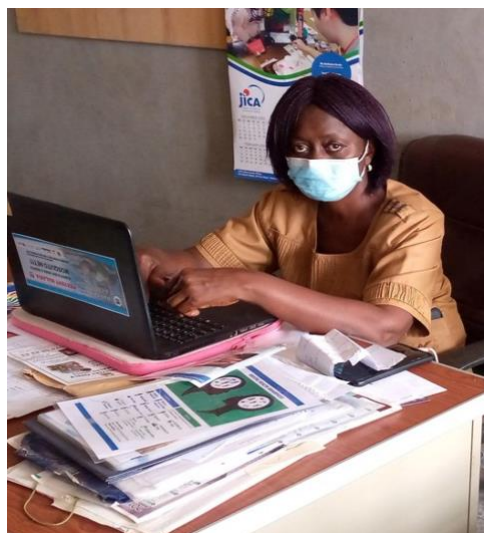




SUCCESS STORY

Sierra Leone



Sis. Susan M. Tucker, district health sister and infection prevention and control focal point.
Photo by: Alpha M. Kabba

NAME: Sister Susan Tucker

ROLE: District Health Sister of Pujehun district

LOCATION: Sierra Leone

SUMMARY: Quality improvement (QI) is critical to ensure facilities use appropriate infection prevention and control and water, sanitation, and hygiene practices. Yet few health care facilities in Sierra Leone have active QI processes or up-to-date training programs. MOMENTUM Country and Global Leadership supported virtual QI training in four targeted districts as well as onsite training for frontline health workers in areas with limited network access. Now, all facilities in the four districts can use their data to inform QI practices.

A HYBRID APPROACH TO QUALITY IMPROVEMENT TRAINING HELPS FACILITIES REACH DESIRED OUTCOMES

During the COVID-19 pandemic, training activities around the world pivoted to creative uses of virtual platforms to reach more people with fewer resources. In four districts of Sierra Leone, coaches and frontline workers learned critical quality improvement (QI) approaches, including data analysis and use. These trainings were delivered virtually and onsite where network connectivity was not available.

Sierra Leone is partnering with the U.S. Agency for International Development's MOMENTUM Country and Global Leadership project, which provides technical assistance to ministries of health and other country partners to support health systems capacity-building to improve health outcomes, with a focus on maternal, newborn, and child health.

When the pandemic hit, MOMENTUM supported new interventions to ensure continuity of care and strengthen the health system's response to COVID-19 and future infectious disease outbreaks.

MOMENTUM's COVID-19 response emphasizes two key areas: health care facility infection prevention and control (IPC) and water, sanitation, and hygiene (WASH) readiness. QI plays a key role in IPC/WASH readiness, yet few facilities in Sierra Leone have active QI processes or up-to-date training programs. According to district health sister Susan Tucker of Pujehun district, "[The] quality improvement concept is quite new for us. How to improve quality in our facilities has been a huge elephant."

Sierra Leone grapples with unacceptably poor reproductive, maternal, newborn, child, and adolescent health outcomes despite huge investments in input and output processes such as training midwives and laboratory technicians. Results pointed to inadequate quality of outputs as the major cause of this mismatch between investment and outcomes.

To address the need for QI, MOMENTUM, through the Institute for Health Improvement (IHI), provided training to coaches in the four targeted districts and to frontline health workers through an online practicum in Western Area Urban and Western Area Rural. Since Kailahun and Pujehun are in areas with limited networks, health workers in these two districts were not able to participate in the virtual QI practicum.

This lack of access to the virtual practicum concerned the trained coaches in Kailahun and Pujehun districts. Through a WhatsApp group created for the coaches, they heard their peers discuss how helpful the practicum had been in improving IPC practices in their facilities and how they were implementing what they had learned during the QI coach training.

To reach the Kailahun and Pujehun coaches, the project used a “hub and spoke” model. The district health management team and senior staff/chiefdom supervisors in higher-level community health centers served as hubs supporting lower-level facilities (spokes). Coaches were selected from the facilities’ staff and received training. Once trained, the coaches in the districts that were unable to participate in the virtual practicum conducted onsite practicum QI training using the same training curriculum with support from the MOMENTUM Sierra Leone team.

As a result of the training, all facilities in the four targeted districts can now use their data to inform QI practices. Based on their IPC/WASH readiness assessment results, facility teams develop goals, which inform project charters. The charters have helped improve IPC compliance in certain behaviors, such as handwashing and the proper use of masks, gloves, and other personal protective equipment.

Since the QI training, Sister Tucker looks forward to a bright future for her facility: “We have now moved from being a novice in quality and taking the leap of faith in teaching and we are realizing the dividend.”

“With this training, I now see a headway. I have the confidence to transfer and cascade this knowledge and skill gained to the health facilities I oversee. I am now capacitated to organize and support our health facilities in a structured approach and see desired outcomes. I even use the tools such as the Pareto chart, fish bone analysis and conduct small PDSA [Plan-Do-Study-Act] cycles of test within my workplace.”

— Sister Tucker