

HANDICAP INTERNATIONAL EXPERIENCE ON EBOLA

Context of intervention



Sierra Leone is a country of six million inhabitants which despite natural resources and a considerable farming growth potential, remains one of the poorest country in the world. According to 2015 World Bank's data, 52.9% of the population is living under the poverty line¹.

In Sierra Leone, Handicap International (HI) objective is to improve the lives of vulnerable groups including people with disabilities by promoting their rights, ensuring their social inclusion and by promoting accessible services for all.

In 1996, Handicap International launched activities in Sierra Leone to assist the victim of the civil war promoting a better access to services, supporting care-providers and encouraging their inclusion in decision-making processes.

In the beginning of December 2013, the Ebola virus appeared in Guinea in the forest area very close to the border with Sierra Leone and Liberia and quickly spread to neighboring districts in the two countries.

Today the epidemic is still not completely under control, in Guinea & Sierra Leone. According to estimates, **more than 27.700 people have been affected and more than 11.200 lost their lives**². Lethality varies depending on the area but was reaching 70% in Sierra Leone in June 2015³.

It is worth mentioning that the Ebola Virus Disease (EVD) has also significant direct and indirect impact on the economy and the society at large, which are rapidly reversing the gains Sierra Leone has made over the past decade. This situation still needs to be addressed to reduce the humanitarian consequences of the epidemic, especially the disruption of health services and the fragile livelihood situation.

In Sierra Leone, the capital and its periphery remains the primary center of the epidemic and despite the reduced number of confirmed cases each week, reaching Zero case remain the objective.

In order to response to the Ebola epidemic and to ensure the support to the case management interventions in Sierra Leone, Handicap International had to adapt drastically its strategy of intervention. **To ensure qualitative and efficient response to the crisis, HI developed new modalities of intervention** which were highly needed to response to the high exigencies to intervene in the Ebola context.

The Ambulance and house decontamination project is a clear example of the adaptation of HI modus-operandi in Sierra Leone. Actually, the transport of the suspected patients and the house decontamination intervention has been developed to complement the activities of the different partners (treatment centres, contact tracing, social mobilization etc.) and has been and remains a key component to ensure the capacity to **break the chain of transmission**.

¹ <http://data.worldbank.org/country/sierra-leone>

² Ebola weekly situation report, July 22th 2015, World Health Organization.

³ Ebola weekly situation report, July 29th 2015, World Health Organization

Project description

PROJECT DETAILS

TITLE

Ambulance fleet management and house decontamination to support the Ebola response in Western Area

DATES

10/12/2014 – 30/09/2015
To be extended until the country is declared "Ebola Free"

BENEFICIARIES

Direct: Suspected Ebola patients, households benefiting from decontamination

Indirect: Ebola affected communities

RESULTS

3,005 Patients transported
1,340 Houses sprayed

KEY FIGURES

- 50 vehicles during the highest volume of intervention
- 255 dedicated staff
- 2 Infection and Prevention Control International Experts
- Ambulance system operational 7/7 days

The recent Ebola Virus Disease outbreak has put back an emergency modus operandi in the Handicap International strategy of intervention. The organization decided to focus on the support to break the Ebola chain of transmission and to ensure quick access to treatment.

Since December 2014, Handicap International is in charge of the ambulance fleet management and house decontamination in Western Area rural and urban in Sierra Leone.

Integrated in the Case Management Pillar of the Ebola emergency response in Sierra Leone, the project is essential:

1) On a **public health perspective**, to break the chain of transmission of the disease as a rapid isolation of the patient from his family and community as well as decontamination of his house, highly decrease the risk of contamination to his entourage;

2) On a **medical perspective**, to increase the patient's chance of survival by transporting him/her quickly to an Ebola Treatment Center or Holding center that will provide appropriate diagnostic and necessary supportive treatment.

Strengthened by its former and long experience in transportation and logistics in emergencies, with an adaptation demanded by this unprecedented context and striking needs, HI developed the project based on the main following axes:

Fleet management of 30 ambulances including:

Quick and safe transport of suspected patients from communities to holding centers where laboratory tests are pursued, transport from holding centers to treatment centers of confirmed cases where a supportive treatment will be given.

The ambulances and vehicles potentially contaminated are then going through a thorough and rigorous process of decontamination at Hastings Site. Hastings site is therefore organized following high standard of IPC and safety for staff.

The management of the fleet of ambulances requires also specific maintenance and fuel processes in order to keep the vehicles operational 7/7 days and the storage of personal protective equipment, chlorine etc. needed for each intervention.

→ Houses and buildings decontamination by sprayer trained by HI:

More than 8 team's experts in decontamination ensure house decontamination of suspected Ebola cases. The teams are monitored by two Infection Prevention and Control (IPC) experts. As body fluids are highly contagious, transportation of patients only isn't sufficient to break the chain of transmission: thus decontaminate the patients surroundings, his home, his belongings and all the potential objects he has touched is capital. Affected Ebola patients do not necessarily have the means to buy again those items so the objects are removed by HI teams, destructed if needed and then replaced.

→ Specific sensitization in the communities previous to all intervention:

For each team deployed, the HI health promoter explains each step of the crews' activities before the arrival of ambulances in the communities. Thus apprehension about fears of loudly ambulances and contamination is being reduced as well as reducing the risk of stigma of EVD suspected cases to prepare the return of the patient in their families and communities from holding and/or treatment center.

Organization of the project:

The triggers for intervention are calls received directly from the District Ebola Response Committee (DERC) through the Call Center providing information on patient's identity, localization and status.

The ambulances fleet and decontamination capacity includes 21 vehicles (with a contingency capacity that can be extended based on the past highest volume of intervention), 8 decontamination cars, 3 dirty cars representing a fleet of 32 vehicles.

Ambulances pads are located on 2 sites in Freetown: Hastings and Fire Station, operational 7/7 days whose response rate is 100% within one hour average.

A total number of 255 staffs are working on the project organized on different shifts to ensure the service is operational 7/7 days and to ensure the highest response rate. Staffs are regularly trained on Infection and Prevention Control measures to ensure the highest standards to avoid the spread of the virus while ensuring their own safety.

HI interventions in slums areas:

In the last two months, cases in Western Area Urban have arisen in slums areas, places characterized by overcrowded living conditions, insecurity and environmental hazards. In addition due to these conditions, staff safety and dressing can be problematic. Actually, the poorly maintained building with sharp edges can tear Personal Protective Equipment (PPE) or cause other physical injury.

To ensure the maximum safety and quality level in these areas, HI developed specific and very strict Standards Operating Procedures (SOPs) and HI staff has been fully trained specifically on the exigence of working in those areas. Dedicated well-trained teams are now dedicated for slums intervention.

Thanks to HI experience in communities and the work of the health promoters in the last months, the dedicated teams are fully accepted by community leaders or other appropriate authorities ensuring population acceptance and support to adapt the response to these specific areas in Freetown.

Sustainability:

All efforts are made to drastically break the chain of transmission and finally get to 0 cases; as a matter of fact the project will continue until Ebola free is declared nationally. Nevertheless, HI activities are organized to be transferred as capabilities and processes have been developed such as trainings, guidelines, Standards Operating Procedures (SOPs), reports and tools in order to ensure the transferability of its capacity to national authorities or to a local actor.

As far as the priority of the Ministry of Health and Sanitation is the development of a national ambulances service with the support of foreign teams, HI started the capitalization process to allow the transfer of the current capacity once the Ebola Virus Disease is controlled⁴.

⁴ National Health Sector Strategic Plan, 2010-2015, Government of Sierra Leone, Ministry of Health and Sanitation