



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

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Background



- Unprecedented scale of the Ebola Virus 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



- 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

1. Greet local authorities
2. 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 1:

- Local health authorities
 - Director and designated IPC Focal Point from each health center (HC) and Hospital (2pp)
 - Officer in Charge (OIC) from each clinic (1p)
 - Community leaders
3. 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
 - Supplies
 - M&E
 4. 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
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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!

