

A photograph of a community meeting in Sierra Leone, overlaid with a blue geometric design. Several women are gathered around a table covered with papers and medical supplies. One woman in the foreground is writing in a notebook. In the background, another woman is looking at a document. The scene is outdoors, with a building and trees visible. The overall color scheme is blue and white.

Q1 2019 Impact Report Sierra Leone



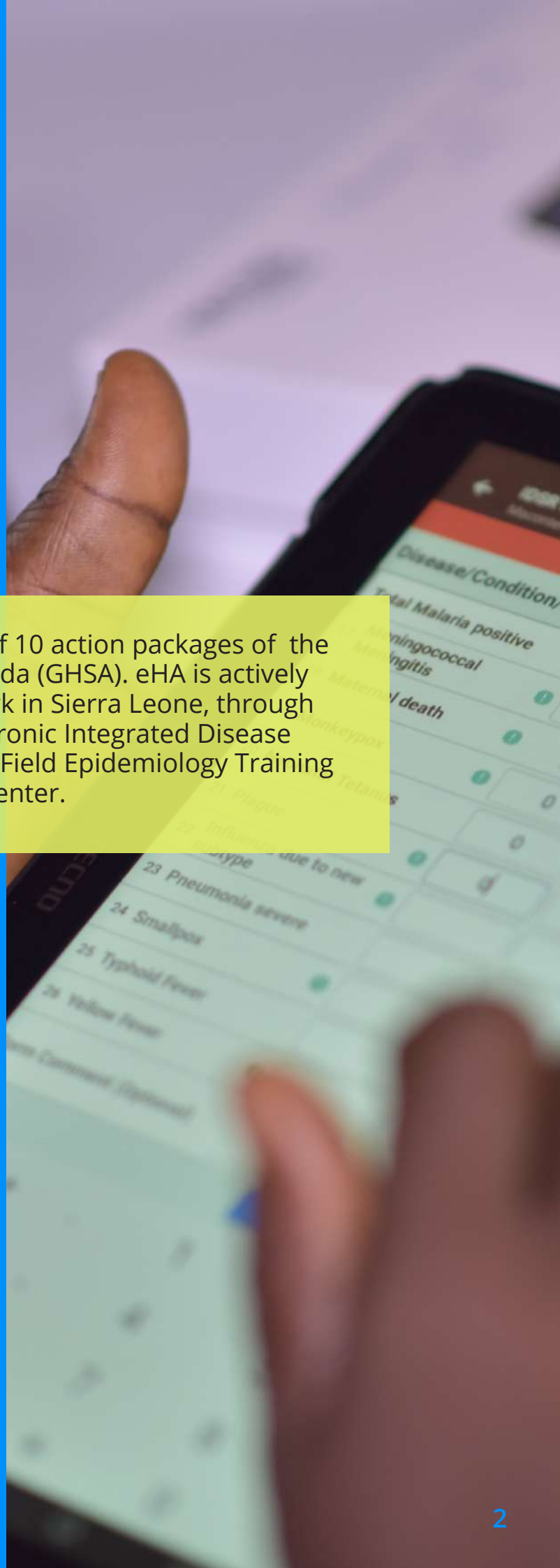
Introduction

eHealth Africa (eHA) has been implementing key projects that are contributing to build Sierra Leone's health system since 2014. eHA is doing this through its work in the Disease Surveillance, Health Delivery and Public Health Emergency Management program pillar areas, with funding and technical support mostly from the U.S. Centers for Disease Control and Prevention (CDC). This report highlights eHA's continued intervention in Sierra Leone, in the first quarter of 2019.



Disease Surveillance Systems

Real-time surveillance is 1 of 10 action packages of the Global Health Security Agenda (GHSA). eHA is actively engaged in surveillance work in Sierra Leone, through the following projects: electronic Integrated Disease Surveillance and Response, Field Epidemiology Training Program and the 117 Call Center.



117 Call Center

The 117 Call Center has gradually evolved from being an emergency hotline for the Ebola outbreak in 2014, to being a more vibrant surveillance mechanism. eHA, with funds from REDISSE, is implementing the 117 Call Center in partnership with the Government of Sierra Leone. The 117 Call Center is currently focused on improving community death reporting through mortality surveillance; real-time alert reporting for infectious deaths and increasing alert and data support to the maternal & perinatal disease surveillance.

During the first quarter of 2019, the 117 Call center software was upgraded from version 3.13.9 to 3.14.0 and the Call Center was fully equipped with new equipment for efficient delivery. In Q1 of 2019, the 117 Call Center started public service announcement campaigns to educate the general public about the purpose of the call center. This is helping to cushion the challenges of high rate of prank calls and network connectivity problems that affect accessibility.

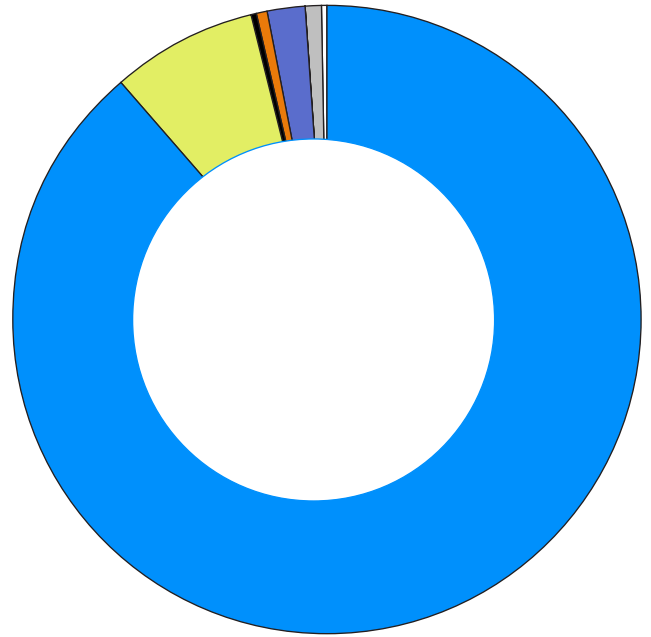
Also, the 117 Call Center was relocated to their larger and better equipped offices in March 2019.

"The 117 Call Center is making positive strides in the country and the upgrade has taken it to international standard.

117 is easier to rebrand, given its popularity across the country."

- Dr. A.J. Moosa, Deputy Director
Health Security and Emergency





- Death
- Sick
- Health Emergency
- Referral
- Health Information
- Suspect
- Other
- Security Threat

Following the lessons learned during the Ebola outbreak in Sierra Leone, many Sierra Leoneans now know not to touch corpses of their loved ones until a call is made to the 117 Call center.

eHA collaborated with Sierra Leone's Ministry of Health and Sanitation (MoHS) to enable communities in Sierra Leone utilize the 24-hour 117 Call Center facility with a decentralized alert management system across the country. In the first quarter of 2019 alone, 2,987 death-related calls were received and responded to by the 117 Call Center team.

2,987 

death-related calls were received and responded to by the 117 Call Center team.



electronic Disease Surveillance and Response (eIDSR)/ electronic Case-Based Disease Surveillance (eCBDS)

The eIDSR solution was created to improve the flow of information within health systems. Paper-based methods for reporting data on diseases was time-consuming and prone to human error, this presented challenges which resulted in questionable credibility and completeness of the information.

Through the electronic Integrated Disease Surveillance Response (eIDSR) solution, disease prevention and control is enhanced through the timely electronic capture and submission of data on epidemiologically important diseases. The solution is tackling the problems of low weekly priority disease reporting rates, low quality of data, poor internet and phone connectivity hindrances and reducing errors in reporting.

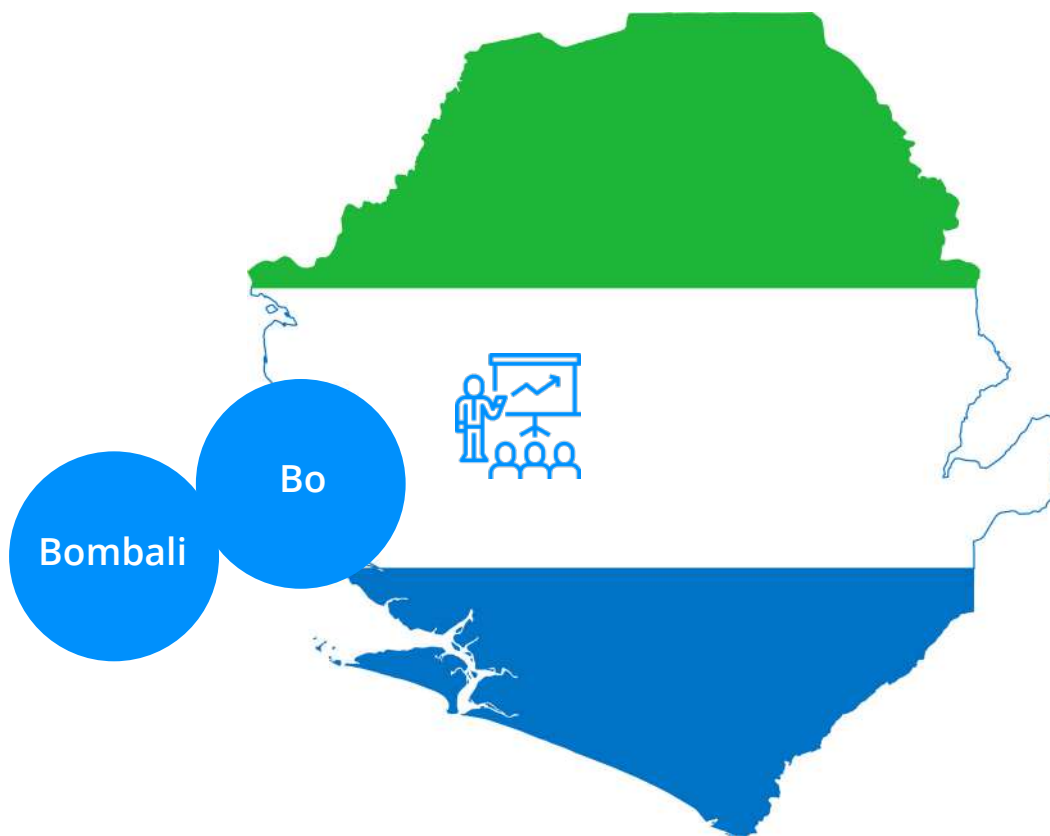
District staff were trained by members of the eIDSR Technical Working Group (TWG) to deliver the training for health facility staff to electronically capture and submit their weekly IDSR report. The practice of using district staff as trainers for the health facility staff training is

gaining momentum and should be continued. eIDSR roll out completed in 12 out of the 14 districts in the country.

The eIDSR TWG provides support to each newly trained district to do their first day of electronic submission after each facility staff training. All districts achieved the WHO target of 80% completeness on the first day of reporting.

'Remote and on-site support by the eIDSR TWG of districts especially in the weeks immediately following the rollout training is crucial to the success of the eIDSR roll out'

- A.K. Sesay
Deputy Data Lead,
Directorate of Health
Security and Emergencies



eIDSR:

- 20 District staff trained as trainers from two districts (Bo and Bombali); these trainers facilitated the training of 506 health facility staff from Bo and Bombali districts in electronic weekly IDSR submission.
- Each of the 506 facility staff (264- Bo and 242- Bombali) that participated in the training demonstrated their knowledge of electronic submission in front of their class by the end of the training.

Electronic Case-Based Disease Surveillance (eCBDS)

Electronic Case-Based Disease Surveillance (eCBDS) is a new component that has been introduced to the disease surveillance infrastructure. eCBDS is an approach to surveillance that involves the reporting of individual-level information from each person diagnosed with a disease to the appropriate health channels responsible for monitoring and controlling. Data on each of these events is collected and maintained longitudinally. This is a distinctive characteristic of Case-Based Surveillance (CBS) systems that distinguishes it from aggregate reporting.

eCBDS

- 7 Western Area Urban DHMT staff trained in the use of the mobile and web form of the eCBDS software
- 4 staff from Connaught, CPHRL, Jui, and Ola During labs trained in the use of the mobile eCBDS software

Field Epidemiology Training Program (FETP)

The Field Epidemiology Training Program (FETP) has the main objective of strengthening Sierra Leone's public health system by increasing the skill level of district and national level public health workers to ensure quality surveillance, capacity for case/outbreak investigations, data analysis, and making data-informed decisions. Since 2016, eHA has been providing programmatic, administrative and logistics support to the training and fieldwork experience.

In order to fulfill the Global Health Security Agenda (GHSA) recommendation of 1 epidemiologist per 200,000 population, FETP aims to increase the number of public health workers who are trained and practicing basic epidemiological principles of disease surveillance. eHA partnering with the CDC, MoHS, and AFENET has implemented 2 training programs, FETP-Frontline & FETP-Intermediate, for key public health professionals involved in disease surveillance and public health emergency response.

In Q1, FETP completed the 6th cohort of FETP-Frontline, increasing the capacity of 24 public health workers in case definition, eIDSR, case/outbreak investigations, and improving data quality. A total of 24 trainees graduated from Frontline FETP, presenting works in Animal Surveillance, Tuberculosis, and Lassa Fever.

FETP has also continued to train the 2nd cohort of FETP-Intermediate. Training of Trainers workshops were conducted to develop the skills of Intermediate trainees in mentorship and practice application of skills by mentoring Cohort 6 Frontline trainees, contributing to the sustainability of the program.





Two full-time mentors were also introduced in quarter 1 of 2019 in order to strengthen MoHS' ownership of FETP-Frontline in preparation for transitioning the program to ministry.

Also, in quarter 1

- Two FETP residents presented their abstracts at the Lassa Fever Conference in Abuja, Nigeria.
- FETP supported a measles outbreak in Kambia and Bonthe as well as a monkeypox investigation.


"FETP is serving as the gateway to Sierra Leone's epidemiological capability in responding to outbreaks and other emergencies or events of Public Health concerns."

- Amara Alhaji Sheriff,
FETP National Mentor and graduate

Metrics

26 

participants enrolled or graduated in FETP-Intermediate, contributing to 70% of Sierra Leone Global Health Security Agenda goal of 1 epidemiologist per 200,000 population.

0% 

dropout of enrolled participants.

17% 

of program graduates/trainees presenting at an International scientific conference.



Health Delivery Systems

Through our health delivery systems program pillar, we strive to improve the quality and availability of healthcare for underserved populations, primarily through data management and logistics support to enable better decision-making. In Sierra Leone, our work in Health Delivery Systems centers around Community Health Officers Management and Leadership Training Program and workforce development.





Community Health Officers Management and Leadership Training Program (CHO MLTP)

Before the Community Health Officers Management and Leadership Training Program (CHO MLTP) was introduced in 2016, Sierra Leone's health system did not have a formal training program in public health management and leadership for health professionals. The CDC collaborated with the Ministry of Health and Sanitation (MoHS), Njala University, Emory University, ICAP of Columbia University, and eHA to develop a new approach dedicated to addressing this need, and in the end, improving health service delivery and health outcomes in Sierra Leone.

CHO MLTP project aims to strengthen the capacity of Ministry of Health and Sanitation (MoHS) at the community level by providing leadership and management training to Community Health Officers (CHOs) to deliver increased quality services and required duties.

Cohorts of CHOs complete workshops and field assignments including quality improvement projects that develop their ability to effectively identify gaps and root cause of problems in the health care services. They work as a team to devise appropriate change ideas that they iteratively test and redesign (continuous quality improvement) to help alleviate the challenges and improve health service delivery in their communities.

In the first quarter of 2019, eHA completed cohort 5 in 2 districts and initiated cohort 6 training in 2 more districts. An additional 29 CHOs from cohort 5 (from Moyamba and Port Loko districts) graduated in January 2019. This brings the total number of CHOs that have graduated from the MLTP to date to 128 out of 170 targeted CHOs.



Cohort 5 Graduate Charlotte Emma from Njama CHC, Moyamba district

A total of 25 CHOs from Kono and Tonkolili districts were enrolled for cohort 6 training. Cohort 6 workshop 1 and 2 had 100% and 96% attendance respectively.



CHO MLTP Graduates and partners

A total of 9 Training of Trainers (ToT) participants co-facilitated during cohort 5 workshop 4 and cohort 6 workshop 1 and 2, as part of the capacity building for the key players from MoHS and Njala University who now have the responsibility of rolling out cohort 7.

Integrating CHO MLTP into Njala University Curriculum

For the purpose of sustainability, it is necessary to build the capacity of MoHs and Njala University staff in order to effectively coordinate future MLTP activities while at the same time facilitate a successful transitioning of the MLTP from in-service training to pre-service training. In Quarter 1 of 2019, eHA and its partners successfully submitted the CHO MLTP course outline description to Njala curriculum review committee, after discussions with the University Dean and key community health departmental staff. The MLTP curriculum has been reviewed by the University standing committee and senate board and is awaiting approval by the curriculum review committee.

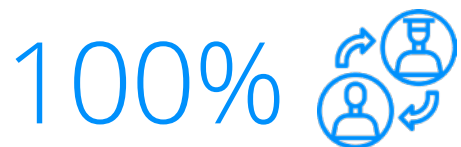
"I have been a District Monitoring and Evaluation Officer 2 in the District Health Management Team (DHMT) in Kono since 2015. There had been many of challenges with CHOs at the PHUS in terms of Health Management Information System (HMIS) data reporting. But since the inception of the CHO MLTP Cohort 6 workshop 1, the participants from Kono District have been excellent in their HMIS data reporting within these two months. taking cognisant of timeliness, completeness, and consistency of data between the Health facility registers, CHOS can now do early assessments and make timely risk communication at DHMT, through the IDSR which has made my work easier for me. I believe the capacity building of CHOs will improve on quality health delivery between the PHUS and DHMT".

- Tamba Ansumana,
District Monitoring and Evaluation
Officer, Kono District

Performance Metrics



CHOs graduated after Cohort 5 training on the 18th of January 2019. To date (75%) targeted CHOs have graduated from the program.



of the minimum required mentorship visits was achieved for each CHO during cohort 5.



of health facilities assessed on miniSARA



quality improvement projects on HIV and hypertension screening implemented across Port Loko and Moyamba districts.

CHO MLTP Staff Spotlight



Dennis Ocansey
Technical Advisor CHO MLTP

“There have been key achievements for which I am particularly proud of in eHA. These include the innovative use of health management information systems to collect and analyze data in a simple and effective way that is appreciated by key partners e.g. MoHs, CDC, WHO; Improvement in Sierra Leone’s Health systems through process improvement approaches that is data driven and sustainable.

eHA has moved me to embrace curiosity and provided me with opportunity for continuous learning. Through this process, I have gained much knowledge and experience which I apply to build the capacity of my team members and by so doing, develop myself and all those around me to become better and be fully equipped for tomorrow’s challenges. My time spent with eHA has exposed me to maintain a worldview driven by possibilities, not limitations, hence, I have developed the creative skills of thinking outside the box to develop very innovative interventions using local resources that are sustainable even beyond the tenure of the CHO MLTP.”

Dennis Ocansey is currently the Technical Advisor for the Community Health Officer Management Leadership and Training Program (CHO MLTP) in Sierra Leone. He has worked with eHealth Africa (eHA) since April 2018.

Dennis started work on CHO MLTP as a senior mentor which involved facilitation of workshops where he taught modules on MLTP such as management, effective communication skills, data for decision making, outbreak investigation and response, quality improvement methods, Drugs Supply Chain Management, health promotion, and community engagement. By dint of hard work, dedication and passion, his role evolved from a senior mentor to a Technical Advisor where he provides intense, on-going support, supervision and technical guidance on CHO MLTP projects. Aspects of this new role involve supporting technical components of the CHO MLTP mentorship team in effective and technically appropriate project design and strategy development, ensuring projects represent effective strategies and innovative approaches based on evidence.

The technical support to his team of mentors has significantly contributed to improved health outcomes across the 10 districts that the project has been implemented in Sierra Leone. Also, Dennis has successfully conducted training of trainers (ToT) on MLTP to build local capacity of key staff of Ministry of Health and Sanitation (MoHS) as well as selected faculty from Njala University who currently complement eHA team during workshops and mentorship visits, hence serving as robust team that will facilitate sustainability in the absence of the eHA team.

Dennis’ strong background and rich experience in management enabled him provide excellent guidance to his team e.g. development/review of training materials on management, engagement of key stakeholders and build a robust team which facilitated successful implementation of MLTP. His background in Public Health coupled with previous experience as a lecturer/core facilitator in training five cohorts in frontline field epidemiology training program (FETP) in Ghana strongly equipped him to build capacity of his team in public health surveillance.



Emergency Management and Preparedness

Emergency Management and Preparedness is a new initiative in Sierra Leone's health infrastructure. The country had never been hit by a health emergency of international concern, until the Ebola Virus disease outbreak in 2014. Health care workers in Sierra Leone had no capacity to respond to the disease. To this end the CDC initiated and funded the Emergency Management and Preparedness project in collaboration with the Ministry of Health and Sanitation (MoHS) and eHealth Africa, with the objective of capacitating the public health sector of the MoHS and establishing and operationalizing Sierra Leone's first Emergency Operations Center (EOC) which is still being used as the hub where all public health matters are discussed for response. The EOC also houses relevant sectors and actors in so far as emergency response is concerned.

In Quarter 1 of 2019, the EMP project continued building capacity of health care workers in Sierra Leone through training sessions such as: full scale simulation initial planning training with the purpose of simultaneously testing Sierra Leone's public health capabilities to respond to a severe health emergency in a coordinated response effort involving the MoHS Directorate of Health Securities and Emergencies, and its public health partners in the Western Urban Area and the Bo District in February 2019.

Also in February 2019, health workers from Bo, Kambia and Pujehun districts (Surveillance, EOC Focal persons, Communications, Laboratory, and Monitoring and Evaluation team members) participated in a national virtual EOC training in Freetown.

An Executive Principles of Public Health Emergency Management training was also conducted, which provided senior level staff with an overview of the key concepts involved in establishing, developing, and maintaining a Public Health Emergency Management (PHEM) program and a Public Health Emergency Operations Center (PHEOC).

Performance Metrics

- 14 Health care workers trained in Executive Principles of Public Health Emergency Management.
- A total of 36 Health care workers participated in full scale simulation initial planning meeting.
- A total of 22 health workers from Bo, Kambia and Pujehun districts (Surveillance, EOC Focal persons, Communications, Laboratory, and Monitoring and Evaluation team members) participated in national Virtual EOC training in Freetown.
- A total of 7 national Standard Operating Procedures (SOPs) were developed.



Sierra Leone Q1
Impact Report
2019