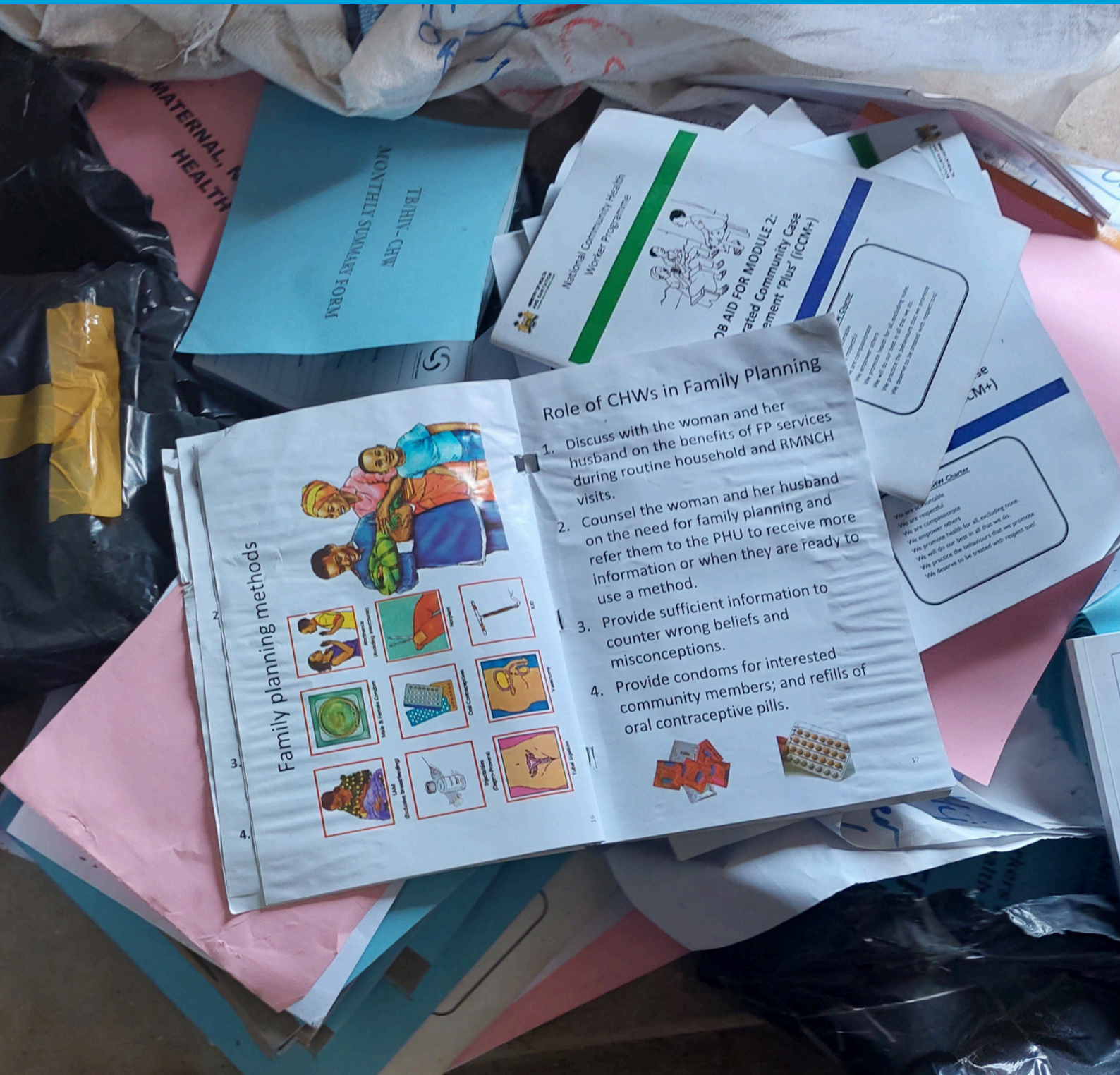


Supporting community health workers in Sierra Leone to expand access to family planning



Family planning methods



Role of CHWs in Family Planning

1. Discuss with the woman and her husband on the benefits of FP services during routine household and RMNCH visits.
2. Counsel the woman and her husband on the need for family planning and refer them to the PHU to receive more information or when they are ready to use a method.
3. Provide sufficient information to counter wrong beliefs and misconceptions.
4. Provide condoms for interested community members; and refills of oral contraceptive pills.



We are knowledgeable
We are respectful
We are compassionate
We promote health for all, including men
We will do our best in all that we do
We practice the behaviors that we promote
We deserve to be treated with respect too!

Overview

In 2023, MSI piloted the use of resources in Sierra Leone to support government community health workers (CHWs) to engage their communities in discussions about family planning. These tools were designed to complement the government's integrated CHW programme, launched at the end of 2022.

An evaluation of the pilot in early 2024 suggested that the tools helped improve CHW knowledge and confidence to talk about family planning. This helped them confidently address myths, and pass on this knowledge to their communities.

Insights from the pilot reinforce the critical role that CHWs have to play in efforts to expand access to family planning through the public sector.

The Challenge

Community Health Workers (CHWs) in Sierra Leone are widely described as a bridge between health facilities and the community. As members of the community themselves, appointed by community stakeholders, they are trusted and accessible in a way that health facility staff are not.

While they are highly motivated to help improve the health of their community, the recent 'Integrated National CHW Policy' means that CHWs need to cover a wide range of health topics, limiting the impact they might have with family planning messaging, on which training and support is more limited.



What we did

Starting in October 2023, MSI Sierra Leone used human-centred design (HCD) to develop, test and pilot new resources for CHWs to use, supporting their work 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 CHW resources. This included:

- a visual flip chart for the CHWs to use during discussions to explain the links between family planning and other health topics
- a myth-busting card game
- a small package for engaging community leaders
- an 'ask us anything' anonymous question box

The tools and accompanying training aimed to strengthen CHWs' capacity to discuss family planning alongside other health themes, to reach different profiles of community members with family planning information relevant to them (men, younger women, older female influencers), and to create positive community dialogue about family planning.

Key learnings

The new resources were piloted with 50 CHWs, 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 mixed-method evaluation was completed at the end of the pilot. This included pre- and post-training surveys with the pilot CHWs, participatory review workshops with the CHWs, informal interviews with community stakeholders (including health facility teams in some of the pilot locations) and analysing family planning service data from pilot and non-pilot facilities across the four regions.

Results suggest the pilot helped improve CHW family planning knowledge and confidence, and that this helped them address myths and pass on that knowledge on to their communities

Initial design research highlighted that family planning myths are prevalent and gaps in knowledge affect both community members and CHWs. The pilot tools and training focused on building CHW knowledge of family planning methods and addressing common myths.

Average scores out of five for family planning knowledge increased from 2.3 pre-pilot to 3.5 post-pilot. Small improvements were also seen in CHWs' confidence talking about family planning (from 4.2 to 4.4) — the high pre-pilot scores are likely a reflection of overconfidence on the topic.

CHWs described how the flipchart, card game and question box had been able to build their knowledge of family planning, talk about the links between contraception and other topics and dispel common myths.

The pilot tools and training appear to have helped CHWs engage with audiences they were not previously reaching

The national CHW programme recruitment criteria seeks to include CHWs with a range of ages and a male/female balance. CHWs often skew male and older. A CHW's profile impacts who they engage in their community, and the success they can have with different audiences.

Results of the post-pilot survey and qualitative feedback from the CHWs themselves, as well as other key informants, suggests that the pilot helped CHWs feel more confident speaking to key influencers like local leaders and men, as well as engaging adolescents. Overall comfort with talking to different groups increased from 4.0 to 4.4 (out of 5).

The pilot had a positive impact on family planning uptake in two of the pilot locations (where buy-in and engagement had been secured) and an impact on clients' method choice

Small increases in family planning client visits 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 with the pilot 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 protection (CYPs) 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 (LARC) in the pilot tools had a positive impact.

CHW perceptions of community acceptance of family planning improved following the pilot, with results suggesting the pilot was able to contribute to this in multiple ways, especially through engaging leaders

Post-pilot survey scores for community acceptance of family planning increased from 3.8 to 4.1. Following the pilot leader engagement activities, agreement among CHWs that leaders in their community encourage family planning jumped from 62% to 90%.

CHW perceptions of improved community acceptance were supported by qualitative feedback from leaders and community members in pilot locations. CHWs were most positive about improvements in leader support for family planning (+28pp).

Particular impact was also noted on parental support for adolescents using contraception to avoid unintended pregnancies and school drop-outs.

What this means

Overall, the pilot resources were well received by the CHWs and effective in building their capacity to address family planning as part of their community-based activities with different audiences. Feedback indicated small refinements are required to strengthen the content of the flip chart and card game, and underlined the importance of the inclusion of community leader engagement to support efforts.

The potential for activities to impact family planning access depends on effective government buy-in and engagement. The Ministry of Health and Sanitation at the district level, the facilities, as well as the family planning providers that MSI works closely with, all need to be integrated into any future roll-out to ensure the support for effective implementation of activities. It may also be worth involving government family planning providers more systematically in some of the activities like the question box, to draw on their technical knowledge and build trust between the community and facility.

The potential of the tools to build CHW capacity and long-term impact for communities will also depend on sustained engagement with the CHWs through ongoing follow-up. Any scale-up will need to integrate ongoing support, visits, and training alongside the initial training and the introduction of new tools. Targets for the use of the tools may also help ensure consistent use and facilitate more effective monitoring and follow-up.

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 when working with CHWs.



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