



SUPPORT TO THE POLICY AND REGULATORY FRAMEWORK FOR IMPROVING COMMUNITY HEALTH SYSTEMS

JUNE 2016

In 2012, the Ministry of Health and Sanitation (MOHS) of Sierra Leone launched the first national community health workers (CHWs) policy. This was a crucial step toward improving health access in a country with one of the highest maternal and child mortality rates and weak staff capacity at the facility level. The 2012 national CHW policy emphasized the concept of volunteerism for the CHWs, uniting volunteers from different health programs under one umbrella. The 10-day training highlighted health education messages, integrated community case management (iCCM) and water, sanitation, and hygiene as the main areas of CHWs' effort, with limited involvement in reproductive and maternal health care.

The implementation of the policy, guided and funded almost entirely by UNICEF, was interrupted by the Ebola virus disease (EVD) outbreak, and became incomplete and fragmented. During the Ebola crisis, CHWs were instrumental in many ways, including social mobilization for early care-seeking behavior; contact tracing and suspect case reporting; and burial team assistance. The versatility of the CHWs during the EVD outbreak, combined with the low indicators for reproductive, maternal, newborn, and child health, led to the revision of the national CHW policy, a key initiative in President Koroma's 10–24 month recovery plan.



A CHW conducting a sick child assessment during a home visit.

CHWs link the community to health facilities by complementing health service provision in hard-to-reach, disadvantaged areas. The focus of the ongoing policy revision is on harmonizing and integrating all community efforts, establishing a single national CHW program, and recognizing CHWs as an integral part of the health system. The recovery plan will expand CHW service provision to include treatment of diarrhea, pneumonia, and malaria through the iCCM approach; distribution of family planning commodities (initially condoms and re-supply of pills); promoting healthy lifestyles and appropriate health-seeking behaviors; counseling caregivers in households; and referring cases that need special clinical attention—ultimately improving access to and utilization of health care services.

The CHW policy and strategy documents have been drafted and circulated to a wide audience for feedback. They have been reviewed by the CHW steering committee, consisting of MOHS representatives from all directorates and key partner programs.

The Ministry also conducted a multi-stakeholder CHW policy and strategy validation workshop to finalize these documents in preparation for the CHW program launch expected for September 2016.

Advancing Partners & Communities has provided valuable technical assistance to the MOHS in the revision of the national CHW policy. The project has advised every phase of CHW training material development—trainer and participant manuals, registers, job aids, supervision tools, and counseling cards.

The project also helped the MOHS review the CHW program roll-out strategy by:

- estimating the financial implications of providing a given incentive package to a given number of CHWs
- estimating costs for the first year
- determining the population in hard-to-reach communities based on the CHW geo-mapping
- estimating the total number of CHWs needed (and the resources required to support them) to roll out the program under different scenarios.

The project is currently advocating for the inclusion of a minimum set of data and indicators in the MOHS Health Management Information System (HMIS), and for integrating the existing CHWs' geo-mapping data into ongoing MOHS efforts to consolidate the central HR database. Advancing Partners & Communities is part of the monthly HMIS coordination meetings to ensure that community data is routinely incorporated into the HMIS-strengthening efforts, with particular focus on data quality, completeness, and utilization.