



In **Sierra Leone**, we are a data-driven partner to the Ministry of Health in building a strong community health workforce. We work at both the national and district levels to drive quality improvements.

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

**Our focus:** We are accompanying the government of Sierra Leone to improve the quality of their community health worker program and establish systems for evidence-based program management. Our team is focused on 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 in our learning lab district.

## By the numbers

**Our direct footprint:** Last Mile Health has worked in Sierra Leone since 2021. To date, we've directly supported **1,371** community and frontline health workers serving a population of **586,675** people.

**1,371**

community health workers  
directly supported to date

**National program reach:** Sierra Leone has a total population of about 8.6 million people. To date, the government has deployed **8,130** community health workers across all of the country's 16 districts, including urban areas.

## Program background

Sierra Leone established its first nationwide community health worker program in 2012. Their latest policy refresh in 2021 set out to revise and expand the program with the following aims:

- Extend coverage to hard-to-reach communities,
- Implement data-driven management practices to improve program performance,
- Improve gender equity in the workforce, and
- Integrate training across the full package of services that 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 successful completion of our work on COVID-19 response, the government invited Last Mile Health to advise on and help implement the community health policy revisions described above. In 2024, we launched district-level implementation in Kambia District.



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



We don't have a health facility in our community. As a community health worker, I treat children, visit pregnant women and help them access the health facility. I am now in the position to help my community.

**- Fatmata Koroma**  
Community health worker  
Kono District, Sierra Leone

**Current activities**

**Exemplars in Global Health:** Our flagship activity in Sierra Leone is an [operational research study](#) supported by the Exemplars in Global Health program. An initiative of Gates Ventures, the program seeks to leverage high-quality data to help health leaders allocate resources more effectively, make strategic decisions, and craft evidence-based policies. Through our research, we're enabling the Ministry of Health to identify gaps in how the community health program is implemented and drive targeted quality improvements that save lives.

**Health systems strengthening:** Our systems strengthening work at the national level is focused on closing the foundational gaps we've identified in the course of our Exemplars research. Together with our Ministry of Health colleagues, we're improving program design and strengthening core leadership and governance systems. In tandem, we're leveraging this work to mobilize durable financing for the program.

**Learning labs:** After identifying gaps in the national program and building tools to address them, we pilot these innovations in learning lab districts. For example, we recently tested a new digital supervision tool in Kambia District. Hosted in a simple app, the tool helps identify knowledge gaps, supply chain issues, and other challenges. Then, it provides supervisors with a guide for targeted follow-up. Testing these kinds of tools at the district level enables us to quickly verify their functionality, practicality, and effectiveness. From there, we can make refinements before rolling the tools out on a larger scale.

**Evidence**

Sierra Leone's revised community health program is still in its nascent stages. This presents a critical opportunity to generate actionable evidence to optimize program design and improve quality of care. Helping the government fill this data gap will remain a core focus of our work in the years ahead.

**92%**

As of April 2024, 92% of community health workers in our learning lab cohort in Kambia District have received supportive supervision and created a personal action plan to improve their performance.

**Opportunity**

Women and children in remote communities across Sierra Leone urgently need access to quality health services. With the right support, community health workers stand ready to meet this need. We're honored to be partnering with the government in this effort, and we welcome new partners to invest in this critical stage of the program's growth.

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