Rapid assessment of Ebola impact on reproductive, maternal, neonatal, child and adolescent health services & service-seeking behaviour in Sierra Leone

Presented on behalf of the Research Team by
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Options Consultancy Services Ltd
in Freetown on May 19 2015

Background

Background

- RMNCAH health status in Sierra Leone is poor

  But:

- Increase in uptake of services since start of FHCI

  But:

- Weak health system - concern about effect of Ebola on uptake of RMNCAH services

  And thus, health outcomes.

Aims & Objectives

Aim

To evaluate impact of Ebola on RMNCAH services and identify attitudes, practices, perceptions and challenges in health seeking behaviour amongst women and adolescents in the context of the Ebola outbreak

Objectives

1. Identify RMNCAH health-seeking behaviour and care practices by women, adolescents and children; and identify the socio-cultural practices of women being caregivers in Ebola context

2. Identify RMNCAH service providers' attitude and practices in light of Ebola epidemic in Sierra Leone

Objectives

3. Assess the availability of essential RMNCAH Human Resources, commodities and services at public facilities

4. Readiness of RMNCAH services at public facilities in the context of Ebola

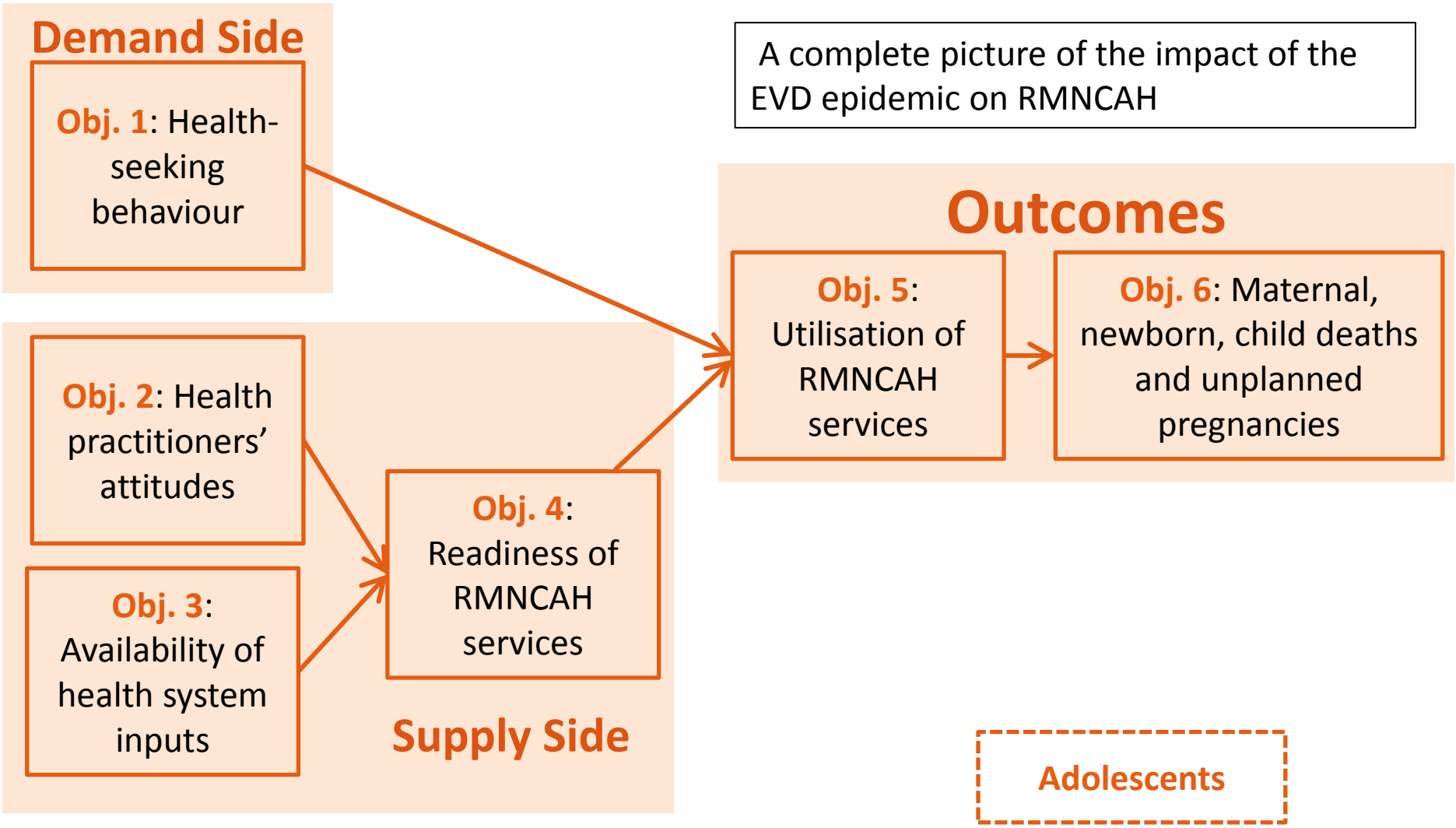
Objectives

5. Identify emerging RMNCAH service gaps and estimate their magnitude throughout the outbreak

6. Estimate the impact of the reduction of access to Reproductive Health services because of the Ebola outbreak on maternal mortality, infant mortality, unwanted pregnancies

Methods & Approach

Approach to presenting study



Outcomes

Obj. 5. Estimating the drop in utilisation of RMNCAH services as a result of the EVD outbreak

DATA AVAILABLE

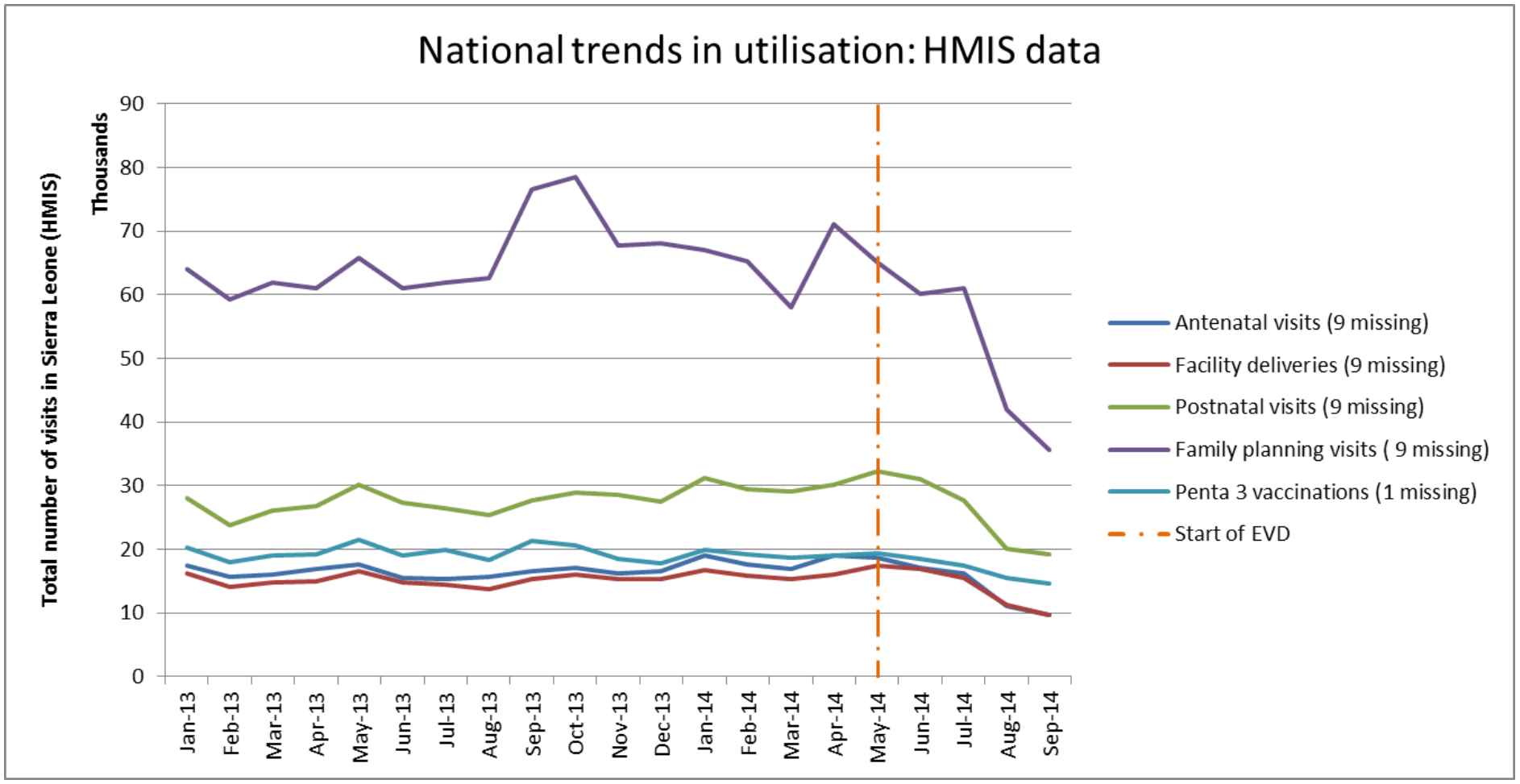
- HMIS data for all facilities, aggregated at district level
- January 2013 until September 2014
- Included the following services:
  - Antenatal care 4th visit
  - Facility delivery
  - Post-natal care visit
  - Family planning visit
  - Penta 3 vaccinations

Obj. 5. Estimating the drop in utilisation of RMNCAH services as a result of the EVD outbreak

KEY QUESTIONS

1. Was there a drop in the number of RMNCAH visits, as measured by HMIS?
2. If so, by how much?
3. What does this tell us about the change in population coverage of essential services?

5.1. Was there a drop in the nb of RMNACH visits, as measured by HMIS?



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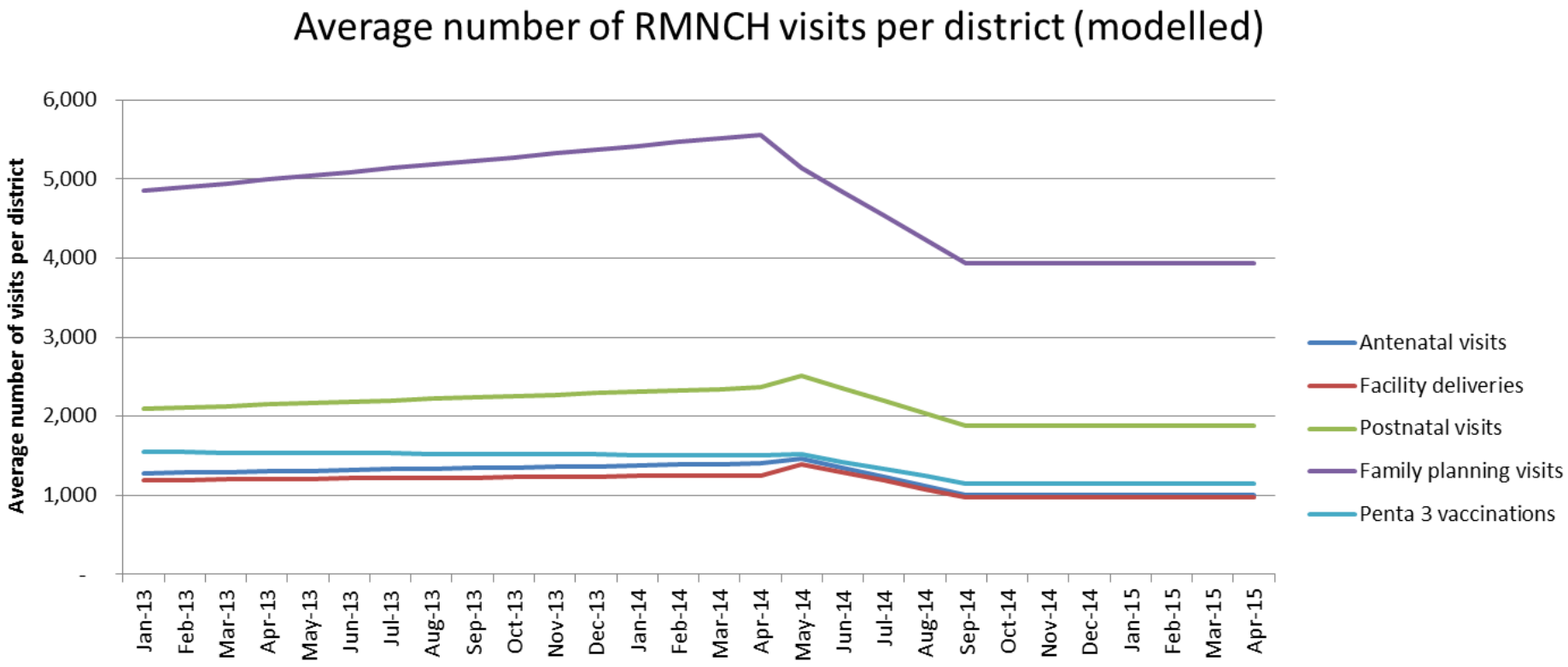
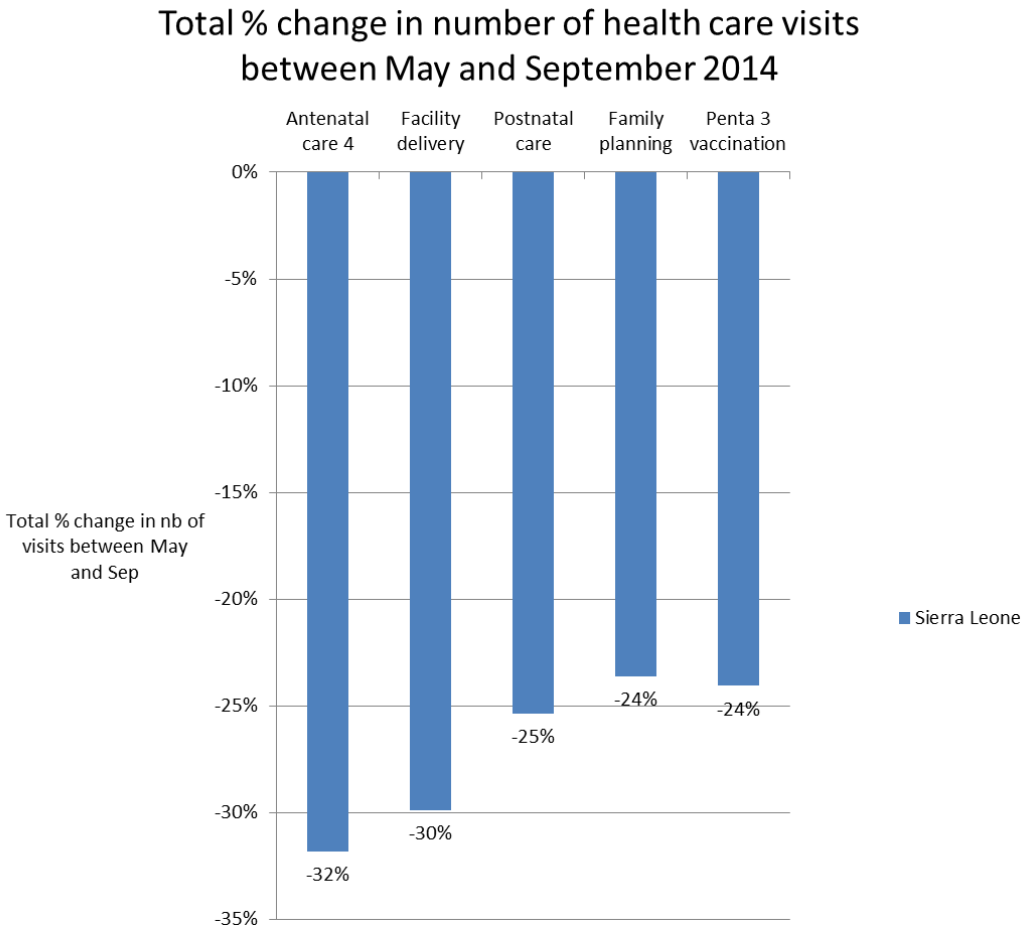


***This graph displays non-significant results for family planning : probably due to the poor quality of data, there is no statistical evidence that family planning utilisation decreased after May 2014. Qualitative data, however, does provide evidence of lower uptake of family planning services after the start of the EVD outbreak.

5.2. By how much did RMNACH visits decrease after May 2014?



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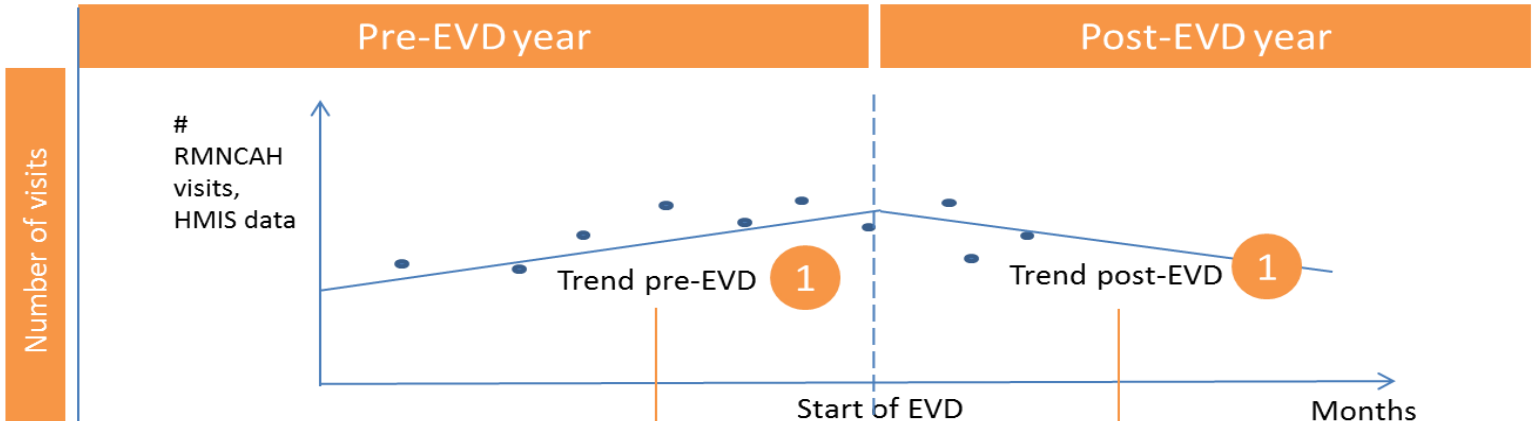
5.3. What does this tell us about the change in population coverage of essential services?

For each of the tracer RMNCAH services…



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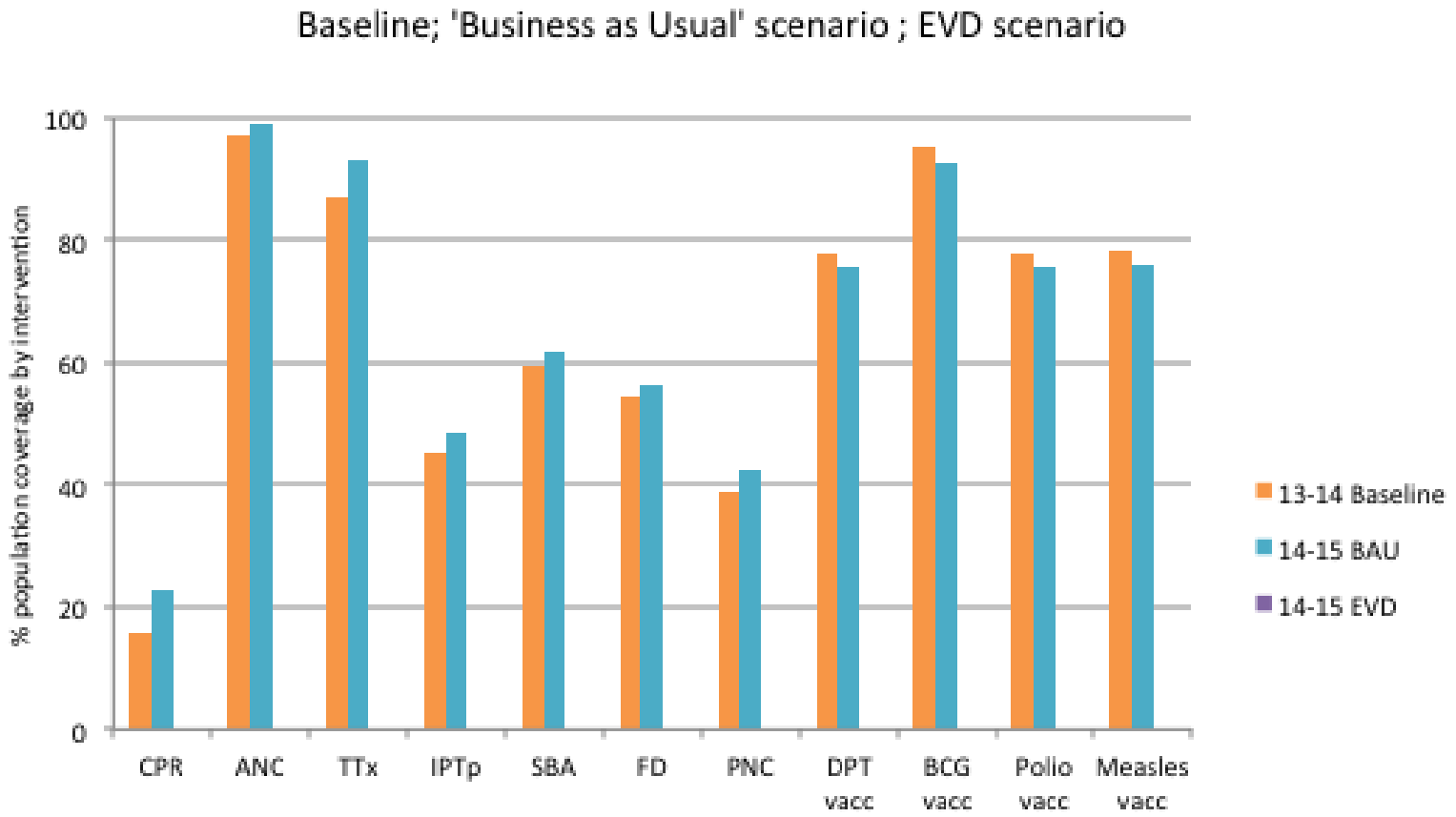

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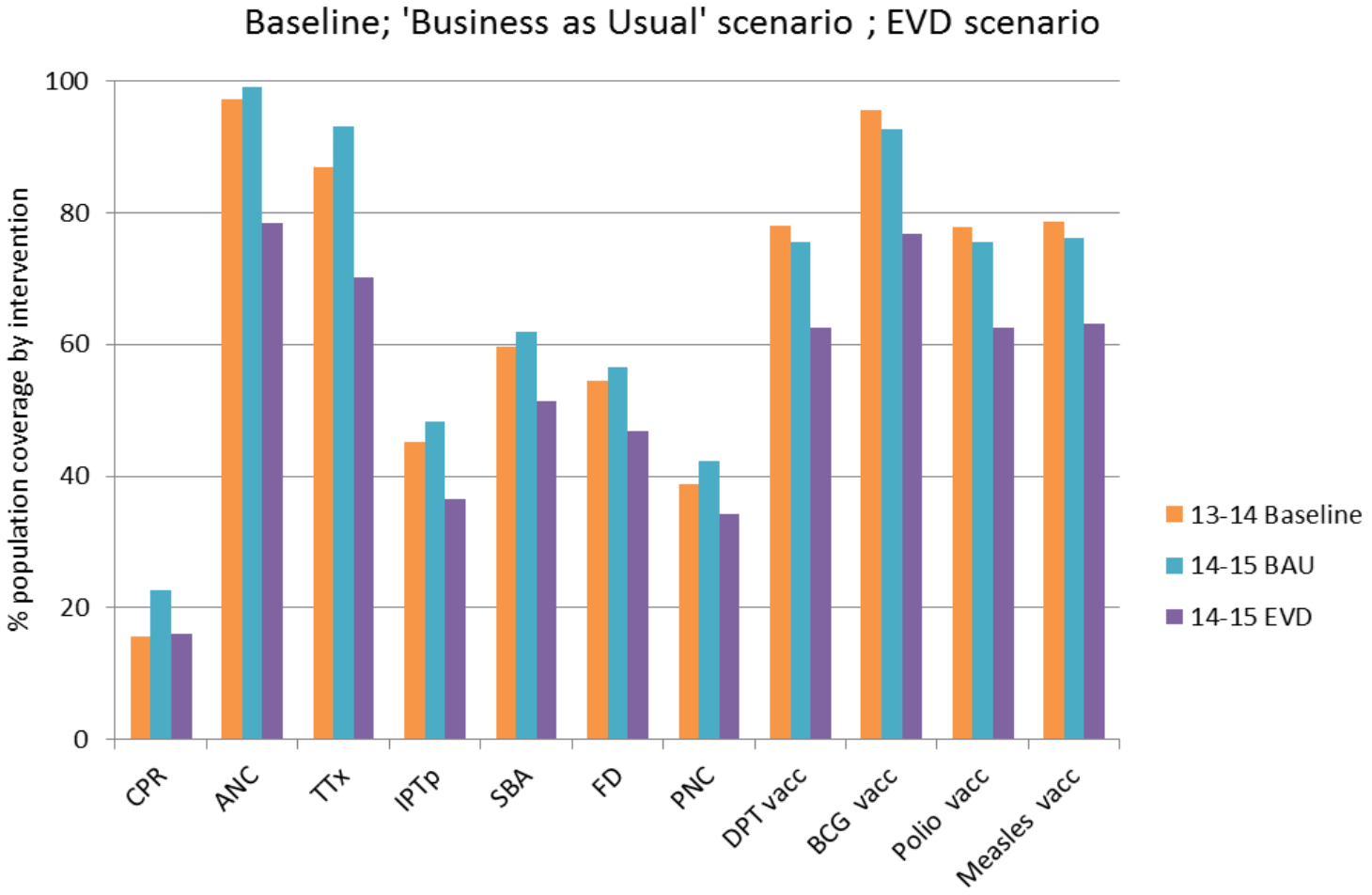

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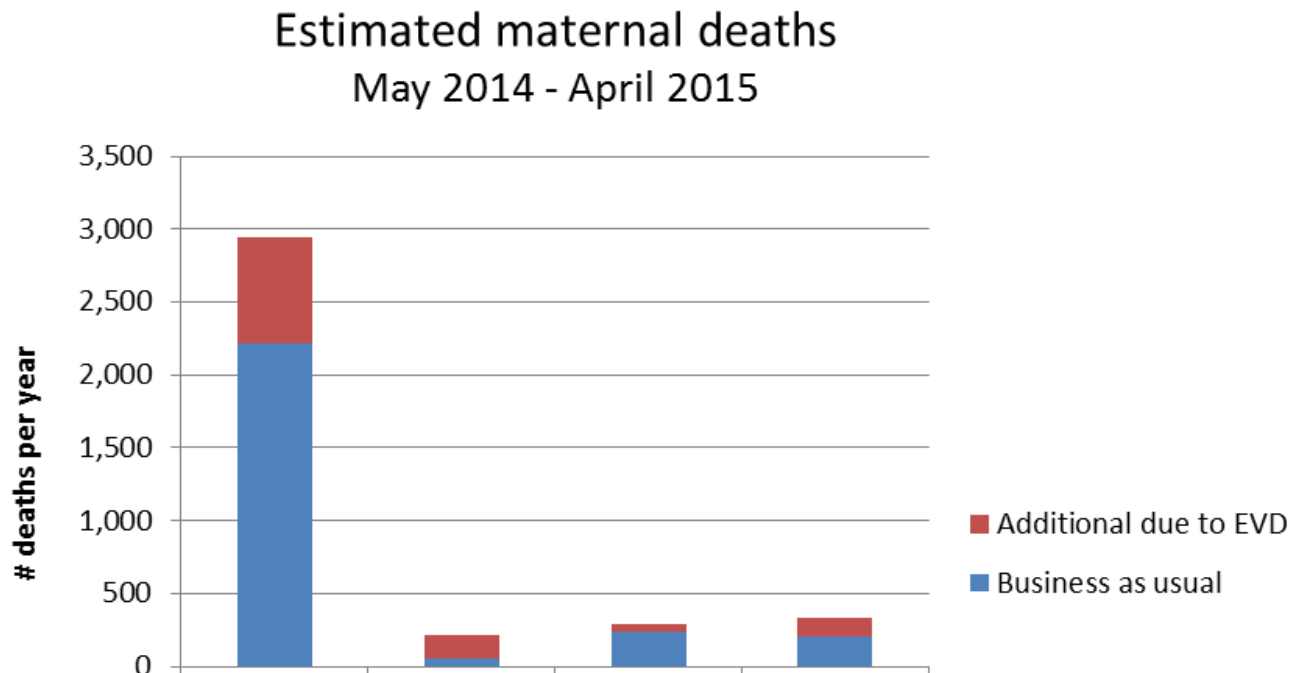
5.3. What does this tell us about the change in population coverage of essential services?

% Decrease in coverage	CPR	ANC; TTx; IPTp	FD; SBA	PNC	Vaccines
EVD 14-15 compared to baseline 13'-14'	3%	-19%	-14%	-11%	-20%
EVD 14-15 compared to business as usual 14'-15'	-29%	-21%	-17%	-19%	-17%

Obj. 6. Estimating the impact on health outcomes as a result of reduced utilisation of RMNCAH services

- Inputted population coverage into the Lives Saved tool to calculate:
  - Impact on maternal deaths
  - Newborn deaths
  - Unplanned pregnancies
  - Child deaths
- Sierra Leone, and Kailahun, Port Loko, Kenema

Obj. 6. Estimating the impact on health outcomes as a result of reduced utilisation of RMNCAH services



	Sierra Leone	Kailahun	Port Loko	Kenema
Additional due to EVD	735	158	55	128
Business as usual	2,213	56	240	207

*The model uses non-significant results for family planning and vaccination coverage

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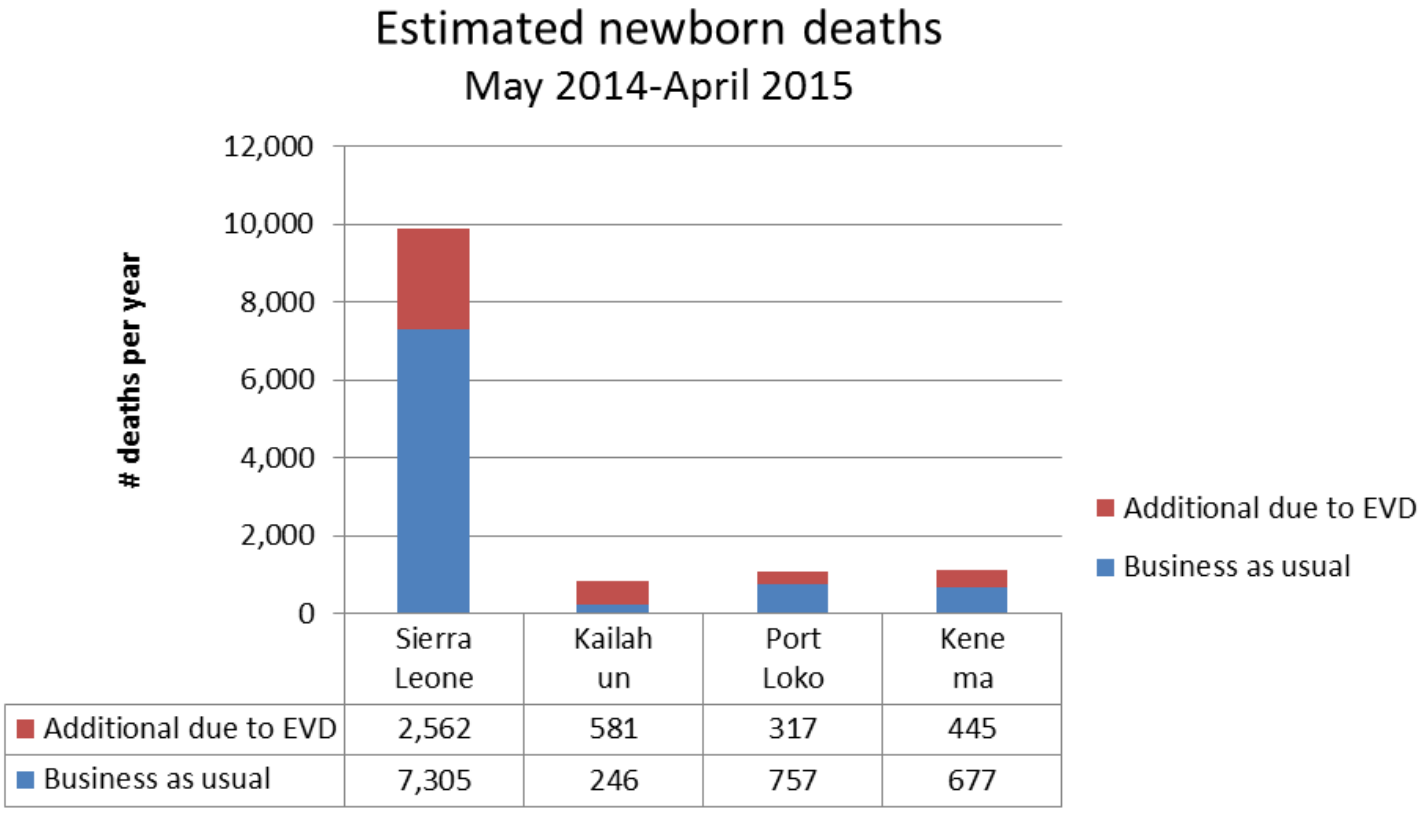
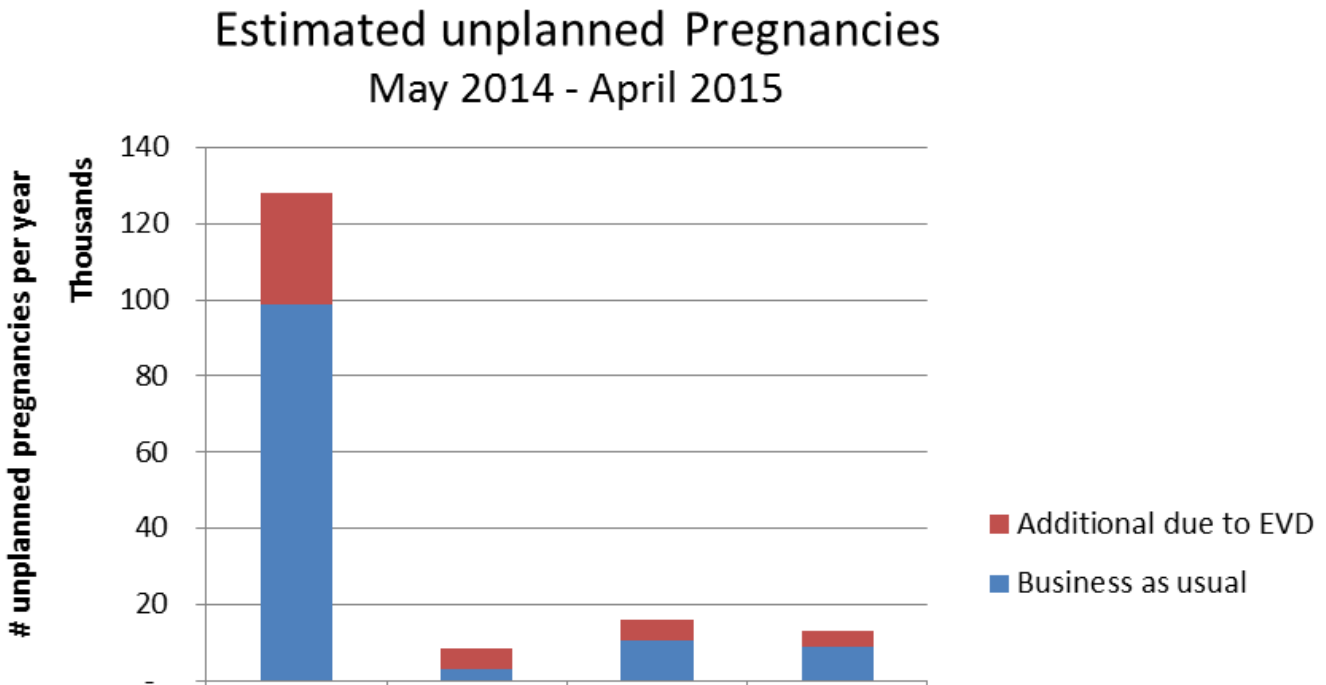


	Sierra Leone	Kailahun	Port Loko	Kenema
Additional due to EVD	2,562	581	317	445
Business as usual	7,305	246	757	677

*The model uses non-significant results for family planning and vaccination coverage

Obj. 6. Estimating the impact on health outcomes as a result of reduced utilisation of RMNCAH services



	Sierra Leone	Kailahun	Port Loko	Kenema
Additional due to EVD	29,034	5,288	5,402	3,947
Business as usual	98,886	3,080	10,670	9,038

*The model uses non-significant results for family planning and vaccination coverage

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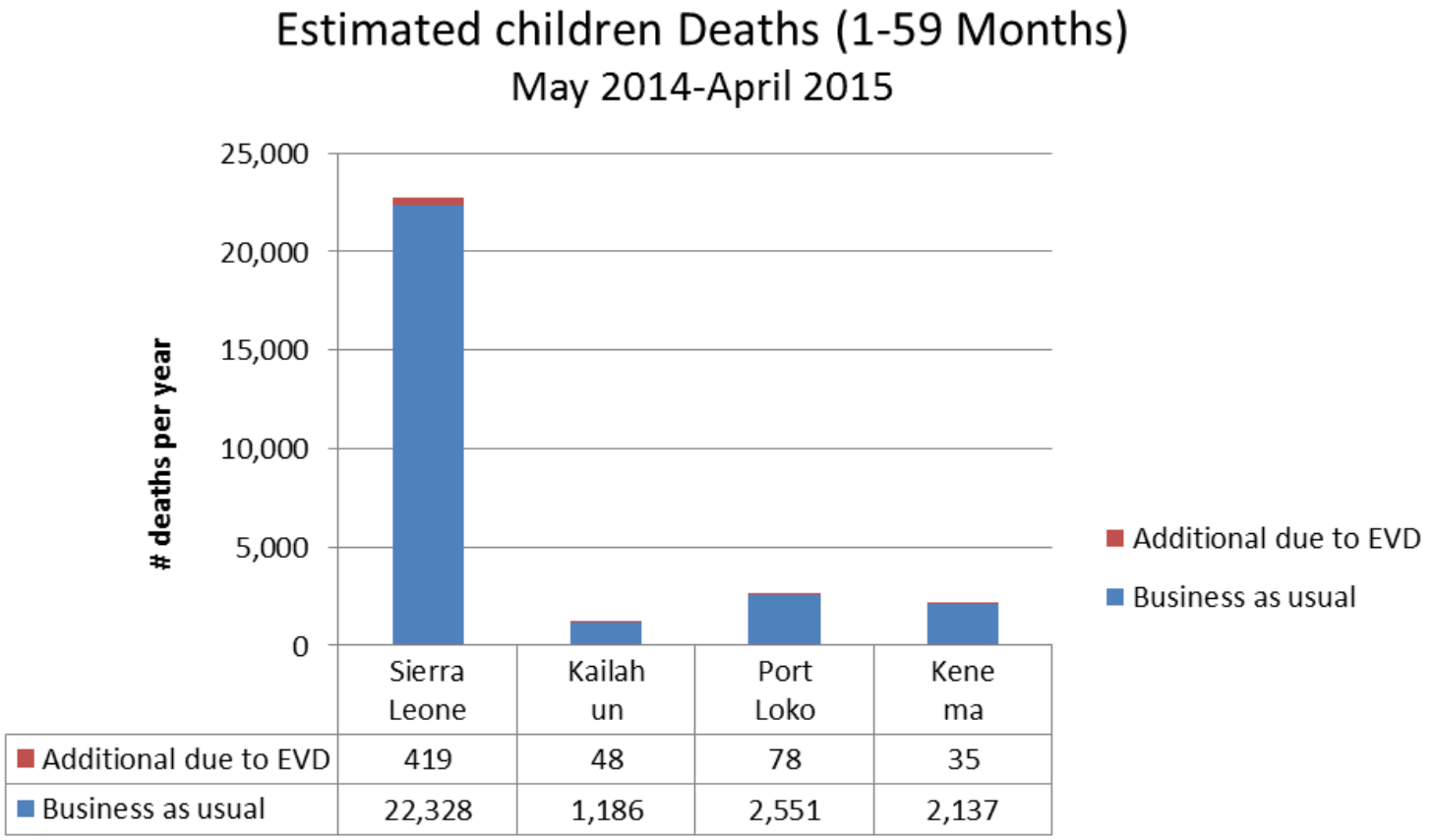


	Sierra Leone	Kailahun	Port Loko	Kenema
Additional due to EVD	419	48	78	35
Business as usual	22,328	1,186	2,551	2,137

*The model uses non-significant results for family planning and vaccination coverage

**The model did not include impact of EVD on curative interventions for child health and so very likely is underestimating the impact on child deaths

Summary

- Population coverage of essential RMNCAH interventions dropped by 17%-29%

- Maternal and newborn deaths and unplanned pregnancies increased by about a third

Questions?

Supply Side Factors

Methods

In-depth interviews

- In-depth interviews with health care workers (*n*=28)
- Various facilities across Western Area Rural & Moyamba
- Explored challenges for health care workers in providing quality RMNCAH care:
  - Preparedness to deliver care in context of Ebola
  - Changes to RMNCAH service provision
  - Perceived impact of Ebola on community uptake of services

Methods:

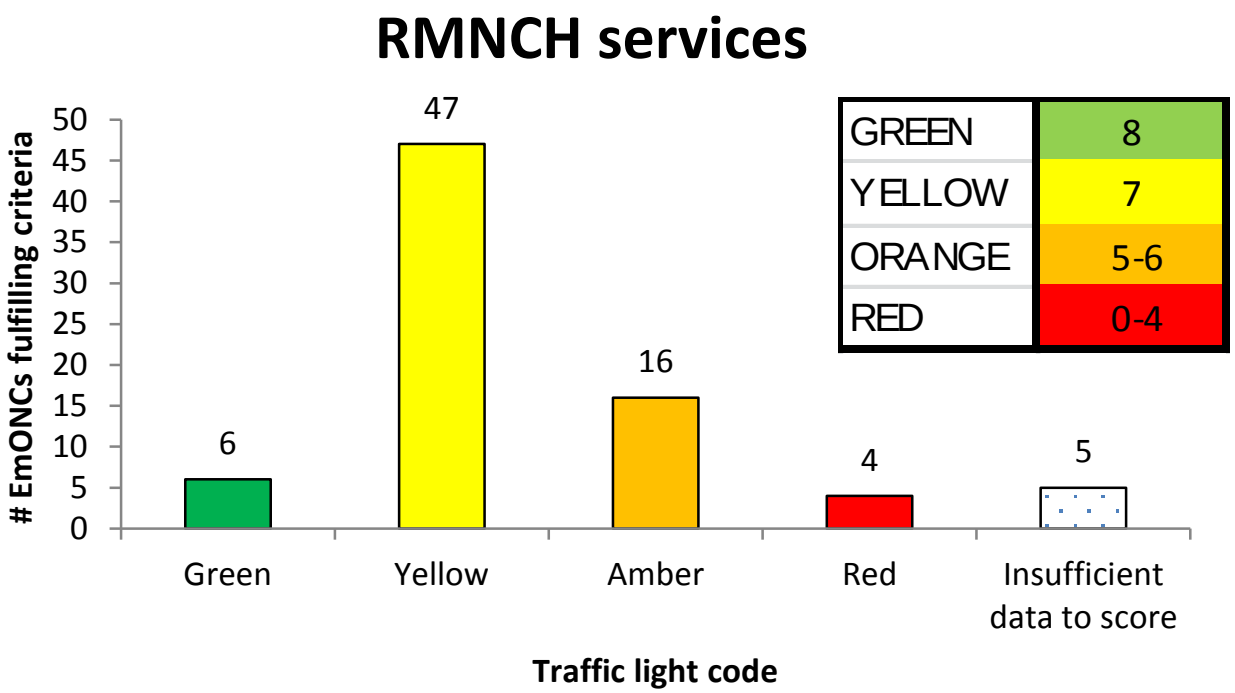
Facility assessments

- Used FIT approach and adapted the low-cost, telephone based "QuIC" (Quality of Institutional Care) approach to fast collection, analysis and presentation of service readiness results.
- Assessed 78 EmONC-designated facilities in Sierra Leone (65 Basic and 13 Comprehensive) according to 8 domains:

1. Readiness of RMNCH services	**5. Staff readiness**
2. Youth friendly services (YFS)	**6. IPC supplies**
3. Laboratory	**7. Personal Protective Equip't**
4. Infrastructure	**8. Manage suspected cases**

- Primary telephone data for YFS collected Jan 2015; secondary data (from FIT and QuIC– collected Dec 2014)

Facility Readiness



- Districts scored well for availability of key drugs, including all 4 tracer maternity drugs
- Most districts scored well for contraceptive supplies, but many facilities did not have IUCD insertion kits
- Limited capacity to provide timely emergency referral
- Low availability of immunisations (Penta 3 & Measles) in some districts

FP

1. Contraceptive pills
2. IUCD insertion kit

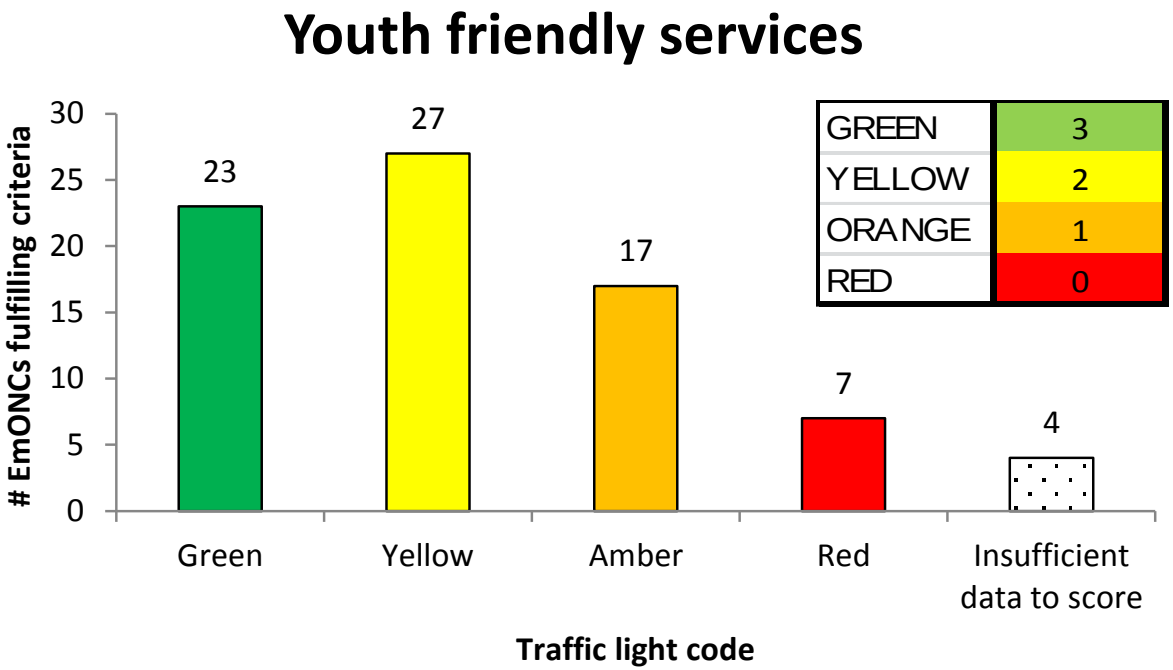
Maternity

3. A designated ambulance for maternity cases (non-Ebola suspected cases – available within 2 hours)
4. All 4 tracer maternity drugs (oxytocin, MgSO4, gentamycin, ampicillin)
5. Exam. gloves (at least 150 pairs)

Child health

6. Penta 3 vaccine
7. Measles vaccine
8. ORS

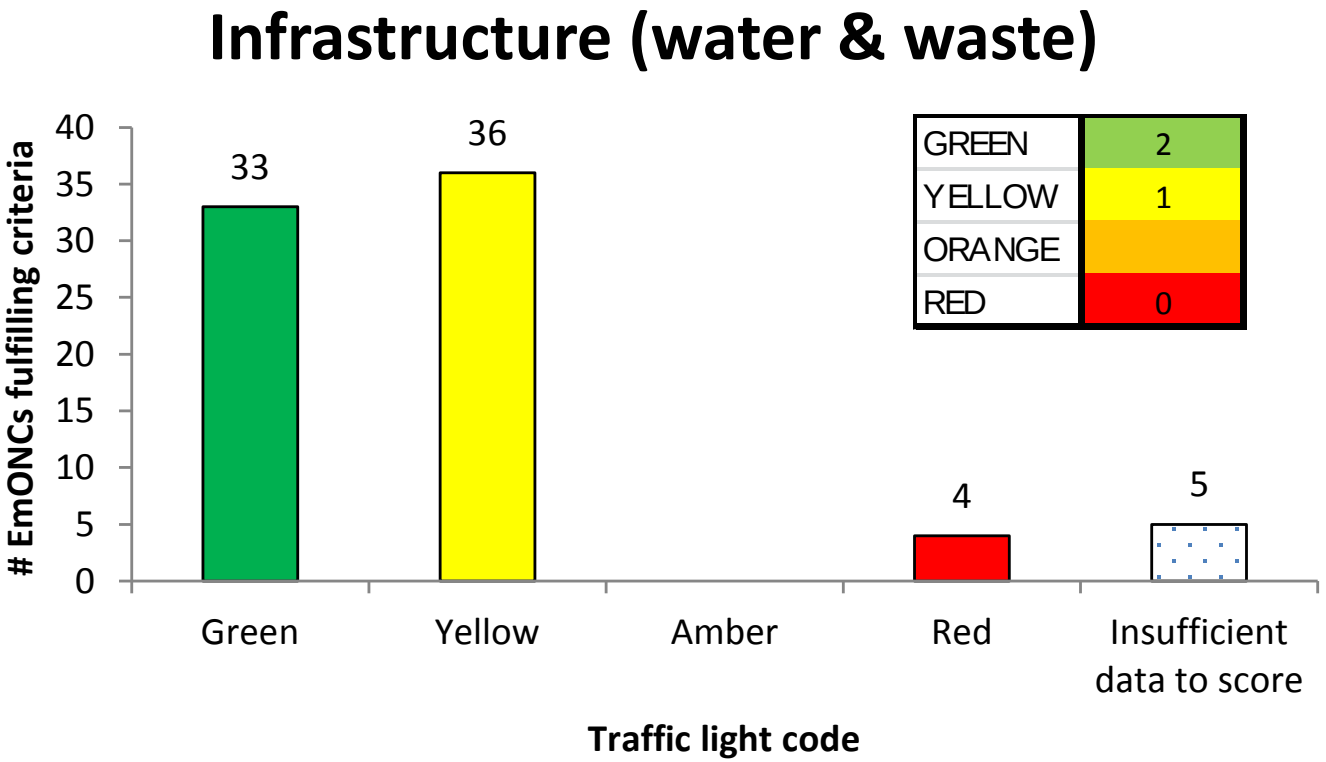
Facility Readiness



1. Does your facility have any staff trained in youth-friendly services?
2. Are IEC materials available for ARH?
3. Do you have either a private consultation room for adolescents or a special place for counselling adolescents?

- Major gap in ability to provide adolescent-friendly services across the country
- Greatest need is for staff to be trained in YFS and provision of a dedicated counselling space
- 10 of these were YFS-designated facilities

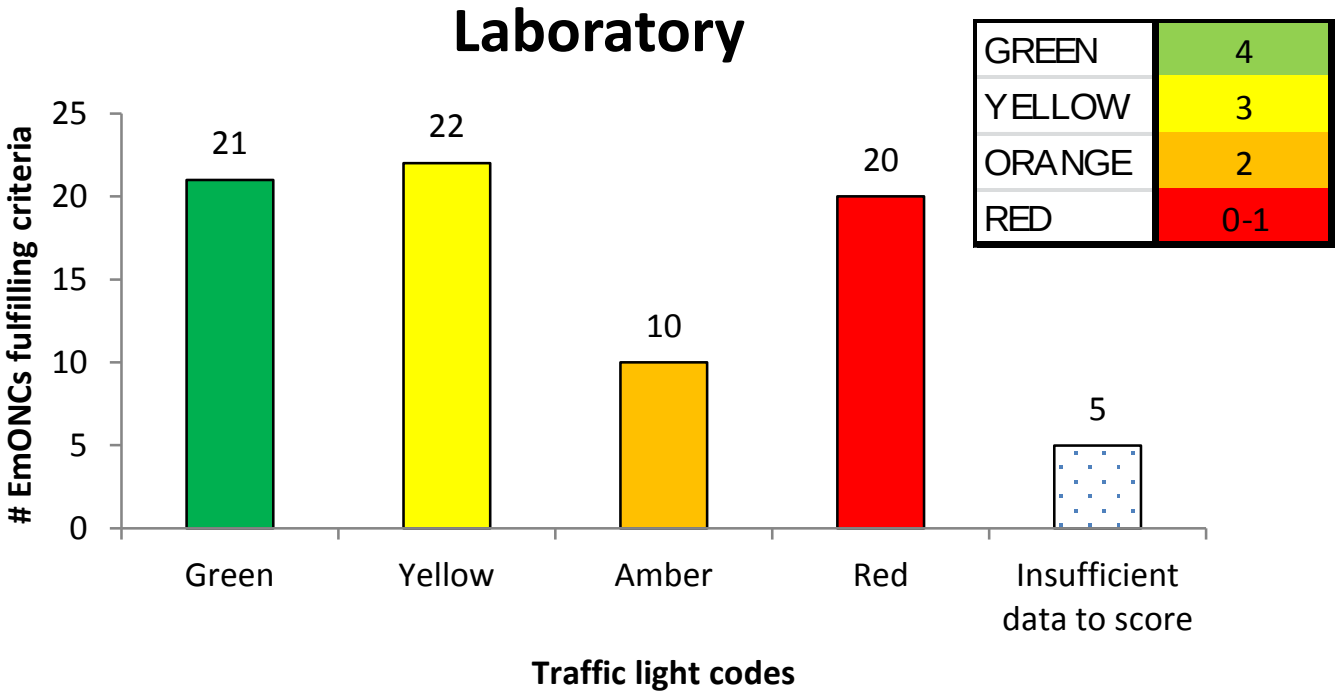
Facility Readiness



1. Running water or veronica bucket
2. Waste pit – 2 m deep with fence

- Most districts performing well on these two items
- Access to water is problematic in districts where facilities are not meeting the FIT criteria for clean water

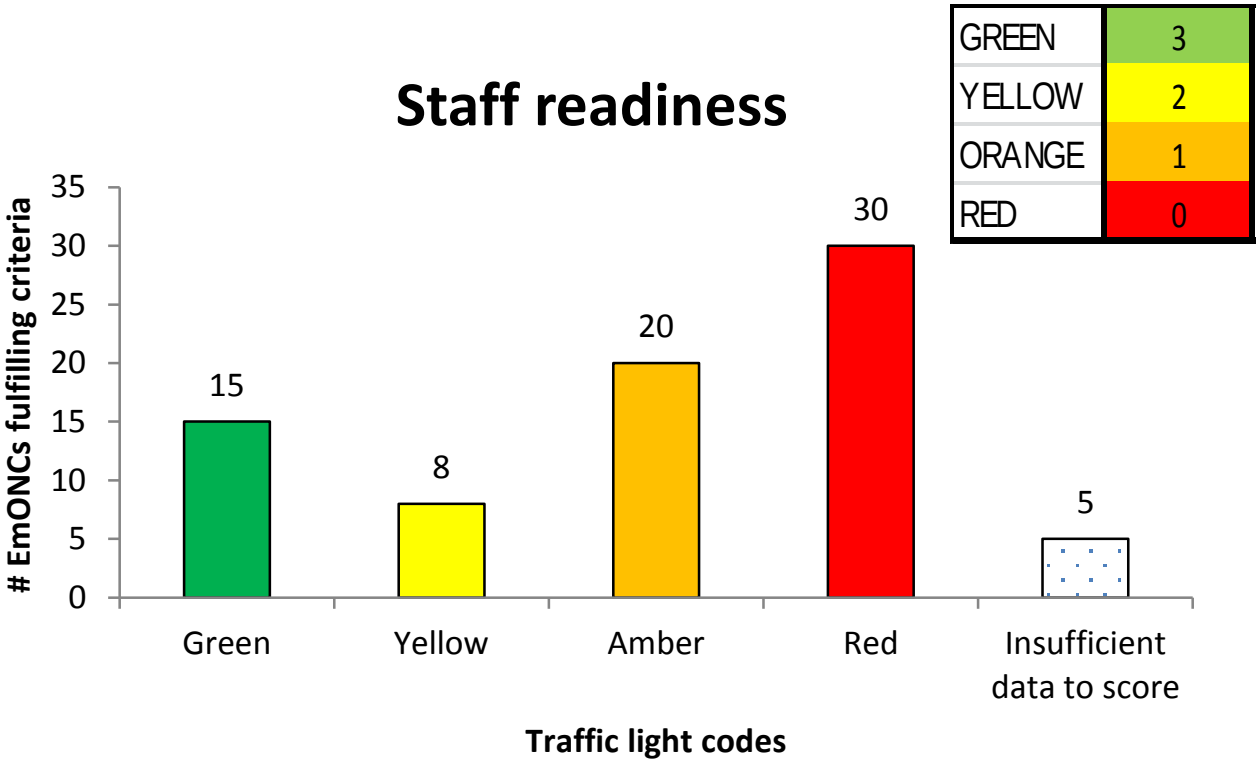
Facility Readiness



1. Water – veronica bucket or tap
2. Soap
3. Chlorine
4. Examination gloves

- Laboratory preparedness moderate to good in most places – apart from Bonthe, Bo, Pujehun and W/A Rural

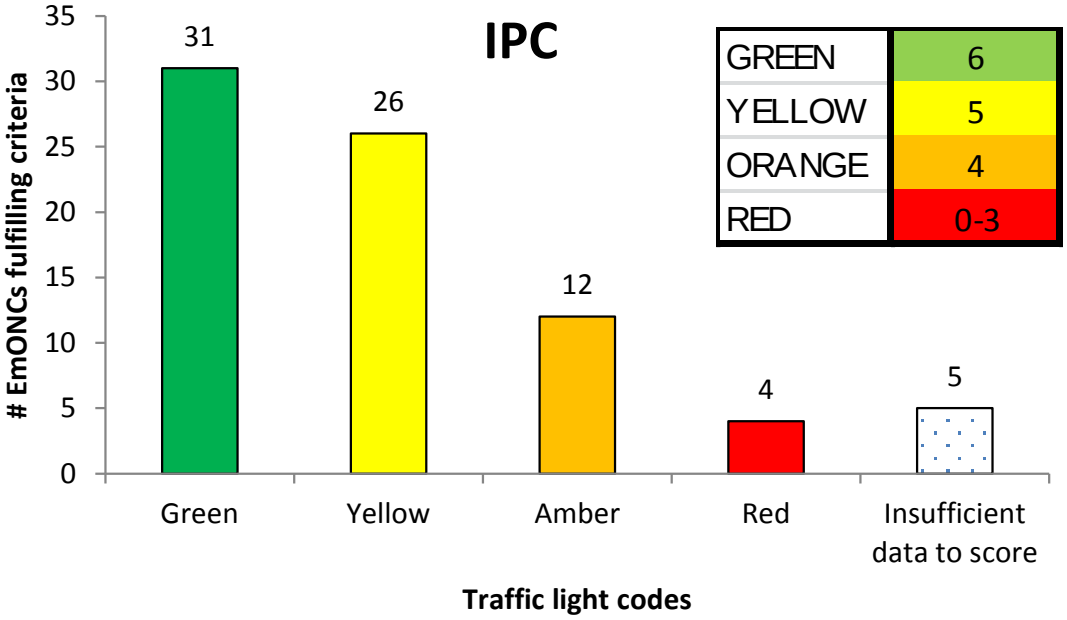
Facility Readiness



1. Have all health staff at facility received training on IPC?
2. Have all non-health staff at facility received training on IPC?
3. Have all health workers been trained in case identification and management of Ebola?

- As a standard, we expected facilities to have all technical staff trained on IPC and suspected Ebola case management, and all non-technical staff trained on IPC
- BEmONC facilities in 6 districts did not meet this standard

Facility Readiness



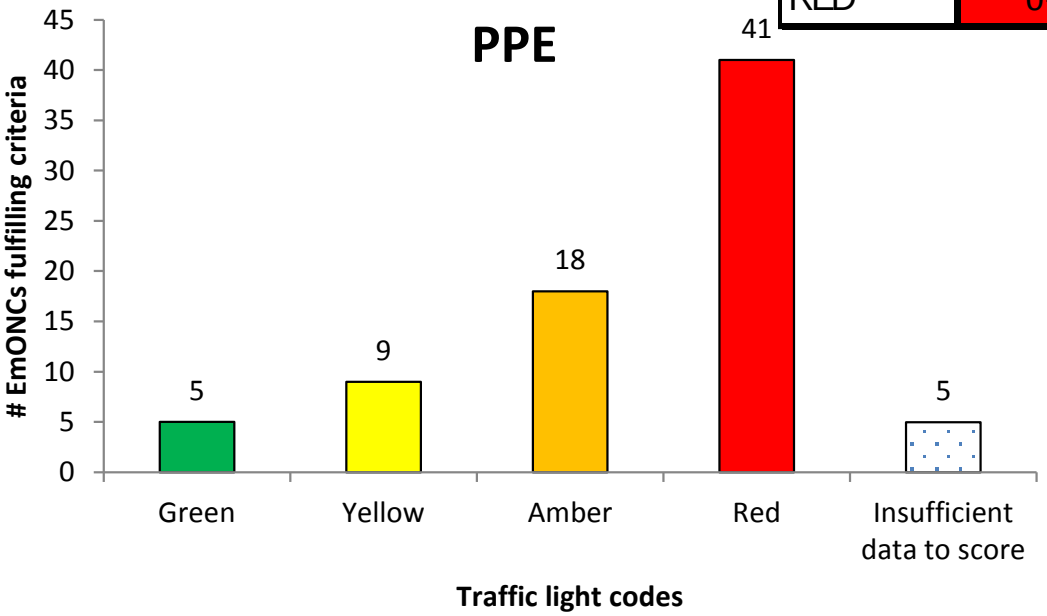
1. Sharps bin on maternity
2. Utility gloves (min. 30)
3. Exam gloves (min. 150 pairs)
4. Chlorine (any)
5. Liquid soap
6. Guidelines on how to prepare chlorine for different uses

- Less than half (n=31) of facilities assessed fully met criteria
- Most facilities had adequate supplies of sharps disposal containers and chlorine
- Overall, level of preparedness is higher at CEmONCs than BEmONCs

Note: the # of each commodity in WHO guidelines was appropriate for this analysis. In general facilities either had lots of an item or very few (no middle ground)

Facility Readiness

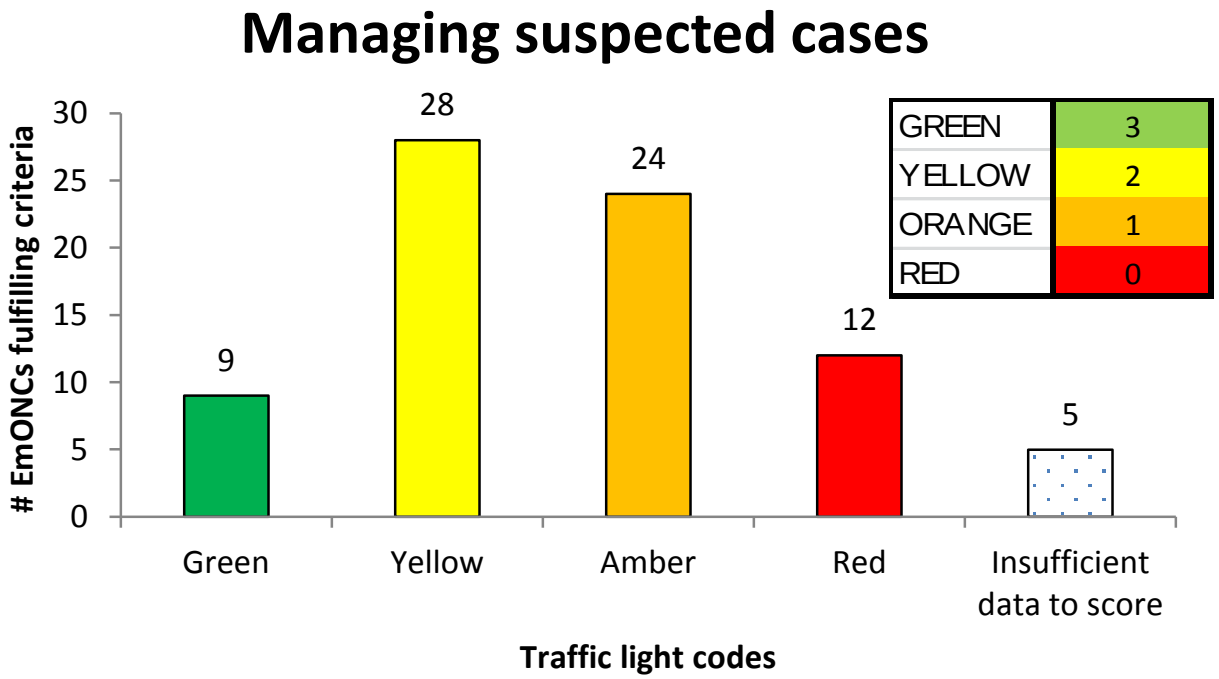
GREEN	8
YELLOW	7
ORANGE	5-6
RED	0-4



1. Boots / shoe covers (100 pairs)
2. Disposable non-permeable gowns (min. 30)
3. Head covers (min. 50)
4. Goggle and mask or face shield (min. 50)
5. utility gloves (min. 30)
6. Heavy duty aprons (min. 10)
7. Waterproof boots
8. Exam gloves (min. 150 pairs)

- Only five facilities assessed had adequate PPE supplies to ensure safety of health and allied workers
- Boots/ shoe covers, head covers were item most lacking

Facility Readiness



1. Guidelines on identification and management of suspected Ebola cases available
2. Dedicated area available for suspected Ebola cases
3. Staff training on Ebola identification

- Districts affected by Ebola earlier in outbreak were more prepared to manage suspected cases
- Most facilities had copies of Ebola guidance, even if staff had not been trained
- Hospitals were facilities marginally more prepared than CHCs

Health care worker interviews

Challenges to providing care:

- Health workers face stigma and discrimination in communities

"We were respected, accepted, our relationship with the community was cordial. But now due to the outbreak, they give all sorts of names like Ebola nurse, but we are not annoyed with the saying, it is our profession. During the rebel war soldiers risk their lives. We are their enemies for now they are afraid to come to care for fear of infecting them."

(HCW, Western Rural)

Health care worker interviews

Challenges to providing care:

- Health workers face stigma and discrimination in communities
- Increased severity of caseload - patients delay seeking care
  - - women using TBAs/ homebirths
  - – Adolescents not accessing family planning
  - – Users refusing ‘marklate’ (vaccinations)

- Health care workers fearful of contracting Ebola
  - – Concerns about patients masking their Ebola symptoms
  - – Ebola tests take time to be analysed
  - – Inadequate protection or protocols

  (Late payment of remuneration)

Health care worker interviews

Being that Ebola is transmitted through body fluids especially pregnant women, we are really scared, as we don't know the status of people. Even when a specimen is taken you have to wait for the next twenty four hours to get result during that time your mind get confused because you don't have confidence on what is going to happen and [if] you don't be careful you will lost your life.

*(*HCW, Western Area Rural District)

Health care worker interviews

Yes before the advent of Ebola we directly touch pregnant women when they come to our facility to know many weeks or months the pregnancy is with them. But …as for now, we have the fear that if we venture to touch any pregnant women we might contract the virus because Government has made is categorically clear that we must not touch each other. What we do is to ask them about the history of their pregnancy from a distance by asking them the last time they failed to see their menstruation. It is from what they tell us that we can know how long that pregnancy is.

(HCW, Western Area Rural District)

Health care worker interviews

What works:

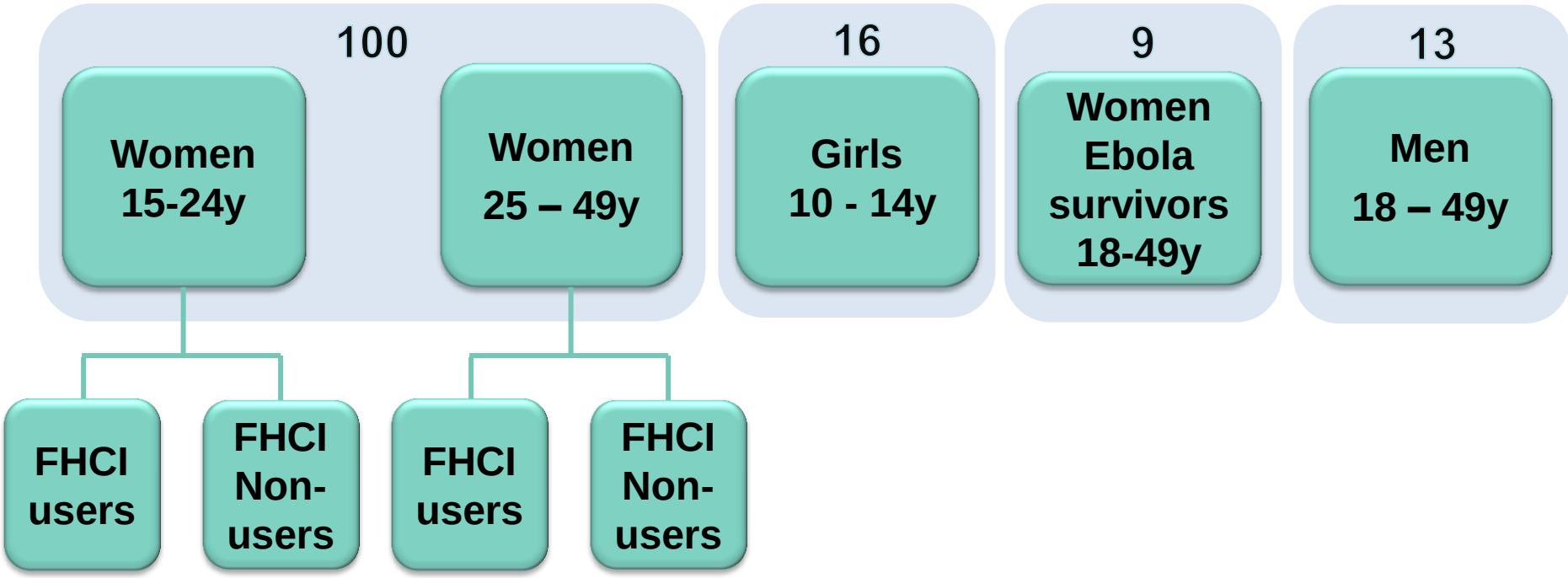
- Community sensitisation has improved trust compared to start of outbreak

  "It [the sensitisation] *has change things for better because people are now going for treatment, they were previously afraid saying that when they take you into the ambulance you neither will not survive"…*

- Training and PPE availability help allay fears of contracting Ebola
- Health care workers display dedication to practice, patients, and Ebola eradication

Demand side factors

Methods: Focus Group Discussions



Total of **7** different focus groups in two locations locations, Moyamba and Western, **14 in total**

Challenges to accessing care

- **Fear of contracting Ebola at facilities**
  - Fear/ mistrust of health care workers
  - Fear of other infectious patients
  - Fear of an Ebola diagnosis (men)

- **Unavailability of services**
  - Facility closures, including private pharmacies

There was a pharmacy here that we use to take our children for treatment. But at one time they treated and Ebola patient that that pharmacy and the pharmacy was quarantined. (Female user, 25-49, Moyamba District)

Challenges to accessing care

- **Fear of contracting Ebola at facilities**
  - Fear/ mistrust of health care workers
  - Fear of other infectious patients
  - Fear of an Ebola diagnosis (men)
- **Unavailability of services**
  - Facility closures, including private pharmacies
  - Routine diagnostic test services not available, resort to traditional healers
  - Children denied vaccinations

"Even myself, I took my child there few days ago and they refused treating him. I went there to let my child get her ninth month "mark late" [vaccination] but they drove me away so I had to go and get her some syrups and pills somewhere around the community"

(female 25-29y, Moyamba)

Challenges to accessing care

- Refused care / services: pregnant women refused care

"Why people are not also going to the hospital is that, three weeks ago, a pregnant woman was in labour and when they took her to the X hospital she was then refer to the Y hospital. When they also get there the nurses ask them to return home since they cannot treat her. On their way coming home, the woman passes away, so you see it was very sad and so many women have seen that happen that is why they prefer to give birth at home.

(Female user, 15-24, Western Area Rural District)

Challenges to accessing care

- **Poor standards of care**
  - Drug shortages: lack of family planning; lack medicines for sick children
  - Keeping patients at “arm’s length”

    - Health care workers will not “sound” pregnant women, not weighing babies…

    Lack of transport for onward referral of pregnant women with complications
- **Financial concerns**
  - Unofficial requests for payments (eg. exercise books)
  - Cost of purchasing drugs not available at facility

Example

“There was a woman who was pregnant and had to go to the hospital. When she went everyone was running away from her because she was like bleeding at that time. Even some of the nurses were running away from her; it had to be the matron herself who came out in her full kit and assisted the woman. Even at that, she was not accepted to deliver at the hospital she had to be sent home.”

“I took my child there few days ago and they refused treating him. I went there to let my child get her ninth month “mark late” [vaccination] but they drove me away so I had to go and get her some syrups and pills somewhere around the community”

(Female, 25-29y, WAR)

What works:

- Communities were reassured about competence of health care workers known to have had IPC training
- Screening and IPC measures seen as improvements in quality
- Recognition of caring nurses constrained by lack of resources
- Community sensitisation
- Demand for RH persists - general consensus that hospitals offer highest quality of RMNCAH care
- Those refused care or treated poorly can report to chief/headman
- Improved relationships with health care workers compared to start of outbreak

What works:

- Communities were reassured about competence of health care workers known to have had IPC training
- Screening and IPC measures seen as improvements in quality
- Recognition of caring nurses constrained by lack of resources

- Community sensitisation
- Demand for RH persists - general consensus that hospitals offer highest quality of RMNCAH care
- Improved relationships with health care workers compared to start of outbreak

What works:

"Some of us can tell because we did the sensitization from house to house to the pregnant women that when they go to the hospital they will save their live. We thank God now because the people are attending clinics because at first there were not treating them but for now they are ready to take good care of them."

(Male FGD participant, Western Area Rural)

Adolescents:

A highly vulnerable population in the context of Ebola

Adolescent pregnancy: Transactional sex

- Women, adolescents and health care workers expressed concern that more girls of school age than usual were falling pregnant
- Adolescents reported stories of peers who have had sex with men to help support themselves during the outbreak:

"When the country was locked down for three days, …. as a result of that, the government has to close the whole town. Our parent were unable to meet to our daily needs, because of that, most of our friends went out there to have sex with men so that they can sustain themselves."

(Adolescent girl, Moyamba district)

Adolescent pregnancy: School closures

"Before Ebola, there were schools going on, so there is not much time for school-going children to [be] idling around. Unlike now, now that there are no schools going on they have more time for their boyfriends. Also when schools were up and running some will reflect that 'Oh! I have to go to school so let me take my time otherwise I become pregnant and that will affect my education; I have to go to school'. So there's great difference now with regard to teenage pregnancy than when Ebola was not yet here."

(*Adolescent girl, Western Area Rural district)*

Adolescent pregnancy: compounded by…

- Pre-existing mis-perceptions and lack of knowledge of family planning methods and use of traditional methods

"There are some elderly women who sells those ropes around the community, so if you don't want to become pregnant you can use it and whenever you want to have babies you can simply remove it and throw it away so when you have sex you will then become pregnant."

(*Adolescent girl, Western Area Rural district)*

Adolescent pregnancy
Access to services

Challenges:

- With schools closed, health workers were unable to connect with adolescents
- Reduced family planning uptake, lapses in implants/injections

What works:

- Community sensitisation (radio, megaphones)
- Provide good service for those who do attend (encourage peer recommendation – ‘satisfied client’)
- School health initiatives

Implications

Implications for Recovery

Interviews and facility assessments show that pre-existing constraints (and perceptions thereof) worsened during the Ebola outbreak:

- Facilities closed and services not available
- Loss of trust in and by health workers
- Drug and commodity shortages
- No means of referral
- Disrespectful care
- Lack of financial accessibility
- Lack of youth friendly services

We need to invest resources beyond patient and health worker safety to get us back on track.

Discussion

Questions?

Ideas?

Acknowledgements:

Donors and Steering Committee Members:

Research Team from Options and Dalan

Respondents who were community members and health providers

Thank you