LAST MILE HEALTH

Country profile:

SIERRA LEONE

In **Sierra Leone**, we're working with the Ministry of Health at both the national and district levels to build a strong, data-driven community health worker program and improve quality of care.

The need: Over the past decade, the government of Sierra Leone has focused on strengthening its public health system. Still, the country holds some of the highest maternal and child mortality rates in the world. Much work is needed to ensure women and children in Sierra Leone have access to quality primary care, especially in rural and remote areas.

Our focus: We are accompanying the Ministry of Health to improve the quality of the National Community Health Worker Program and establish systems for evidence-based program management. We do this through three key bodies of work:

- Building data and governance systems at the national level,
- Leveraging data to identify gaps in program implementation and develop tools to address them, and
- Implementing and refining these tools at the district level.

By the numbers

Our direct footprint: Last Mile Health has worked in Sierra Leone since 2021. To date, we've directly supported **2,002** community and frontline health workers serving a population of **764,998** people.

2,002

community and frontline health workers directly supported since 2021

National program reach: Sierra Leone has a total population of about 8.6 million people. To date, the government has deployed **8,553** community health workers who together serve a target population of approximately **4 million** people.

Last updated September 2026

Program background

Sierra Leone established its first national community health worker program in 2012. Nine years later, the government set out to revise and expand the program, setting the following aims:

- Extend coverage to hard-to-reach communities,
- Implement data-driven management practices to improve performance,
- Improve gender equity in the workforce, and
- Integrate training across the full package of services community health workers provide.

When we first started work in Sierra Leone in 2021, COVID-19 was a key public health priority. At the time, our mandate from the Ministry of Health was to help equip frontline health workers with the knowledge and skills to manage, deliver, and sustain community-based primary care in all communities.

Background (continued)

Following the acute phase of the pandemic, our work expanded to include training, supervision, and program quality improvement. Today, we serve as a lead partner in strengthening primary care quality and access by standardizing, evaluating, and improving systems and innovations that support community health workers.

A mother holds her child while a community health worker measures her mid-upper arm circumference to screen for malnutrition.

At this dynamic moment, partners can help **leverage data and implement evidence-backed interventions** to bring quality care to all Sierra Leoneans.

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Our current work in Sierra Leone

Institutionalizing the National Community Health Worker Program, driven by data

Sierra Leone's Ministry of Health has identified maternal and child health as urgent priorities, and recognizes that community health workers can drive better outcomes for mothers and children. The Ministry and partners including Last Mile Health developed Vision 2030, which maps actionable steps to institutionalize a national program owned and managed by the Ministry. Vision 2030 identifies and addresses persistent gaps in the community health worker program and lays out **a framework for ensuring community health workers are skilled, salaried, supervised, supplied, and integrated into the health system at national scale.**

Driving progress on Vision 2030 requires a strong understanding of what's working at the community level—and where challenges remain. We're supporting the Ministry of Health to **gather community-level data and leverage it nationally.** Simultaneously, at the national level, we are working to optimize a community health worker scope of work, generate data-driven evidence, enhance gender equity, and design sustainable, standardized supervision frameworks.

We also work directly with the district health team in Kambia District to **pilot new interventions** including a supervision tool and a gender-responsive approach to improving retention of women community health workers. Data from district-level research initiatives and pilot programs will directly inform Vision 2030's objective of institutionalizing a national cohort of **8,500** paid, professional community health workers backed by standardized training that covers an integrated package of primary health topics.

Addressing malaria, the leading cause of death for children under five

In Sierra Leone, malaria is the leading cause of death for children under five. The Ministry of Health has successfully integrated the malaria vaccine into Sierra Leone's routine childhood immunization schedule, with more than **598,000 children** receiving the first dose. But a key challenge remains: the vaccine requires four doses, and many children do not receive all follow-up doses, becoming defaulters.

Last Mile Health is accompanying the Ministry to ensure children in rural and remote areas receive all four doses of the malaria vaccine. Together, we developed a **national immunization training curriculum** with a focus on malaria vaccine delivery and are working to scale it nationally. We've launched training in Kambia District, equipping community health workers with a **defaulter tracking tool and supplementary job aid** to facilitate quality care, and we accompany Ministry staff in supportive supervision. Additionally, we've leveraged national data to inform an analysis of barriers to effective immunization program implementation. We are working alongside the Ministry to translate these findings into operational policies that drive improvements in implementation and government ownership.