

### Steps Taken To Maintain MNCH Services During The Ebola Virus Disease Outbreak In Liberia

Presented by Dr. Rose Macauley, JSI Country Representative for Liberia

## **Background**



- Unprecedented scale of the EbolaVirus Disease (EVD) epidemic
- Critical MNH gains eroded as the epidemic surged (i.e., facility based and deliveries by skilled birth attendants declined sharply)
- Health facilities closed and MNH services collapsed as workers (HWs) were gripped with fear and stigmatized by communities



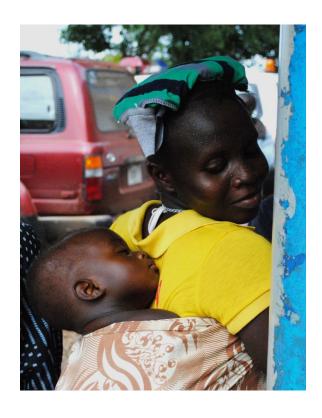
## Background cont.



- Pregnant women denied care particularly when presenting with EVD like symptoms (e.g., fever and bleeding)
- Use of Personal Protective Equipment (PPE) was not common among health workers due to limited knowledge and access to supplies



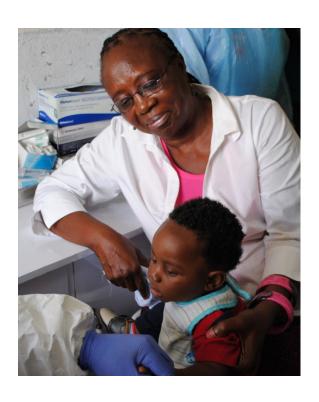
## **Strategy**



JSI

- Accelerated essential MNH interventions included community volunteer training and distribution of MNH supplies and commodities (e.g., misoprostol and chlorhexidine)
- Launched a three-pronged approach for infection prevention and control
  - Training
  - Provision of personal protective equipment (PPE)
  - Monitoring and mentoring
- Trained master trainers, composed of MDs, RNs, PAs, CMs/RMs) to train other HCWs who trained over 9,000 HCWs

## Strategy Cont.



- Adapted the WHO/UNICEF/UNFPA/SC
  Global Guidance for Safe Delivery and
  Newborn Care in Ebola Affected Countries
- Developed Standard Operating Procedures
  (SOPs) for various levels of health care
- Embedded 20 postgraduate training doctors with each county health team as IPC focal point



# Rationale for Strategy



- Provide technical information on EVD for all HCWs
- Help HCWs recognize EVD cases through triaging
- Minimize the risk of patients being rejected by health care providers
- Help HCWs remain safe and gain confidence in their ability to apply universal precautions, including appropriate use of PPE



## Samples of Standard Operating Procedures



### Keep Safe - Keep Serving

Roll out of IPC Precautions in HCFs

### County Visit Program

- 1. Meet with County Authorities, HCF Managers, and Community Leaders
- 2. Health Center and Hospital training & on-site orientation
- 3. Health Clinic training & on-site orientation

### Target Duration: 3-4 days

- I Meeting with County Authorities, HCF Managers, and Community Leaders
- Greet local authorities
- Introduction of National/International Facilitators. It is essential that facilitation teams have expertise in local patient care practices, IPC, and Water and Sanitation.

### Audience for Day

- Local health authorities
- Director and designated IPC Focal Point from each health center (HC) and Hospital (2nn)
- Officer in Charge (OIC) from each clinic (1p)
- Community leaders
- Presentation of what's planned for the country, and specifically for the county in terms of the IPC package. Package is comprised of a three pronged-approach:
- Training
- Supplie
- M8.E
- Presentation on main things all should know about Ebola and describe the content of training materials and tools
- 5. Training on how to establish Ebola Care centres

The IPC Task Force developed a set of SOPs for various levels of care:

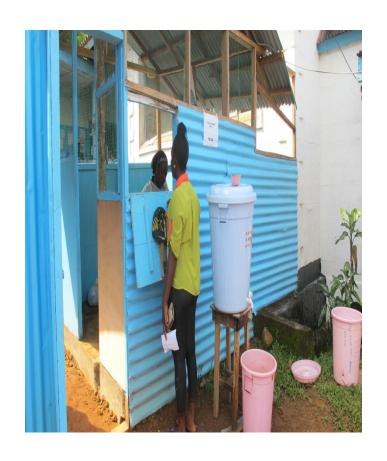
- Household
- Community Leaders
- Community Educators/Agents
- Community Care Centers
- Health Centers and Hospitals
- Health Clinics
- Transportation
- Interim care centers

### Lessons Learned



- Fragile health system is a recipe for major health disasters
- The absence of Disaster Risk Reduction preparedness can lead to confusion and panic during emergencies
- The lack of community engagement from the initial stage of the response effort can lead to the epidemic rapidly spreading

### Recommendations



- Develop risk reduction strategies at all levels of care (community to national)
- Tailor training on MNH interventions in emergency settings at facility and community levels
- Integrate emergency MNH supplies and commodities into routine supply chain system

## Thanks for Listening!

