

# DISTRICT SUMMARY



## WESTERN AREA RURAL

### ADVANCING PARTNERS & COMMUNITIES, SIERRA LEONE

STRENGTHENING REPRODUCTIVE, MATERNAL, NEWBORN, AND CHILD HEALTH SERVICES  
AS PART OF THE POST-EBOLA TRANSITION

JUNE 2017

#### INTRODUCTION

The Western Area Rural (WAR) District consists of an area along the peninsula with fishing and tourist villages, hard-to-reach communities on Banana Island, and the larger hubs of Waterloo and Newton. The district is administratively divided into 20 chiefdoms, with an enumeration area of 2,139 and a population of 442,951 (Statistics Sierra Leone and Government of Sierra Leone, 2016). In the WAR district there are 54 peripheral health units (PHUs), comprising 11 community health centers [CHC], 22 community health posts [CHPs], and 21 maternal and child health posts [MCHPs], staffed by 351 people; 339 salaried and 12 volunteers (Sierra Leone Ministry of Health

and Sanitation, WHO, Service Availability and Readiness Assessment [SARA], 2017). Of the staff, 12 are community health assistants (CHAs), 14 are community health officers (CHOs), 1 is a state-registered nurse, 159 are maternal and child health aides (MCH aides); 18 are midwifery sisters/officers; 14 are nursing assistant aides, and 83 are state-enrolled community health nurses (SECHNs) (Ministry of Health and Sanitation [MOHS] Human Resources for Health Department). The health facilities in the district are supported by a DHMT that was established in late 2016 and located in the Waterloo community.

Table 1. Volume of Selected Health Services Provided in WAR, 2016

DELIVERIES		ANC4		FULLY IMMUNIZED*		TOTAL FP	MALARIA CASES TREATED WITH ACT	DIARRHEA U5 TREATED AT THE PHU	OPD
PHU	COMMUNITY	PHU	OUTREACH	PHU	OUTREACH				
12,543	1,703	15,194	771	13,459	2,255	56,329	75,064	6,177	228,993

\* Indicates child has received bacillus Calmette-Guérine, oral poliovirus, all 3 doses of pneumococcal conjugate, pentavalent, rotavirus, measles, and yellow fever vaccines according to schedule.

ACT: artemisinin-based combination therapy. ANC4: antenatal care 4th visit. FP: family planning. U5: under age 5 years. OPD: out-patient department (visit).

Source: Ministry of Health and Sanitation, HMIS / DHIS 2, Data accessed in May, 2017.



## PROJECT OBJECTIVES

The Advancing Partners & Communities project is funded by the U.S. Agency for International Development and implemented by JSI Research & Training Institute, Inc., and FHI 360. In Sierra Leone, the project aims at supporting the Ministry of Health and Sanitation's (MOHS) 2015–2020 post-Ebola Health Sector Recovery Plan by strengthening community-based non-Ebola health services, with emphasis on reproductive, maternal, newborn, and child health (RMNCH) in five priority districts: Bombali, Port Loko, Tonkolili, WAR, and Western Area Urban. The project seeks to improve access to and quality of basic health services by rehabilitating health posts' water, sanitation, and hygiene (WASH) and infection prevention control (IPC) infrastructure, complemented by capacity building, mentorship, and supportive supervision for HCWs; providing clinical and non-clinical minor medical equipment (MME), and revitalizing community engagement activities for sustainability.

## PROJECT BASELINE AND ENDLINE

The project conducted a baseline facility assessment in January–February 2016 to understand the PHU capacity and infrastructure in the five priority districts, and to establish a benchmark against which improvements made throughout the course of the project could be measured. Endline assessments were conducted in each of the five districts as follows: Bombali in May 2017; Port Loko in December 2016; Tonkolili in May 2017; Western Area Rural and Urban in March 2017.

In collaboration with the MOHS, four tools were developed to capture information on health facility management and staffing, physical infrastructure, available equipment, and staff knowledge. The tools were implemented in a total of 268 PHUs across the five districts at baseline and in 269 PHUs—including CHPs and MCHPs, and in community health centers (CHCs) in WAU—at endline. Data collection was conducted by each partner organization in its respective district.

## PROJECT INTERVENTION AND RESULTS

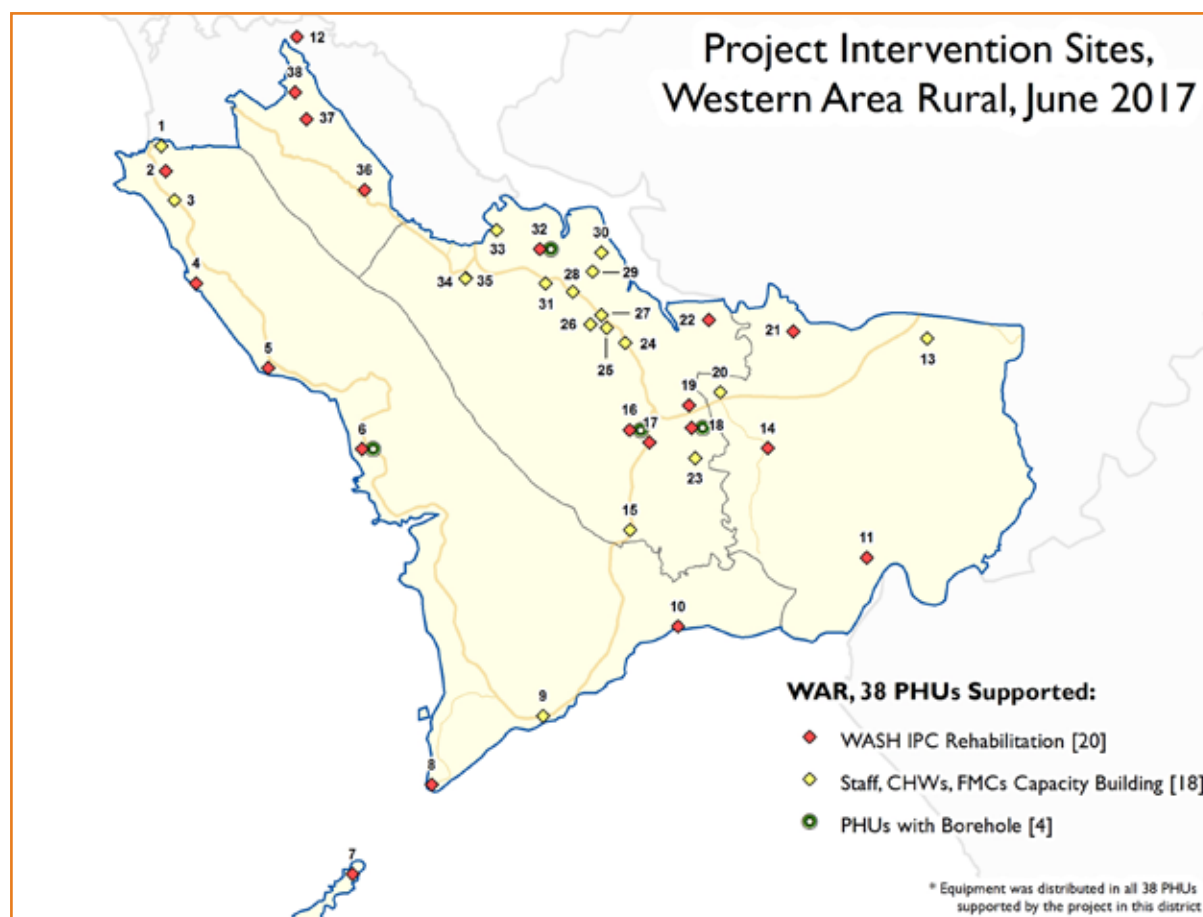
The project implementation in the WAR district is led by Save the Children. Save the Children directly supported 38 health facilities—21 MCHPs and 17 CHPs—covering a total population of 255,864. These facilities have 255 HCWs. The support was provided through a combination of interventions: trainings and supportive supervision of HCWs on RMNCH guidelines; community engagement through facility management committees (FMCs) and community health workers (CHWs); infrastructure upgrades to meet the MOHS WASH/IPC standards; distribution of MME; installation of solar lights; and coordination activities with district institutions.

## RESULTS

- 200 clinical and 60 non-clinical staff have been trained by project support. The trainings covered integrated management of childhood and newborn illnesses (IMNCI), RMNCH, and IPC.
- 38 PHUs received 273 supportive supervision visits.
- 38 FMCs comprising 410 FMC members (220 men, 190 women) were activated.
- After the adoption of the revised MOHS CHW policy for 2016–2020, 543 CHWs, including 55 CHW peer supervisors from 55<sup>1</sup> PHUs in WAR, were trained using the new in-service training manual and job aids.
- 20 PHUs received infrastructure rehabilitation to meet updated WASH/IPC standards.
- 80 WASH management committee members (four from each PHU catchment community) were trained on facility operations and maintenance (O&M) and provided basic plumbing and carpentry tools for O&M of facilities. 20 HCWs (one per PHU) were also trained on O&M.
- 38 facilities received MME and non-medical furniture.

<sup>1</sup> During the course of the project, 1 PHU was upgraded to a hospital.

## DISTRICT MAP



## WESTERN AREA RURAL DISTRICT PERIPHERAL HEALTH UNITS SUPPORTED BY THE PROJECT

Name/Type.Number on Map	Fogbo CHP . . . . . 11	Makonkonday MCHP . . . . . 21	Wind Aapdep CHP . . . . . 31
Mutual Faith MCHP . . . . . 1	Makabeh MCHP . . . . . 12	Makada MCHP . . . . . 22	Rogbangba MCHP . . . . . 32
Metchem MCHP . . . . . 2	Crossing CHP . . . . . 13	Campell Tn. MCHP . . . . . 23	Jui Tect CHP . . . . . 33
Adonkia CHP . . . . . 3	Malambay MCHP . . . . . 14	D/E/Water MCHP . . . . . 24	New London MCHP . . . . . 34
Hamilton CHP . . . . . 4	Macdonald MCHP . . . . . 15	Swakab CHP . . . . . 25	Kosso Tn. MCHP . . . . . 35
Sussex MCHP . . . . . 5	Benguema Grassfield MCHP . . . . . 16	Biola Wright Mem. Hosp. MCHP . . . . . 26	Charlotte CHP . . . . . 36
Tokeh MCHP . . . . . 6	Masorie MCHP . . . . . 17	Borah CHP . . . . . 27	Gloucester CHP . . . . . 37
Banana Island MCHP . . . . . 7	Mabureh CHP . . . . . 18	Rokel CHP . . . . . 28	Leicester CHP . . . . . 38
Kent CHP . . . . . 8	Lumpa CHP . . . . . 19	El Shaddai CHP . . . . . 29	
Lion For Lion CHP . . . . . 9	Kissi Tn. CHP . . . . . 20	J/Thorpe MCHP . . . . . 30	
Tissana MCHP . . . . . 10			



## ACTIVITY HIGHLIGHTS

### COMMUNITY ENGAGEMENT

#### COMMUNITY HEALTH WORKERS

Since July 2016, Advancing Partners & Communities has supported the MOHS and stakeholders in revising the CHW policy and developing a comprehensive training package. Based on global evidence adapted to country context, the revised policy focuses on harmonizing and integrating all community efforts, having one single national CHW program, and formally recognizing CHWs as an integral part of the health system. The policy was officially launched in February 2017, and the first batch of CHWs started training on the new curriculum the same month.

Advancing Partners & Communities supported the rollout of the revised CHW policy by training CHWs in Western Area Rural. Save the Children collaborated with the WAR DHMT to select 550 CHWs from 55 PHUs (10 per PHU, including 9 CHWs and 1 CHW peer supervisor), with 543 completing the training (488 CHWs and 55 CHW peer supervisors). The training aimed to enhance CHW capacity to delivering high-quality health services. It comprised three modules, including field test implementation under the supervision of DHMT staff and MOHS CHW training supervisors. Among the topics addressed during the training were community health basics, community-based surveillance, integrated community case management, and RMNCH.

#### FACILITY MANAGEMENT COMMITTEES

FMC members are the liaisons between the duty-bearers (health workers) and the rights-holders (community members) and responsible for ensuring social accountability between the two groups. Most importantly, FMCs ensure use of health services by rights-holders.

The project targeted the reactivation of 38 FMCs (one per PHU), each including 11 members, through training on roles and responsibilities, advocacy, resource mobilization and management, and supportive supervision. As a result,

FMCs in project locations held HCWs accountable for absenteeism or of charging for services that fall under the Free Health Care Initiative. Throughout the project, FMCs in project locations organized monthly meetings, during which members agreed on actions to support community health services delivery, such as cleaning/fencing of health posts and mobilization of pregnant and lactating mothers during National Immunization Days. The FMC chair of Rogbangba PHU noted that before the intervention of the project, FMCs did not meet and the relationship between community members and the PHU staff was very challenging.

*"This situation has changed since we received FMC training, and I am delighted that the fractured relationship between community and PHU staff has been amended. We look forward to ensuring that community youths serve as security for the solar panels and the hand-dug wells."*

The facility maintenance and improvement plans are created for and used by the FMCs. The aim of both documents is to strengthen FMC's ownership over the PHU condition and improvement. The FMC uses the maintenance plan each month to check the PHU's conditions, identify problems, and decide how to fix them. The various problems are included and prioritized in the facility improvement plan, which is drawn every six months and revised against progress during the FMC monthly meetings.

In its facility maintenance plan, the Makobe MCHP FMC identified the problem of PHU land encroachment by, and feces from, domestic animals. The FMC prioritized fencing the PHU compound in the facility improvement plan, and gave one month to complete the task. The task was completed on time and is limiting the intrusions on to the land.

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**Our PHU environment was like a breeding place for domestic animals. The health facility staff had to clean animal feces every morning before opening the clinic for services. These challenges have now been addressed by actions of FMC and community members**

**– Makobe MCHP in-charge**

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## CAPACITY BUILDING

Save the Children collaborated with the MOHS in the organization and delivery of a seven-day IMNCI training. The training reached 114 PHU staff (25 men, 89 women): 88 MCH aides; 20 SECHNs; 3 CHAs, 2 CHOs; and 1 midwife. Save the Children conducted post-training supportive supervision to ensure health facility staff fully adhered to IMNCI case management guidelines. This training resulted in improved performance by the PHU staff, evidenced by feedback from joint supportive supervision conducted with WAR DHMT staff.

Across the 38 PHUs, 114 clinical staff (8 men, 106 women): 87 MCH aides, 26 SECHNs, and 1 midwife, benefited from two days of RMNCH training. Training modules included family planning, antenatal and postnatal care, correct use of a partograph, immunization, and newborn care. As a result, Save the Children observed that PHU clinical staff provided antenatal and postnatal care to pregnant and lactating mothers according to national guidelines.



*IMNCI training in Makeni*

PHU staff were also targeted for IPC training. The training, conducted by a group of master trainers (five DHMT staff and five Save the Children staff), reached a total of 136 (20 men, 116 women): 74 clinical staff (MCH aides, SECHNs, CHAs, laboratory technicians, and midwives); and 62 non-clinical staff (cleaners, screeners, traditional birth attendants, and volunteers) across the priority PHUs.

**Table 2. Training by Topic, Cadre, and Gender in the Western Area Rural District**

# OF SUPPORTED PHUs	#STAFF TRAINED		#STAFF TRAINED-CLINICAL	#STAFF TRAINED-NON-CLINICAL	TRAINING SUBJECT	GENDER		CADRE			HCWs INVOLVED
	M	F				M	F	MCH AIDE	SECHN	OTHER	
38	18	182	200		RMNCH	8	106	87	26	1	114
					IMNCI	25	89	88	20	6	114
	16	46		62	IPC (CLINICAL+NON-CLINICAL STAFF)	20	116	42	25	69	136

**Table 3. Baseline-Endline Percentage of Respondents Scoring 80% or Higher on Knowledge Assessment**

WAR DISTRICT	BASELINE	ENDLINE
MATERNAL HEALTH	59.7	73.3
NEWBORN HEALTH	83.9	89.5
CHILD HEALTH	32.3	44.7
PARTOGRAPH KNOWLEDGE	-	65.8
TOTAL NUMBER OF PHU STAFF INTERVIEWED	62	38

**Table 4. Number of Clients Seeking Health Services in Project Target Facilities**

YEAR	TOTAL N. OF OPD VISITS	TOTAL N. OF DELIVERIES
2016	181,027	8,822
2015	128,783	8,881
2014	113,313	7,253
2013	107,842	6,768

*HMIS data results*

## INFRASTRUCTURE REHABILITATION

Based on the Sierra Leone MOHS WASH/IPC Guidelines, Advancing Partners & Communities project has identified minimum WASH/IPC standards for every health facility targeted by the project. These include consistent water access on-site (24 hours per day throughout the year), availability of two of four waste pits (ash, placenta, sharps, and general/organic waste), presence of a functional incinerator and functional latrine system, and presence of a minimum of four hand-washing stations.

Advancing Partners & Communities provided infrastructure and WASH/IPC rehabilitation in 20 of the 38 PHUs, reaching a total catchment population of 131,602. The selection of PHUs was based on the infrastructure assessment conducted at the beginning of the project, which gave the opportunity to prioritize interventions based on specific facility needs.

Overall, the 20 facilities' buildings received upgrades, including repairs to roofs, ceilings, walls, doors, and windows to ensure safety in the health facility for HCWs and clients. In most cases, the facilities were also painted.

In addition, systems and infrastructure such as power supply, water, and sanitation were provided or upgraded. All 20 facilities received solar panels and improved power systems, giving HCWs access to power at all times, particularly during the night. Facilities were provided with access to water sources, including four boreholes, and improved sanitation through the upgrade of latrines and waste management systems for liquid and solid waste.



*Banana Island MCHP before and after renovation*

The latter included construction or repair of septic tanks, incinerator, and waste pits.

Save the Children trained 80 Wash Management Committees (WMC) [for from each of the 20 facilities that were rehabilitated]. The WMCs are in charge of routine maintenance and minor repairs of WASH facilities and PHU buildings. Additionally, 20 HCWs (one from each PHU) benefited from the training designed for WMC members. With materials provided by the project (masonry, plumbing and carpentry, and cleaning supplies and tools), the WMCs are expected to ensure correct maintenance of the facilities, guaranteeing the sustainability of the intervention.

The 38 facilities also received non-clinical furniture, such as benches, tables, cupboards, and shelves. All facilities also received MME based on assessed needs, including delivery beds, delivery kits, weighting scales, and resuscitators with masks. Following distribution, finalized in May 2017, Save the Children conducted an HCW training on the correct use of the materials.

The project supported MOHS WASH in Health Facilities Standards (2017) through technical feedback on water access, hand pumps (for hand-dug wells and boreholes), and waste management (ash, placenta, general/organic waste, and sharps pits, as well as incinerator specifications).



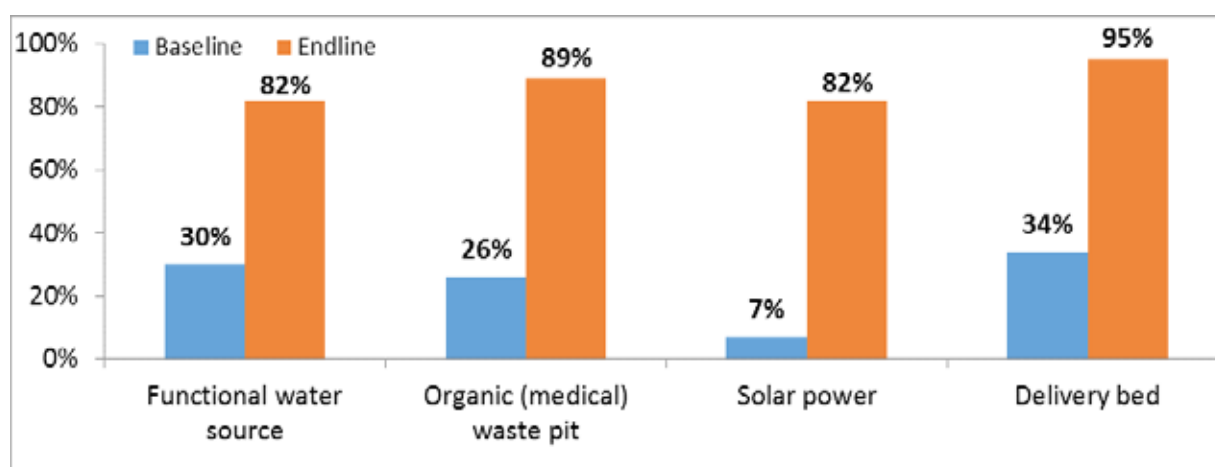


*Benguima grass field before and after renovation*

## BASELINE-ENDLINE DATA

The endline survey shows that:

**Figure 1: Baseline-Endline: Availability of Key Elements to Provide Basic Health Services**



Endline survey findings show that:

- 82% of the (surveyed) facilities now have functional water on site (either through a protected hand-dug well or a borehole), compared to 30% at baseline.
- 89% now have a functional pit for organic (medical) waste, compared to 26% at baseline.
- 82% now have functional solar power for service delivery at night, compared with 7% at baseline.
- 95% now have a delivery/labor bed, compared with 34% at baseline.

**Table 5: Baseline-Endline: Availability of Waste Disposal Units at PHUs**

WASTE DISPOSAL	% BASELINE	% ENDLINE
FUNCTIONAL INCINERATOR	29.6	88.9
GENERAL SOLID WASTE PIT	37.0	55.3
PIT FOR ORGANIC (MEDICAL) WASTE	25.9	88.9
PIT FOR SHARPS	29.6	92.6
<b>TOTAL PHUS SURVEYED</b>	<b>27</b>	<b>38</b>

**Table 6: Baseline-Endline: Availability of Medical Equipment at PHUs**

MEDICAL EQUIPMENT	% BASELINE	% ENDLINE
DELIVERY/LABOR BEDS	34.2	96.7
ADULT WEIGHING SCALES	18.4	92.1
RESUSCITATORS WITH MASK (ADULT)	18.4	89.5
WEIGHING SCALES (BABY)	57.9	81.6
SAFETY/SHARP BOXES	100	100
TOTAL PHUS SURVEYED	38	38

## WAY FORWARD

WAR DHMT and district council staff are well-placed to take over ownership and ensure project sustainability. All technical trainings and meetings were conducted in collaboration with the DHMT and the Water Supply Division, which will be able to continue providing critical services even after the project ends. The training of CHWs and FMCs on their roles and responsibilities created a sense of ownership of the health facilities and has enabled CHWs to refer clients to facilities. Additionally, the training of PHU staff, repair of health infrastructure, and supply of medical equipment will help sustain the project's interventions. Continued oversight of the HCWs is recommended to ensure they follow the guidelines as taught during the trainings and use the improved facilities in the correct manner.

## PARTNER BACKGROUND

Save the Children started implementing programs in Sierra Leone in 1999. Since then, programs have evolved to cover multiple sectors including child protection, health, education, food security and livelihoods, water and sanitation, and child rights governance. Save the Children's programs operate at multiple levels, from working with children and families directly and engaging communities, to building capacity of government agencies at local and national levels to enable children to realize their rights to health, education, protection, and participation. Save the Children's programs focus on four districts: Pujehun, Kailahun, WAR, and Western Area Urban. These programs are supported by a strong advocacy and child rights governance team that works at the national level to influence legislation, policies, and funding for children's issues through direct engagement with government agencies and by working in partnership with civil society, including children, to hold government accountable for their performance in fulfilling children's rights.

## REFERENCES

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