TECHNICAL BRIEF

Strengthening the Health Workforce in Sierra Leone

This technical brief describes the Advancing Partners & Communities project's concept, context, and process for health capacity building, in support of the Sierra Leone Ministry of Health and Sanitation's (MOHS) vision for strengthening the health workforce.

KEY ACHIEVEMENTS:

950 **STAFF** FROM **243** **PHUs** TRAINED IN RMNCH & IPC;

BENEFITING MORE THAN **1,7 MILLION** **PEOPLE**

2,159 **SUPERVISION & CLINICAL VISITS** CONDUCTED

MINOR MEDICAL EQUIPMENT & TRAINING PROVIDED TO **305** **FACILITIES**

BACKGROUND

As one of three countries in West Africa to experience the worst ever-recorded Ebola virus disease (EVD) outbreak, Sierra Leone has suffered devastating socio-economic consequences. The outbreak's effects on the health care system were profound, with more than 200 health workers dying from the disease, and people's use of health facilities, as well as trust in the health system, in serious decline.

Prior to the EVD outbreak, Sierra Leone already had one of the highest maternal mortality rates in the world, at 1,165 maternal deaths per 100,000 live births according to the Sierra Leone Health and Demographic survey 2013.[1] The MOHS' Health Sector Recovery Plan 2015–2020 aims to improve the capacity, knowledge, and skills of health workers in critical lifesaving areas–primarily reproductive, maternal, newborn, and child health (RMNCH)–at the lowest levels of service delivery. The Advancing Partners & Communities project has supported this ministry goal by increasing the capacity and effectiveness of the health workforce to provide quality RMNCH services, including infection prevention and control (IPC).

[1] Statistics Sierra Leone - SSL and ICF International. 2014. Sierra Leone Demographic and Health Survey 2013. Freetown, Sierra Leone: SSL and ICF International.

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TABLE 1: AVERAGE STAFFING LEVELS IN TARGETED PHU

	MCHP		CHP		CHC	
Staffing cadre	Actual (salaried)	Proposed*	Actual (salaried)	Proposed*	Actual** (salaried)	Proposed*
MCH aides	2.1 (1.4)	2	1.9 (1.3)	3	9.4 (7.2)	6
SECHN	0.3 (0.1)	0	1.5 (0.9)	2	6.7 (4.7)	2
Midwife	-	-	-	-	1.2 (1.2)	1
CHO	-	-	-	-	2.1 (1.8)	1

* According to the Basic Package of Essential Health Services
** Numbers from Freetown only

INTERVENTIONS

The project's baseline assessment highlighted how many PHUs lacked the basic equipment needed to carry out quality health services; none of the facilities had a complete functional delivery kit and many were missing simple diagnostic tools such as sphygmomanometers and stethoscopes. Only 30 percent of surveyed health posts had a delivery bed, and about half had a baby or adult weighing scale. Without these tools, training and mentorship would provide minimal improvements to patient care, especially for RMNCH.

Initiated on the baseline assessment, the project distributed minor medical equipment to 305 health posts enabling health staff to perform life-saving and routine interventions for their patients, in particular for mothers and children. The medical equipment provided to the PHUs included delivery beds, guedel airways, adult and infant weighing scales, delivery kits, adult and child resuscitators, baby cots, height measure boards, instrument trays, patient privacy screens, stethoscopes, sphygmomanometers, autoclaves, lamps, and bed pans. Essential training on the use and maintenance of equipment was also carried out.

Starting in early 2016, Advancing Partners & Communities began the implementation of a quality improvement and capacity-building program covering RMNCH, integrated management of childhood and newborn illnesses (IMNCI), and IPC topics (see Table 2). The program was conducted by implementing partners in each of the five USAID priority districts: GOAL in Bombali; Adventist Development and Relief Agency (Tonkolili); International Medical Corps (Port Loko); Action Against Hunger (Western Area Urban); and Save the Children (Western Area Rural). Health worker cadres benefiting from these interventions included maternal and child health (MCH) aides, state-enrolled community health nurses (SECHNs), and community health officers (CHOs).

The in-service training consisted of classroom-based lectures, practical demonstrations, and discussions of clinical cases, with focus on crucial knowledge and skills that health workers use in health care service delivery. During the implementation phase, the project ensured that–

- all training activities were conducted in collaboration with the district health management teams (DHMTs)
- training subjects were agreed upon based on district priorities and documented gaps
- MOHS-approved curriculum and training material were used where available.

Recognizing that even high-quality training with experienced facilitators does not always result in improved performance, the project conducted a sustained mentorship program for recently trained health workers, focusing on the competences and skills they were trained on. Trainees received clinical support to apply their new knowledge and skills at work and got ongoing reinforcement through mentorship at the project targeted community health posts (CHPs) and maternal and child health posts (MCHPs), as well as supportive supervision visits conducted with the DHMTs.

In collaboration with implementing partners, the project developed a post-training monitoring tool to assess selected clinical skills and practices under different clinical areas, as well as a guide for planning and conducting the mentoring process. The tool covers antenatal care, labor and delivery, postnatal care, and family planning. It helps to determine individual learners' needs, and provides insight into wider performance gaps that can be used to inform future training needs (see Diagram 1).

More than 950 health care workers from 243 health facilities benefited from at least one training session. Working with the local DHMTs Advancing Partners & Communities identified the needs of the five priority districts and supported the training of clinical and non-clinical health facility staff (see Table 2) on reproductive and child health, as well as infection control. In follow-up more than 2,000 supervision and mentorship visits were conducted.

TABLE 2. CAPACITY BUILDING BY DISTRICT

DISTRICT (PARTNER)	# OF SUPPORTED PHUS	#STAFF TRAINED		TRAINING SUBJECT	CADRE			HCWS INVOLVED
		MALE	FEMALE		MCH Aide	SECHN	OTHER	
Tonkolili (ADRA)	52	5	73	IPC/WASH	39	4	2	45
				IMNCI	31	7	3	41
				RMNCH	72	4	2	78
Western Area Urban (Action Againt Hunger)	40	17	124	IMNCI	15	21	4	40
				BEmONC	17	17	6	40
				RMCH	16	22	2	40
				IPC	16	20	4	40
				HMIS	18	16	6	40
Bombali (GOAL)	78	44	133	RMNCH	61	38	59	158
				IPC (clinical staff)	33	18	98	149
Port Loko (IMC)	35	4	66	RMNCH/IPC	61	4	5	70
		87	135	IPC (non-clinical staff)	0	0	222	222
Western Area Rural (Save the Children)	38	18	182	RMNCH	87	26	1	114
				IMNCI	88	20	6	114
		16	46	IPC (Clinical+non-clinical staff)	42	25	69	136
TOTAL		**950**						

TABLE 3: NUMBER OF SUPERVISION AND CLINICAL MENTORSHIP VISITS

DISTRICT (PARTNER)	ANTENATAL CARE	POSTNATAL CARE	LABOR AND DELIVERY	FAMILY PLANNING	IPC	TOTAL
Western Area Urban (Action Against Hunger)	97	189	71	120	80	557
Tonkalili (ADRA)	78	78	19	19	19	213
Bombali (GOAL)	179	84	74	171	108	616
Port Loko (IMC)	100	100	100	100	100	500
Western Area Rural (SAVE)	88	81	28	72	4	273
					TOTAL	**2,159**

RESULTS

Facility staff completed baseline and endline basic knowledge assessments and showed improvements in four of the five topics (Diagram 2).

DIAGRAM 1: AVERAGE SCORES (0–2) TAKEN FROM THE MENTORSHIP TOOL

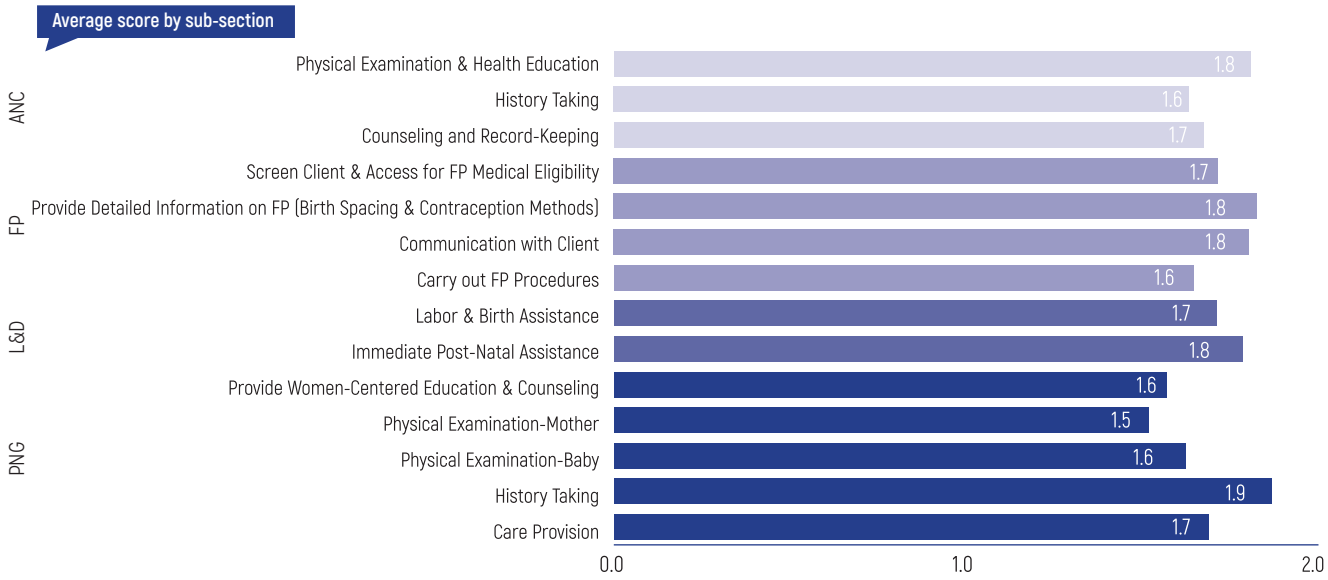
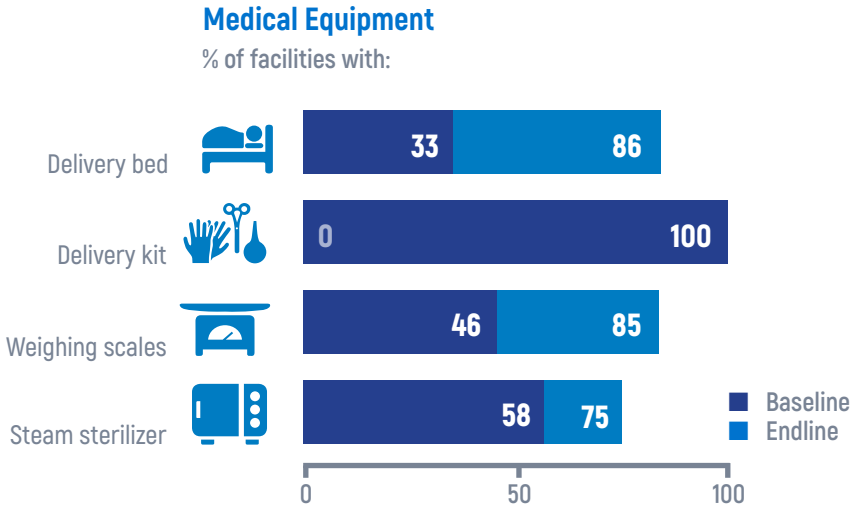
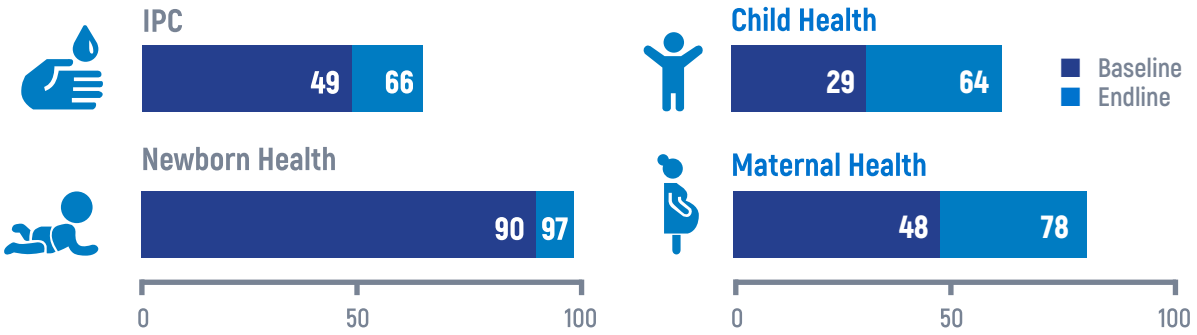


DIAGRAM 2: BASELINE AND ENDLINE ASSESSMENTS

A baseline assessment of 268 health facilities in the five districts helped the project understand the conditions at various facilities and recommend interventions. An endline survey examined how facilities had changed between the February 2016 baseline and the May 2017 endline assessments. The project provided support to all 269 facilities surveyed for the endline.



Knowledge Scores: % of respondents scoring 80% and higher for each topic area:



Training health care workers in Magburaka, Tonkolili.

IPC training held by IMC in Port Loko.

LESSONS AND WAY FORWARD

There is evidence of significant improvement in the knowledge base of staff, but barriers to the provision of quality care remain. The high number of volunteer staff (highlighted in Table 1) leads to staff attrition and lapses in accountability and implementation of free health care. High-quality health care is also dependent on the availability of certain supplies and equipment. Advancing Partners & Communities conducted an assessment of availability of minor medical equipment duringthe baseline survey and subsequently provided equipment–including delivery kits, delivery beds, resuscitation equipment, and sterilisers–to 305 facilities. However, there are on-going supply chain challenges that make essential medications out of stock (highlighted in Table 4), which has a negative effect on health care provision.

In recognition of the ongoing challenges and the need for a sustainable approach to health, Advancing Partners & Communities has supported the MOHS in commodity distributions; participated in high-level meetings, including the development of the RMNCAH strategy and the revision of training manuals; and advocated for measures, such as the absorption of volunteer staff onto the payroll and development of a mentorship program, to increase health workforce capacity.

It is clear that capacity-building is vital to the provision of quality health care, but training must be complimented by an enabling environment and on-going clinical support if new knowledge is to be transferred to long-term changes in practice.

MCH Aides in Port Loko practicing their partograph skills.

Reproductive Health Trainer, Victoria Mutturie (GOAL), mentoring staff at Bunbanday, Bombali.

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