="list-style-type: none"> • Facilitated virtual trainings on Zoom • Facilitated WhatsApp groups to support: <ul style="list-style-type: none"> - Peer learning - Sharing ideas - As needed performance support 	<ul style="list-style-type: none"> • Offer QI coach training for up to 15 participants • Offered QI practicum program for IPC and QI leads • Facilitated in-person coaching and mentorship to lower-performing facilities 	<ul style="list-style-type: none"> • Facilitate monthly reviews of quality indicators and QI efforts

True Partnership and Clear Communication During Implementation

Coordination and partnerships contribute to health system resilience. Given the urgency of the COVID-19 response, the intervention was initially designed by MOMENTUM Country and Global Leadership headquarters staff and adapted by MOMENTUM Country and Global Leadership Sierra Leone. The team then worked closely with the Ministry of Health (MoH) and partners to realign workplan activities to meet national and district needs.

“For [MOMENTUM Country and Global Leadership], one of the approaches we use, before we do anything, we make sure the Ministry is fully involved and informed and led. And starting from national, citizen approach reviews all the way, then we are able to build a lot of rapport... and we co-implement from the work plan.”—MOMENTUM staff, KII

MOMENTUM Country and Global Leadership designed and led the WASH/IPC and RCCE work for the response program and provided technical and capacity-development assistance to stakeholders. MOMENTUM partnered with Christian Health Association of Sierra Leone (CHASL), a coordinating body of faith-based, private health institutions, to work directly with the facilities in the districts as MOMENTUM partners. MOMENTUM worked closely with the MoH

Box 2: Key Government and Community Actors

- Community health workers (CHWs).
- District Local Council (DLC).
- District Health Management Team (DHMT) (e.g., IPC focal points, social mobilization unit).
- Facility Management Committee (FMC).
- Health care facilities (HCFs).
- Mothers support groups.

at the national level, district health management teams (DHMTs) at the district level (the primary government entity that regulates all health programs from the district to the community level), and various actors that work with HCFs to promote health and behavioral change within communities. See Box 2 for a list of key government and community actors beyond MOMENTUM involved in the intervention.

All stakeholders described a true partnership in how the intervention was implemented. USAID funding allowed MOMENTUM Country and Global Leadership to provide necessary IPC/WASH supplies and rehabilitation of waste management zones in 7 of the 26 facilities. Technical experts from the MoH's National IPC Unit delivered the training and the DHMTs distributed supplies; MOMENTUM provided logistical support for training and supportive supervision. The DHMTs' social mobilization units developed community engagement messages around COVID-19 with support from Focus 1000 and CHASL. Stakeholders made decisions (e.g., geographic focus, timing of activities) jointly.

The intervention made use of several mechanisms for stakeholder collaboration and coordination. Monthly **partner meetings** hosted by the DHMTs allowed all partners implementing activities to share district health outcomes, provide progress on or challenges with activities, and jointly carve out solutions to those challenges. Monthly **in-charge meetings** allowed facility supervisors to disseminate project-related information to an entire district, even to facilities where MOMENTUM was not working; organized by the DHMT, these meetings also provided an opportunity for facility supervisors to describe any challenges that could then be addressed during subsequent facility-based supportive supervision visits. However, the frequency of these meetings in some communities decreased after the emergency COVID-19 response period ended because of lack of funding to support transportation and refreshments.

Stakeholders additionally reported participating in numerous **WhatsApp** groups, using them to report data, obtain assistance from various trainings (e.g., quality improvement) and supportive supervision, and disseminate messages on COVID-19. WhatsApp was also an important tool for teams to coordinate with partners across the country as well as with the four MOMENTUM projects implementing the intervention in other countries.

Supportive Supervision and Mentorship in Quality Improvement

The COVID-19 response activity strengthened the system's capacity to provide supportive supervision and mentorship in quality improvement (QI). To do this, MOMENTUM held a training of DHMT trainers on IPC in health care settings. The new DHMT trainers then supported each HCF with on-the-job IPC training and support to doctors, nurses, cleaners, drivers, and other facility staff. DHMT and MOMENTUM staff also provided HCFs with monthly supportive supervision visits and data collection visits in QI, using the MoH's national IPC checklist and QI quality of care policy to monitor compliance with Ministry IPC standards. Project staff entered recommended action points into the facility's action-point ledger and referred to them during subsequent supportive supervision visits.

“They usually collect the data, do supervision, and try to endorse where we went, where we have weaknesses, and they help us in maintaining the momentum.”

—LOCAL HEALTH PROVIDER, KII

“Every month we go to those facilities, check their data... and mentor them, coach them. Where they are lapses when we come back... they will be addressed... when we come back during our After Action Review meeting, we discussed that one and find ways forward.”—MOMENTUM staff, KII

The supportive supervision specific to IPC practices and standards provided by MOMENTUM was not continued beyond the activity. Instead, the MoH continued to support integrated supportive supervision in all technical areas, which includes IPC, to HCFs. Following the project's QI training and coaching, each facility reviewed and analyzed their baseline IPC/WASH readiness scores, developed aim statements, and used QI tools to address challenges around health care providers and support staff IPC/WASH behaviors. In some facilities, community members joined facility QI meetings to agree on common change ideas that they needed to test. Intervention actors saw facility-based training used with QI as more effective than traditional, large, in-person trainings.

“But with QI, I found out that when you do facility-based training, it creates a [more] lasting impression than when you call them to a particular location and train all of them in the same room... there are not too many [people], everybody participates. So, all of that. Everybody [does] work, discuss among each other. Of course, they know themselves and they know where the problem is. Who among the staff is responsible for those needles and all these other things? So, we sit and then discuss - not blaming anybody, but looking at solutions to improve the situation.”—Government official, KII

Monitoring, Learning, and Adapting

The intervention used multiple approaches to monitor activities. Staff at each facility captured a plethora of QI data for active monitoring efforts. A self-assessment tool collected IPC data from each facility using that was then shared with the DHMT. *“We have a ledger that we report daily, and... every day we report, and then at the end of the month, we collate it... and then send it to a DHMT team”* (local health provider, KII). Monitoring and evaluation staff from DHMTs and MOMENTUM Country and Global Leadership reviewed the facility-level data monthly.

“When we go to the facility, we look at their record books... so those record books can be verified by us. And there are a lot of times we see information about what they discuss, what their action plan [is], and we can take that information back at our [MOMENTUM] office, discuss it with National, see how best we can to support them.”—MOMENTUM staff, KII

Facility staff uploaded this information to a national website, where analysis was done on all 16 districts. QI coaches also collected data using a behavioral audit tool to understand to what extent the health workers in target facilities were compliant with IPC measures. For project monitoring data, MOMENTUM Country and Global Leadership partners used mWater, a digital data collection and analysis platform.

When designing and implementing the intervention, MOMENTUM integrated collaborating, learning, and adapting (CLA) processes for timely iteration on processes and tools used to support national efforts; as a result, the project made several adaptations. For example, the IPC QI work at the start of the intervention used a hubs-and-spokes model, but it did not work during the COVID-19 response and so was not continued.²

“We had the district teams that were the hubs and the facilities that were discussing realized, actually that won't work because... the districts are so busy, they're pulled in so many directions, so it's better to have coaches in the facilities.”—MOMENTUM staff, KII

Also, at the start of the intervention, the IPC/WASH QI meetings between district and facility staff were held virtually using Zoom. But intervention actors soon realized that virtual meetings were not enough and pivoted to using a blended approach that paired mobile, social learning, and in-person supportive supervision visits at facilities. The WhatsApp groups that began during the COVID-19 response became a source of learning and sharing; WhatsApp was

“If you have challenges or the activities that you're presently on, you can just send to the group and then ask questions, and then discuss. ... In fact, it was much easier than the other means of communication because people are always on WhatsApp, so you can just message and then someone will see it immediately and then give a comment. But when you say maybe Zoom meetings or emails, most of the time we don't have time to go to these meetings or check our emails.”

—GOVERNMENT OFFICIAL, KII

² MOMENTUM Country and Global Leadership's five country COVID-19-response projects established or leveraged existing virtual platforms (“hubs”) that provided support to participating HCFs (“spokes”) to implement QI activities and promote progress against the four quality aims.

found to be a convenient platform that offered prompt responses because actors were always on it. Health facility staff and DHMT members have continued to use the WhatsApp platform to monitor and coordinate their work.

“So it was really beautiful, you know, when [that] kind of feedback was coming in the WhatsApp group and we were using that platform to learn from it. And when they faced any challenge, they will have to share. Others from other communities will just tell them what to do, to plan to do this and this, meet these kind of people, this and this. So from there, they are really learning and you are using these ideas you are getting from other community members and implementing it in [your] community.” —MOMENTUM Staff, KII

OUTCOMES

Improvements in Quality of Care

The intervention’s focus on QI, which helps teams identify and solve problems in their HCF, helped them strengthen IPC and other gaps within the facility. The 26 project-supported HCFs increased their infection prevention readiness average scores from 39.4% to 67.8%. The intervention resulted in physical changes in supported facilities:

“In terms of environmental cleaning, if you go that way, our floors are much different now. Yeah, the smell of our facilities, the waste management, they are keeping the restrooms clear, their waste zones, and I can now boast of waste segregation. Honestly, our staff, were just putting the same waste in, all the waste in the same bin. But now they generate, they separate, and they know appropriately how to dispose... in terms of injection safety, before I can just see shelves on the floor, syringes everywhere. But when I go [now]... they are using the sharp boxes.”— Government official, KII

Newly displayed job aids improved staff compliance with IPC protocols. One respondent said, *“That person maybe should not take it seriously, but when she sees a poster that really illustrates, oh she will benefit. So, it's easy to have a handshake poster”* (Government official, KII).

The intervention focused heavily on strengthening the capacity of the health workforce through training and supportive supervision, resulting in more competent, motivated staff. MOMENTUM enhanced the knowledge and skills of 166 nurses on basic IPC and COVID-19 management across the 26 facilities; it also trained 2,188 CHWs in the targeted HCFs to provide integrated community case management of childhood illness in the COVID-19 context and facilitate effective contact tracing of potential COVID-19 cases. Such training, in combination with the distribution of IPC materials, made staff more confident to provide services and mobilize communities to seek care at facilities.

“But after the supply of this IPC, materials like the gloves, the facemasks, the cleaning materials, the staff, we are now confident. And so, our staff, we are going out to mobilize communities to come to them [and] they were not afraid again of giving services.”

—GOVERNMENT OFFICIAL, KII

Supervisors reported that the intervention improved their problem-solving skills and management approaches. It also renewed their enthusiasm for their work, as addressing the persistent health system challenges (e.g., stock outs) can be fatiguing. Informants noted that the intervention also resulted in positive personal changes, such as *“In terms of even within my household management and managing my household”* (local healthcare provider, FGD).

Every QI cycle also improved provision of care. Staff reported increased use of masks and goggles. One government official said, *“Handwashing was one of our [weakest points]. Okay? We tried to manage it and we are still managing it. As you can see. And also the PPEs, wearing of a PPE... prevention control is here now and it's already it's controlled”* (KII). For example, respondents reported that QI cycles significantly reduced wait times for antenatal care (ANC) visits and antibiotic administration for pregnant women, and improved documentation and referrals at supported facilities.

The intervention also improved experience of care. For HCF staff, the QI work was said to improve how they talk to patients.

“But with the help of QI, for me personally, I have seen that QI has improved my knowledge in terms of counselling, respectful patient care. ... Now people are coming to my facility, but I ask myself whenever these people come, do I render service to them amicably? So that is my attitude now - attitude towards the client.”—
Local healthcare provider, FGD

Evidence of Ownership

COMMUNITY LEVEL

Project staff used community engagement to create change within HCFs and hold them accountable and to disseminate health information (e.g., clarify misconceptions related to COVID-19). The Facility Management Committees (FMCs; which liaise between HCFs and the community) also have improved maternal health services and demand because people now feel invested in the HCF as a community resource and are more likely to use its services.

“The FMC was dormant. They were not holding regular meetings and were not developing action plans and were not developing ways as to how they can support the facility. ... So our intervention, first and foremost, creates community ownership of the health facility themselves. That is not us, the partners, it's not government that owns it. You and the community members, you own it. Yeah. So we create community ownership and that raised the awareness of community towards the facility to a point that we start seeing some of the FMC supporting the facility with some of the things that the facility, we are lacking.”—MOMENTUM staff, KII

“Communities became the center of addressing their own health challenge... getting the power to identify actions to be able to address COVID.”

—MOMENTUM STAFF, KII

The intervention also successfully fostered buy-in from traditional chiefs and leaders on holding HCFs accountable. One informant said they were able to convince two village chiefs to change the bylaws to ban home births, thus mandating facility births. Buy-in from influential community members served to improve intervention outcomes and the sustainability of its efforts.

“If I call my town chief - 'chief, can you please visit the facility within five minutes? So he'll be at the facility, or I call my facility management committee chairman. So they always respond because of the way we do engage them.”—Local health provider, FGD

FACILITY LEVEL

The intervention empowered HCF staff to sustainably improve IPC practices in their own facility. Since health care workers know their problems best, they can often offer the most effective solutions. Identifying simple, sustainable solutions was important because of resource constraints.

“So when you capacitate the health care workers within their own facility to be able to look at different scenarios, simple scenarios to bring about solutions to their own problems without expecting from external factors, expecting help from other people, then it becomes more sustainable for them to depend on their own selves, mostly.”—Government official, KII

DISTRICT LEVEL

In coordination with the DHMTs, MOMENTUM's COVID-19 response intervention identified and trained 15 QI coaches and enrolled 22 frontline health workers from 9 facilities in Western Area Urban and Western Area Rural. DHMT staff also provided QI and supportive supervision to non-MOMENTUM-supported facilities, spreading the intervention's innovations and learning more broadly.

Given the adaptability of the intervention’s methodology, in subsequent phases of its work in Sierra Leone, MOMENTUM Country and Global Leadership expanded its facility-based QI and capacity-strengthening work beyond IPC and COVID-19 to include other areas such as MNCH and FP during the next phase of the project, which was funded through a field buy-in. Informants expressed a strong desire for the DHMTs to continue coaching and mentorship due to the success of initial efforts and their significant potential for impact. One government official said, “...this is [the] only sustainable [option] and the most effective and impactful” (KII); another government official noted, “To me, one of the biggest successes, which we probably – I want the ministry to take, is mentoring and coaching, it is the most effective and cost-efficient method with the staff” (KII).

Evidence of Learning and Resilience

Data use and review are an integral part of the QI intervention introduced to HCFs. As a result, staff at supported HCFs are now able to use their data to inform changes in their community and their facility. MOMENTUM strengthened data systems and the capacity of district- and national-level staff to use data to inform policy. Before the intervention, district technical staff (e.g., nutrition, child health, or FP focal points) did not have access to monitoring and evaluation data and rarely met with district monitoring and evaluation officers to review and analyze district data.; through the QI training, they can now interpret data and understand district-level needs. These data are also being used by the national team and supporting technical working groups. One respondent said, “We work with the national teams, the leadership at national teams to go through the data and have priority areas that they want the implementing partners to support” (MOMENTUM staff, KII).

When designing the intervention, MOMENTUM prioritized activities that leveraged current on-the-ground presence, available materials, and technical expertise to rapidly contribute to the national response. For example, MOMENTUM Country and Global Leadership supported the development of a [national IPC supply list](#), which offered guidance to inform budgeting, procurement, and planning decisions that impact IPC readiness of the health system and at HCFs. Additionally, several informants reported that some IPC materials were produced locally, such as hand sanitizer and soaps, and that some communities were prioritizing using local materials to build fences as a part of facility rehabilitation. The intervention laid a foundation and facility-assessment and technical processes to operationalize global and existing national IPC/WASH standards and policies that support expanded facility readiness.

Challenges Securing Sustainable Resources

The intervention’s sustainability focus emphasized strengthening capacity and fostering ownership of intervention activities; however, the team faced challenges sustainably securing human resources, equipment and supplies, and finances. Several informants mentioned staff trained commonly left their roles for other opportunities. Furthermore, respondents reported instances of the MoH transferring MOMENTUM intervention-trained staff from MOMENTUM-supported facilities to other MoH facilities, thus affecting cascade training that sought to close the gap between



limited resources and the need to train all staff. These staff transfers resulted in significant information gaps in MOMENTUM-supported facilities that required additional training and resources to fill.

“The [supplies] are not on time, not enough. And the facilities we supported during the COVID response need these monthly. So when the project ends, they're not going to have monthly supplies like we do and... the private-public partnership here is very something that... [the Ministry is] just starting.”

—MOMENTUM STAFF, KII

Stakeholders acknowledged that the difficulty in securing long-term financing for the continuation of intervention activities was a major challenge. Multiple stakeholders reported that 90% of the support for the country's health system comes from international organizations. Since the MoH's funds are limited in Sierra Leone, it is common for it to request funds from other organizations (e.g., the World Health Organization, UNICEF) to implement activities or approaches that the DHMTs wants to continue, such as supportive supervision.

*For DHMT, we are so keen about sustainability and we are well capacitated by [MOMENTUM Country and Global Leadership] in terms of IPC, ... and in terms of QI. Our challenge that we [have] is with resources to sustain and to expand these very good things that [MOMENTUM has] done. If we get this support from our national [government], in terms of people to go out there and do supervision, refresher trainings, and supplies, you know, I want to continue doing it because [they were] very good lessons learned - from all MOMENTUM interventions. ... We have... capacity, but in terms of logistics, that's our problem.”—
Government official, KII*

Unfortunately, as is the case in many countries that receive donor funding, some informants suggested that when the funding ends, the activities will also end. To address this challenge, MOMENTUM Country and Global Leadership integrated the WASH/IPC activities into the next phase of their project, which expanded the project focus to MNCH and FP services and includes a sustainability plan to help ensure continued funding for interventions that are supported by the MoH.

Health Outcomes

The intervention resulted in several positive health outcomes. First, informants reported the number of patients seeking care at facilities increased. The increase in patients seeking care also increased the number of COVID-19 tests carried out and cases identified.

The lack of supplies of the requisite materials to enable compliance to the national IPC policies was among the barriers that hindered the intervention's IPC/WASH QI work. Based on initial assessment findings, MOMENTUM procured essential IPC/WASH supplies for all supported HCFs, which were distributed by DHMT, and rehabilitated seven waste zones for improved waste disposal processes (e.g., hash pits, incinerators, placenta pits).

“So even if they want to comply, if they don't have the materials - for example, hand hygiene, if you tell healthcare workers that you should be practicing regular hand hygiene, you should be using your hand sanitizer on a regular basis, but you don't - the environment is not enabling. They don't have a water bucket or running tap, all these in the hand hygiene compliance.”

—GOVERNMENT OFFICIAL, KII



FACTORS THAT INFLUENCED A HSS RESPONSE

Even though the intervention was designed as a short-term emergency response investment, it served to strengthen components of and processes within the health system. Respondents identified some specific factors that facilitated or inhibited a health system-strengthening response. The major inhibiting factors involve the challenges of securing sustainable resources (e.g., funding, equipment, and supplies). However, the intervention identified some factors that facilitated changes to the health system that may be important considerations when designing or implementing future pandemic responses.

- **The involvement of local stakeholders is important to the project design.** Since MOMENTUM’s COVID-19 response was not developed with country partners, it took time to adapt the workplan and implement it.

“The first buy-in, it took a while for us to start to kick off because we had to unpack things, so I think we learned a lot. But if I could get [the DHMT] team, too, so, sometimes it's underground, the team from the ground, and to be actively involved in this design.”—MOMENTUM staff, KII

The intervention expanded with the implementation of a field buy-in from October 2020 to December 2023 with a broader focus on MNCH/FP/RH content, though this timeframe and these activities are not included in this case study. This next phase of the work was designed in collaboration with local stakeholders, especially national and district partners. These activities may be positively contributing to health outcomes. For example, many informants felt the intervention’s most notable achievement was a significant decrease in maternal mortality. While this decrease cannot be attributed to MOMENTUM’s intervention alone, informants felt that improvements in facility IPC/WASH practices along with ANC, facility-based deliveries, screening and referrals for complicated pregnancies contributed to improvements in maternal health.

- **Given Sierra Leone’s experiences with Ebola, the country was uniquely prepared for the COVID-19 pandemic.** Past structures put in place to address Ebola outbreaks may have provided a foundation for Sierra Leone’s COVID-19 pandemic response. While some informants felt these existing structures provided an advantage, others were less certain. One informant suggested the structures were dormant because Ebola funding had long ended (MOMENTUM staff, KII).

“So post-Ebola, a lot of people had seen the effect of like communication and IPC, so I think when we were having these discussions, we always came back doing what we did during Ebola. So, it was very - it was so fresh... there is always a comparison but I think it came to a point where people were not even - there was like disbelief about COVID because it didn't hit us severely. We had very few cases. So [we were] telling people [that] it's very important, you still have to [take precautions], you know, because [compared to] Ebola, you saw it. People were dropping dead like, you know, you saw the all the - yeah. And COVID was not [like that], so there was a lot of disbelief. So, it's hard to compare the similarities and the differences and put that in the messaging and make sure they see the DHMT health staff themselves were on board.”

—MOMENTUM STAFF, KII

“We have started moving away from the normal behavior in terms of IPC... because we thought everything was gone. Eventually, COVID-19 came in. ... So, during COVID, again, in terms of handwashing, terms of spacing, having masks, those things were not there.”—MOMENTUM staff, KII

- **Digital technology and open attitudes to its use were vital to work and communication.** The COVID-19 pandemic prompted a global revolution in digital communication technologies. Such advancements were needed to allow individuals, organizations, and communities to continue work and communicate in the face of quarantine policies.

RECOMMENDATIONS FOR FURTHER ACTION

Based on informants' experience implementing MOMENTUM's COVID-19 response activity, they shared the following recommendations to strengthen the health system to respond to future pandemics.

- **More, and more widespread, training.** Implement additional and more-regular training for more staff on topics such as emergency preparedness (e.g., how to develop messages, protect yourself, protect the community), QI, and quality data collection and tools. MOMENTUM could work with the government on training sustainability and transition plans or support DHMT staff to lead training efforts.
- **Resources to support transportation and distribution of needed supplies.** The DHMT staff conducting supportive supervision suggested they did not have transport without MOMENTUM's resources. Transportation is a significant challenge to carrying out necessary activities and distributing needed supplies. Currently, the MoH distributes available supplies based on proportional allocation by catchment population, not based on need (e.g., a push system). Some stakeholders mentioned the need for a digital system (e.g., dashboard) that would more effectively enable facilities to indicate supply gaps based on need, which could then trigger prompt distribution by district or national health officials.
- **Strengthen the referral system.** Sierra Leone's current referral system is weak, with an absence of guidelines and procedures, vehicles, and ambulance drivers contributing to many delays in patients receiving the advanced care they need. MOMENTUM Country and Global Leadership is developing pre-referral stabilization guidelines that the MoH can use to train staff on what to do in an emergency at HCFs.



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