EBOLA RECOVERY IN SIERRA LEONE

STRENGTHENING HEALTH AND COMMUNITY-LED DEVELOPMENT

Over 12 months, this project will improve health-seeking behaviour across communities, boost access to basic health care and strengthen local governance.

Expected results:

Communities empowered to determine and prioritize their health needs

and to improve health-seeking behaviour through targeted health promotion using e-learning and mobile phone platforms.

Stronger local governance and existing community structures
to enhance engagement with, and to serve as an interface with respective health care facilities.

Better links between health and security sectors
to improve early warning mechanisms to help prevent future disease outbreaks and address security issues.

Livelihoods supported and access to essential services increased
by cash injections for the construction, refurbishment or expansion of health infrastructure or service delivery.

The program will be led by UNDP in collaboration with other UN Agencies (i.e. WHO, UNICEF) and practitioner based professional societies and health partners, in support of the Ministries of Health and Sanitation (MOHS) and Social Welfare (MSW).

Why it matters:

The Ebola crisis has reversed efforts of the government to provide universal coverage of quality health care across Sierra Leone. There has been substantial impact of the crisis on the health sector, through morbidity and mortality of health care workers, lack of curative and preventive care for non-Ebola ailments and a diversion of resources from other health-related programmes to the Ebola response.

Evidence shows that limited infection prevention and control contributed to Ebola’s rapid spread.1 A total of 296 health care workers are known to have been infected and 221 died. 11 of the fatalities were specialized physicians, so the already low ratio of around 3.4 skilled providers around 10,000 people was brought down even further. The optimal ratio of skilled providers is of 25 per 10,000 people.

A survey conducted in March 2015 among 1,185 PHUs, noted 48 (4%) were closed at the time of assessment, with a similar number reporting temporary closure since the start of the epidemic.

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The Ebola outbreak has led to a decline in the utilization of health care facilities for non-Ebola related health needs, particularly in urban areas such as Freetown.

Although 96% of PHUs remain operational, the country recorded a 23% drop in institutional deliveries, a 39% drop in children treated for malaria, a 21% drop in children receiving basic immunization (penta3), and a 63% drop in the utilization of family planning services.

The health sectors experienced a range of direct and indirect effects as a result of the epidemic, with the potential to reverse recent progress towards the MDG targets. While the outbreak continues and services remain constrained, there is a high risk of concurrent health vulnerabilities that must be immediately addressed including possible outbreaks of vaccine preventable diseases (particularly measles), a surge in malaria cases and deaths, acute malnutrition and maternal and newborn deaths due to non-health facility deliveries.

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*Project activities:*

The project is a key element in supporting the government’s efforts to restore access to basic healthcare and negate the socio-economic impact of the Ebola crisis, as outlined in the National Ebola Recovery Plan and the Human Development pillar in the Agenda for Prosperity, Sierra Leone’s longer term development plan.

A pilot in three prioritized districts will be determined by the impact of Ebola on healthcare and the capacity and willingness of communities to participate and agree to the principals of engagement to ensure equitable access, transparency and inclusivity.

**Supporting the Government’s Ebola recovery priorities**

UNDP will support components of the strategic objectives of the MOHS six-year (2015-2020) recovery strategy to:

1. make essential (basic) health services available;
2. foster community trust in the health system, take ownership and access essential health services; and,
3. implement the International Health Regulations (IHR), for instance through early warning and reporting of potential inter-country health threats.

**Improve and strengthen the involvement of existing community structures** such as paramount chiefs, women’s associations, CBOs, local NGOs etc. in planning, implementation and monitoring of health priorities and interventions.

**Improve health-seeking behaviour** through targeted health promotion activities utilising community health care workers and innovative e-learning and mobile phone platforms for prioritized and self-determined community health needs.

**Establish accountability frameworks and voice mechanisms** at the community level to promote the engagement of citizens to hold government accountable for the provision of health services.

**Conduct baseline and periodic community satisfaction and perception surveys amongst communities** to measure the effectiveness of initiatives, needs and perceptions at the commencement of engagements and periodically throughout the programming cycle. These surveys will measure effectiveness from a gender and vulnerable population specific perspective.

**Enhance effectiveness and collaboration of communities and local health and security structures based on lessons learnt and good practice during EVD crisis** by strengthening community, health and security agency
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relationships and information sharing to enhance trust and confidence, local accountability and responsive community based surveillance and health crisis preparedness.

**Provide livelihood and enterprise recovery support for improved access to basic healthcare and social protection** for communities. Access to basic healthcare and social protection will be enhanced through the provision of initiatives such as cash for work for the construction, refurbishment or expansion of health infrastructure or service delivery that will provide employment at the same time as improving community health infrastructure.

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**Why UNDP?**

UNDP has demonstrated experience and capacity in supporting sustainable community development and skills building, livelihood generation and recovery processes. The involvement of UNDP during the EVD response has strengthened the understanding of the challenges and health context of Sierra Leone.