

Médicos del Mundo (Spain and UK) Emergency Response to Ebola Outbreak



1) Background MDM in SL

Medicos del Mundo /Doctors of the World (MdM) is a global health network that works in more than 75 countries. Founded in 1985, it cares for the most vulnerable before, during and after crises

MdM/Doctors of the World began activities in Sierra Leone in 2003 as part of the post-conflict response running primary health care programs in different parts of the country. Since 2006 we have focused our efforts in Koinadugu District supporting the District Health Management Team, strengthening primary health care services, especially focused on sexual reproductive health, and social mobilization. It was a three years EU funded program to support Ministry of Health to deliver the Basic Package of Essential Health Services as part of the Free Health Care Initiative launched in 2010. When the 2014 EVD epidemic broke out in Sierra Leone, MdM partnered with Sierra Leone Ministry of Health, the National Ebola Response Committee and district authorities to deliver safe and effective care for those with suspected or confirmed EVD. We operated the Moyamba Ebola Treatment Centre (100 beds) in December 2014; it is currently operating as a 30-bed holding center. In Koinadugu District, MdM is currently working on Infection Prevention and Control actions to support 70 Peripheral Health Units;

operating other two holding centers (Kasumpe and Kumala), and conducting social mobilization activities. Local authorities and communities recognized that this partnership has been effective and patients have received high quality safe care, which has given MDM/DOTW the local legitimacy to conduct wider ranging work.

2) Ebola Response the NERC and the 5 Pillars

The National Ebola Response Committee (NERC) was established and followed shortly by the District Ebola Response Committees (DERCs) at each District and they took over the management of the whole Ebola response from the Ministry of Health.

The NERC planning structure, which is mirrored at District level, is via the EVD Response pillars and they are: Case Management, IPC and Safe Burials, Surveillance (and Contact Tracing), Social Mobilization and Psycho-social.



For MDM/DoTW was perceived that the most valued partners for DERC were those who most fully engaged and actively participant, that were nimble and flexible and able to respond in a timely manner to day to day challenges arising for the DERC. It was essential to engage with the DERC to enable a transition from ETC centred care to outreach activities. In addition the DERC has been arguably the only functional element of the health system and the most efficient mechanism to deliver interventions to improve population health in addition to its clear purpose of EVD control.

3) MdM emergency response to the emergency

A) Case Management

- Moyamba ETC :

The Ebola Treatment Centre in Moyamba was built by the British Royal Engineers under the supervision of MdM. The facility was: official opened on December 2014 and we admitted the first patients very soon. Since 22nd April Moyamba ETC is acting as a Holding Centre and remains 100 beds capacity as an I ETC Stand by.

Main services of the ETC are: Triage, case definition, laboratory samples, isolation, treatment, psychosocial support (at ETC and community level) and discharge; Water supply (chlorine solutions and quality monitoring), infection prevention and control measures (all ETC staff and patients), body and waste management.

To support the two previous components (health and WASH), the follow elements were putted in place:

Medical Evacuation Plan; Accidental and Biological exposure procedures; Ongoing and refresh training for all ETC staff; ETC Facility management (water system, waste system, food, fuel and internet supply, maintenance of all ETC structure and improvement for rainy season).

108 admissions were registered while operating as an ETC and 22 as a Holding Centre at the moment of writing. An important support (EVD triage training and isolation facility) was done also to the Moyamba District Hospital.

- Koinadugu Holding centers

The Kasumpe and New Kumala Holding Centres were opened by NERC and WHO to isolate suspected cases in May 2014. Mdm is in charge of case management and all health issues in the holding. In the first 4 months of the outbreak, we used a school as Community Care Center, named "old Kumala". After that, it was constructed a new holding centre and it's the actual, "new Kumala". The current capacity of the Holding centres is scalable from 20 in New Kumala and to 30 beds in Kassumpe, according to needs. Currently, MdM is supporting clinical activities and in charge of the management of the holding centers in Kassumpe and New Kumala. The National guideline establishes that all Districts should have holding capacity to keep suspect cases until they are confirmed positive or not.

Since November 2014, we registered the following data:

- **Old Kumala:** admitted 139/ positive 70
- **New Kumala:** admitted 4/ positive 0
- **Kasumpe:** admitted 14/ positive 14

MdM continues to support case management in the same way we have been doing since the beginning of the project.

B) IPC

- Moyamba outreach activities

By the end of February 2015 a Rapid Needs Assessment was conducted in Moyamba. Main recommendations in terms of IPC were: IPC monitoring and training in PHUs and WASH assessments in PHUs and communities; Support to the Back to School guidelines to guarantee all the necessary measures for children. At the moment of writing, the most important achievements are: 1st Ebola training round (triage and IPC) and 2nd round (triage; case definition; screening system; patient management; IPC) for health staff of PHU successes finalized; 3rd round (Safe Sexual reproductive health services delivery: pre- eclampsia toxemia and the high risk pregnancy - fever in pregnancy/bleeding in pregnancy- teenage pregnancy and prolonged/obstructed labour - immediate postnatal complications) success finalized; 100% of participants that answered the questions, found excellent or satisfactory; Trained 114 participants across 92 PHUs (of 101 in the district); 90 participants were Maternal and Child Health Aid, who was our primary target; For WASH assessment 62/60 PHU visited. Monitoring

and report in process; in terms of Back to School programme, we have finalized the timetable for the distribution of first aid and cleaning kits to 101 schools and the planning for the WASH repairs is ready.

- Koinadugu , **The Ebola Response Consortium**

To respond to the emergency, there is a need for a coordinated response from INGOs and other key players. The INGOs which worked in Sierra Leone during the development phase (2002-2014) are uniquely positioned to continue work with the MoHS, the UN agencies that have been supporting the development phase (UNICEF and UNFPA), and international partners (WHO/ MSF/ CDC/ PHE) who will come to the country in the short term to support the emergency. Recognizing this, the International Rescue Committee (IRC) initiated the creation of the Ebola Response Consortium (ERC) in August. Since the development of the ERC, there are now 10 international partners, including the IRC. The ERC is ensuring coordination to support the MoHS for a national response in all districts of the country. This response is guided by evidence, and ensures that the response is ultimately led and owned by the MoHS.

The ERC is supporting different priority areas within the national EVD response. Mdm has been working on Ipc through three components:

- Reinforcement of capacities of Kabala Hospital for detecting and referring suspected EVD cases
- Reinforcement of capacities of the Primary Health Units (PHU) for detecting and referring suspected EVD cases.
- Strengthened capacities of Communities for the responding against the expansion of VHF

B) Social Mobilization

- Moyamba outreach

Social mobilization is considered a key pillar as it focuses upon the way in which all elements of the Ebola response work with communities to implement all of the activities necessary to control Ebola transmission. Mdm activities involve beneficiary communication and mobilization activities encouraging behavior change and providing health education. The intention is to provide a framework to enable regular engagement with communities and to provide appropriate and timely information and support at key moments such as identification of suspect cases, deaths, household quarantines and when well patients return home. Social mobilization is achieved through a team of Mdm Communities Development Officers and the engagement with communities via a number of complementary activities such as conducting community meetings, house to house visits, radio programming and distribution of information materials.

- Koinadugu , ERC

On the 30th January 2015 the NERC called for the social mobilization pillar to become the central pillar in the response, recognizing the importance of community engagement in providing prevention messages and using the alert system to identify suspected cases early in the disease process, in order to continuing the reduction in case numbers. They suggested that aggressive surveillance; aggressive contact tracing and social mobilizations were the

priority components of the response from this point forward. It is understood that within Sierra Leone community engagement has special significance and is considered essential in order to eliminate EVD. Even though, the Social Mobilization Pillar is working hard coordinating all the partners and organizations, at the end of the day, it is not easy to accumulate and study all the information and data collected by the social mobilization teams that could be useful to assess the situation of the district in many aspects. There is currently a lack of modern technology which the DERC has directly highlighted a need for. There is an expressed willingness to further their abilities to conduct outreach activities; to engage and spread educational messages in communities; and to ensure adherence to data collection and reporting methodologies. Social mobilization is achieved through a team of MdM Communities Development Officers and the engagement with communities via a number of complementary activities such as conducting community meetings, house to house visits, radio programming and distribution of information materials.

D) Psychosocial

- Support to patient and relatives.

A team of local 16 psychosocial officers and 2 expatriate psychologists have been in charge of providing psychosocial support for ETC patients and families through taking care of the psychological health of the patients admitted in the ETC; Conducting patients' family tracing contact, communication and facilitating their visits to the ETC whenever possible; Addressing fears and worries of patients' families regarding Ebola and ensuring that families and communities get the right information in a comprehensive way involving the state of Ebola and questions regarding EVD; Coordination with IPC and medical teams for the discharge and transfer of survivors and/or negative patients to their communities ensuring acceptance and reintegration; In case of death patients, the psychosocial team coordinates with DERC and the burial team for external communication with families, communities and religious leaders to ensure appropriate, safe and dignified burials.

- Community engagement

As part of the Outreach activities MDM is developing the implementation of PSS activities at the District level. These activities include coordination with the Psychosocial Pillar to implement mental health policies and psychosocial activities in close collaboration with government, UN agencies and other NGOs involved in the Ebola Response; Recruitment and training of Psychosocial Workers and Community Development Officers with 3 day's training that covered: Psychological First Aid, Lay counselling and Communication skill; Back to School Program: in close collaboration with the psychosocial pillar, we are carrying out a field schools' assessment (IPC and Psychosocial) covering schools in 4 chiefdoms; PHU Comprehensive Assessment to define the needs and gaps to be covered by the PSS team. Stigma eradication, supports to the integration of EVD affected, and support the structure of mental health cases referral to the Moyamba District Hospital.

- Survivors

A Survival assessment has been conducted to 84 out of 85 survivors in order to address concerns of post EVD complications (medical, social and psychological). Main findings were in medical (96% of survivals with medical complications as eye problems, headache, neurological problems, joint problems, abdominal symptoms, general symptoms and others), psychosocial (loss of livelihoods, loss of family members, psychological feelings and status), WASH and livelihood.