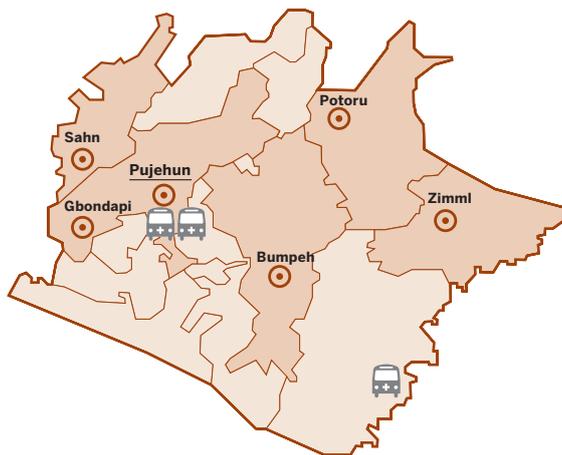


## Keeping mothers and children healthy in the time of Ebola: good practice in Pujehun, Sierra Leone

### Doctors with Africa CUAMM in Sierra Leone

Doctors with Africa CUAMM has been active in Sierra Leone since 2012, in Pujehun District, located in the country's southernmost province. With a population of about 375,000, the district has one of the lowest population densities in Sierra Leone. Most of its inhabitants live in villages with fewer than 2,000 people. There is only one district hospital in the entire district, which includes a main hospital and a maternity complex. There are also 77 peripheral health units, five of which provide basic emergency obstetrics care (BEmOC), and 3 ambulances.



**Fig. 1.** Pujehun District, with 2 ambulances in Pujehun and one ambulance in Jendema

### The Ebola outbreak and its impact on health services

By the end of July 2015, more than 14,124 people had died from the Ebola Virus Disease (EVD) outbreak in West Africa, including 3,956 in Sierra Leone (WHO 2016). These deaths took place in a country that already had one of the world's highest infant and maternal mortality rates: in 2014, infant mortality was 182 deaths per 1,000 live births and maternal mortality was 1,360 deaths per 100,000 live births. Due to the direct and indirect consequences of the health service interruptions related to the outbreak, under-5 mortality increased by more than 20% in 2014 (WHO Health Statistics 2015). Maternal health was also severely impacted, with more than 300 Ebola-related maternal deaths in addition to 1,781 non-Ebola related maternal deaths, for a 19% increase in maternal mortality (WHO 2015).

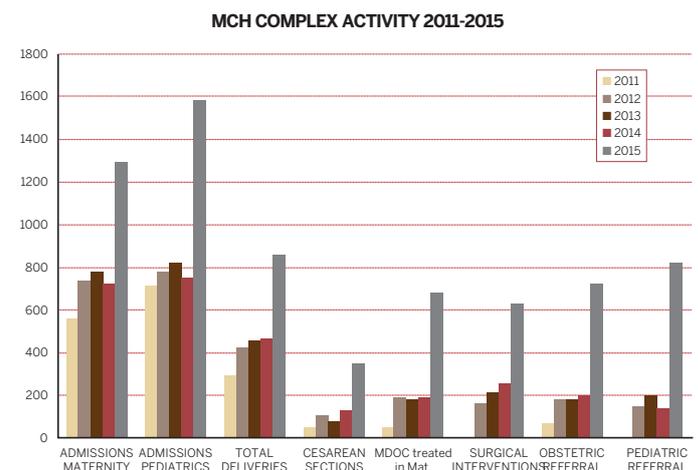
### The challenge

The first case of Ebola in Pujehun District was reported in July 2014. Various preventive measures were taken to contain the outbreak, including case management and surveillance. Despite the outbreak and the massive effort required to tackle and contain it, Doctors with Africa CUAMM decided to remain in Sierra Leone, helping to ensure the continuity of maternal and infant health care and guarantee access to health care services for the District's inhabitants.

At the height of the outbreak in 2014, use of both pediatric and maternal health care services in Pujehun Hospital fell, although not in a drastic manner, especially when compared with countrywide figures: there were 781 maternal admissions and 825 pediatric admissions in 2013, while these figures dropped to 716 and 750, respectively, in 2014. That was not so bad if compared with the national data: eight out thirteen districts registered a reduction in the numbers of deliveries which was statistically significant (11% reduction of women accessing in facilities for deliveries, 18% reduction in antenatal care, 22% reduction postnatal care).

Deliveries in peripheral health units in the Pujehun District increased by 6.5%, from 9,657 in 2013 to 10,285 in 2014; the trend continues to be positive, with 11,361 deliveries in 2015.

As shown in the graph below, the local population's demand for health care services rose steadily in 2015, demonstrating both their continued confidence in the local health care system and the fact that the structural gap that prevented them in prior years from reaching health care centers has been significantly narrowed.



**Graph 1:** Mother Child Health - complex activity from 2011 to 2015

### Lessons learned

Pujehun was the first district in Sierra Leone to be declared Ebola-free after 42 days without recorded cases. The overall resilience of the health care system in the Pujehun District during the Ebola outbreak and the subsequent increase in the community's demand for services depends on three distinctive aspects of Doctors with Africa CUAMM's strategy and actions there:

- the trusting relationship built up between the local community and the health care organization, thanks to the commitment of the hospital and the peripheral health units to continue to provide services throughout the outbreak;
- investments in the local health care system that made it possible to shrink the structural gap that often limited the community's access to care;
- cooperation with local authorities and the broader community, which proved critical in order to develop, carry out and monitor health care interventions in an appropriate manner at a time of national crisis.