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Saving Lives in Sierra Leone

Strengthening health systems and promoting inclusive universal health coverage in Sierra Leone



Overview

Sierra Leone faces critical health challenges, including some of the highest maternal and child mortality rates globally. The problem is driven by limited and unevenly distributed human resources, lack of quality sexual and reproductive health (SRH) services, deep gender inequities, and inadequate safeguarding systems. Persons with disabilities face systemic barriers and discrimination in accessing essential healthcare.

Aims and Strategy

The Saving Lives in Sierra Leone (SLiSL) Phase 3 programme was designed to reduce preventable diseases and deaths among women, adolescent girls, and children by improving the quality, availability, equity, and accessibility of health services.

As a core consortium partner, we provided technical support, focussing on enhancing accessibility, implementing community-level interventions, and developing the health workforce and accountability mechanisms.

Our work contributed to improving the capacity of the Ministry of Health at the district level to deliver accountable, respectful, responsive, and people-centred health services. We also improved knowledge and attitudes towards disability in healthcare workers, increased visibility and inclusion of persons with

disabilities in health facility data tools, and tangible steps towards improving physical accessibility.

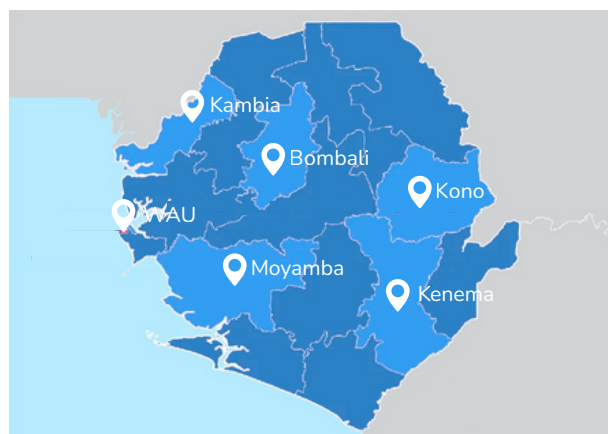
A key operational approach was partnering with local Organisations of Persons with Disabilities (OPDs) for advocacy and community mobilisation.

Budget

The consortium contract value was £15 million, and the HI budget was £1.1 million.

Locations

Humanity & Inclusion worked in six districts of Sierra Leone: Kono, Kenema, Kambia, Moyamba, Bombali, and Western Area Urban (WAU).



Duration

HI delivered activities from February 2024 to December 2025.

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Consortium Partners





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Strengthening Health Systems

We contributed to strengthening equitable health systems by focussing on four health system building blocks:



Leadership and Governance

- Strengthened inclusive health system governance by providing technical support for disability inclusion in policies, planning and implementation frameworks.



Service Delivery

- Improved equitable access to services by supporting the increased uptake of family planning services for hard-to-reach groups, including people with disabilities.
- Promoted community-driven health initiatives through active engagement in health promotion and awareness-raising activities.
- Ensured accessible health communication by developing and distributing adapted Information, Education, and Communication (IEC) materials tailored to diverse needs.



Health Workforce

- Built capacity for inclusive care by enhancing the skills and competencies of healthcare workers through targeted training and mentorship programme.



Health Information Systems

- Enabled evidence-based decision-making by advancing the collection and use of data disaggregated by disability, age, and gender.



Leadership and Governance

To strengthen leadership and governance, HI provided training for Organisations of Persons with Disabilities (OPDs), and supported the Ministry of Health (MoH) at the district level, providing capacity-building for district health management teams to take a greater leadership role in national health systems.

Training for District Health Management Teams (DHMT)

HI worked with the MoH at district level to deliver accountable, respectful, responsive, and people-centred health services. Awareness sessions on disability and inclusion were conducted for DHMT staff and hospital managers. Sessions covered concepts of disability, accessibility, and the disability legal framework.

Subsequent basic training was delivered to 50 DHMT staff and hospital managers on inclusive transformative approaches.

The training had transformative effects, improving service provision for people with disabilities:

- DHMT action plans derived from inclusion training include increasing advocacy for the integration of the provisions of the 2011 Disability Act into health policies and procedures at the district level.

- At a government hospital, a medical officer admitted that before the training, he and his colleagues often 'lacked patience' with patients with disabilities, but says that now they feel equipped to offer better care and advocate for inclusive medical practices.

A district health manager said:

"Today I had the privilege of learning about disability and understanding what is it. Now I have a responsibility to go to the community and see how I can cut down the challenges and barriers that people with disabilities face. Success does not come by individual means but rather by a contribution by all. So, we all have a responsibility to make a positive impact on the lives of people."



Investing in OPD Leadership

HI provided training on proposal writing and budgeting to representatives from 18 Organisations of Persons with Disabilities (OPDs). Further training was provided to OPD staff covering Inclusive Family Planning (FP)/SRHR, communication with Persons with Disabilities.

The training transformed how individuals and organisations understand disability and how they can apply inclusive practices in their daily work in Sierra Leone.

Impact Story: WoDYEO

Ramatu Princess Kanu is the Director of Women with Disabilities Yearning for Equal Opportunities (WoDYEO), an Organisation of Persons with Disabilities (OPD) based in Freetown.

As part of the SLiSL3 project, Director Kanu attended a training session organised by HI. The session focused on enhancing skills in report writing, using modified templates, and understanding project management.

In her attendee testimony, she explained how she learned how to apply HI's tailored tools to improve organisational reporting and project implementation. She also gained deeper insight into MEAL (Monitoring, Evaluation, Accountability, and Learning), which expands on traditional M&E by incorporating learning and accountability practices. She plans to implement and adapt these tools to strengthen her own organisation's work. She said:

"Big thank you to HI because they are our partners. They do not just give money but they also build capacity of OPDs."



Impact Story: WSD

HI also conducted financial training for OPDs. In Cambia District, HI's training in organisational and financial management helped a finance manager from the Welfare Society for the Disabled strengthen his skills in reporting, budgeting, and monitoring. He said:

"This training [was] so helpful and so much educated me... I will put it into practice and ensure the organisation gets more advantage in terms of donor funding."



Improving Service Delivery

To strengthen service delivery, HI mobilised communities and organised engagement activities led by OPDs. We also supported the production and dissemination of accessible information, education and communication materials, reaching 'hard to reach' communities in rural Sierra Leone, including people with disabilities.

Community Mobilisation and Engagement led by OPDs

OPDs conducted continuous community engagements like meetings, roadshows, and radio discussions. From October to December 2024, OPDs held 125 community meetings, reaching nearly 3,000 participants, including 894 persons with disabilities. This led to actions such as the construction of ramps in health centres. This improved Service Delivery by promoting inclusive access and responsiveness of health services through community-led advocacy and action.

Production and Dissemination of Accessible Information Materials

In consultation with the Ministry of Health, HI developed Information, Education, and Communication (IEC) materials about inclusive Family Planning and SRHR. These were produced in accessible formats, including large print, Braille, and sign language, and disseminated across the project districts. Ensuring that health communication tools are accessible and inclusive is key to strengthening Service Delivery.

Impact Story: Sao Peter's Access to Services

HI's focus on inclusive care and community engagement directly helped individuals to access health rights they previously did not know they possessed.

Sao Peter Kuyembeh felt excluded from public services and lacked basic information about available healthcare because he had a disability.

After being exposed to the widespread awareness campaigns on inclusive Family Planning and

Sexual Reproductive Health Rights led by HI and its partners, Sao Peter gained crucial knowledge

Since then, Sao Peter has begun accessing the Community Health Centre for family planning services. He now actively encourages others with disabilities to visit the health facility for treatment when sick and for family planning services.

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“As a result of the Saving Lives in Sierra Leone Phase 3 project and because of massive awareness raising by Humanity & Inclusion on inclusive FP/SRH services, I had the opportunity ... to take part in a family planning meeting... In the meeting, I learnt that there are free health care services, including family planning for persons living with disability”.

– Sao Peter Kuyembeh reflecting on HI awareness activities

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Health Workforce Strengthening

In addition to working with district health management teams, HI strengthened the health workforce by providing training on inclusive healthcare, family planning and sexual and reproductive health and rights (SRHR) to healthcare workers across Sierra Leone.

Capacity Building for Healthcare Workers

Training on Inclusive Family Planning and Sexual Reproductive Health and Rights (iSRHR) was completed with healthcare workers in Primary Health Centres. Additionally, healthcare workers from secondary hospitals were trained on iSRHR.

Healthcare workers in Peripheral Health Units (PHUs), who are often the first point of contact for remote communities, also received training on iSRHR and how to communicate with persons with disabilities. This training cascaded through continuous coaching and mentorship by District Project Officers, helping staff overcome negative perceptions and provide respectful care.

These activities strengthened the health workforce by improving the competencies of healthcare providers to deliver inclusive and rights-based services.



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“Humanity & Inclusion capacitated us to understand how to provide respectful health services to all, including persons with disabilities...

Before, we healthcare workers had no training on how to communicate with persons with disabilities, and this resulted in so many of them being discriminated against and neglected. With this training, we are now equipped with the skills to provide them with necessary health services in our facilities.”

–Healthcare worker reflecting on the HI training

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Health Information Systems

HI engaged the Ministry of Health to strengthen Health Information Systems, which are an essential building block of resilient and responsive health systems.

Disability Data Integration and Health Tool Adaptation

HI actively collaborated with the Directorate of Policy, Planning, and Information (DPPI) within the Ministry of Health to review and adapt Health Monitoring and Information System (HMIS) health facility tools. This partnership successfully ensured the inclusion of disability-related questions in the Ministry's health facility data tools, enabling more comprehensive collection and reporting of disability data elements.

As part of this process, HI participated in four stakeholder workshops (three held in Bo and one in Freetown) organised by DPPI to assess and refine the HMIS tools. These workshops brought together representatives from HI, CHAI, UNICEF,

WHO, and MoH program staff. The initial workshops focused on reviewing existing tools, with modifications made to improve their relevance and usability. The third workshop finalised the tools and established a committee to fine-tune them before printing. The final session introduced minor adjustments, which did not affect the disability-related components.

The DPPI has also now taken an enthusiastic lead in discussions surrounding the design and roll out of the Client Feedback and Complaints Response Mechanism (CFRM).





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HI's Impact: Summary

Shifting attitudes

Following training, healthcare workers, OPDs and health managers reported that their mindset toward people with disabilities shifted from negative to positive, and the use of inappropriate terminology reduced significantly. The training resulted in healthcare workers moving towards acceptance and respect for persons with disabilities.

Strengthened commitments to accessibility

Ramps were constructed in some health facilities as a direct result of healthcare worker and community commitment informed by HI's activities. Community stakeholders committed to addressing physical accessibility after engaging with OPDs.

Increased use of health facilities

Health facilities supported by the programme recorded a higher turnout of persons with disabilities seeking health services, suggesting improved trust and reduced barriers to access.

Increased knowledge and awareness

The average knowledge gain of inclusive sexual and reproductive health and rights (SRHR) across key trainings was substantial. Primary health care staff trained in inclusive SRHR increased from 44% to 64%; trained secondary hospital staff increased from 53% to 72%; and trained consortium partners increased from 55% to 80%. There was a 33% increase in knowledge on Inclusive FP/SRHR by members of OPDs after awareness sessions.

Creating a supportive environment for inclusion

Disability issues are now being discussed in internal meetings, community outreach, and awareness campaigns. HI successfully ensured that questions on disability were included in the Ministry of Health's health facility data tools to help monitor equity gaps in health access and outcomes faced by persons with disabilities.