



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 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 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 **1,788** community and frontline health workers serving a population of **713,222** people.

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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.

Program background

Sierra Leone established its first nationwide community health worker program in 2012. Nine years later, the government set out to revise and expand the platform, 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 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 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.

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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

Research, evaluation, and learning: Our flagship activity in Sierra Leone is a research project supported by the Exemplars in Global Health program. An initiative of the Gates Foundation, the program seeks to leverage 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.

National technical assistance: 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.

District-level implementation: In Kambia District, we pilot community health innovations to verify their functionality, practicality, and effectiveness. From there, we can make necessary refinements before rolling the tools out on a larger scale. In 2024, we developed and tested a survey-based digital supportive supervision tool to help supervisors identify community health worker knowledge gaps and guide follow-up to address these areas. The tool has now been deployed in two additional districts, and the Ministry has begun using it for national supervision.

Evidence

Sierra Leone's community health worker program is still in its early stages. This presents a critical opportunity to generate actionable evidence to optimize program design and improve quality of care. Through all aspects of our work, we aim to assist our government partners to fill this data gap.

868

community health workers have received improved supervision through our digital supervision tool

Opportunity

At this dynamic moment, we're building a strong and sustainable community health program in partnership with the government of Sierra Leone. Women and children in remote areas urgently need access to better care, and with the right support, community health workers can meet this need. We welcome new partners to join us in equipping them to establish health equity for all.

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