Sierra Leone: Volunteers’ contribution towards universal health coverage

Introduction
The community-based health workforce, including Red Cross and Red Crescent volunteers, comprises all those who contribute to creating healthy and resilient communities. This is done through delivering crucial and culturally sensitive health messages, empowering individuals, households and communities to make informed decisions and increasing access to lifesaving curative measures.

The International Federation of Red Cross and Red Crescent Societies (IFRC), comprised of the secretariat and its 189 member National Red Cross and Red Crescent Societies, is committed to universal health coverage. Our volunteer network enables access to healthcare services at the community level where there is all too often an acute shortage of professional healthcare workers. Experience has shown that volunteers represent important and unique resources. They play powerful roles as a bridge between communities and health services, particularly where health and social inequities exist. Volunteers connections to community and understanding of the context ideally places them as key resources in developing locally appropriate responses to health issues, encouraging community engagement and promoting sustainability. However, effective volunteerism does not happen by itself. It needs recognition, planning and support not only to grow, but to sustain within the communities we serve.

Case study
“The community health workforce is critical in delivering community healthcare services. It is only through integrated, people-centred and quality service delivery that health-related sustainable development goals and universal health coverage can be achieved.”

Dr Emmanuel Hindovei-Tommy
Secretary General,
Sierra Leone Red Cross Society

Key facts
- Population: approximately 6 million
- Maternal mortality rate: 1,800 per 100,000 live births
- Under-five mortality rate: 182 per 1,000
- Population with access to proper sanitation facilities: 12.8%

1. UNICEF. At a glance: Sierra Leone. Available at: http://www.unicef.org/info/bycountry/sierraleone_841.html
The issue
Sierra Leone is one of the poorest countries in the world, ranking 177 out of 186 countries on the UN’s human development index and is considered a fragile state by the World Bank. The end of the civil war in 2002 left the country’s infrastructure, including health systems, severely damaged.

Only 57 per cent of the population in Sierra Leone has access to safe drinking water sources. As a result, waterborne diseases such as diarrhoea, hepatitis A, cholera and typhoid are widespread. Infant and maternal mortality rates are among the highest in the world. Malnutrition, anaemia, neonatal infection, diarrhoeal diseases, pneumonia and malaria are all common causes of death among infants.

The response
The role of the community volunteers in improving access to health

Kadiematu Adieu lives in Mogbowama village, situated in the middle of the bush in the south of Sierra Leone. “We had a lot of health problems including cholera, malaria and diarrhoea – which killed a lot of children, including one of my grandchildren,” says Adieu. Oftentimes, health resources are not easily accessible by even the local residents. She explains, “It is not easy to get to the nearest health facilities, and even if we make it there, there is a shortage of drugs and they can’t always help.” Community health workers are helping to create a solution in bringing health services to those who may not be able to access them.

With literacy rates averaging only 43 per cent among the total population, volunteers use interactive methods to spread knowledge, such as pictorial illustrations, drama, songs, a mobile cinema, quiz competitions and football.

In Sierra Leone, women are generally responsible for the health and well-being of their families. Knowing how to prevent disease, recognize symptoms and treat common illnesses can be the difference between life and death. Mothers’ clubs, present in all 13 branches across the country, are one of the channels used to offer free support on reproductive, maternal, newborn and adolescent health, and are popular across the country.

A mothers’ congress is organized yearly, comprised of ten to 15 representatives from each branch countrywide. The congress convenes to learn and share successes based on each other’s experiences.

Fathers’ clubs also encourage men to take part in community healthcare. Activities involve preparing land for gardening or ensuring that the environment is kept clean and free of stagnant water where mosquitoes breed. Men are also encouraged to accompany and support women

“I joined the mothers’ club and we have a backyard gardening group, from this we can sell the produce and use the money to loan to each other. With the loan I took I do petty trading and am able to assist my husband and care for my family.”

Tenneh Andrew, Member of the mothers’ club

Ibrahim Chernov Jalloh was 14-years old when he decided to join the Sierra Leone Red Cross Society and has been volunteering for eight years. “I work in 15 communities, recruiting and training volunteers in first aid. We also do house visits, giving people mosquito nets and teaching them how to use them properly,” he shares.

The Sierra Leone Red Cross Society uses the community-based health and first aid approach to train its volunteers on hygiene, first aid, disease prevention and nutritional needs. The National Society organizes initiatives to immunize children against diseases including polio, measles and malaria. It also carries out malaria prevention activities including distribution of long-lasting insecticide-treated nets (LLINs). Following the distribution of LLINs, volunteers go door-to-door to demonstrate the proper use of nets.

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2. A fragile state is one where the government cannot or will not deliver core functions to the majority of its people, including the poor. DFID. Why we need to work more effectively in fragile states p. 7. January 2005.

at health clinics and hospital visits during pregnancy and after birth.

Further, important health and hygiene education is being disseminated through the Sierra Leone Red Cross Society’s school clubs programme, where children learn about and implement proper hygiene practices.

Promoting healthy lifestyles and income generation

Backyard gardening groups, run by both mothers’ and fathers’ clubs, not only help generate income for families but also raise awareness about healthy eating habits. The profits made through backyard gardens contribute towards long-term sustainability. For example, loans can be taken to start up a small trade, pay medical expenses for a fellow community member, build stores to protect harvests, or invest in other community programmes including seed banks, orphanages, and local educational institutions.

The Sierra Leone Red Cross Society also offers nutritional support for people living with HIV to ensure they have a healthy diet to complement their treatment.
Sierra Leone Red Cross Society at a glance

- **Number of branches:** 13 (a branch in each district)
- **Number of community health volunteers:** 4,756
- **Blood donors:** 90 per cent of the Leonean blood donors are Red Cross volunteers

Responding to an epidemic: Cholera

Volunteer networks across the country were quickly mobilized in response to the 2012 cholera outbreak. Seven hundred and seventy eight volunteers received epidemic control training while 129 were trained on case definition and reporting. Emergency response units (ERUs) were deployed in support of the Sierra Leone Red Cross Society, in their epidemic operation to five priority districts: West Area, Kambia, Portloko, Tonkolili and Bombali.

Local community representatives from mothers’, fathers’ and school clubs, water and sanitation committees, and town market committees convened with volunteers to provide input and design effective awareness raising and oral rehydration programmes.

Oral rehydration posts were set-up in convenient locations to treat diarrhoea and dehydration. Volunteers were trained to recognize life-threatening symptoms and direct patients to more advanced treatment at health clinics when needed.
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Cholera: Impact of health education and social mobilization

- 20% increase in knowledge of causes and prevention of cholera
- 21% increase in hand-washing knowledge
- 28% increase in knowledge on safe water
- 95% reduction in people who think defecation in rivers or the open is safe
- 32% increase in people who can give the new Sugar-Salt-Solution

Map for Surge Information Management System by American Red Cross
Communication for social and behaviour change during cholera response:

- More than 2 million people reached between August and October 2012 through:
  - Mobile cinema: 38,000 people
  - National radio show: 2 million reached
  - Local radio shows: managed in 90% of the branches
  - Radio listener clubs: – 178 listening groups established – 9,300 people reached

- 1.4 million people reached using Trilogy Emergency Relief Application (TERA) SMS system between August 2012 and March 2013

Demystifying myths

There are a lot of misconceptions about cholera in Sierra Leone; for example that the disease is spread through the air, or that drinking gin will cure cholera. These misconceptions can be deadly – people won’t wash their hands if they think cholera is airborne or go to a hospital when they get sick if they believe gin is all they need.

The radio show, ‘Red Cross bar Salone’ has been crucial in reaching people with practical and useful information they can use to improve their health and well-being. The speed of radio has allowed the Sierra Leone Red Cross Society to get closer to the population. The listeners can call in on toll-free numbers and ask questions, making the show interactive and giving a voice to them.

Community health outreach

- 47 municipalities
- 133 communities
- 599 towns and villages
- 385,000 people

“The impact of the community-based health and first aid approach was visible during the 2012 cholera outbreak, which claimed 300 lives across the country. Preliminary evidence suggests that the outbreak was less severe in communities where awareness around hygiene and hand-washing had been previously raised with the local residents.”

Dr Stefan Seebacher, MD, MPH, MNM, Head of IFRC Health Department
Case study
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Red cross Mothers’ club’s chairwoman, volunteer Evelyn Koroma in Moymamba. Greg Rødland Buick/IFRC
Who we are

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world’s largest volunteer-based humanitarian network. Together with our 189 member National Red Cross and Red Crescent Societies worldwide, we reach 97 million people annually through long-term services and development programmes as well as 85 million people through disaster response and early recovery programmes. We act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

Guided by Strategy 2020 – our collective plan of action to tackle the major humanitarian and development challenges of this decade – we are committed to ‘saving lives and changing minds’.

Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.