



## Title: Disease-control and maintaining medical healthcare in the catchment area of the Catholic Community Hospital Serabu (Sierra Leone)

### Project Information:

Implementing organisation:	German Doctors e.V., Germany / Catholic Diocese Bo, Sierra Leone, Catholic Mission Hospital Serabu
Funded by:	Federal Ministry of Foreign Affairs, Germany
Duration:	6 months (Nov. '14 – April '15)
Budget:	269.963,50 EUR (TOTAL)
Project region:	11 chiefdoms in 3 districts (incl. 60 registered PHUs)
In Bo District:	Bumpe, Tikonko, Lugbu
In Bonthe District:	Jong, Yawbeko, Kpanda Kemoh, Imperi, Sogbeni, Bum
In Moyamba District:	Lower Banta, Upper Banta
Beneficiaries:	
Direct beneficiaries:	1.399 persons – approx. 140 CHOs of 60 PHUs, 6 DERC soldiers, 332 local stakeholders trained; 833 poor patients with food packages, 88 hospital staff
Indirect beneficiaries:	70.000 persons living in the catchment area

### Abbreviations:

CHASL	Christian Health Association of Sierra Leone
CHO	Community Health Officer
DERC	District Ebola Response Centre
MsF	Doctors without Borders
NERC	National Ebola Response Centre
PPE	Personal Protective Equipment
PHU	Peripheral Health Unit

### Project Goals and Achievements:

#### Outcome 1: Contribute to epidemic control in the catchment area

- 1.1 A project team consisting of two local CHOs and one international expert is established
- 1.2 Training workshops for the health workers of the PHUs is conducted

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### 1.3 Save and timely transport of Ebola-suspects to the Holding Centre / Treatment Centre is ensured

The project team was established in the first half of November 2014 and in accordance with the action plan. From then onwards, they implemented the emergency response project. The local CHOs had received a training in Ebola-prevention and –control measures in June 2014 by Prof. Dr. med. Stich of the Medical Missionary Institute of Würzburg within the scope of a general Ebola-training for all hospital staff. In November, the training was refreshed by the hired international Ebola-expert so that they had a sound understanding and qualification to conduct any further training measures. Furthermore, in January, they received an advanced training course by another expert sent by the Medical Missionary Institute of Würzburg.

End of November until mid-December, the three practical 3-day training workshops for PHU staff were conducted. They took place in small groups of approximately 25 participants each and were visited by CHOs from the surrounding PHUs and soldiers deployed to install the DERC in the area. The main aim of these workshops was to establish a common level of knowledge about hygiene, prevention and epidemic control measures that were supported by practical exercises. The curriculum for these trainings contained amongst others disinfection and waste management', hygiene, triage operation and case definition, epidemiological development, PPE mistakes, 'which PPE for which procedure' as well as information about the role of the community in combating Ebola; all activities were accompanied by practicals with the materials and with a visit of Serabu triage for learning purposes. Moreover, a psychosocial counsellor was present on the workshops for questions of health workers regarding patient communication when facing Ebola-suspects and their relatives. Due to travel restrictions, not all PHUs could send their employees, but we reached 57 out of 60 PHUs with the training – resulting in overall 77 persons trained. The remaining PHUs and their staff which had not been at the training got trained within the scope of the monitoring and consultation visits on site as well as the follow-up trainings. At the end of the training workshop, the PHUs received a kit including all basic materials and consumables for upholding basic healthcare services and to ensure their own safety during work.

Moreover, the acquisition of an additional ambulance for the transport of Ebola-suspects became necessary. With the rising cases of Ebola-suspects in the area at the beginning of the epidemic, the only ambulance of Serabu Hospital, which is dedicated to the transportation of pregnancy emergencies, became increasingly under public pressure with transporting Ebola-suspects; it was in danger of losing public trust into its health safety. Besides, the pregnancy ambulance is always highly frequented so

that it would have impacted severely on the healthcare of women in labour, if the availability of the vehicle had been impeded or the willingness to call it had been omitted. The purchase of an additional Ebola ambulance was, therewith, a priority and its acquisition was communicated in the catchment area so that anyone knew about the service in cases of Ebola-transport bottlenecks; from then on, the pregnancy ambulance could operate safely again and did not suffer any adverse effects. In order to not interfere with the by January 2015 established system of transportation for Ebola suspects, Serabu's Ebola-ambulance was solely called, when the vehicles of the Holding Centres were unavailable. Nevertheless, due to well working channels of communication, the suspects collected by the Ebola ambulance were also included in the national statistics. The ambulance was called on a regular basis, but with the dropping rates of cases, the frequency dropped as well. Regarding the safety of our personnel, all drivers of Serabu Community Hospital received a training in safe transportation of Ebola suspects (including escorting them to and out of the vehicle), hygiene and disinfection as well as preventing contamination of the environment; this training was also conducted by an expert of the Medical Missionary Institute of Würzburg.

#### Outcome 2: Preserve the medical healthcare in the catchment area

- 2.1 Medical healthcare for the catchment area is ensured by Serabu hospital
- 2.2 Awareness-raising and networking in the rural communities is conducted (incl. traditional healers, village leaders)
- 2.3 Food packages/prescribed medication are provided for patients in need to create incentives as well as to lower obstacles for hospital visits and are given out for free (no patient contribution)
- 2.4 Providing hygiene material, consumables and medication in Serabu hospital and in the PHUs
- 2.5 Paying risk allowances for the hospital personnel

Serabu Hospital is the only hospital in its locality serving 70.000 inhabitants and is supported solely by mostly ill equipped PHUs in the surrounding area; due to that the upholding of the healthcare services of the facility was of vital importance. As consequence, the hospital was among the first reference hospitals with a triage unit on site countrywide. The triage had been established already in June 2014 with support of the Medical Missionary Institute of Würzburg and served as role model for many surrounding health institutions. The hospital staff frequently guided health officers through the unit and its procedures and also included it during the practical

workshops for the PHU staff for learning purposes. In January, with support of the Medical Missionary Institute of Würzburg, the hospital's personnel was trained in-depth in epidemic control and prevention (esp. safe transport, medical waste, burials, hygiene) – also all procedures in the hospital were analysed and, if necessary, changed accordingly. Moreover, an observation unit was established. The services of the hospital, the staff's expertise as well as its safekeeping of the patients improved greatly and the enhanced knowledge was shared freely with other health providers. Additionally, the high level of training as well as the payment of the risk allowances to all personnel as recognition of their extraordinary commitment, motivated the staff to keep coming to work despite the threat of Ebola and facilitated a smooth running of the hospital. Moreover, as a trust-building measure as well as a lowering of obstacles of the population to refrain from a hospital visit, the hospital paused the patient contributions for prescribed medication and handed out food packages to poor patients in need. The measures did have an effect, because since the measures were communicated through the workshops and the community sensitisations, the number of newly admitted in-patients rose; nevertheless, the decreasing rate of Ebola suspects in the area were probably also a favourable factor for this development.

Furthermore, in each project chiefdom, essential stakeholders were trained as facilitators to regain the trust of the population into the health sector, so that not only Ebola could be contained, but also patients with other health problems would be willing to visit a doctor again. Even though the CHOs of the project team were locals from the area, the village population was very short-spoken and mistrustful. In order to reach them, the team decided to focus on the awareness-raising among persons who have authority and respect in the localities so that the locals would trust their word. Thus, the awareness-raising were conducted in each chiefdom of the project region and included the participation of traditional healers, village leaders, women and youth representatives, important officials as well as religious representatives; besides, the staff of the responsible PHUs was also invited to join. All stakeholders were invited personally with individual talks beforehand in order to secure their support and to win them as mediators/ multipliers. This way, the team trained 332 multipliers for the localities. With radio shows in each project district, the project team communicated the information and Ebola awareness also to a wider audience.

Next to that, 46 out of the 60 PHUs in the catchment area were visited by the team for individual consultation and inspection of the level of safety measures installed. Depending on the findings onsite, the team restocked lacking materials, consumables and medication to ensure epidemic control as well as the necessities for basic healthcare services. The team gave advice on the security settings of the triage, the

hygiene and answered questions of the staff. Based on the results of the visits, the 11 weakest PHUs received follow-up training to strengthen the facilities' capacities. The approach of visiting the PHUs to have consultations on site with the staff was unique and it was not employed by any other organization, which conducted follow-up via phone at most – none offered the individual visits and follow-up trainings. However, the visits became a highly valued component of the project among the PHU staff and resulted in great improvements on the level of preparedness and expertise of these units. Moreover, all 60 PHUs in the project area were part of at least one of the PHU training components, so that really the whole area was structurally strengthened. In the end, the project trained more than 140 CHOs/ health staff in the area

Lastly, all actions took place in coordination with all other relevant actors and organizations in the area. The hospital management was an active participant in the coordination meetings of CHASL as well as with NERC/DERC. In order to improve Ebola-information sharing, the relevant actors and district offices were contacted to establish a functioning communication system for Ebola-hotspots and the mapping of Ebola-suspects. Besides, the project team onsite visited each Ebola Holding Centre and Isolation Centre in the area to establish working relations, where each actor was aware of the activities of one another. The cooperation with MsF was of great importance, since a division of labour was established over the course of the emergency response measure so that each organisation could fully focus on their field of expertise to the benefit of the people.