

Supporting community health workers in Sierra Leone to expand access to contraception



Key learnings

In 2023, MSI developed and piloted new resources in Sierra Leone to support government community health workers to engage their communities in discussions about contraception. The resources were designed to complement the government's integrated community health worker programme, launched at the end of 2022.

An evaluation of the pilot in early 2024 suggested that these tools helped improve the community health workers' knowledge and confidence to talk about contraception. This helped them to more effectively address myths and pass on correct information to their communities. Insights and learnings from the pilot reinforce the critical role that community health workers play in efforts to expand access to contraception through the public sector.

The challenge

Trusted messengers do not always have the tools and support they need

Community Health Workers in Sierra Leone are a bridge between health facilities and the community.

As members of the community, appointed by community stakeholders, they are often more trusted and accessible than health facility staff.

While they are highly motivated to help improve the health of their community, the recent 'Integrated National Community Health Worker Policy' means that community health workers are expected to cover a wide range of health topics, limiting the impact they might have with SRHR messaging, on which training and support is more limited.

What we did

We worked with community health workers to develop tools to support the discussions they have about contraception in their communities

Starting in October 2023, MSI Sierra Leone used human-centred design to develop, test and pilot new resources for community health workers. The objective of the new tools was to support the work of MSI Sierra Leone to strengthen access to reproductive healthcare through the public sector. Following a phase of testing, four tools were identified as part of the pilot package of new community health worker resources. These included:

A **flip chart** to use during discussions to explain the links between contraception and other health topics

A **myth-busting card game**, exploring common questions related to SRHR

A **package of a few household items** for engaging community leaders to raise awareness for the services and advice available

An **'ask us anything' anonymous question box**, to help tailor community health workers' information sessions

The tools and accompanying training aimed to strengthen community health workers' capacity to discuss contraception alongside other health themes, to reach different profiles of community members, and to increase positive community dialogue.

What we did (continued)

Pilot evaluation approach

The new resources were piloted with 50 community health workers, working with 17 public sector health facilities across four regions of Sierra Leone. The pilot launched in October 2023 with regional training sessions and ran until March 2024. A rapid mixed-method evaluation was completed at the end of the pilot.

This included pre- and post-training surveys with a sample of the community health workers (n=31), participatory review workshops, informal interviews with community stakeholders (including health facility teams in some of the pilot locations), and analysing service data from pilot and non-pilot facilities across the four regions.

What we found

Improvements in community health worker knowledge and confidence, and some initial impact on contraceptive uptake, especially for long-acting and reversible contraception

Results suggest the pilot helped to improve community health worker knowledge and confidence to talk about contraception. This helped them to address myths and pass on that knowledge to their communities. Average scores for knowledge on contraception increased from 2.3 out of 5 pre-pilot to 3.5 out of 5 post pilot.

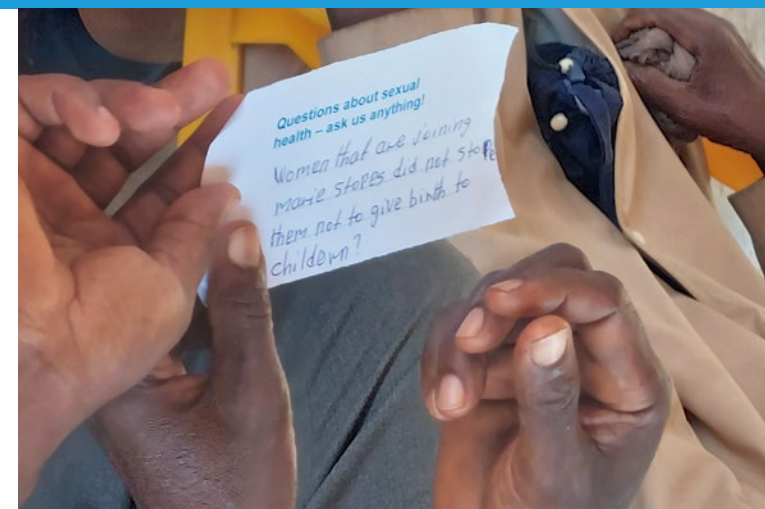
Small improvements were also seen in community health workers' reported confidence in talking about contraception (from 4.2 to 4.4). High pre-pilot scores are likely a reflection of initial overconfidence on the topic. Community health workers described how the flipchart, card game, and question box enabled them to build their knowledge of contraception, talk about the links between contraception and other topics, and dispel common myths.

The pilot tools and training also appear to have helped the community health workers engage with audiences they were previously not reaching. Results of the post-pilot survey and qualitative feedback from the community health workers and other key informants suggest that the pilot helped them feel more confident speaking to key influencers, such as local leaders and men, as well as engaging adolescents.

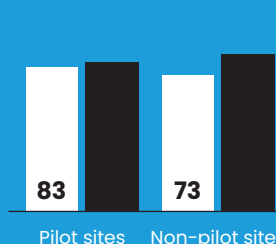
Community health workers' perceptions of community acceptance of contraception improved, with results suggesting the pilot contributed in multiple ways, especially through engaging leaders. Following the pilot leader engagement activities, agreement among community health workers that leaders in their community encourage family planning jumped from 62% to 90%.

Small increases in client visits for contraception at public sector sites supported by the community health workers participating in the pilot were observed across an aggregate of all pilot sites (+4%) compared to the pre-pilot period. More significant increases were seen in the two locations (Bonthe +18% and Bombali +48%), where there was greater buy-in and engagement from the Ministry of Health and Sanitation. Notably, increases in family planning client visits were far greater in pilot sites compared to non-pilot sites in these locations.

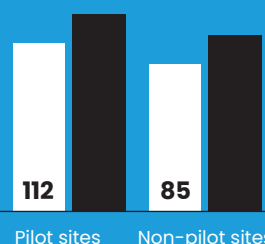
Average couple years of protection¹ per site per month increased by 52% during the pilot across an aggregate of all locations, suggesting the information on long-acting and reversible contraception in the tools led to increased uptake.



Average client visits per site per month



Average CYPs per site per month



■ Pre-pilot ■ Post-pilot

“The tools help to increase family planning uptake and acceptance because it builds confidence in community health workers so then [the] community have more confidence in them.”

Facility 2nd In Charge, Western Rural

[1] Couple years of protection (CYPs) is a measure that estimates the protection from pregnancy provided by contraceptive methods during a one-year period.



What this means

Simple tools and training boosts the impact of community health workers on community engagement and uptake of services, but this must be part of broader government buy-in and support.

Overall, the pilot resources were well received by the community health workers and effective in building their capacity to address family planning as part of their community-based activities. However, the potential for activities to impact access also depends on effective government buy-in and engagement. The Ministry of Health and Sanitation at the district level and the teams at the health facilities must be included in, and supportive of, the roll-out of any new resources.

The potential of tools to build community health workers' capacity and long-term impact for communities also depends on sustained engagement through ongoing follow-ups. Any scale-up needs to integrate ongoing support, visits, and training alongside the initial training and the introduction of new tools.

The MSI Sierra Leone team are using the insights from the pilot and evaluation to inform discussions with government partners and to refine the tools and approaches they are using with community health workers.



More information

For more information on MSI Reproductive Choices and the work that we do, please contact:

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