BROADENING ACCESS AND QUALITY
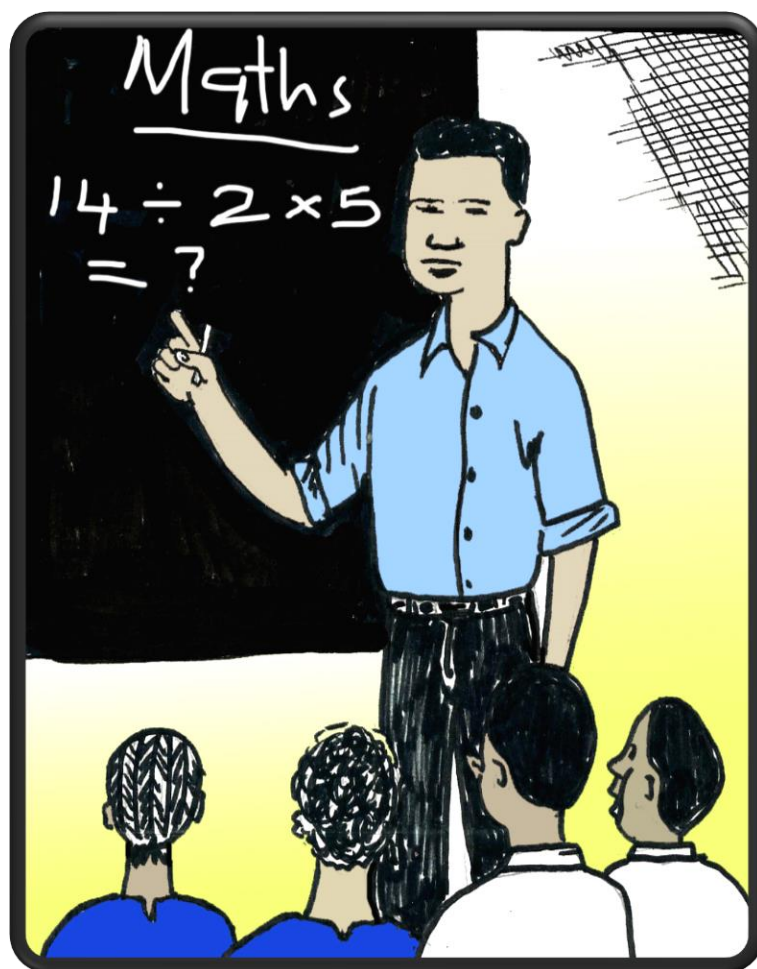
CITIZENS' FEEDBACK ON THE STATE OF HEALTH AND EDUCATION SERVICES IN SIERRA LEONE

GLOBAL PARTNERSHIP FOR SOCIAL ACCOUNTABILITY

OXFAM

IGR

Contents

1. Overview

1.1. Introduction

This 2021 Service Delivery Index (SDI) is an initiative for Sierra Leonean citizens to monitor the allocation, delivery, and improvement in the quality of Sierra Leone's public health and education services. Funded by the World Bank's Global Partnership for Social Accountability (GPSA), the project partners — Oxfam and the Institute for Governance Reform (IGR) —work together to ensure that ordinary Sierra Leoneans see, understand, and support the government's delivery of health and education.

IGR produced the first SDI during the initial Ebola recovery period in 2015. In 2020, a second SDI assessed the progress made in rebuilding services since Ebola and provides a benchmark from which to assess delivery of human capital development under the administration of President Bio. The 2021 SDI builds on the work of the benchmark 2020 SDI, allowing for comparisons of annual change. It provides a basis for organizing citizens to have a more constructive collaboration with institutions and for greater advocacy around improved health and education.

1.2. Data Collection and Methodology

IGR performed extensive surveys across all 16 districts and 132 parliamentary constituencies of Sierra Leone in 2020 and 2021. Each year, IGR collected data from at least 3,960 households, 660 schools, and 264 peripheral health units (PHUs) using direct observations combined with respondent experiences and perceptions. In the 2021 SDI, data was collected from five schools and two health centres in each constituency.

This data was supplemented with secondary data sourced from the Ministry of Health and Sanitation (MoHS) and the Ministry of Basic and Senior Secondary School Education (MBSSE).

Using parliamentary constituencies as the basic unit of analyses, 3,960 households were randomly sampled across the country. The sample is designed as a representative cross-section of all citizens of voting age. This ensured that every adult citizen (service user) who was at least 18 years of age had an equal and known chance of selection for the surveys. We used sampling with probability proportionate to population size (see Table 1). A randomly selected sample of 3,960 households/service users allows inferences to constituency populations with an average margin of sampling error of no more than plus or minus 3 percent at a confidence level of 95%.

For the sample selection of schools included in the study, IGR prioritized public schools that were surveyed in the 2020 SDI, which were randomly selected from the 2019 school census. When replacements were required (e.g., due to a school closure), IGR replaced the school with the closest public school within the constituency. Sampling was purposive/targeted for health facilities. To the largest degree possible (nearly all cases), IGR surveyed health facilities that were included in the 2020 SDI. For each health or education facility, enumerators interviewed facility heads and heads/members of oversight committees.

The components of the Service Delivery Index and their respective scores are contained in Table 2.

Districts	Population (2015 Census)	# of health centres	# of GoSL schools	Sample facilities surveyed	Sample service providers surveyed	Sample Service users surveyed
Bo	575,478	148	859	77	154	330
Bombali	422,960	91	599	56	112	240
Bonthe	200,781	82	307	28	56	120
Falaba	205,353	41	260	28	56	120
Kailahun	526,379	88	531	70	140	300
Kambia	345,474	71	557	42	84	180
Karene	285,546	57	308	35	70	150
Kenema	609,891	128	836	77	154	330
Koinadugu	204,019	51	303	28	56	120
Kono	506,100	97	820	63	126	270
Moyamba	318,588	105	600	42	84	180
Port Loko	530,865	99	759	70	140	300
Pujehun	346,461	85	373	42	84	180
Tonkolili	513,984	105	812	70	140	300
Western Rural	444,270	67	505	56	112	240
Western Urban	1,055,964	89	894	140	280	600
NATIONAL	*7,092,113*	*1404*	*9323*	*924*	*1848*	*3960*

Table 1: Distribution of Sample Population by District

Sector	Indicator	Data source	Max. Point Value
Edu. (100 Points Max.)	Learning outcomes	WAEC results 2020	20
	Access to qualified teachers	School census 2020	10
	School infrastructure	School census 2020	10
	Effectiveness of school management committees	Primary data	10
	Access to core textbooks	Primary data	10
	COVID-19 preparedness of schools	Primary data	10
	User perceptions of effectiveness of school services	Primary data	20
	Radio Teaching Effectiveness	Primary data	10
Health (100 Points Max.)	Access to drugs and Free Health Care Initiative treatment	Primary data	20
	WASH in health facilities	Primary data	15
	Effectiveness of health facility management committees	Primary data	15
	COVID-19 preparedness of health facilities	Primary data	10
	User perceptions of effectiveness of services	Primary data	10
	Human resources for health	MoHS HR	30

Table 2: SDI Indicators and Scoring Framework

1.3.   Summary Results

Overall, SDI scores for both health and education services increased between 2020 and 2021.

For the eight education components of the SDI, six improved, and two regressed. For the health components, two improved, three regressed, and one remained constant.

The following pages look more closely at each index component, local variations, and (for some indicators) comparisons based on respondent gender.
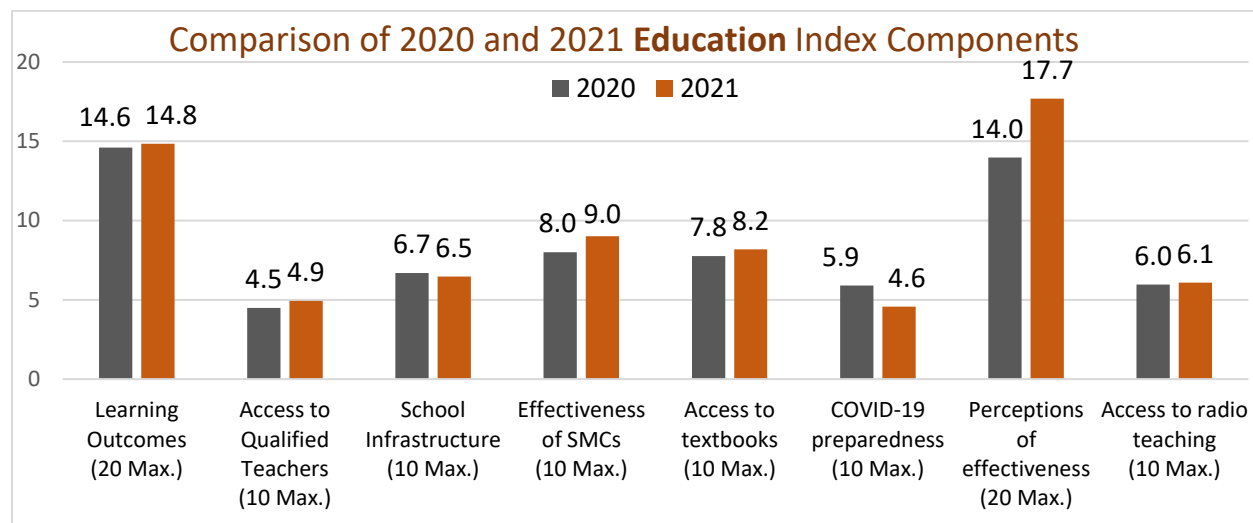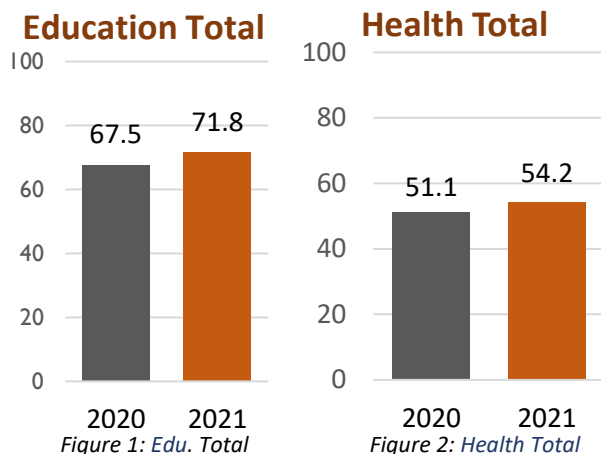
Education Total

Figure 1: Edu. Total

Health Total

Figure 2: Health Total

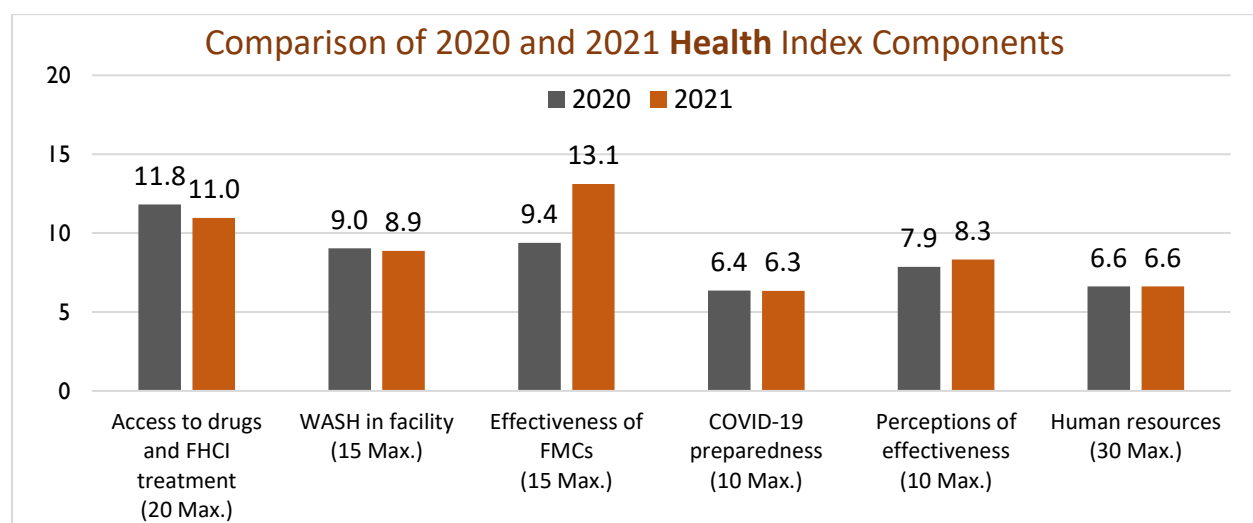
Figure 3: Education Index Components by Year

Figure 4: Health Index Components by Year

4

2. Sector Level Results

2.1. Education Summary

	Learning Outcomes (20 Max.)	Access to Qualified Teachers (10 Max.)	School Infrastructure (10 Max.)	Effectiveness of SMCs (10 Max.)	Access to Textbooks (10 Max.)	COVID-19 Preparedness (10 Max.)	Perceptions of Effectiveness (20 Max.)	Access to Radio Teaching (10 Max.)	Education Total (100 Max.)
Bo	13.6	5.0	5.8	9.3	8.5	4.8	18.3	6.7	72.0
Bombali	14.7	5.7	6.5	9.1	7.7	4.6	17.6	6.2	72.1
Bonthe	14.9	3.7	7.0	8.5	9.2	5.4	17.7	7.5	73.8
Falaba	17.0	3.6	4.6	9.4	8.6	3.7	18.4	5.3	70.6
Kailahun	15.5	4.2	5.6	9.5	8.8	4.8	17.3	6.2	71.8
Kambia	14.7	3.5	6.2	8.6	5.5	4.1	18.3	6.4	67.4
Karene	16.3	3.1	6.7	8.4	7.7	3.7	17.3	5.5	68.8
Kenema	15.6	4.5	6.5	8.9	8.8	4.5	18.6	5.8	73.3
Koinadugu	15.8	4.0	6.4	9.2	8.4	4.5	17.6	5.3	71.1
Kono	12.9	3.1	6.4	8.7	8.1	3.6	17.5	4.4	64.8
Moyamba	11.2	4.0	6.4	8.6	8.5	3.8	18.8	6.3	67.6
Port Loko	14.6	4.7	7.1	9.3	8.7	5.0	17.9	6.5	73.8
Pujehun	16.1	4.5	6.5	8.8	9.2	5.1	18.4	6.5	75.1
Tonkolili	15.0	5.2	6.3	8.8	7.2	3.2	17.1	4.7	67.5
W. Rural	15.5	4.7	6.9	9.2	7.3	5.5	16.6	6.1	71.7
W. Urban	16.9	6.3	6.5	9.0	8.3	5.4	16.8	6.6	75.8
National	**14.8**	**4.9**	**6.5**	**9.0**	**8.2**	**4.6**	**17.7**	**6.1**	**71.8**

Table 3: Education Component Scores by District

2021 Education Index Total (100 Max.)
Ordered from highest to lowest

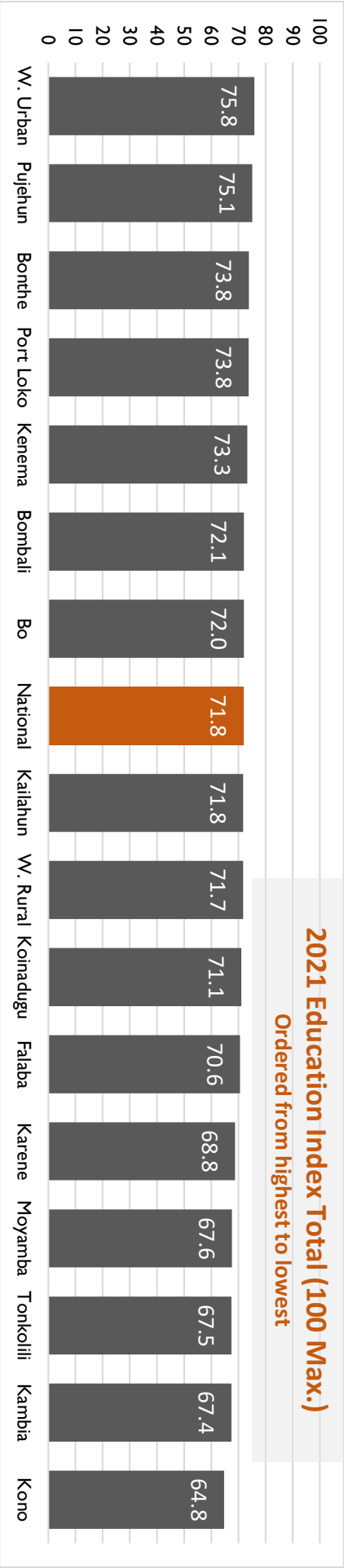| District	Value
W. Urban	75.8
Pujehun	75.1
Bonthe	73.8
Port Loko	73.8
Kenema	73.3
Bombali	72.1
Bo	72.0
National	71.8
Kailahun	71.8
W. Rural	71.7
Koinadugu	71.1
Falaba	70.6
Karene	68.8
Moyamba	67.6
Tonkolili	67.5
Kambia	67.4
Kono	64.8

Figure 5: Education Index Total by District

2.1.1. Learning Outcomes

To assess learning outcomes, the SDI aggregated the performance of schools by using the 2020 National Primary School Exams (NPSE) results. In these exams, primary school students are tested in five core subjects (Maths, English, Verbal Aptitude, Quantitative Aptitude and General Science). A mark of 230 points is the approved minimum NPSE score to gain admission to Junior Secondary School. However, it is important to note that a score of 230 is actually 46% of the total (500).

Learning Outcomes Indicators	Grade points (20 Total)
Schools with above 80% of NPSE candidates scoring 230 points	20
Schools with 65-79% of candidates scoring 230	15
Schools with 50-64% scoring 230	10
Schools with 25-49% scoring 230	5
Schools with below 25% scoring 230	0

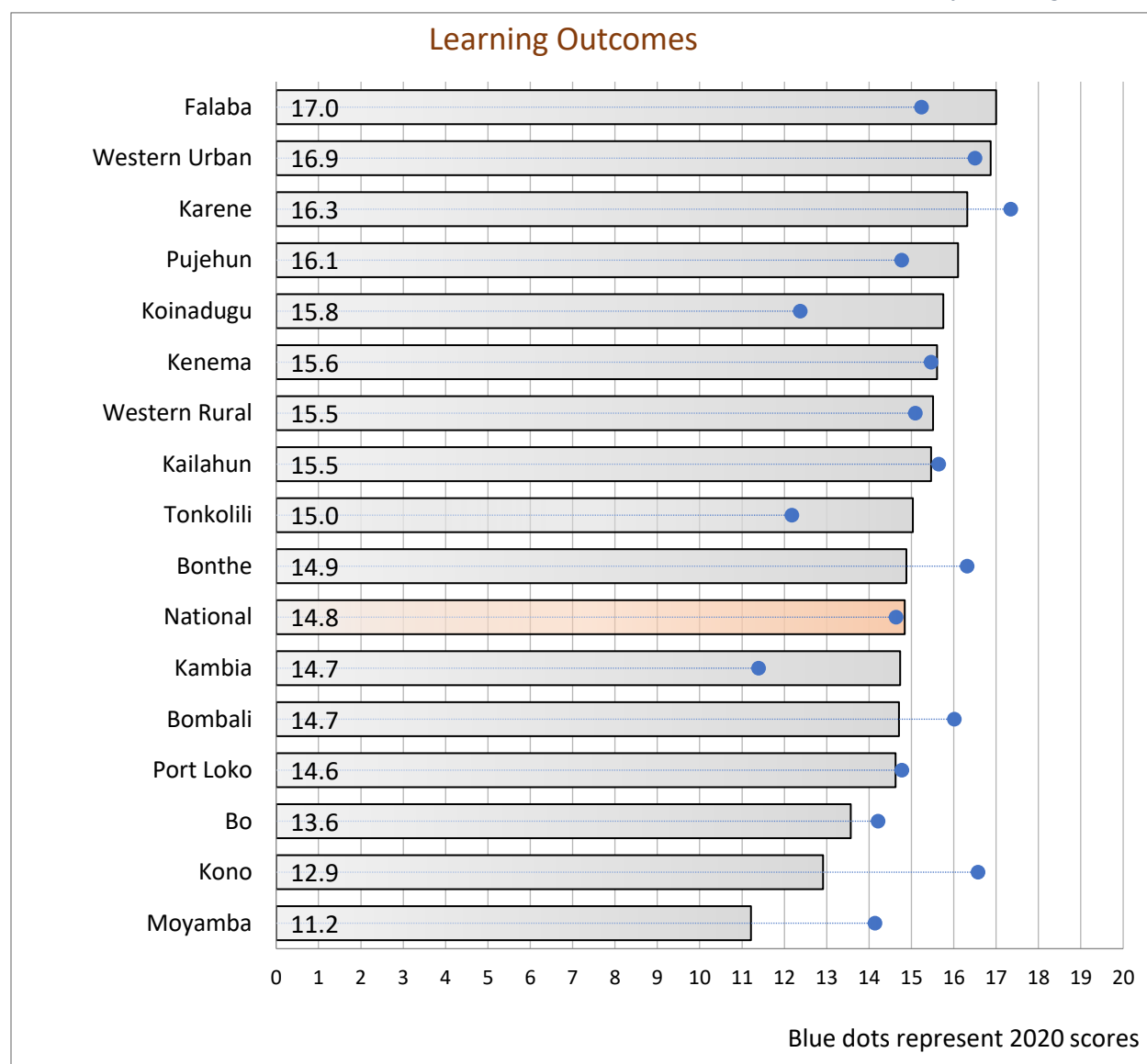*Table 4:Indicators for Learning Outcomes*

Figure 6: Learning Outcomes by District

2.1.2. Access to Qualified Teachers

This indicator uses a new grading system meant to provide more precision in measuring progress in rural areas. The 2020 SDI noted the disparity in access to qualified teachers between urban and rural areas. Instead of grouping points into categories, this indicator uses a proportionate grading system.

It should be noted that the components of this indicator use ratios, and even if the total number of pin code teachers increases, those changes may be matched by increases in student enrolment and teachers without pin code

Indicator	Sub-Indicator on Access to Qualified Teachers	Grade points (10 Total)
Number of teachers with pin code as a proportion of staff (5 points)	Schools with ≥80% pin code teachers	5
	Proportion of teachers with pin code, below 80%	0 - 4.9 Points are relative to proportion without pin code. Example A: 50% of teachers with pin code = 2.5 points. Example B: 20% of teachers with pin code = 1 point.
Pupil-qualified teacher ratio (PQTR) (5 points)	PQTR ≤ Target	5
	Proportion above PQTR target, up to 2x target.	$0 - 4.9$ Points are proportionate to amount above PQTR target. Schools with a PQTR two times the target receive 0 points. E.g., Primary schools have a PQTR target of 50. A primary school with 75 PQTR = 2.5 points.

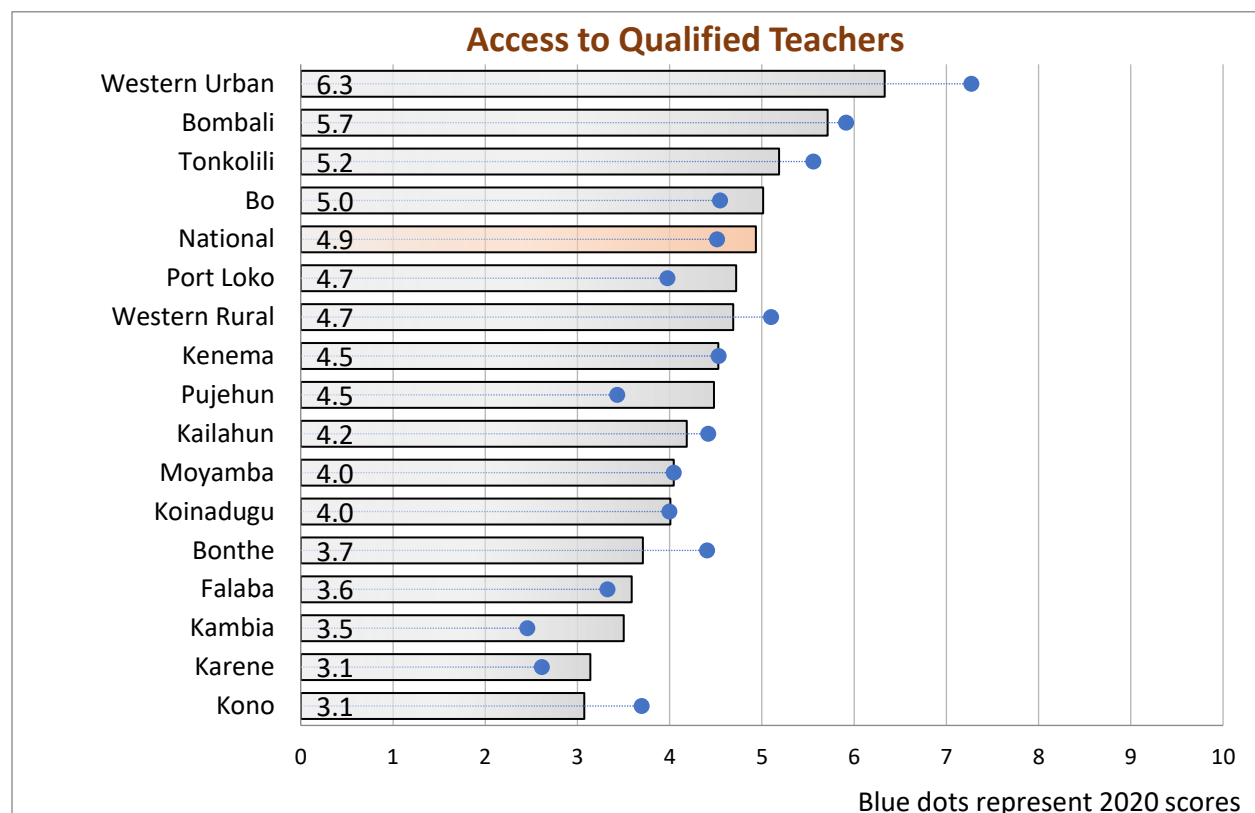Table 5: Indicators and Grading system for Access to Qualified Teachers

Access to Qualified Teachers

District	Score
Western Urban	6.3
Bombali	5.7
Tonkolili	5.2
Bo	5.0
National	4.9
Port Loko	4.7
Western Rural	4.7
Kenema	4.5
Pujehun	4.5
Kailahun	4.2
Moyamba	4.0
Koinadugu	4.0
Bonthe	3.7
Falaba	3.6
Kambia	3.5
Karene	3.1
Kono	3.1

Blue dots represent 2020 scores

Figure 7: Access to Qualified Teachers by District

2.1.3. School Infrastructure

The SDI utilised data from the Education Management Information System (EMIS) to assess the state of infrastructure in schools. The scope of the assessment for infrastructure focused on types and conditions of buildings/classrooms, number of classrooms, access to sanitation and existence of a playground.

School Infrastructure indicators		Grade Points
Good Toilets	Schools with 80% & above good toilet facility	3
	Schools with 65-79% good toilets	1.5
	Schools with 50-64% good toilets	1.25
	Schools with 25-49% good toilets	0.75
	Schools with below 25% good toilets	0
Permanent Classrooms	Schools with 80% & above permanent classrooms	3
	65-79% permanent classrooms	1.5
	50-64% permanent classrooms	1.25
	25-49% permanent classrooms	0.75
	Below 25% permanent classrooms	0
Water	Schools with pipe borne water/ borehole	3
	Schools with hand-dug well	1.5
	Other	1.25
	River/none	0
Play area/ground		1

Table 6: Indicators and Grading System for School Infrastructure
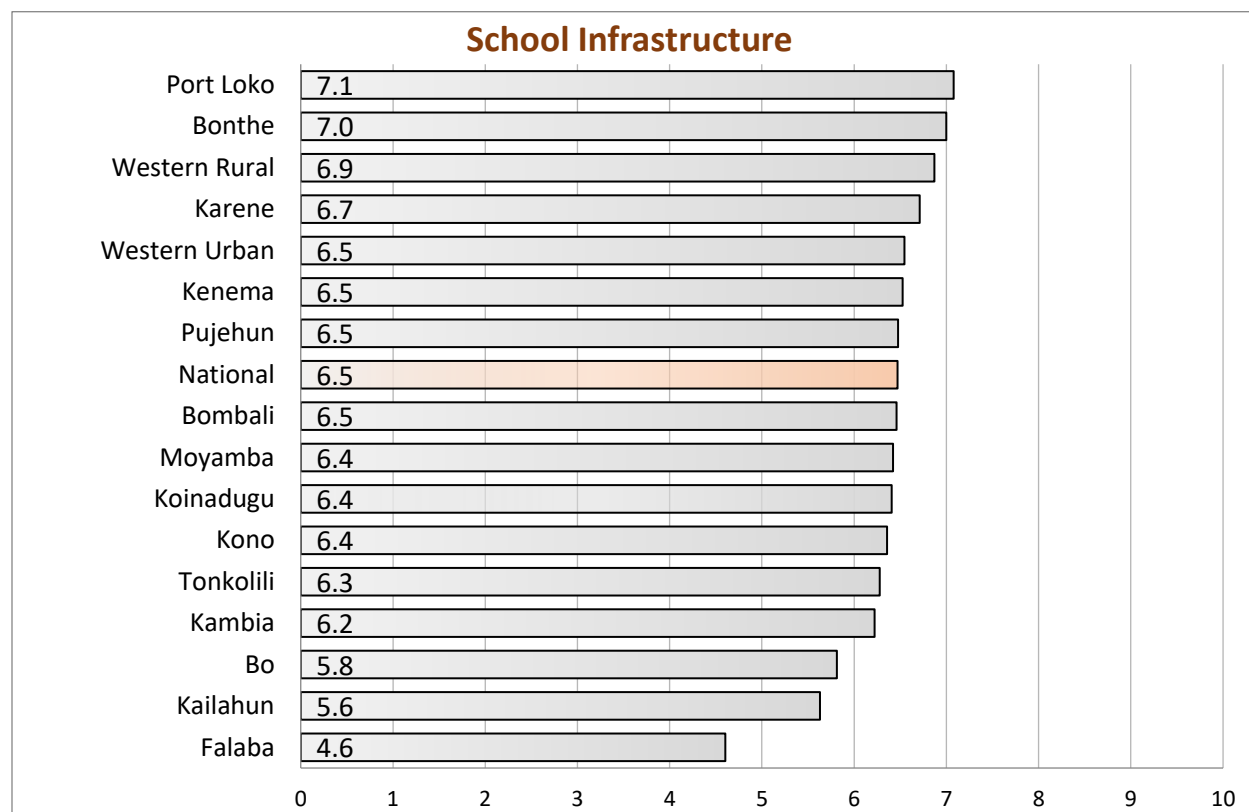
Figure 8: School Infrastructure Rating by District

2.1.4. Access to Core Textbooks

Access to textbooks for students is a key entitlement in GoSL's Free Quality Education policy. Specifically, the SDI focused on access to GoSL's core textbooks: English, math, integrated science and social studies. This means households and communities are responsible for providing textbooks in other subjects such as literature and agriculture.

The national average score for textbook access increased (See Figure 9). The 2020 score of 7.8 out of 10 increased to 8.2, an increase of four percentage points. At the district level, 12 districts increased their score, three districts reduced their score, and one district tied its previous score.

In total, 1,320 head teachers and School Management Committee (SMC) representatives were interviewed about the availability of textbooks in their schools. It is important to note that the index scores on textbook access originate from primary data collected from school leaders and SMCs and not parents or the children themselves.

Indicators for access to Textbooks.	Grade Points (10 Total)
English textbook	2.5 points
Mathematics textbook	2.5 points
Integrated science textbook	2.5 points
Social studies textbook	2.5 points

Table 7: Indicators for Access to Core Textbooks

IGR did ask households about their main concerns for schools in their community. Among communities with functioning schools, 34 percent said that access to textbooks is one of their major concerns.
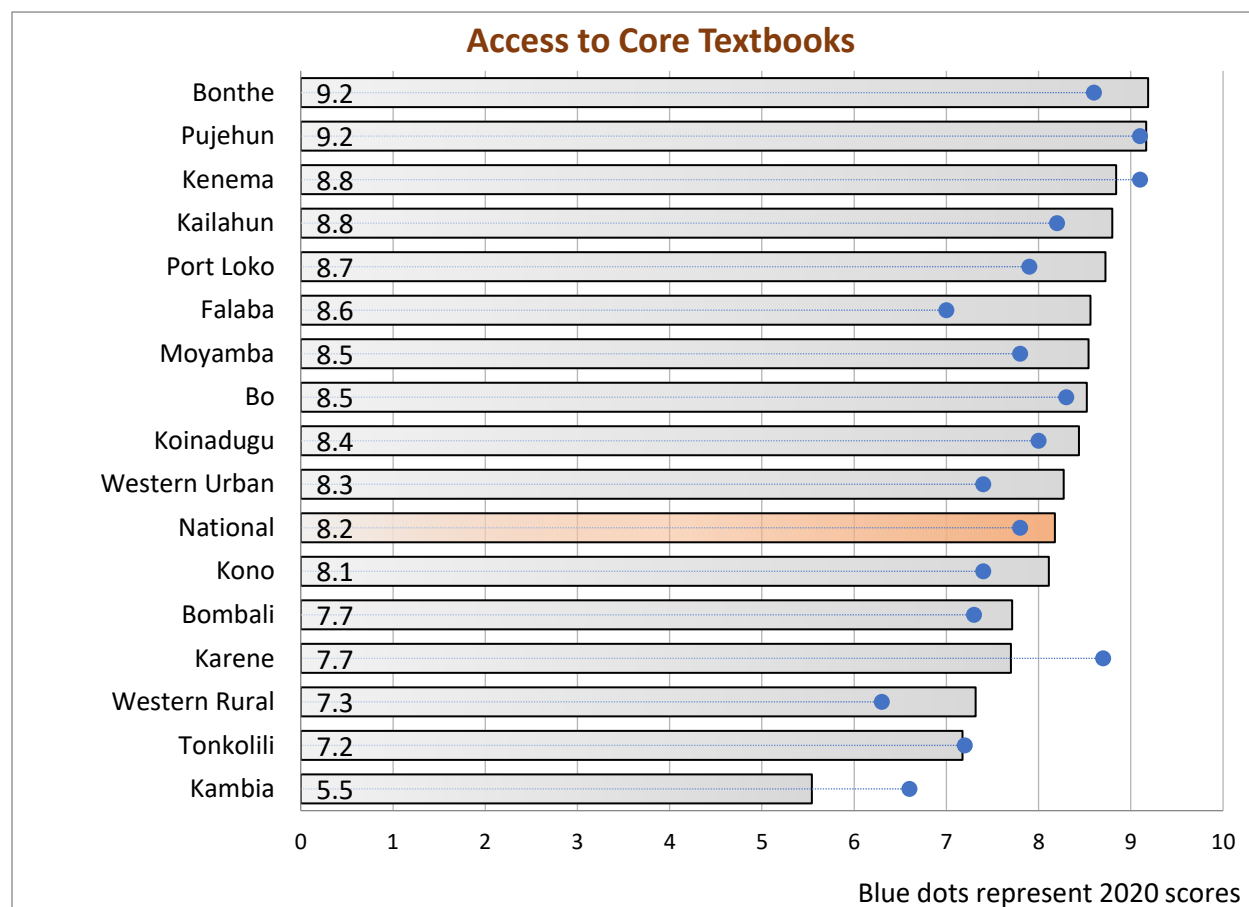

Figure 9: Access to Textbooks by District

2.1.5. Effectiveness of Radio Teaching

With an overstretched teaching population always struggling to provide services in hard-to-reach communities in an environment where schooling is interrupted by frequent health epidemics (Ebola and COVID-19), the MBSSE has embraced radio teaching as an important medium for imparting education. During the COVID-19 pandemic, MBSSE developed an innovative approach that used pre-recorded radio lessons as the foundation for teaching. The MBSSE has established a dedicated radio station for providing teaching services.

Indicators for Radio Teaching	Grade Points (10 total)
Access to radio teaching program	3
Frequency of listening to radio teaching	3
Satisfaction with radio teaching	4

Table 8: Indicators for Effectiveness of Radio Teaching

The national average score for the effectiveness of radio teaching remained the same (See Figure 10) at 6.0 out of 10 possible points. At the district level, six districts increased their score, seven districts reduced their score, and three districts tied their previous score.

If no households in a constituency reported accessing radio teaching, the constituency received a score of zero. Kono is an example of a district with a low score because fewer respondents reported usage of radio teaching – six of its 9 constituencies reported particularly low usage of radio teaching.

Some score changes based on frequency of use may be attributed to school closures in 2020 due to the COVID-19 pandemic but which subsequently re-opened in 2021.
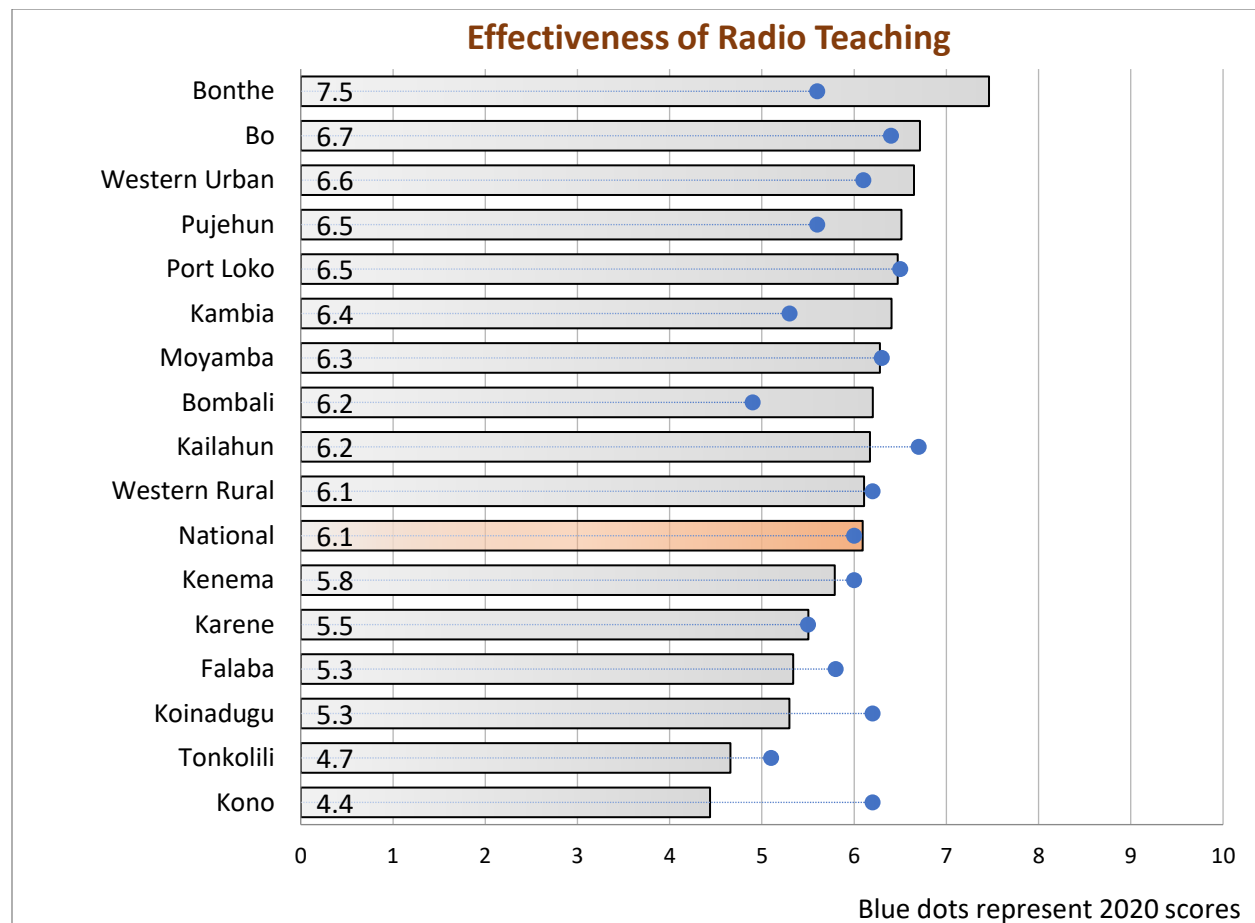

Figure 10: Effectiveness of Radio Teaching Programme by District

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2.1.6. COVID-19 Preparedness of Schools

The 2021 SDI uses four indicators (see Table 9) to assess the existence of and compliance with COVID-19 protocols, evidence of the training conducted by MBSSE and availability of sanitation materials such as soap and water. Among the compliance measures included in the data are the use of hand washing facilities, temperature checks, a holding area for sick pupils, the use of face masks, and other measures the schools might develop.

Across the board, scores for COVID-19 preparedness fell from 2020 to 2021. No district performed better in 2021 compared to 2020. The national average dropped from 5.9 out of 10 potential

COVID-19 Preparedness Indicators	Grade Points (10 Total)
Existence of COVID-19 protocols	2.5 points
Proportion of teachers trained in COVID-19 prevention	2.5 points
Water in toilet facility	2.5 points
Compliance with COVID protocols in schools	2.5 points

Table 9: Indicators for COVID-19 Preparedness of Schools

points to 4.5. That represents a decrease of 14 percentage points. A potential reason for this could be that schools had more time to collect and prepare resources during the closure of the 2020 school year, and in 2021 supplies had dwindled and enforcement of protocols have become more lax with time.
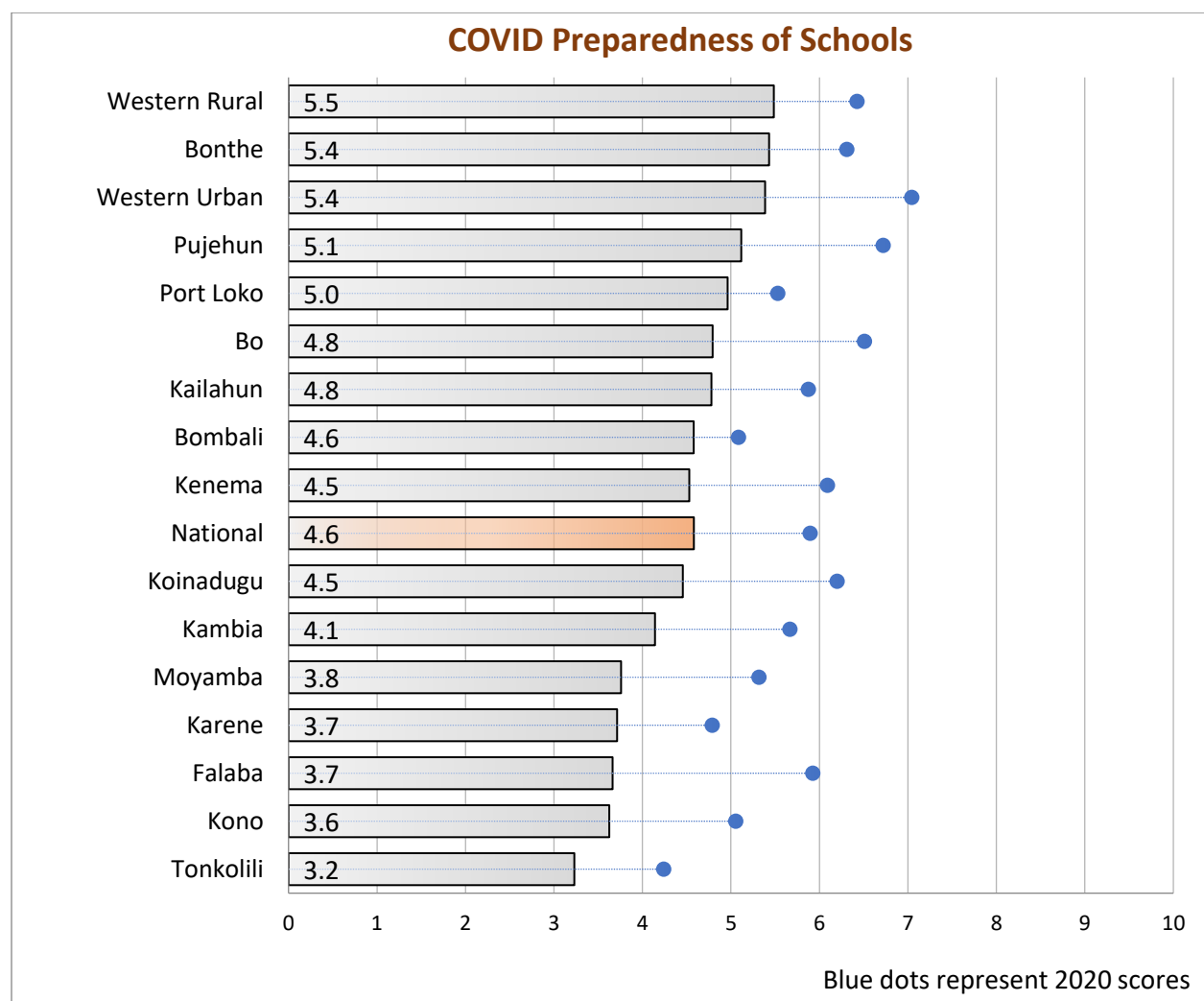

Figure 11: COVID-19 Preparedness of Schools by District

2.1.7. User Satisfaction with School Services

The SDI measures user satisfaction with various school services based on the indicators included in Table 10.

From 2020 to 2021, user satisfaction improved in every district. The national average score increased from 14.0 to 17.8 out of 20. This represents an increase of 19 percentage points.

Potential contributions to the higher scores include the increased hiring of qualified teachers, improved supervision of teachers by the MBSSE, and better oversight by SMCs. However, IGR data collectors noted that public awareness of the Free Quality School Education (FQSE) programme has increased strains on schools and administrators; enrolment has increased, and communities are now less willing to contribute funds to teachers who are not on the MBSSE payroll.

User Satisfaction Indicators	Grade Points (20 Total)
Payment for FQE materials	4 points
School opening on time	4 points
Teachers always present	4 points
Teachers report to work on time	4 points
Satisfaction with teaching provided	4 points

Table 10: Indicators for User Satisfaction with School Services
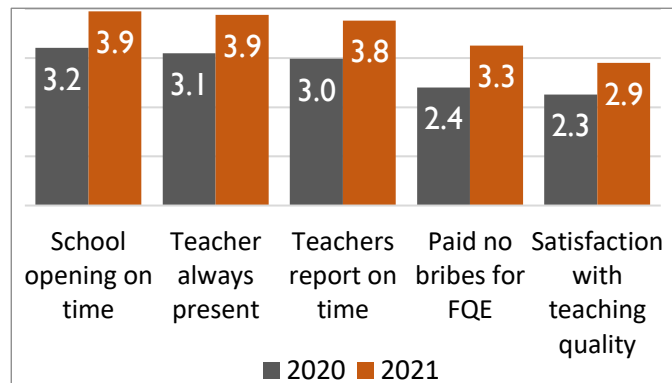
Figure 12: Comparison of User Satisfaction Scores by Year

Taking the gender of respondents into account, responses remained relatively consistent. For example, 84 percent of female respondents said they were either "satisfied" or "very satisfied" with the quality of teaching at their local public school, compared to 81 percent of male respondents – though female respondents were more likely than male respondents to be "satisfied" instead of "very satisfied."
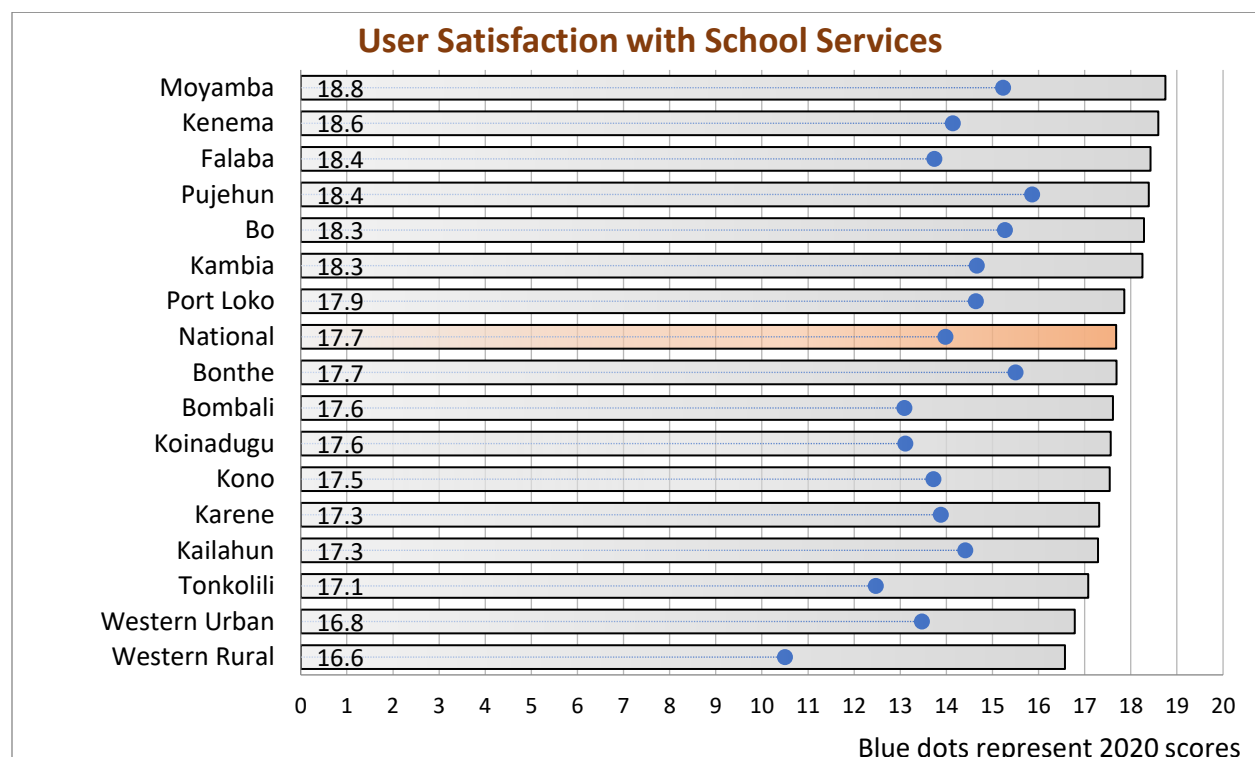

Figure 13: Satisfaction with School Services by District

2.1.8. Effectiveness of School Management Committees

Community oversight of schools is part of GoSL's strategy to forge greater community involvement and ownership of schools. School Management Committees (SMCs)

| Indicators for Effectiveness of SMCs	Grade Points (10 Total)
Existence of SMC boards	2.5
Frequency of board meetings in 2020	2.5
Evidence of meetings (notes)	2.5
Evidence of follow up action	2.5

Table 11: Indicators for Effectiveness of SMCs

can contribute to teacher motivation, school monitoring, promotion of good working relationships, as well as accountability and resource mobilisation which may lead to improved teaching-learning conditions and learning outcomes.
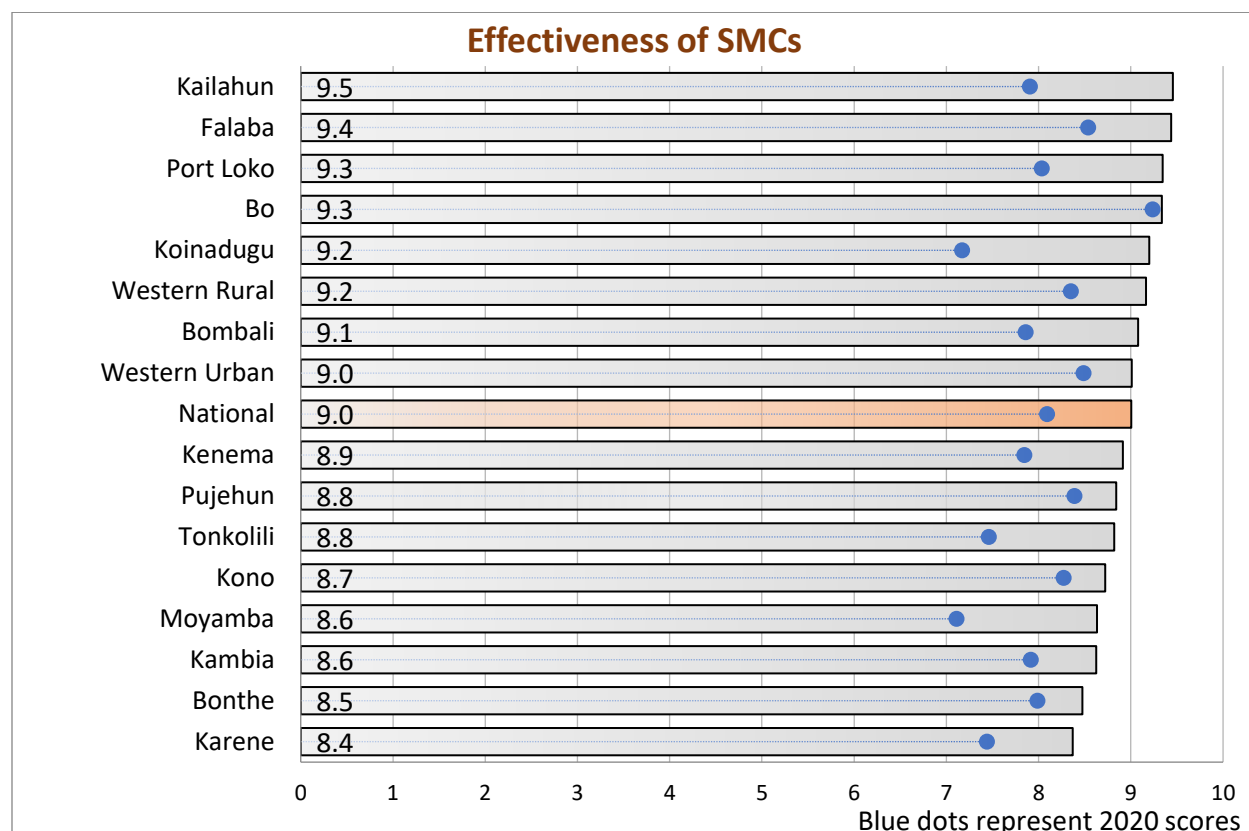
Figure 14: Effectiveness of SMCs by District

While the SMC effectiveness score relies on data collected from school officials and SMC members, IGR also asked households about their experiences with SMCs in their community. The data in Table 12 is from respondents who have a school in their community and demonstrates similar opinions among men and women. The number of households who believe their community school has an SMC increased from 67% to 70%, with the largest increase being among women (from 61% in 2020 to 68% in 2021)

		Female	Male	Total
households who *believe* their local school has an SMC		68%	72%	70%
Satisfaction with the SMC among those who believe it exists	Satisfied or very satisfied	83%	82%	82%
	Moderately satisfied	14%	15%	15%
	Very unsatisfied or unsatisfied	3%	3%	3%
Percent of households who say the local SMC exists and shares information about the school		91%	91%	91%

Table 12: Household Opinions About School Management Committees

2.2. Health Summary

District	Access to Drugs and FHCI Treatment (20 Max.)	WASH in Facility (15 Max.)	Effectiveness of FMCs (15 Max.)	COVID-19 Preparedness (10 Max.)	Perceptions of Effectiveness (10 Max.)	Human Resources (30 Max.)	Health Total (100 Max.)
Bo	10.59	7.29	14.38	6.78	8.41	8.76	56.21
Bombali	10.39	8.52	13.19	6.77	8.77	4.76	52.40
Bonthe	7.45	10.97	13.83	5.26	8.58	2.69	48.79
Falaba	12.85	6.41	12.69	6.69	8.19	3.78	50.60
Kailahun	8.82	9.94	14.60	6.48	8.29	4.18	52.30
Kambia	14.15	9.90	14.12	6.44	8.41	5.80	58.82
Karene	10.43	9.50	12.00	6.85	8.25	3.51	50.53
Kenema	12.67	8.01	13.07	6.76	8.62	7.04	56.17
Koinadugu	10.51	10.56	12.83	3.46	8.55	3.78	49.68
Kono	8.97	9.17	12.53	6.88	7.66	5.81	51.00
Moyamba	8.87	8.75	13.88	6.14	8.93	4.94	51.50
Port Loko	11.15	11.30	11.46	6.06	8.60	5.68	54.26
Pujehun	11.41	9.27	14.67	6.77	8.29	4.45	54.87
Tonkolili	11.70	8.13	12.73	5.88	7.84	6.31	52.57
W. Rural	10.02	9.69	11.16	7.18	8.34	15.14	61.53
W. Urban	12.34	7.47	13.10	6.04	8.25	18.15	65.36
National	**10.95**	**8.88**	**13.12**	**6.34**	**8.32**	**6.63**	**54.25**

Table 13: Health Component Scores by District

2021 Health Index Total (100 Max.)
Ordered from highest to lowest

District	Value
W. Urban	65.4
W. Rural	61.5
Kambia	58.8
Bo	56.2
Kenema	56.2
Pujehun	54.9
Port Loko	54.3
National	54.2
Tonkolili	52.6
Bombali	52.4
Kailahun	52.3
Moyamba	51.5
Kono	51.0
Falaba	50.6
Karene	50.5
Koinadugu	49.7
Bonthe	48.8
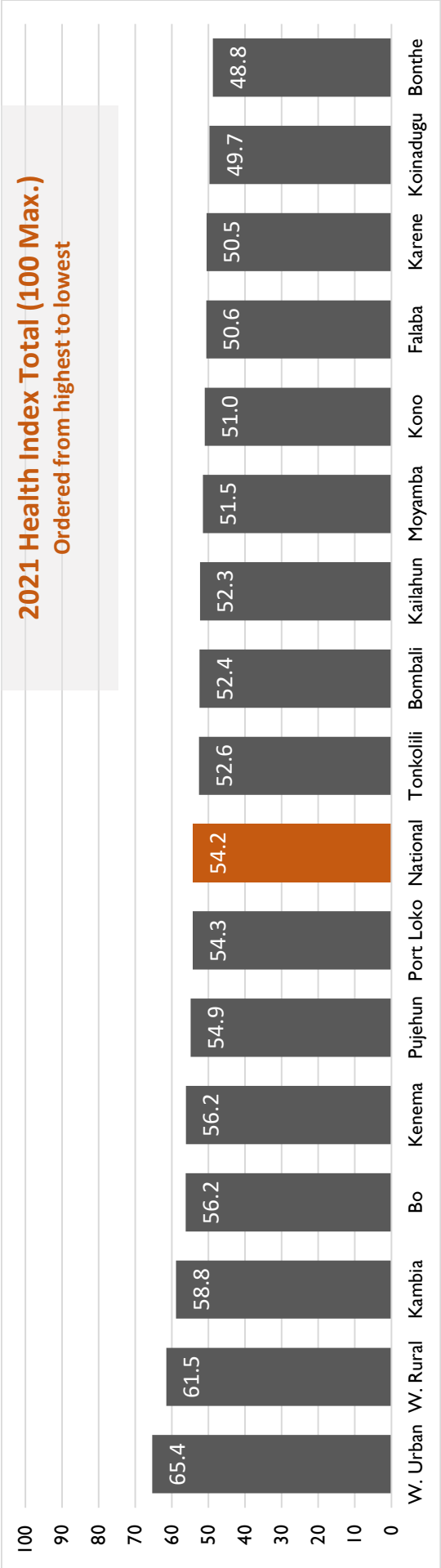
Figure 15: Health Index Total by District

2.2.1. Access to Drugs and FHCI treatment

This indicator has regressed since 2020, dropping from a score of 12.4 to 10.8 (a reduction of 8 percentage points). Continuing a concern highlighted by the 2020 SDI, drug stockouts remain a major challenge according to FMCs and PHU staff. More respondents listed drug stockouts as a major concern in 2021 than in 2020, as shown in Figure 18.

Indicators for Access to Drugs/Treatment	Grade Points (20 total)
Availability of essential drugs	10 points
Payment for FHCI drugs	10 points

Table 14: Indicators for Access to Drugs & Treatment
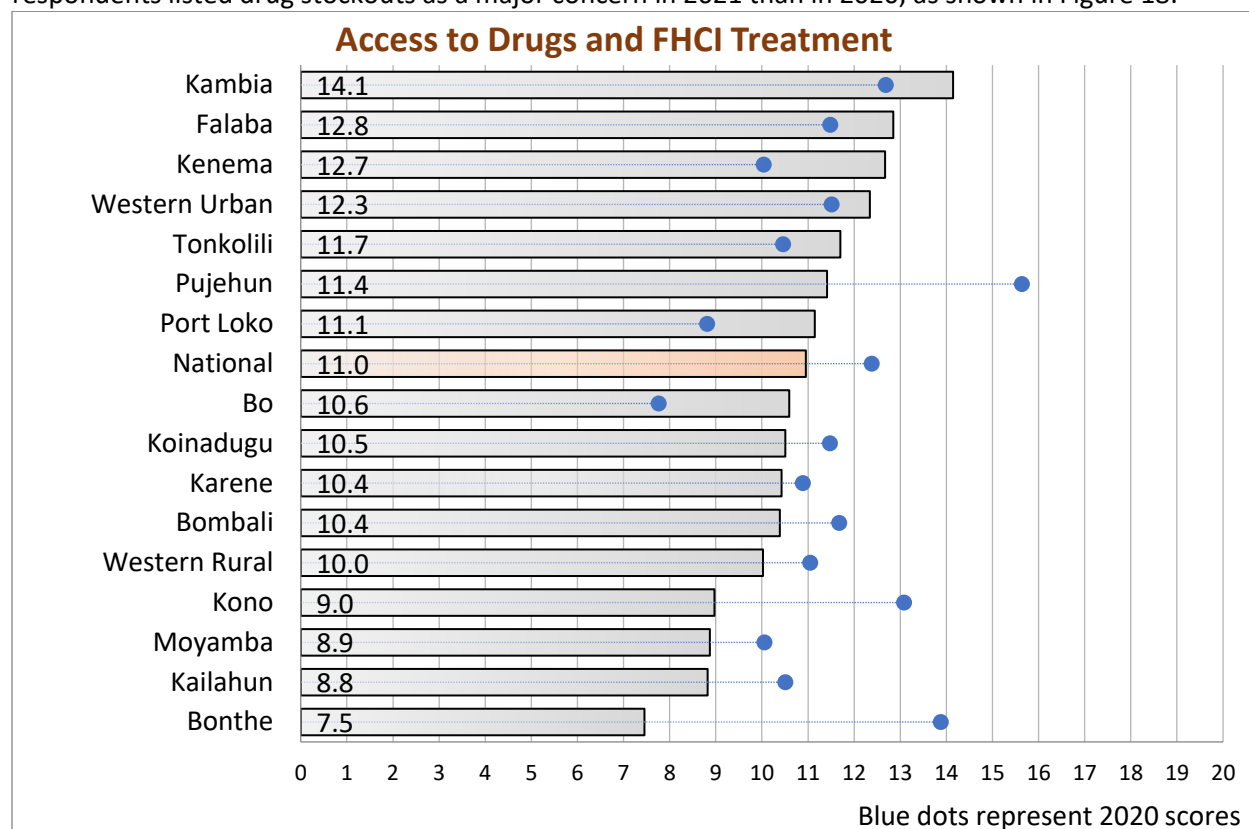
Figure 16: Access to Drugs and FHCI Treatment by District

Under Sierra Leone's Free Health Care Initiative (FHCI), PHUs are to provide free treatment to pregnant women and lactating mothers, children under the age of five, Ebola survivors, persons with disability PWDs), and victims of SGBV. The number of individuals reporting paying for FHCI services has also slightly increased (see Figure 17).
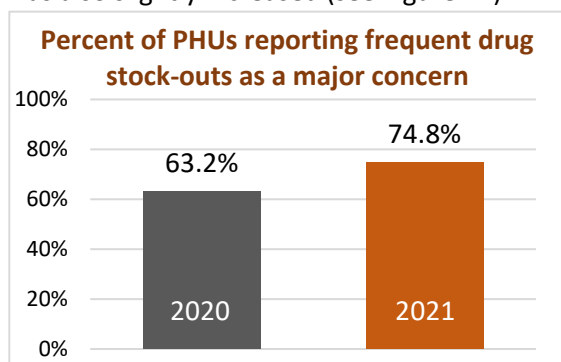
Figure 18: PHU Drug Stockouts by Year
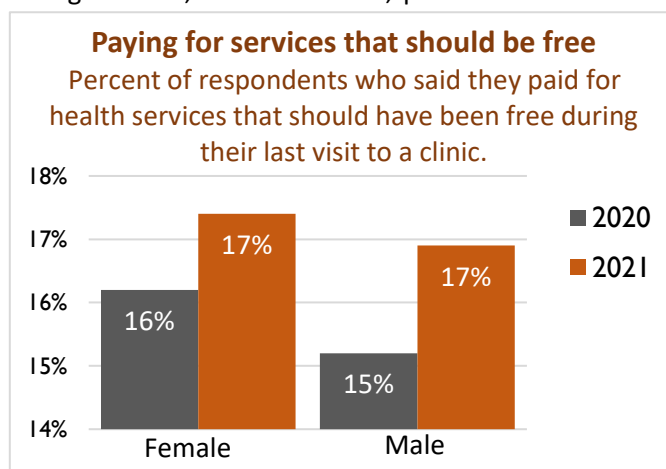
Figure 17: Paying for FHCI Treatment by Gender

2.2.2. Water, Sanitation, and Hygiene (WASH) in Health Facilities

To assign the score for the Water, Sanitation, and Hygiene (WASH) portion of the SDI, IGR's field researchers checked facilities for the presence of indicators listed in Table 15.

WASH Indicators	Grade Points (15 Total)
Separate toilet for men and women	5
Water for handwashing	5
Toilets accessible to persons with disability	2.5
Availability of soap for handwashing after toilet use	2.5

Table 15: Indicators for WASH

The national WASH average score remained nearly the same in 2020 to 2021, only changing from 9.0 to 9.1 on a 15-point scale. Seven districts increased their score, and nine districts regressed, as shown in Figure 19.
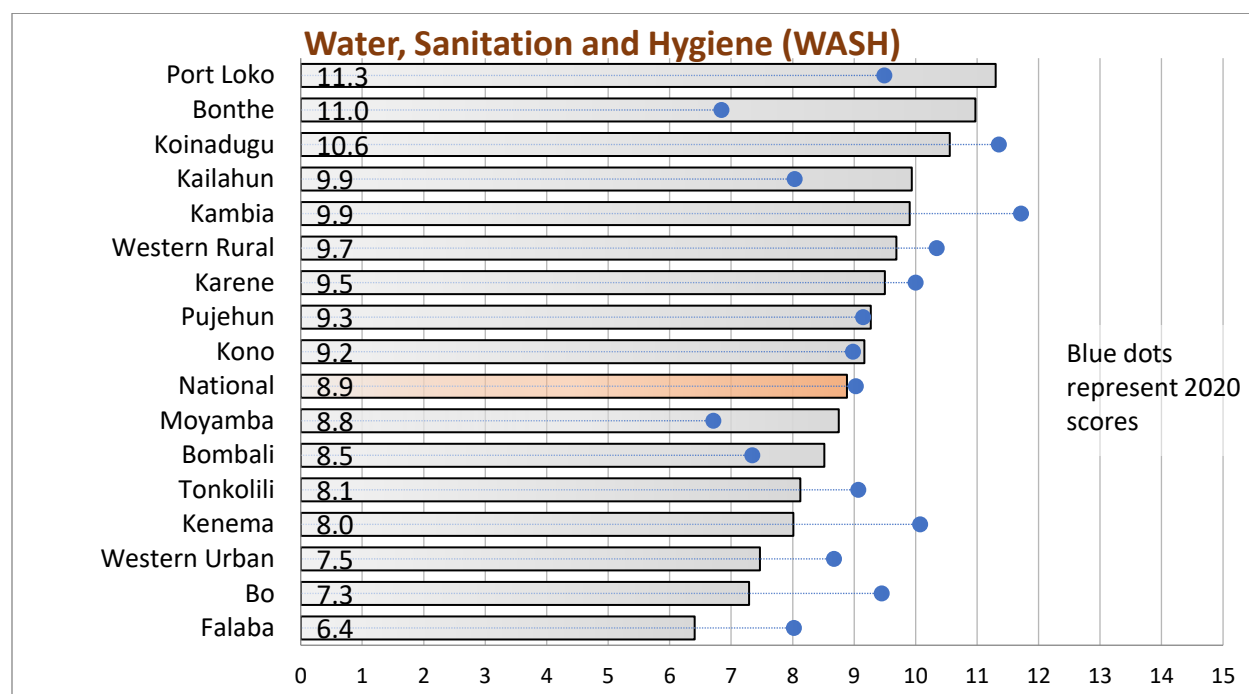
Figure 19: WASH Scores by District

Apart from the indicators used for the WASH score, IGR collected responses from households who listed WASH as a major concern for their local health facility, as shown in Figure 20.
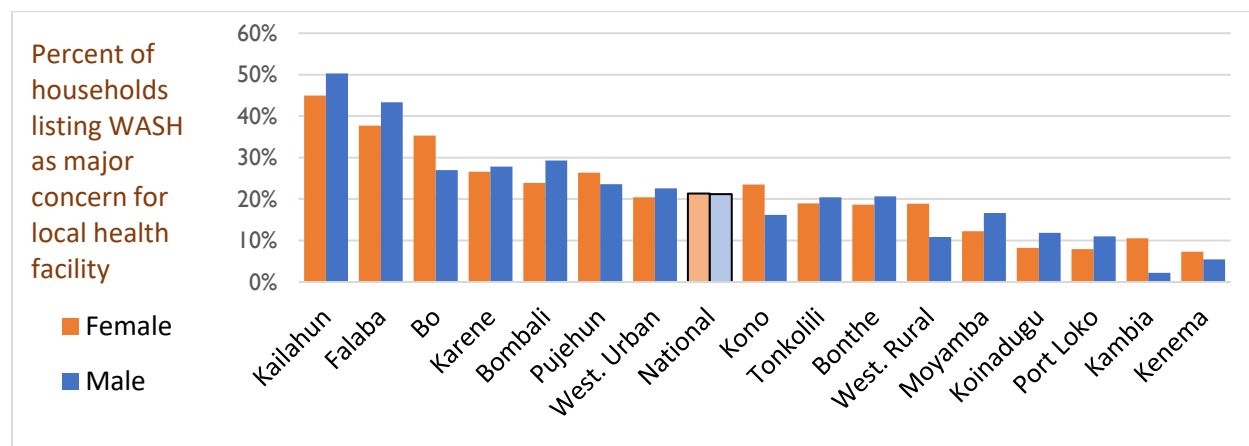
Figure 20: Households Listing WASH as Major Concern at Local Health Facility, by Gender and District

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2.2.3. Effectiveness of Health Facility Management Committees

Facility Management Committees (FMCs) are citizen oversight bodies connected to individual public health facilities. FMCs strengthen community participation in health service delivery by increasing accountability, access, and facility use. The SDI assesses the efficacy of FMCs based on responses from FMC members and health

FMC Effectiveness Indicators	Grade Points (15 Total)
Existence of FMC boards	5
Frequency of board meetings in 2020	5
Evidence of meetings	5

Table 16: Indicators for FMC Effectiveness

facility staff, using the indicators in Table 16. All districts improved their scores in the 2021 SDI, with the national average increasing from 9.4 to 13.1 out of 15 possible points.

Effectivenss of Health Facility Management Committees

District	Score
Pujehun	14.7
Kailahun	14.6
Bo	14.4
Kambia	14.1
Moyamba	13.9
Bonthe	13.8
Bombali	13.2
National	13.1
Western Urban	13.1
Kenema	13.1
Koinadugu	12.8
Tonkolili	12.7
Falaba	12.7
Kono	12.5
Karene	12.0
Port Loko	11.5
Western Rural	11.2

Blue dots represent 2020 scores

Figure 21: Effectiveness of FMC by District

Although not forming a part of the index score, households were also asked about their knowledge of FMCs and perception of their work. It is notable that while about 93 percent of surveyed facilities reported having an FMC, the awareness of FMCs in communities is much lower. Only 43 percent of households believe their local clinic has an FMC. It is crucial for communities to be aware of FMCs because they are a platform for citizen feedback on the quality and effectiveness of health services.

		Female	Male	Total
Percent of households who *believe* their local health clinic has an FMC		40%	45%	43%
Satisfaction with the FMC among those who believe it exists	Satisfied or very satisfied	77%	75%	76%
	Moderately satisfied	18%	20%	19%
	Very unsatisfied or unsatisfied	5%	5%	5%
Percent aware of public meetings among those who say there is an FMC		83%	84%	83%

Table 17: Household Knowledge and Opinion of FMCs

2.2.4. COVID-19 Preparedness of Health facilities

There have been increased demands of health facilities and workers due to coronavirus. MoHS and partners have made investment in training staff, provided materials and established protocols for health units to deal with the pandemic. The SDI evaluates the current capacity of facilities and providers for COVID-19 services and their preparedness to adhere to the precaution guidelines for service providers and patients, using the five indicators outlined in

The national average for the COVID-19 preparedness index score decreased slightly from 2020 to 2021, from 6.4 to 6.3 (out of 10), representing a decrease of one percentage point. Eight districts improved their scores, seven districts reduced their scores, and one district maintained the same score.

COVID-19 Preparedness indicators	Grade Points (10 Total)
PPE Stock: Gloves, alcohol, soap, face masks, and gowns	5
Training of facility health workers in COVID-19 symptoms	1
Training of facility health workers on COVID-19 precautions	1
Keeping contact information of users for contact tracing	1
Protocol in place for suspected COVID-19 patients	2

Table 18: Indicators for COVID-19 Preparedness
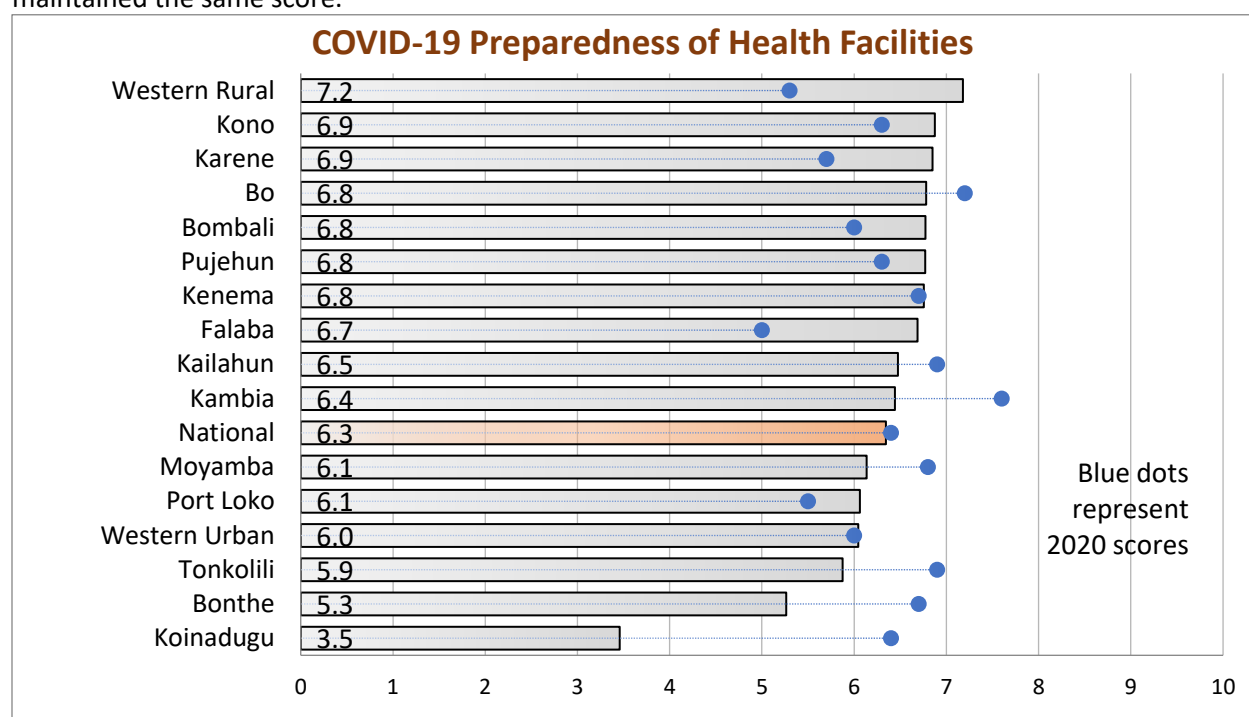
Figure 22: COVID-19 Preparedness in Health Facilities by District

Figure 23 shows the points awarded to each district for PPE stock. The low scores of Bonthe and Koinadugu stand out, and contribute to their overall lower performance on COVID preparedness.
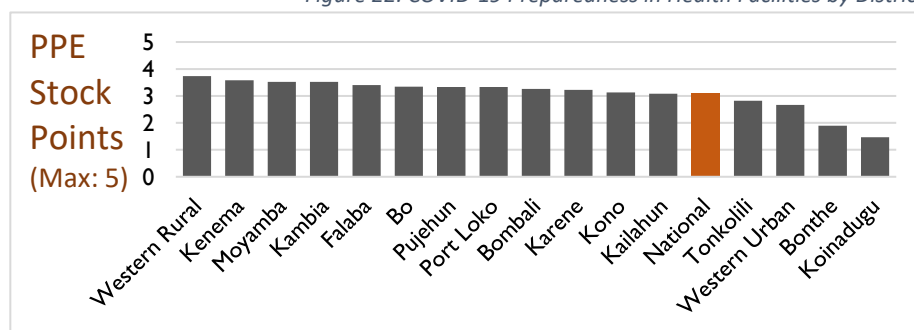
Figure 23: PPE Stock by District

2.2.5. User Perceptions of Effectiveness of Health Facility Services

The score for user perception of health facility delivery is based on responses to the indicators listed in Table 19 among respondents who said they had visited a local health facility in the past six months.

The national average score increased from 7.9 to 8.4 out of 10. IGR field researchers documented frequent poor conditions and staffing levels (sometimes the result of staff being called away to other assignments). Still, communities seem appreciative of the limited service they receive, as demonstrated by Figure 25.

Indicators for User Perceptions of Effectiveness of Health Facility Services	Grade Point (10 Total)
Clinic opening on time	2.5
Health workers always present	2.5
Health workers report to work on time	2.0
Satisfaction with health services provided	1.5
Satisfaction with knowledge and skills of facility staff	1.5

Table 19: Indicators for Perceptions of Health Facility Effectiveness
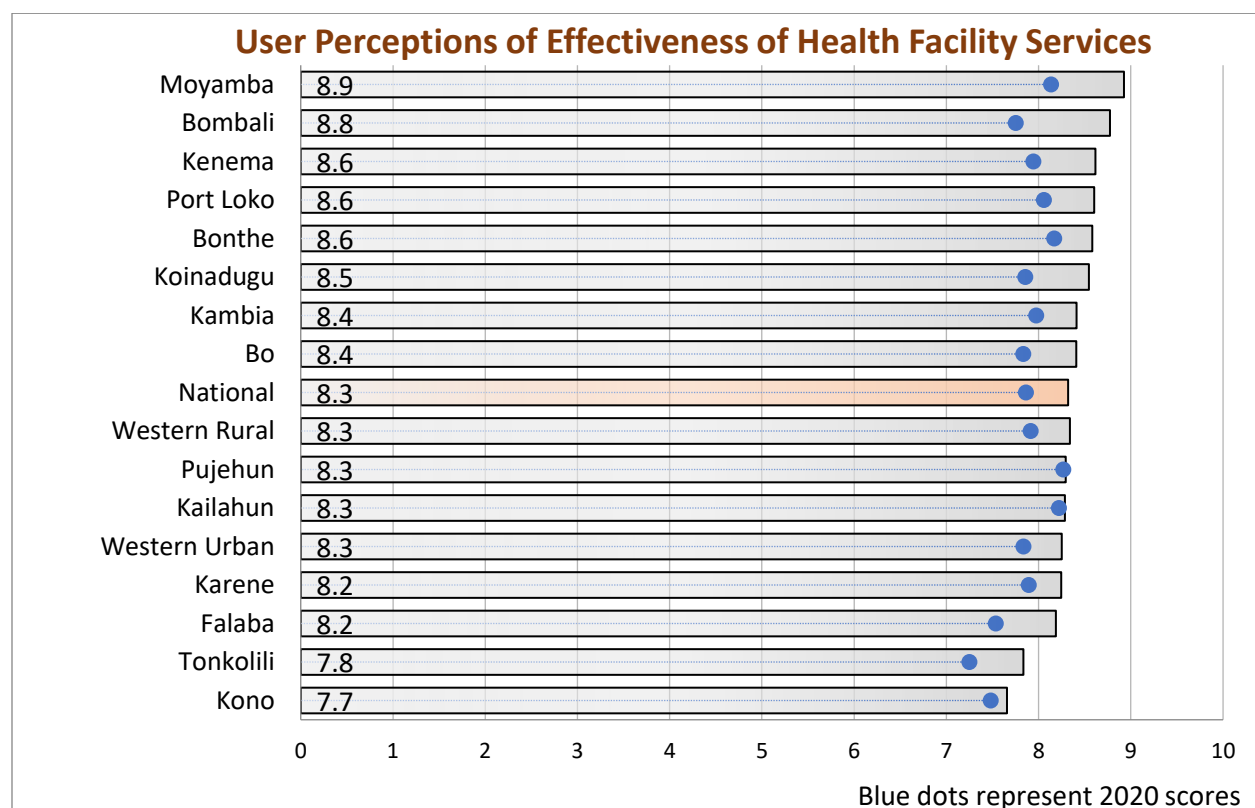
Figure 24: User Perceptions of Health Facility Effectiveness by District
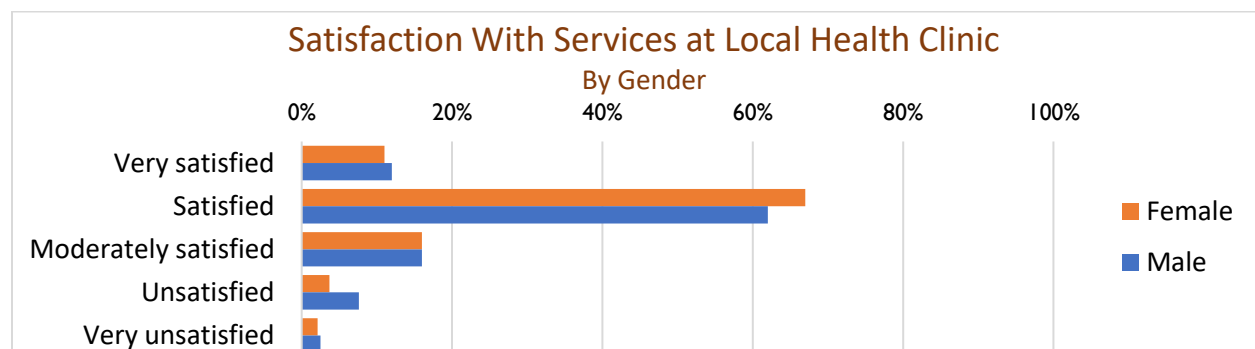
Figure 25: Satisfaction with Services at Local Health Clinic by Gender

2.2.6. Human Resources for Health

To calculate this component, the SDI used the delivery standard for primary healthcare as defined in the GoSL's Basic Package for Essential Health Services (BPEHS). The BPEHS includes the number of staff that should be allocated at the various institutional levels. Points were allocated based on the extent to which a facility met the standard as expressed by the BPEHS. IGR assigned a total of thirty points for this component, distributed as per Table 20. After consultation with the Ministry of Health, it was decided to maintain the same scores for the 2021 SDI as the 2020 SDI for this component, given that changes in staffing levels were not reported. It is important to note that we measured only total number of staff in all primary healthcare units, and not the actual positions of these staff, which also has implications on service delivery.

Staff allocation remains a problem across all levels of health facilities. Further, there are concerns that not only is there a shortage of health workers, but there is also maldistribution. Health workers are heavily concentrated in urban areas, with poor incentives to both attract and encourage retention of staff in rural areas. Western Urban (61%) and Western Rural (50%) were the closest to meeting the BPEHS ideal. However, the national average of 22% shows that most districts struggled with adequate human resources for health. IGR field researchers also documented communities saying that assigned staff were not always present due to being called away to other assignments.

Required Staff	Grade points
MCHP	
8 and above	30
7	25
6	20
4 to 5	15
2 to 3	10
1	5
CHP	
11 and above	30
8 to 10	25
7	20
6	15
4 to 5	10
2 to 3	5
1	1
CHC/Clinic	
25 and above	30
20 to 24	25
15 to 19	20
13 to 14	15
10 to 12	10
5 to 9	5
less than 5	1

Table 20: Indicators for HR for Health

Human Resources for Health

District	Value
Western Urban	18.2
Western Rural	15.1
Bo	8.8
Kenema	7.0
National	6.6
Tonkolili	6.3
Kono	5.8
Kambia	5.8
Port Loko	5.7
Moyamba	4.9
Bombali	4.8
Pujehun	4.5
Kailahun	4.2
Falaba	3.8
Koinadugu	3.8
Karene	3.5
Bonthe	2.7
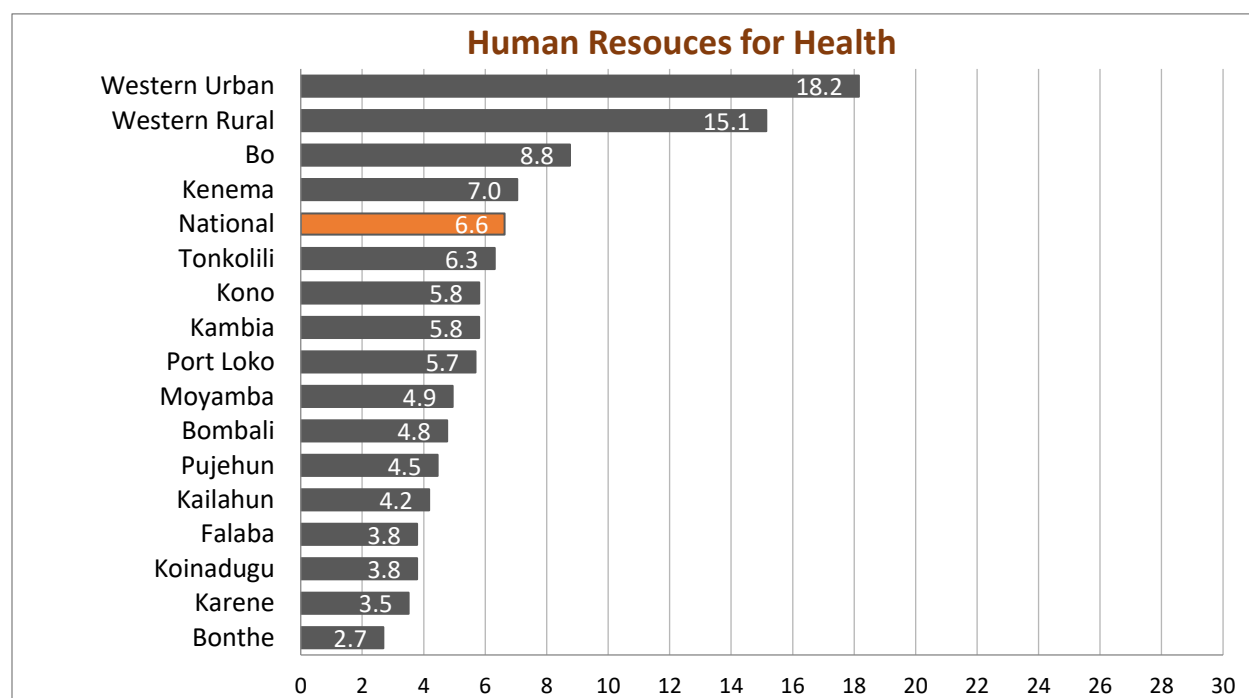
Figure 26: Human Resources for Health by District

3. Index Scores by Constituency

District	Const.	Education (50 Max.)	Health (50 Max.)	SDI Total (100 Max.)	Rank
Nat. Avg.		*35.9*	*27.1*	*63.0*	
W. Urban	121	40.9	36.4	77.4	1
W. Urban	118	39.5	36.3	75.8	2
W. Urban	120	40.6	34.3	74.9	3
W. Urban	128	37.7	37.2	74.9	4
W. Urban	131	41.4	33.0	74.5	5
W. Urban	123	39.9	34.3	74.2	6
W. Urban	130	39.2	35.0	74.2	7
W. Urban	122	38.5	35.7	74.2	8
W. Rural	111	37.4	36.3	73.7	9
W. Urban	132	40.5	32.8	73.3	10
W. Urban	119	37.1	36.1	73.2	11
W. Rural	112	37.1	35.1	72.3	12
W. Urban	126	35.9	35.4	71.4	13
W. Urban	117	35.3	35.8	71.1	14
Tonkolili	50	37.6	32.5	70.1	15
W. Urban	124	40.2	29.6	69.8	16
W. Rural	106	36.4	33.2	69.5	17
Kenema	14	37.9	31.6	69.5	18
Port Loko	73	35.1	34.3	69.4	19
W. Urban	129	41.6	27.8	69.3	20
W. Urban	127	37.6	31.4	69.0	21
Kenema	13	38.2	30.5	68.8	22
Kenema	16	38.3	30.4	68.7	23
Pujehun	100	39.4	28.9	68.4	24
Port Loko	68	38.1	30.2	68.3	25
W. Urban	115	34.5	33.8	68.2	26
Bo	79	34.7	33.1	67.8	27
Bombali	35	37.0	30.8	67.8	28
Port Loko	76	38.5	28.9	67.4	29
Kailahun	8	38.0	28.7	66.7	30
Pujehun	103	38.1	28.4	66.4	31
Bo	82	34.7	31.5	66.2	32
Kailahun	10	39.8	26.3	66.1	33
Pujehun	101	37.6	28.4	66.0	34
Port Loko	75	39.3	26.6	65.9	35
W. Urban	116	35.0	30.9	65.8	36
Port Loko	72	37.3	28.5	65.8	37
Pujehun	102	37.9	28.0	65.8	38
Kenema	15	37.7	27.8	65.5	39
Kailahun	9	39.3	26.0	65.3	40
Bo	87	37.4	27.7	65.1	41

District	Const.	Education (50 Max.)	Health (50 Max.)	SDI Total (100 Max.)	Rank
Nat. Avg.		*35.9*	*27.1*	*63.0*	
Kenema	21	37.4	27.7	65.1	42
Kambia	60	34.8	30.2	65.1	43
Port Loko	77	38.8	26.2	65.1	44
Kenema	19	36.8	28.3	65.0	45
Kambia	58	34.2	30.7	64.9	46
Moyamba	93	35.6	29.1	64.8	47
W. Rural	107	34.4	30.4	64.8	48
Kenema	11	34.9	29.8	64.7	49
Bo	84	36.6	28.0	64.7	50
Tonkolili	48	34.3	30.4	64.6	51
Bo	88	38.2	26.2	64.4	52
Moyamba	96	37.5	26.8	64.3	53
Bombali	37	40.0	24.3	64.2	54
Kailahun	4	38.3	26.0	64.2	55
Bombali	36	37.9	26.1	64.1	56
Bombali	32	38.5	25.5	64.1	57
Bo	86	36.7	27.3	64.0	58
Port Loko	74	38.6	25.4	64.0	59
W. Rural	108	34.1	29.8	64.0	60
Bo	83	35.6	28.1	63.7	61
Kono	25	34.7	29.0	63.7	62
W. Urban	113	32.8	30.8	63.6	63
Bo	85	37.6	26.0	63.6	64
Kambia	61	34.0	29.5	63.5	65
Kenema	17	36.2	27.2	63.4	66
Bombali	33	34.0	29.4	63.4	67
Karene	67	40.0	23.3	63.3	68
Bonthe	92	37.6	25.7	63.3	69
W. Rural	109	37.4	25.7	63.1	70
Bombali	38	38.6	24.5	63.1	71
W. Urban	125	36.3	26.6	62.9	72
Bo	80	35.3	27.5	62.7	73
Tonkolili	53	34.8	27.8	62.5	74
Kailahun	7	34.9	27.5	62.4	75
Koinadugu	46	37.9	24.5	62.4	76
W. Urban	114	35.5	26.9	62.4	77
Koinadugu	43	34.7	27.6	62.3	78
Karene	65	34.4	27.7	62.1	79
Bo	78	32.6	29.5	62.1	80
Kambia	57	32.9	29.2	62.1	81
Bombali	31	35.5	26.4	61.9	82

District	Const.	Education (50 Max.)	Health (50 Max.)	SDI Total (100 Max.)	Rank
Nat. Avg.		35.9	27.1	63.0	
Falaba	42	33.5	28.2	61.7	83
Kailahun	5	35.7	25.7	61.4	84
Kambia	59	32.6	28.6	61.3	85
Kambia	62	31.6	29.6	61.2	86
Pujehun	99	37.8	23.4	61.2	87
W. Rural	110	34.8	26.4	61.2	88
Falaba	39	35.6	25.6	61.2	89
Kenema	20	37.1	24.0	61.1	90
Kono	30	33.7	27.3	61.0	91
Kenema	12	33.1	27.8	61.0	92
Bo	81	35.8	24.8	60.6	93
Tonkolili	51	35.9	24.6	60.5	94
Bonthe	91	35.2	25.0	60.2	95
Kailahun	1	34.4	25.7	60.1	96
W. Rural	105	35.6	24.4	60.0	97
Koinadugu	44	36.3	23.7	60.0	98
Pujehun	104	32.3	27.6	60.0	99
Falaba	41	35.4	24.6	59.9	100
Kenema	18	36.1	23.5	59.7	101
Karene	66	34.1	25.5	59.6	102
Tonkolili	47	32.4	27.1	59.5	103
Moyamba	94	35.0	24.5	59.4	104
Port Loko	69	33.5	25.7	59.2	105
Kono	22	31.9	26.9	58.8	106
Kono	29	35.6	23.1	58.7	107
Port Loko	70	35.0	23.6	58.6	108
Kailahun	2	33.2	25.1	58.2	109
Tonkolili	52	35.0	23.1	58.1	110
Tonkolili	54	33.7	24.4	58.1	111
Kailahun	6	33.4	24.6	58.1	112
Bonthe	89	36.3	21.6	58.0	113
Falaba	40	35.2	22.7	57.9	114
Karene	64	32.4	25.3	57.8	115
Tonkolili	49	30.8	26.9	57.7	116
Kono	27	31.7	25.8	57.5	117
Moyamba	95	31.0	26.3	57.3	118
Bonthe	90	32.6	24.5	57.1	119
Koinadugu	45	32.8	24.2	57.0	120
Moyamba	97	33.1	23.7	56.9	121
Kailahun	3	31.0	25.8	56.8	122
Kono	28	31.2	25.5	56.7	123

District	Const.	Education (50 Max.)	Health (50 Max.)	SDI Total (100 Max.)	Rank
Nat. Avg.		*35.9*	*27.1*	*63.0*	
Kono	23	30.1	26.2	56.4	124
Port Loko	71	34.9	20.5	55.5	125
Tonkolili	56	33.0	22.2	55.2	126
Tonkolili	55	31.7	23.0	54.7	127
Moyamba	98	30.0	23.6	53.6	128
Bombali	34	31.1	22.3	53.4	129
Kono	26	31.0	22.1	53.1	130
Kono	24	27.8	23.9	51.7	131
Karene	63	25.7	24.6	50.3	132