ADVANCING PARTNERS & COMMUNITIES

COMMUNITY HEALTH SYSTEMS CATALOG COUNTRY PROFILE: SIERRA LEONE

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ACRONYMS

APC	Advancing Partners & Communities
BPEHS	Basic Package of Essential Health Services
CBS	community-based surveillance
CHC	community health center
CHP	community health post
CHS	community health system
CHW	community health worker
DHMT	district health management team
DPHC	Directorate of Primary Health Care
FMC	facility management committee
FP	family planning
iCCM	integrated community case management
IUD	intrauterine device
MCHP	maternal and child health post
MOHS	Ministry of Health and Sanitation
NGO	nongovernmental organization
NMCP	National Malaria Control Programme
PHU	peripheral health unit
RMNCH	reproductive, maternal, newborn, and child health
TB	tuberculosis
TBA	traditional birth attendant
USAID	Unites States Agency for International Development
VDC	village development committee
WASH	water, sanitation, and hygiene

INTRODUCTION

This Community Health Systems (CHS) Catalog country profile is the 2016 update of a landscape assessment that was originally conducted by the Advancing Partners & Communities (APC) project in 2014. The CHS Catalog focuses on 25 countries deemed priority by the United States Agency for International Development's (USAID) Office of Population and Reproductive Health, and includes specific attention to family planning (FP), a core focus of the APC project.

The update comes as many countries are investing in efforts to support the Sustainable Development Goals and to achieve universal health coverage while modifying policies and strategies to better align and scale up their community health systems.

The purpose of the CHS Catalog is to provide the most up-to-date information available on community health systems based on existing policies and related documentation in the 25 countries. Hence, it does not necessarily capture the realities of policy implementation or service delivery on the ground. APC has made efforts to standardize the information across country profiles, however, content between countries may vary due to the availability and quality of the data obtained from policy documents.

Countries use a wide variety of terminology to describe health workers at the community level. The CHS Catalog uses the general term "community health provider" and refers to specific titles adopted by each respective country as deemed appropriate.

The CHS Catalog provides information on 136 interventions delivered at the community level for reproductive, maternal, newborn, and child health; nutrition; selected infectious diseases; and water, sanitation, and hygiene (WASH). This country profile presents a sample of priority interventions (see Table 6 in the Service Delivery section) delivered by community health providers and for which information is available.

APC regularly updates these profiles and welcomes input from colleagues. If you have comments or additional information, please send them to info@advancingpartners.org.

SIERRA LEONE COMMUNITY HEALTH OVERVIEW

In 2012, Sierra Leone established its first national community health worker (CHW) program, which aimed to standardize roles, training, supervision, and monitoring of CHWs. The 2012 *Policy for CHWs in Sierra Leone* broadly defines the cadre and describes their general tasks, such as community mobilization, health promotion, and basic interventions in line with the country's essential health package.

During the Ebola outbreak in 2014-2015, CHWs worked on the frontlines to mobilize communities, sensitize the local population on measures to safeguard against Ebola, and conduct community-based surveillance (CBS) to help curb the epidemic. Their role and actions underscored the critical importance of CHWs and local community structures in reaching underserved populations. After observing the effectiveness of CHWs in the context of Ebola, the Ministry of Health and Sanitation (MOHS) realized that if CHWs were provided with more support, they could more effectively implement routine health interventions as well.

During the post-Ebola recovery period, the MOHS embarked on several new initiatives aimed to rebuild its health system, including a redesign of the CHW program. In late 2016, the MOHS, with support from development partners, updated the CHW curriculum to address three primary areas: reproductive, maternal, newborn, and child health (RMNCH); integrated management of childhood illness (iCCM); and CBS. The *National CHW Policy*, launched in early 2017, outlines the program and reflects updates to better integrate and support CHWs in their role within the health system, including supervision, incentive structures, and training.

Table 1. Community Health Quick Stats

Main community health policies/strategies	*Free Healthcare Services for Pregnant and Lactating Women and Young Children in Sierra Leone*	*Health Sector Recovery Plan (HSRP) (2015–2020)*	*Sierra Leone Basic Package of Essential Health Services (BPEHS) (2010–2015)*	*National Community Health Worker Policy 2016–2020*
Last updated	2009	2015	2015	2016
Number of community health provider cadres	1 main cadre: Community health workers (CHWs)			
Recommended number of community health providers	15,000 CHWs			
Estimated number of community health providers	13,000 CHWs			
Recommended ratio of community health providers to beneficiaries	1 CHW : 250 people (areas 3 or more kilometers from a health facility) 1 CHW : 1,000 people (areas within 3 kilometers of a health facility)			
Community-level data collection	Yes			
Levels of management of community-level service delivery	National, district, community			
Key community health program(s)	National CHW Program and other national programs across a range of health areas			

The CHW program builds on years of experience developing and refining health programs using many types of community health providers, such as traditional birth attendants (TBAs) and community drug distributors. Traditionally, these programs have focused on vertical health areas supported by different government partners, resulting in fragmentation and a lack of coordination. As such, the program aims to better align activities as well as address of the country's poor health indicators, particularly maternal mortality, which is the highest in the world.

The Directorate for Primary Health Care (DPHC) within the MOHS leads the CHW program in conjunction with other MOHS departments, ministries, international donors, and nongovernmental organizations (NGOs). Because the program emphasizes sustainability and country ownership, the MOHS plans to assume full responsibility for the program, including financial support, by 2030. In the short- and medium- terms, donors and NGO partners will provide technical and financial assistance to help implement and scale up the program.

The program is chiefly implemented and overseen by district health management teams (DHMTs) with the support of local and international NGO partners. It operates in rural, urban, and peri-urban areas and aims to scale nationwide. Community groups, such as village development committees (VDCs) and facility management committees (FMCs), are expected to aid CHWs and the health activities they conduct through mobilization, outreach, action planning, and linking communities with community-level facilities known as peripheral health units (PHUs).

Table 2. Key Health Indicators, Sierra Leone

Total population[1]	6.6 m
Rural population[1]	60%
Total expenditure on health per capita (current US$)[2]	$86
Total fertility rate[3]	4.9
Unmet need for contraception[3]	25.0%
Contraceptive prevalence rate (modern methods for married women 15-49 years)[3]	15.6%
Maternal mortality ratio[4]	1,360
Neonatal, infant, and under 5 mortality rates[3]	39 / 92 / 156
Percentage of births delivered by a skilled provider[3]	59.7%
Percentage of children under 5 years moderately or severely stunted[3]	37.9%
HIV prevalence rate[5]	1.3%

[1]PRB 2016; [2]World Bank 2016; [3]SSL and ICF International 2014; [4]World Health Organization 2015; [5]UNAIDS 2015..

The CHW program aligns with other post-Ebola initiatives. The MOHS also developed a *Health Sector Recovery Plan (2015–2020)*, which comprises five pillars: patient and health worker safety; human resources for health; essential health services; community ownership; and information and surveillance. The plan outlines phases through which the country will transition from recovery to achieving the MOHS vision of a resilient health system by 2020, with long- and short-term strategies for health systems strengthening at the community level.

The MOHS also created the *Sierra Leone Basic Package of Essential Health Services (BPEHS) 2015–2020* to guide community health, particularly taking into consideration post-Ebola priorities, such as CBS and community engagement approaches. The package also builds on successes in health service delivery before the Ebola outbreak, including the 2010 Free Health Care Initiative, which established a package of free services for pregnant women, lactating mothers, and children under five years of age.

Together, these policies illustrate a vision for a strengthened and resilient health system. The MOHS has also developed other policies guiding vertical programs that include community-level services, such as those that focus on malaria and nutrition. Overall, policies address community health somewhat comprehensively, though several key supporting policies and strategies have been developed but have yet to be launched. There are some inconsistencies between documents; for instance, the CHW scope of work was revised after the *BPEHS* was created; as a result, not all services provided at the community level match.

Policies occasionally mention gender issues. The *National CHW Policy*, for one, indicates that preference for CHW selection should be given to female candidates, specifically those who have experience working with pregnant women and new mothers, such as TBAs.

LEADERSHIP AND GOVERNANCE

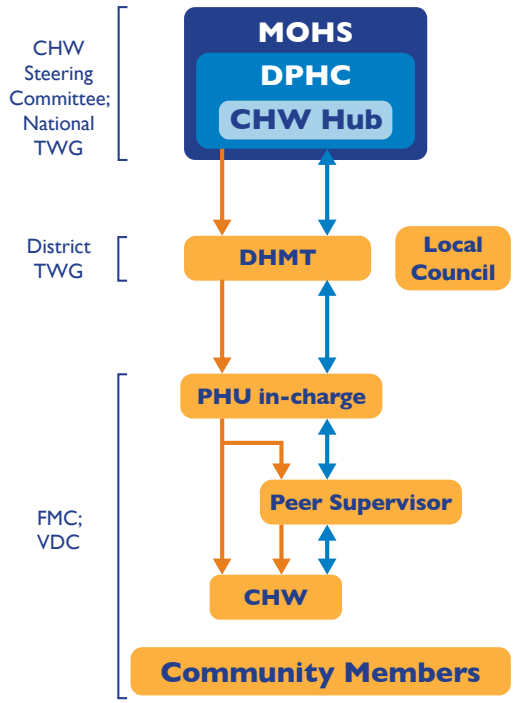
Community-level service delivery in Sierra Leone is managed and coordinated across the national, district and community levels.

- At the **national level**:
  - The DPHC within the MOHS manages a breadth of health programs and initiatives with community components. Within the DPHC, the national CHW Hub ensures that the CHW program complements other MOHS programs; coordinates CHW activities nationwide, including fundraising; and community data collection, analysis, and dissemination.
  - The National CHW Steering Committee includes members of the DPHC, the CHW Hub, other MOHS directors and managers whose programs are involved in the National CHW program, such as the National Malaria Control Programme (NMCP). The steering committee oversees CHW program implementation; conducts program monitoring; and troubleshoots implementation challenges.
  - The national technical working group (TWG), comprising members of MOHS programs, donors, and NGO partners, advises the CHW program; develops policies, strategies, curricula, job aids, and monitoring tools; mobilizes resources; and promotes collaboration across partners.
- The DHMT, which includes a CHW focal person, plans, coordinates, and implements health programs at the **district level**. It supervises and supports staff at PHUs, which include community health centers (CHCs), community health posts (CHPs) and maternal and child health posts (MCHPs). The DHMT maintains a database of all active CHWs in the district and ensures that they have the support, including training and supervision, to fulfill their roles. The district TWG, which comprises DHMT members, health program (e.g., NMCP) leads, and NGO partners, assists the DHMT in implementation, such as helping address stock issues, monitoring and evaluation, and conducting operational research. Local councils, which are district administrative bodies, ensure program financing and that health programs align with other governance structures.
- At the **community level**, CHWs deliver health services. In collaboration with PHU in-charges, peer supervisors supervise CHWs; attend monthly PHU meetings; report to the PHU; serve on community structures; and report stock-outs. Community groups, such as FMCs and VDCs, promote local ownership of health and development outcomes and support CHWs and PHU staff. Specifically, they contribute to CHW selection processes; review feedback from the community and health facility for decision-making; and sensitize and mobilize communities for health outreach activities. Chiefs and other traditional leaders promote healthy and care-seeking behaviors and are responsible for ensuring community participation in and oversight of the CHW program.

Figure 1 summarizes Sierra Leone's health structure, including service delivery points, key actors and managing bodies at each level.

Figure 1. Health System Structure

Level	Managing Administrative Body	Service Delivery Point	Key Actors and Their Relationships*
National	MOHS DPHC CHW Hub CHW Steering Committee National TWG	Referral Hospital	
District	DHMT District TWG Local Council	Regional Hospital District Hospital	
Community	PHU in-charge Peer Supervisor FMC VDC	CHC CHP MCHP CHW	



*NGOs provide support at all levels and work in close collaboration with the government in community health planning and implementation.

Supervision
Flow of community-level data

HUMAN RESOURCES FOR HEALTH

The first cohort of CHWs under Sierra Leone's revised program will complete training in 2017. They will be provided a monthly stipend and will be responsible for providing selected RMNCH services; iCCM; malaria testing and treatment for the general population; and CBS for disease prevention and control. Specifically, CHWs will monitor and report polio, cholera, clustered deaths, guinea worm, maternal death, measles, neonatal tetanus, neonatal death, and suspected Ebola. CHWs are also trained to integrate infection prevention and control measures throughout their work.

After the Ebola outbreak, Sierra Leone added community-based surveillance as a key CHW task so future emergencies can be detected and addressed sooner.

Under the new program, CHWs are the only formally recognized community health providers in the country. Government partners, such as NGOs, may only support other cadres if they offer services that are not covered by the CHW scope and are approved by the DHMT.

Table 3 provides an overview of CHWs.

Table 3. Community Health Provider Overview

	CHWs
Number in country	13,000
Target number	15,000
Coverage ratios and areas	1 CHW : 250 people (in areas 3 or more kilometers from a health facility) 1 CHW : 1,000 people (in areas within 3 kilometers of a health facility) Operate in urban, rural and peri-urban areas.
Health system linkage	CHWs are employed by the MOHS.
Supervision	The PHU in-charge supervises CHWs. Since in-charges are often overtasked, peer supervisors, who receive the same training as CHWs, support their supervisory duties. Chiefdom actors, NGO partners, DHMTs, and regional CHW coordinators also conduct quarterly supervision visits of CHWs, peer supervisors, and PHU staff.
Accessing clients	On foot
Selection criteria	Exemplary, honest, trustworthy, and respected Willing, able, and motivated to serve his/her community and help others Permanent resident of the community Able to perform specified tasks as outlined in the scope of work Interested in community health and development Involved in past community projects Good mobilizer and communicator May already be a community health volunteer, TBA, condom distributor, or youth trained in life skills At least 18 years old Accepted by the community Literacy and basic numeracy is preferred Preference will be given to women
Selection process	CHW selection is a participatory effort between community structures, such as VDCs or FMCs, and PHU staff. Local political actors such as chiefs may participate in but should not be in charge of the selection process.
Training	CHW training consists of three modules totaling approximately 25 days. Each module has classroom, field, and practical sections and is spaced several weeks from the previous. CHWs also receive annual refresher trainings.
Curriculum	*National Community Health Worker Programme Curriculum* (2016). Includes modules on community health basics (CHW role; behavior change communication; CBS; improved sanitation; routine household visits); iCCM for diarrhea, acute respiratory infections, malaria, and malnutrition; and RMNCH (FP, referral for antenatal care, postnatal care, maternal nutrition, care seeking for illness, and child feeding and development).
Incentives and remuneration	CHWs receive stipends of 100,000 Leones (Le) per month, or about $13 USD. They also get monthly allowances of Le 50,000 per month for transport, phone top-up, and other logistical support. In hard-to-access areas, CHWs may receive allowances of Le 80,000 or as determined by the DHMT and partners. Currently, NGOs provide financial incentives for the country's CHW program. Nonfinancial incentives may include recognition and community support, such as awards for outstanding work and exemption from communal work. CHWs also have opportunities for career pathways through the DHMT and MOHS in roles like peer supervisors, maternal and child health aides, and nurses.

[1] Although they receive the same training as CHWs, peer supervisors do not normally have the same service delivery role. However, if a CHW leaves his or her post, the peer supervisor may temporarily assume CHW responsibilities while a permanent replacement is selected and trained.

HEALTH INFORMATION SYSTEMS

CHWs use tools and registers to record health and service information during household visits. These tools include family health cards, checklists and registers that document community and household profiles, RMNCH, iCCM, and CBS.

CHWs have a set of pictorial tools and registers to facilitate data collection related to their clients and the health interventions and products they receive.

CHWs submit completed registers to their peer supervisors, who, along with the PHU in-charge, compile and review the data and incorporate it into the PHU monthly report. The report is then sent to the DHMT, which reviews it with support from NGO partners. The district CHW focal person of the DHMT checks data quality and follows up with PHUs as needed. From there, the data is integrated into the district health information system. The district CHW focal person also submits CHW data to the regional CHW coordinator, who is part of the CHW Hub. The CHW Hub ensures data quality, timely submission, and that it is analyzed, disseminated, and integrated into the national health management information system.

Data sharing occurs at all levels. DHMTs and partners analyze and share data for decision-making at the district, PHU and community levels. In PHUs, staff, peer supervisors, and CHWs meet to integrate and analyze data, identify needs, and jointly problem-solve. Community structures like VDCs and FMCs help CHWs use data and identify gaps.

The blue arrows in Figure 1 depict the flow of information.

Table 4. Selected Medicines and Products included in the *Sierra Leone BPEHS* (2015)

Category		Medicine / Product
FP	☐	CycleBeads®
	☑	Condoms
	☑	Emergency contraceptive pills
	☑	Implants
	☑	Injectable contraceptives
	☑	IUDs
	☑	Oral contraceptive pills
Maternal health	☑	Calcium supplements
	☑	Iron/folate
	☑	Misoprostol
	☑	Oxytocin
	☑	Tetanus toxoid
Newborn and child health	☑	Chlorhexidine
	☑	Cotrimoxazole
	☑	Injectable gentamicin
	☑	Injectable penicillin
	☑	Oral amoxicillin
	☑	Tetanus immunoglobulin
	☑	Vitamin K
HIV and TB	☑	Antiretrovirals
	☑	Isoniazid (for preventive therapy)
Diarrhea	☑	Oral rehydration salts
	☑	Zinc
Malaria	☑	Artemisinin combination therapy
	☑	Insecticide-treated nets
	☑	Paracetamol
	☑	Rapid diagnostic tests
Nutrition	☑	Albendazole
	☐	Mebendazole
	☐	Ready-to-use supplementary food
	☐	Ready-to-use therapeutic food
	☑	Vitamin A

HEALTH SUPPLY MANAGEMENT

CHWs use their registers to track their drug and supply consumption rates and restock at the PHU during supervision visits. Peer supervisors are expected to ensure that CHWs receive the supplies.

However, available policies do not prescribe an exact process for restocking. Actors at the district and national levels must make sure that drug and commodity utilization data are incorporated into supply chain reporting and that distribution occurs at all levels.

Due to frequent national supply chain disruptions and stockouts, NGO partners have played a longstanding role of filling gaps, procuring and distributing buffer supplies for PHUs and CHWs through the district medical store.

CHWs dispose of lancets, needles, and blades in sharps containers, and they place infectious waste such as used rapid diagnostic tests, gloves, and swabs, in a leak-resistant plastic bag placed in a metal or plastic bin with a lid. They are instructed to keep the sharps container and bin in a safe place. When the sharps container is three-quarters full, CHWs transfer the contents to special sharps barrels or pits. When the plastic bag is three-quarters full, they seal it and remove it from the bin and safely dispose of the waste in a burial pit. CHWs are instructed to wear gloves while disinfecting the bin with household bleach before putting in a new plastic bag.

CHWs dispose of non-infectious waste such as boxes that contained commodities as they would regular solid household waste; in a burial pit at the PHU or an off-site waste disposal location.

Table 4 provides information about selected medicines and products included in the Sierra Leone *BPEHS*.

SERVICE DELIVERY

The *BPEHS* outlines the country's primary health package, differentiating between services provided in the community and at the MCHP, CHP, and CHC. Service delivery areas within this package include antenatal care; supervision of delivery; postnatal care; FP and reproductive health; school and adolescent health; child health services; malaria; nutrition; HIV and AIDS and other sexually transmitted infections; tuberculosis (TB) and leprosy; non-communicable diseases; eye health; mental health; oral health; environmental health; emergency services; and disease control.

There is also a CHW-specific service package, described in the 2016 policy, which highlights services and responsibilities related to RMNCH, iCCM, and CBS.

Table 5 outlines the modes through which clinical services, health education, and community mobilization may occur in Sierra Leone.

Table 5. Modes of Service Delivery

Service	Mode
Clinical services	Door-to-door
	Periodic outreach at fixed points
	Health posts or other facilities
	Special campaigns
Health education	Door-to-door
	Health posts or other facilities
	In conjunction with other periodic outreach services
	Community meetings
	Mothers' or other ongoing groups
Community mobilization	Door-to-door
	In conjunction with other periodic outreach services
	Community meetings
	Mothers' or other ongoing groups

CHWs refer clients to the PHU to which they are linked and they are expected to see that the referral was completed. Policies do not indicate if PHU staff are obligated to counter-refer to CHWs for further follow-up.

Using FP as an example, CHWs may provide condoms and oral contraceptive pill refills to clients and refer them to MCHPs and CHPs for other methods, including initial pill packages; injectable contraceptives; implants; and intrauterine devices (IUDs). Permanent methods are available at CHCs and district, regional, and national hospitals with a referral from MCHP or CHP staff.

Table 6 provides details about selected interventions delivered by CHWs in the following health areas: FP, maternal health, newborn care, child health and nutrition, TB, HIV, malaria, and WASH.

Table 6. Selected Interventions, Products, and Services

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
FP	Condoms	CHW	CHW	CHW	CHW
	CycleBeads®	Unspecified	No	Unspecified	Unspecified
	Emergency contraceptive pills	No	No	Unspecified	Unspecified
	Implants	CHW	No	CHW	CHW
	Injectable contraceptives	CHW	No	CHW	CHW
	IUDs	CHW	No	CHW	CHW
	Lactational amenorrhea method	CHW		CHW	CHW
	Oral contraceptive pills	CHW	CHW	CHW	CHW
	Other fertility awareness methods	Unspecified		Unspecified	Unspecified
	Permanent methods	CHW	No	CHW	CHW
	Standard Days Method	Unspecified		Unspecified	Unspecified
Maternal health	Birth preparedness plan	CHW	CHW	CHW	CHW
	Iron/folate for pregnant women	CHW	No	CHW	CHW
	Nutrition/dietary practices during pregnancy	CHW		CHW	CHW
	Oxytocin or misoprostol for postpartum hemorrhage	No	No	Unspecified	Unspecified
	Recognition of danger signs during pregnancy	CHW	CHW	CHW	CHW
	Recognition of danger signs in mothers during postnatal period	CHW	CHW	CHW	CHW
Newborn care	Care seeking based on signs of illness	CHW			CHW
	Chlorhexidine use	CHW	CHW	CHW	CHW
	Managing breastfeeding problems (breast health, perceptions of insufficient breast milk, etc.)	CHW		CHW	CHW
	Nutrition/dietary practices during lactation	CHW		CHW	CHW
	Postnatal care	CHW	CHW	CHW	CHW
	Recognition of danger signs in newborns	CHW	CHW	CHW	CHW

Subtopic	Interventions, products, and services	Information, education, and/or counseling	Administration and/or provision	Referral	Follow-up
Child health and nutrition	Community integrated management of childhood illness	CHW	CHW	CHW	CHW
	De-worming medication (albendazole, mebendazole, etc.) for children 1–5 years	CHW	No	CHW	CHW
	Exclusive breastfeeding for first 6 months	CHW		CHW	CHW
	Immunization of children[1]	CHW	No	CHW	CHW
	Vitamin A supplementation for children 6–59 months	CHW	No	CHW	CHW
HIV and TB	Community treatment adherence support, including directly observed therapy	No	No	No	No
	Contact tracing of people suspected of being exposed to TB	No	No	No	No
	HIV testing[2]	CHW	No	CHW	CHW
	HIV treatment support	No	No	No	No
Malaria	Artemisinin combination therapy	CHW	CHW	CHW	CHW
	Long-lasting insecticide-treated nets	CHW	No	CHW	CHW
	Rapid diagnostic testing for malaria	CHW	CHW	CHW	CHW
WASH	Community-led total sanitation	No	No		
	Hand washing with soap	CHW			
	Household point-of-use water treatment	CHW			
	Oral rehydration salts	CHW	CHW	CHW	CHW

[1] Includes immunizations for newborns.
[2] Policies specify that CHWs provide information, referral, and follow-up for HIV testing only for pregnant women.

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