

ADVANCING PARTNERS & COMMUNITIES, SIERRA LEONE

Understanding the Challenges of Delivering Community Maternal and Child Health Services in a Post-Ebola Context

Following the Ebola epidemic, Sierra Leone faces challenges to rebuilding its community health system.

A baseline assessment of the current situation was conducted in February 2016 in

5 PROJECT DISTRICTS



The assessment covered

78%

OF PERIPHERAL HEALTH UNITS in those districts.

The assessment helped us understand the health system challenges in Sierra Leone, including:

1. INFRASTRUCTURE: Appropriate sanitation and hygiene amenities are lacking.

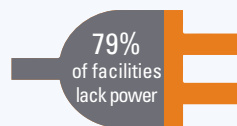
55% of facilities **HAVE NO FUNCTIONAL WATER SOURCE.**

14% (1 of 8) facilities have **NO TOILET.**



64% of facilities with toilets need repairs.

POWER SUPPLY is **INTERMITTENT** or **NON-EXISTENT** at the majority of facilities.



In Bombali and Tonkolili Districts, only **1 of 10 FACILITIES** have power (90% do not).

Many facilities are in **DISREPAIR.**



In Port Loko, **3 of 4 FACILITIES** need building rehabilitation.

2. DRUGS, SUPPLIES, EQUIPMENT: Fewer than half of facilities have functional RNMCH equipment.

DELIVERY/LABOR BEDS NOT PRESENT in **MORE THAN HALF** of facilities.

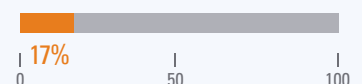
NO FACILITY has a **FULLY FUNCTIONING DELIVERY KIT** (though most have a few functional pieces of equipment.)



Stockout levels are high:
15% for IPT for pregnant women
13% for magnesium sulfate
37% for iron folic acid

Where supplies are on hand, they **AREN'T ALWAYS STORED PROPERLY.**

ONLY 17% OF OXYTOCIN SUPPLIES are stored in a cold box or refrigerator.



3.

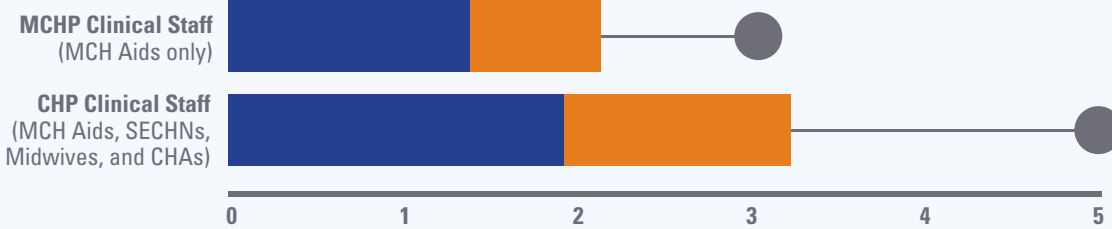
HEALTH STAFF CAPACITY: RMNCH knowledge gaps are still high.



Even areas where **STAFF TRAINING COVERAGE IS HIGH**, staff identified **GAPS** in knowledge. IPC, focused antenatal care, and labor and delivery knowledge.



While knowledge assessment scores for newborn health are high, **7 of 10 (71%) OF HEALTH WORKERS LACK PROFICIENT KNOWLEDGE IN CHILD HEALTH.**

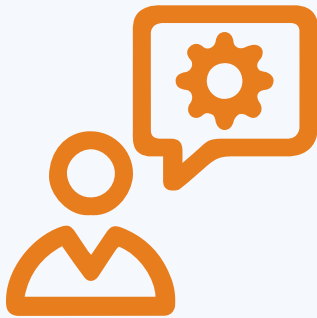


ON AVERAGE, BOTH MCHPS AND CHPS FALL SHORT OF THEIR STAFFING TARGETS, EVEN WHEN TAKING VOLUNTEERS INTO ACCOUNT.

■ Salaried ■ Volunteer ● Target

4.

COMMUNITY ENGAGEMENT: Facilities are supported by various groups, including community governance structures, community based organizations, and community health workers.

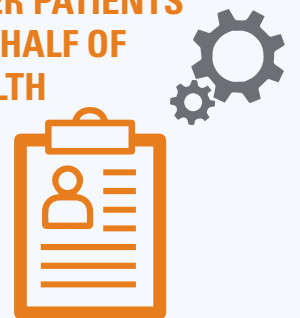


3 of 4 FACILITIES RECEIVE SUPPORT for CHWs from district health management teams or NGOs.

75% OF FACILITIES meet with the facility management committee every three months.



CBOs HELP REFER PATIENTS TO MORE THAN HALF OF THE LOCAL HEALTH FACILITIES



How we'll use this information...



Provide **EVIDENCE** of the status and condition of facilities at the community level in the project districts.



RECOMMEND INTERVENTIONS to be implemented in the project areas.



ASSESS SUCCESS at the end of the project by comparing to endline findings.