Options

Research Brief

# Health systems resilience: Addressing mistrust in Sierra Leone

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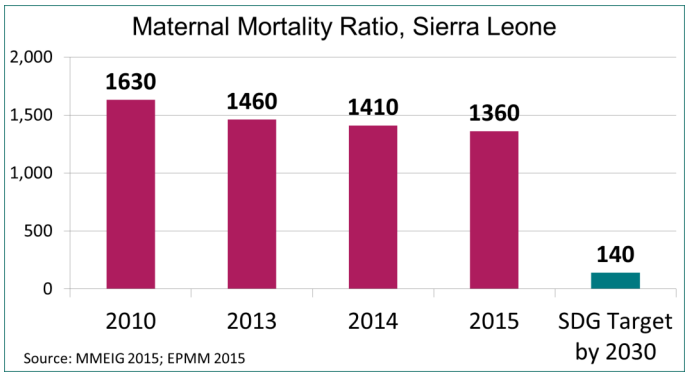
*This research briefing outlines methods, findings and recommendations from a study exploring the challenges for health providers delivering maternal and newborn health (MNH) services, and the key behavioural issues affecting women's health-seeking behaviour during the Ebola outbreak in Sierra Leone. It includes recommendations to achieve resilience and increase demand for MNH services in the post-Ebola recovery period. It is based on a rapid assessment conducted between December 2014 and January 2015 by UNFPA, with support from the Ministry of Health and Sanitation, UK Department for International Development, Irish Aid, and Options Consultancy Services.*

## Background

### Maternal health in Sierra Leone

In 2010, the Government of Sierra Leone introduced the Free Health Care Initiative (FHCI) to improve access to care for pregnant and lactating women and children under five years old. Figures from the latest 2013 Sierra Leone Demographic and Health Survey (SLDHS) demonstrate an increased uptake of certain RMNCAH services, including increased facility-based deliveries, and increased antenatal and postnatal care attendance. However, this increased utilisation has not been matched with improvements in maternal and child health (MCH) outcomes[1] and quality of services remains poor[2].

Based on the latest World Health Organization (WHO) estimates, the under-five mortality ratio is 126 per 1,000 live births[3] and the maternal mortality ratio is 1360 per 100,000 live births – the highest globally[4].




## Challenges to MCH during the Ebola outbreak (May—November 2014*)

- Fewer women accessed essential and emergency MCH care[5,6,7]
- More than 221 health care workers died during the Ebola ourbreak[8]
- Reports that women in labour or with complications were denied care[9,10,11]
- Pregnant women at higher risk of mortality due to Ebola than non-pregnant women[12]
- Unborn and newborn babies have lower chance of survival to Ebola[12]; an additional 3,100-3,3000 deaths are estimated during this period[13]
- The impact of reduced service uptake led to a 33% and 35% increase in estimated maternal and newborn deaths[13]

*First Ebola case detected 24 May 2014; outbreak ended 07 Nov. 2015; flare up declared over 17 Mar 2016

## Objectives

This qualitative study aimed to identify:

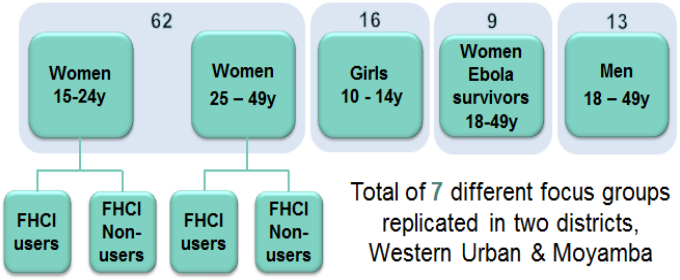
1. Challenges for health providers in being able to provide quality maternal and newborn health services;
2. Key behavioural issues that positively and negatively affected maternal and newborn health seeking behaviour or care practices of women and adolescent girls

## Methods

The study took place in December 2014, across two districts in Sierra Leone, one urban (Western Area) and one rural (Moyamba).

- **In-depth interviews:** interviewed 28 front-line health providers from various cadres across Western Area Rural and Moyamba about challenges in providing quality MNH care e.g. preparedness to deliver care in the context of Ebola, changes to MNH service provision and perceived impact of Ebola on community uptake of services.
- **Focus Group discussions:** 14 focus group discussions with 100 participants (62 females aged 15-49y including both FHCI users and non-users; 16 girls aged 10-14y; 13 men aged 18-49y; 9 female Ebola survivors aged 18-49y).

Thematic analysis using a coding scheme that was built up inductively from the dataset



# Key Findings

## Challenges to provision of services

- Health workers were fearful of contracting Ebola. There were reports of health posts being abandoned and/ or services and commodities being unavailable (e.g. family planning commodities, transport for onward referrals, child vaccinations)
- Some facilities closed, including private pharmacies
- Health workers reported instances of patients' masking signs of Ebola, which led to health workers being fearful of treating all patients. Poor lab capacity and long wait times for Ebola test results heightened these anxieties
- Health workers reported facing stigma and discrimination

> ***"We are their enemies for now they are afraid to come to care for fear of infecting them"***
> **-Health worker, Western Rural**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Credit: E4A-MamaYe

## Challenges seeking care

- Communities viewed health workers as potential 'contaminants' and feared contracting Ebola at facilities from health workers or other infectious patients
- Patients delayed seeking curative or consultative services contributing to increased severity of caseload, ie. by the time women did seek care, complications were more severe
- Pregnant women being turned away from health facilities
- Concerns about quality of care e.g. health providers no longer holding newborns; neglect for women in labour
- Financial concerns e.g. unofficial requests for payments
- School closures resulted in loss of linkages with health services for adolescents via school-based reproductive health programmes

> ***"They failed to assist her during delivery and after she had delivered by herself, these nurses came dressed like those in the Ebola burial team. They then wrapped the baby with ordinary plastic without proper washing and they said that they are preventing themselves from Ebola. They could have given her a better treatment by assisting her to safe delivery being that she was not an Ebola suspect."***
>
> **- Female community member aged 15-24**

Photo credit: E4A-MAmaYe

## Motivators to provision of services

- Training and availability of personal protective equipment (PPE) helped to allay health workers and fears of contracting Ebola. Likewise, communities were reassured about the competence of health workers known to have had infection prevention control training
- Screening and IPC measures were seen as improvements in quality and helped instil trust
- There was a recognition that caring nurses were constrained by a lack of resources
- Community sensitisation contributed towards improved relationships with health care workers compared to the start of the outbreak
- Health care workers who displayed dedication to practice, patients, and Ebola eradication acknowledged as champions

***"At first both the nurses and the community people were afraid of each other in terms of health related issues during this Ebola outbreak. One major reason for this was the nurses were not equipped enough to treat someone with suspected case of Ebola. But for now we are thankful to them for the sacrifices they are undergoing in making sure these women, girls and the entire community receive adequate treatment."***

**- Female community member aged 15-24**

## Conclusions & Recommendations

- Health providers must be equipped to feel confident and competent to deliver care whilst ensuring their safety whilst promoting an enabling environment for women seeking care. To do this, health providers must be supported with skills-building, provision of protective equipment and adequate water and sanitation.
- Redressing the balance of power in planning health services requires that health providers at the point of care have their concerns and requests heard by decision-makers. Health providers must be included in planning of health services.
- Accountability mechanisms, whereby health providers and women jointly address issues of quality and availability of care, must be strengthened. These must include opportunities to Give voice to communities by placing them at the centre of the health system, particularly at times of 'stress'. This will strengthen resilience by increasing legitimacy of the health system.
- Finally, the influence of other actors, such as those involved in community sensitisation and women with recent positive experiences at health facilities need to be recognised and applied to support capacity to sustain services during times of strain.

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