#### Executive Summary



This project seeks to build community resilience in **Baoma**, in the Kenema district of southeast Sierra Leone, by strengthening civil society around the development of a new community health post and by developing new Health Insurance Scheme groups. It builds on the existing partnership between Engineers Without Borders Denmark (EWB-DK) and SEND Sierra Leone (SEND), including joint work on Water, Sanitation and Hygiene (WASH) projects in this same region and community. During a previous WASH project, Baoma managed to differentiate itself from the other communities by showing high levels of self-sufficiency and sustainability. It had particular success in raising community funds through the establishment of water user fees. The high degree of maturity with respect to economic sustainability of community-driven development and the successful introduction of user fees have motivated EWB-DK and SEND to continue the mobilization and strengthening of the community structures on health.

The project seeks to **improve the health and livelihood** of the 7000 people of Baoma and its catchment communities, with particular focus on women and children, by:

1. Building a **community health post** and the **civil society mechanisms** around it to make a sustainable structure and link the community to the wider health infrastructure and services; and
2. Sharing risks and pooling resources through the development of community **Health Insurance Scheme groups**.

#### Objective and relevance (the world around us)

**1.1. Background**

A key challenge in the Kenema district is inadequate infrastructure and support in the health sector to ensure that communities have access to healthcare services.

**EWB-DK and SEND** have known each other for several years, as both have been working on WASH projects in the 26 communities in the Kenema district. The organizations initiated a joint project in the district in January 2020, and subsequently **Baoma** stood out from the other communities by achieving particularly high levels of community financial resource mobilization through the establishment of water user fees, building a strong platform for group social action on problems facing the community.

The Baoma community wished to build on this success and invest some of its savings in a project to support the health and welfare of the community. This new project is a response to that community ambition.

The new project will build on the community organization structures developed in previous projects, particularly the Heath Development Committees (HDCs). The HDCs are groups of community representatives who are mandated to oversee and organize the overall health and wellbeing of the community. In a previous project, EWB-DK and SEND worked particularly closely with HDC subcommittees on community water provision.

##### 1.2 A new project for Baoma

The Baoma community faces enormous challenges from inadequate health service resources. The community would like to work with EWB-DK and SEND to construct a **community health post** in which health services, formal health training, and awareness sessions can be offered by public sector health employees, traditional health workers, and potentially others (such as NGOs). The community health post will be owned and operated by the community itself, and the community will help arrange for visits by healthcare workers from the Ministry of Health and Sanitation, including offering transportation, per diem and overnight accommodations in the building.

The community will organize itself in order to run the community health post and ensure its sustainability. Through the support of the Project Steering Committee, the facility will be supported by the government for subsequent government grants and other opportunities.

Another component of the project involves seeding a self-help group structure within the community, namely **Health Insurance Scheme (HIS) groups**. SEND has had success in introducing these savings groups in Kailahun, in the eastern part of Sierra Leone, and the current initiative aims to start seven groups, which could inspire more to form in the target community.

The primary focus of the community health post activities will be the **health of women and children:** maternal and infant health, safe births and vaccinations. The strategy corresponds with the UN Sustainable Development Goals (SDGs) 3. good health and wellbeing, 5. gender equality, 10. reduced inequalities, and 17. partnerships for the goals.

##### 1.3 Context of the intervention

The intervention will take place in an economically and socially fragile context.

**National context:** The maternal mortality rate in Sierra Leone is amongst the highest in the world. In 2017, an estimated 1,120 mothers died for every 100,000 live births.[[1]](#footnote-1) The mortality rates of neonates, infants, and children under five are also amongst the highest globally, at 34, 81, and 109 deaths per 1,000 live births, respectively.[[2]](#footnote-2) These staggering figures represent the real and pervasive challenges women and children face in Sierra Leone, with poor healthcare practices and sub-standard and ill-equipped healthcare facilities. The data also serves as a backdrop to the intervention, which seeks to build and install a more citizen-driven and robust approach to social security and health.

According to the latest Integrated Household Survey,[[3]](#footnote-3) in 2018 the poverty rate in Sierra Leone was 56.8%, the extreme poverty rate was 12.9% and the food poverty rate was 54.5%. Poverty is concentrated in the rural areas. The country ranks 182 out of 189 countries on the 2020 Global Human Development Index[[4]](#footnote-4) with a Human Development Index of 0.452 and life expectancy 54.7 years.

Sierra Leone has not fully recovered from the twin shocks of the 2014-2017 Ebola crisis and a slump in global commodity prices that severely affected the economy and created political uncertainties. The country is challenged by its high infrastructure deficit, weak governance institutions, low human capacity, high youth unemployment and underemployment (estimated to be around 70%), limited government fiscal space, weak private sector, and lack of economic diversification. Its under-resourced health infrastructure faces challenges that include Ebola, Lassa fever, malaria, yellow fever, cholera, HIV and COVID-19. These challenges can best be described as primary drivers of country fragility, hence the need for a multi-faceted approach to strengthening social resilience.

**Local context:** The rate of extreme poverty in the Kenema district is amongst the highest in the country (24.2%), which is accelerating due to the effects of COVID-19. The high level of poverty underlines the fragile state the population is exposed to due to a lack of fundamental infrastructure, such as health services, energy, and access to clean water and sanitation.

Baoma is a rural community in the Kenema district. The population is around 3000 people, but it also serves as a centre for the surrounding smaller communities with about 4000 people. Baoma’s access to healthcare services is amongst the worst in the district due, in part, to the long distances to healthcare facilities and the high level of extreme poverty, leaving the population with few financial means to seek healthcare. The closest community health clinic at Faama, the capital of Nomo chiefdom, is 11 km away. The 350-bed Kenema Government Hospital is over 50 km away. Infrastructure is poor, and travel is often done on foot. Women regularly deliver babies on the way to the healthcare facilities. Difficulties in transporting sick patients, lactating mothers, and small children result in poor health outcomes.

##### 1.4 How this intervention will strengthen civil society

The project will build on the groundwork of the HDCs developed during previous EWB-DK/SEND projects, and it will introduce new civil society structures into the Baoma community which SEND has developed elsewhere: the HIS groups.

**Community health post**

The community health post will serve as a physical, tangible engagement mechanism, creating a sense of community ownership on maternal and infant health issues. It will provide a gathering point for learning and sharing experiences. In addition to providing a location for **strategic health service delivery** such as births and vaccinations, the community health post will provide a place for training and awareness sessions - **capacity building**.

Its management will require community mobilisation, leadership and funding in order to sustain it. Enhanced **self-reliance and economic empowerment** will result.

The community will need to reach out to public authorities, **advocating for themselves**, inviting the public healthcare workers to visit on a regular and emergency basis.

**HIS groups**

HIS groups are small, member-based, self-managed, socially and economically homogeneous groups composed of 30 members who voluntarily come together for mutual benefit and support. The groups practice collective leadership and decision-making in credit management, including the determination of loan size, interest rates to members, and repayment periods and rates. The groups also decide on their own savings policies, whereby members agree to save small amounts regularly. Groups usually lend among themselves, initially using their savings, before obtaining external financing. There is no “share-out” of the money mobilised. Instead, the groups loan to their members so that the members can solve health emergencies, and after addressing health issues, the groups also loan members money to supplement and promote community development and improve individual livelihood. Each household should be represented in the HIS.

##### 1.5 Climate- and environmental conditions

The United Nations Intergovernmental Panel on Climate Change (IPCC) has identified West Africa as a climate-change hotspot, where crop yields and production are likely to decrease an already insecure food security situation. It is envisioned that the adverse effects of climate change will enhance food and nutritional insecurity and impact the availability of safe drinking water, hence enhancing health problems from water-borne diseases (such as typhoid, dysentery, cholera, and diarrhoea) as well as other tropical diseases such as Ebola. The effect of climate change will only increase the demands on an already weak healthcare system. In addition, Sierra Leone's population of almost 8 million people is growing at over 2 percent per year, requiring more health services to the growing population.

#### The partnership/collaborators

##### 2.1 The partnership

***SEND*** is a well-established, professional, dependable NGO based in the Kenema district. It has extensive experience in health infrastructure development. With support from the German government and the United Nations, it has strengthened the health system in Sierra Leone by improving the infrastructure in 26 public health facilities, improving WASH facilities, and installing solar systems. It has engaged in capacity-building activities and awareness of health, hygiene, and nutrition issues amongst key populations by training healthcare sector employees, civil society actors, and others to facilitate participatory training sessions. The HIS community structures have been implemented with significant success.

***EWB-DK*** is a technical, humanitarian organization of volunteer members with an extensive range of technical skills and backgrounds. It collaborates with local and international NGOs to improve the living conditions for distressed and vulnerable people in developing countries, building schools and health clinics, providing clean water and better sanitation, improving roads and bridges, etc. EWB-DK has worked in the Kenema district since 2009. Through its local partnerships, it has worked with the renovation of rural clinics and community engagement on health and hygiene issues by providing community water points.

##### 2.2 Roles and responsibilities of the partners and other actors

***EWB-DK*** will be the international lead organization responsible for project management, finance and administration, coordination of the implementing partner's inputs, project monitoring and technical quality assurance on the construction process, and coordination of the final evaluation.

***SEND*** will engage and coordinate with the communities and the Kenema district government to take ownership of the project and its results, including continued community engagement and mobilisation around the community health post and health insurance schemes. SEND will also ensure regional government-level **advocacy** for ongoing support for the project and facilitate official recognition of the project.

***The Baoma community*** has agreed to provide land and local materials for construction, including sand, stones, sticks, and water. It has also decided to contribute community labor, monitor construction work, and contribute community funds. The community will be the owner of the community health post.

***A Project Steering Committee***will be established by SEND. The 15-member committee will be composed of the district council chairperson, a district medical officer, a chiefdom health supervisor, a community health worker, elected HIS executive members, members of the HDCs, and representatives from international NGOs and civil society organizations. The group will monitor all project activity for the community health post and the HIS groups so that the project achieves its intended objectives during the project lifecycle. It will monitor the construction process and ensure sustainability, such as ensuring that the facility has medicine and other resources. It will seek government approval for the facility to receive government support, coordinate and unite community members to mobilise community contributions, and serve as the point of contact for SEND and the District Health Management Team. It will also steer HIS group activities, building partnerships with other stakeholders in the district.

***Facility Management Committee*** will be established at the community level to lead in the maintenance, management, governance, sustainability and day-to-day running of the community health post during and after the project.

***Health Development Committees (HDCs)*** will participate in the Project Steering Committee and take the lead in tackling health and sanitation issues at the community level. HDCs were established in Kenema district during previous civil society development projects. Currently there are two in the target community (in Baoma and Lowuma), and four more will be established in the catchment communities, receiving capacity training from SEND. Each HDC is made up of 10 to 12 community members, has a formal structure (a chair, vice chair, secretary, treasurer, etc.) and operates under bylaws. During previous WASH projects, some communities in Kenema district established WASH subcommittees to handle specific duties, and such a structure could be adapted for the current initiative.

*The* ***District Health Management Team (DHMT)*** is a group of public sector health employees, representing the public sector and providing an interface between the community, SEND, and the government. It will contribute members to the Project Steering Committee.

***HIS groups*** will be formed during the course of the project. (See section 1.4 above).

***HIS executive members***are the leadership and management structure within the HIS groups, established by the community. Some members will participate in the Project Steering Committee.

***Key healthcare providers*** who will contribute to the sustainability of the community health post include:

* **Community Health Workers (CHWs)** are engaged by the Ministry of Health and Sanitation and other health organizations to provide basic health and medical care within a community. They provide preventative, promotional and rehabilitation care and can refer cases to the community health centre at Faama.
* **Community Health Officers**, who are trained government health officials who are in charge of the health facilities in rural communities.
* **Community drug distributors** are responsible for basic drug administration for Acute Malaria and diarrhoea before the arrival of trained and qualified medical staff.
* **Traditional Birth Attendants (TBAs)** are responsible for delivering babies and providing associated services, such as going out into the community to talk to women about pregnancy, family planning, lactation, hygiene, vaccinations, malaria nets, etc. They also refer pregnant and lactating women and sick infants and children to clinic facilities**.**

##### 2.3 Payroll costs and partnership development

The initiative provides SEND with a strengthened platform on the promotion of civil society to drive social protection mechanisms. It also provides for low-cost models for social protection to be advocated towards the authorities. The budget includes two site visits from Denmark: one midterm monitoring mission, and one mission for the technical inspection of the construction that will be financed by EWB-DK.

#### 3. Target groups, objectives, and expected results

##### 3.1 Target groups

The **primary** target groups are:

* *For the community health post:* members of the Facility Management Committee (made up of community members) and the DHMT (representatives of the public sector), who will have leadership and management responsibilities. Also CHWs and TBAs, who will receive training.
* *For the Health Insurance Schemes:* members of the seven HIS groups who reside in the community, to be established during the course of the initiative. Each HIS group will be about 30 persons (30 persons in each HIS group x 7 communities = 210 direct beneficiaries). HIS executive members will also receive targeted training.
* *For both:* members of the Project Steering Committee, who come from the public sector, the community, and NGOs.

The primary beneficiaries will benefit from improved organizational capacity, including training, self-organization, networking, management skills, financial skills, self-help and self-reliance. As many of the participants are women, they will also benefit from women’s empowerment, training and leadership.

The **secondary** target groups are:

* *For the community health post:*  the inhabitants of Baoma and the six catchment communities. Baoma has a total population of about 3000 people, of which about 1200 are children and young people under the age of 18, and the catchment communities have about 4000 people. The total population to benefit from the intervention is estimated to be approximately 7000 persons. They will benefit directly, from stronger primary healthcare services for women and children, greater health awareness, and closer links to the public healthcare system (including direct clinic/hospital referrals). They will also benefit indirectly, from civil society development, increased community links and participation, and stronger community advocacy.
* *For the Health Insurance Schemes:* each HIS member represents his or her family. Average family size is about 6, so 210 direct beneficiaries x the other 5 members of the family = 1050 indirect beneficiaries. They will benefit from risk mitigation from unaffordable health emergencies, ability to take out loans for other investments, and increased community ties.

##### 3.2 Objectives and expected results

The project seeks to **improve the health and livelihood** of the 7000 people of Baoma and its catchment communities with a particular focus on women and children. This includes fewer material deaths, fewer infant deaths, and children having better health outcomes during key periods of physical and mental development. It seeks to achieve this result by 1) building a **community health post** and the civil society mechanisms around it to make it a sustainable structure and link the community to the wider health infrastructure and services, and 2) sharing risks and pooling resources in community **HIS groups**.

**Specific objective 1, “Community health post”**: Strengthen the community social structure in order to provide strategic services and advocacy via construction and subsequent sustainable management of a community health post.

Outcomes/results:

1. Baoma has a functioning and well-equipped community health post.
2. There is increased health service delivery from the Kenema district public system to Baoma and its catchment communities.
3. Women and children are in regular contact with the public healthcare system.
4. There are increased referrals of community members to regional clinics and hospitals.
5. There is increased health awareness amongst the population.
6. Through a participatory process a plan of management and maintenance has been developed by the Project Steering Committee and Facility Management Committee.
7. The community has set a plan for financial sustainability for the maintenance and operation of the facility.
8. There is enhanced understanding of bookkeeping, budgeting, economic planning, etc. within the Facility Management Committee for management of the community health post.
9. There is more training of TBAs and CHWs.
10. TBAs and CHWs are carrying out health and hygiene promotion activities.
11. Women have been trained and gained experience in practical leadership and management skills.

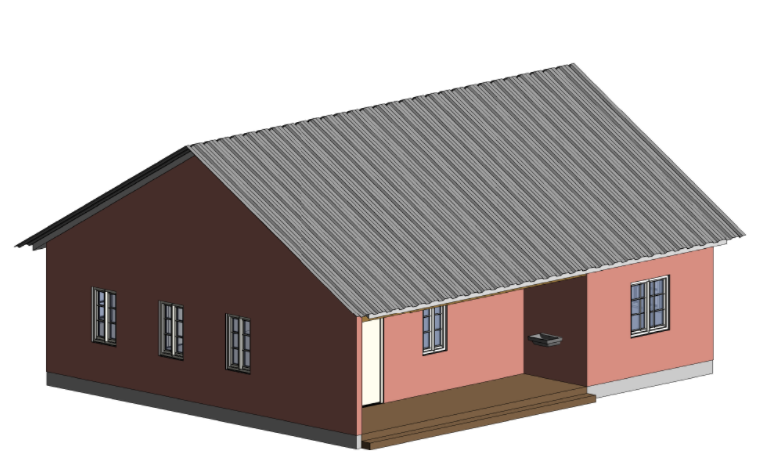
**Specific objective 2, “HIS groups”:** Develop social economic protection mechanisms (HIS groups) to encounter the fragile health and economic situations involving health emergencies based on financial solidarity and a joint saving mechanism.

Outcomes/results:

1. The community has established 7 HIS groups.
2. The HIS groups have each defined a mandate and standard operating procedures.
3. The families, particularly the women (as traditionally the main focal point and responsible for family health) are in a less vulnerable social situation due to membership in an HIS group.
4. Social capital and mutual support systems have been developed and have a pull effect on other families not participating in the HIS groups.
5. Increased solidarity and ties have grown amongst community members, particularly women of childbearing ages.
6. HIS groups demonstrate a viable solution as a health and social protection mechanism.
7. Advocacy has been conducted amongst civil society - sharing experiences in the surrounding communities and families not in the HIS groups in order to promote the HIS as a method of risk reduction within the fragile healthcare situation.
8. Women have been trained and gained experience in practical leadership, management and financial planning skills (it is estimated that HIS groups will be 70 percent female).

##### 3.3. The strategy and activities of the intervention

###### 3.3.1 Strategy for Objective 1, “Community health post”

**Construction:** Much of the construction is being financed by another donor. A minimum of three Kenema-based contractors will be invited to bid on the project. EWB-DK, with input and advice from SEND, will evaluate the bids and select the contractor based on quality, time and price. Construction will ideally begin in October, towards the end of the rainy season. The local community has volunteered to contribute labor and materials, and it will be consulted to ensure that the building meets local needs and expectations. The building will be owned and managed by the local community.

**Function:** The 102 m2 facility not be a full-time clinic. It will be a community-owned and -operated space for visits from government healthcare workers. It will have running water, toilet facilities, solar panels, a consultation room, a treatment room, a storage room, and a covered veranda. It will offer an estimated 2500 consultations per year, including 140 births, plus antenatal care, postnatal care, vaccinations, training, information sessions, and overnight stays by healthcare professionals.

**Civil society development:** The project will use the construction of the community health post as leverage to motivate, mobilise and build capacity, awareness, and demand at the community level and build upon existing social leadership structures (such as HDCs).

SEND will undertake awareness-raising activities about available resources and access to finance through the “**ASSET/SALT approach**.” “ASSET” means assets of the community. “SALT” stands for:

* **Support, Stimulate, share:** Help community members reflect on their hopes, their concerns and the assets that already exist in their lives. Support communities to identify and share solutions.
* **Appreciate, analyze:** Recognizewhat people are already doing in their communities and how successful they are. Stimulate communities to explore their assets, hopes, and concerns, and how these are interlinked.
* **Listen/learn, and link:** Ask questions. Don't enlighten. Listen and do not talk or teach. Community members reflect on which stakeholders are absent and why they need to broaden participation.
* **Transfer and transform:** Help the community to transform itself with the help of its own assets and potential, and transfer the experience of power and self-reliance to other communities.

###### 3.3.2 Activities for Objective 1, “Community health post”

1. **Inception meeting with community members, stakeholders, and the DHMT:** SEND explains the project to the communities and other stakeholders. It helps define the roles and responsibilities of the community, the DHMT, and partners. The stakeholder groups discuss the proposed community health post building, management, and staffing issues.
2. **Mobilisation and facilitation of community contribution:** SEND works with the community stakeholders to form the Facility Management Committee, which will help monitor the construction process, ensure the required specifications, create a sense of community ownership of the community health post, and plan the management, governance and day-to-day operations. SEND educates the Committee on the construction content and discusses how monitoring can occur. The Committee then coordinates and unites community members to mobilise community contributions and to serve as the point of contact for SEND and the DHMT.
3. **Training of CHWs and house-to-house visits on community health education:** CHWs are equipped with materials to lead health courses for pregnant women, lactating mothers and mothers of children under five. At the same time, nurse/Community Health Officer instructors meet one-on-one with pregnant women and other ill people on wellness and disease prevention.
4. **Development of health awareness curriculum:** During the project implementation, SEND works in collaboration with the DHMT and other health organizations in the district to develop health curriculum lessons on nutrition, family planning, maternal and child health, general health principles, and basic WASH to prevent chronic diseases and maternal and child death.
5. **Duplication of didactic materials on health:** The project develops didactic materials on health from other development organizations, revising and duplicating for community use. The central part of the CHWs and TBA teaching materials are printed pictures. They are laminated for durability and distributed during community outreach sessions.
6. **Awareness-raising on health and hygiene promotion:** This action increases awareness of health and hygiene-related activities, specifically reproductive health services, linking pregnant and lactating women to the health facility that will reduce maternal and childhood mortality. SEND staff coordinate with the DHMT representative at the community/chiefdom level, CHWs, and TBAs to embark on this activity.
7. **Refresher training of TBAs and CHWs:** SEND, in partnership with the DHMT, trains TBAs on their roles and responsibilities to aid and accompany pregnant women to the facility. This action will enhance quality improvement and strengthen TBAs. Part of the HIS scheme monies would be used to support TBA stipends.
8. **Community meetings for the participatory development of a management and maintenance plan for the community health post:** SEND meets with key stakeholders to develop strategies to ensure the continued sustainable management and maintenance of the facility, including using community savings for treatment, facility maintenance, and transportation and per diems of healthcare workers.

###### 3.3.3 Strategy for Objective 2, “HIS groups”

SEND will again use the ASSET/SALT approach and its community organizing experiences to explain the HIS concept and organize groups.

###### 3.3.4 Activities for Objective 2, “HIS groups”

1. **Sensitisation and formation of the Health Insurance Scheme (HIS) groups:** Initially SEND will work to **establish 7 HIS groups, one for Baoma and one for each of the catchment communities**. SEND feels that there is **great potential for the development of further HIS groups** as follow-ups to this one-year project.
2. **Training on the HIS:** SEND staff organize three days of training on the Health Insurance Schemes in each HIS group.
3. **Provision of HIS box and kits:** The SEND project team provides HIS boxes and all necessary kits to support the seven HIS groups. They contain ledger, lock, pen, calculator, r-stamp, stamp ink, counting bowl, string, exercise book, pass book and lock.
4. **Leadership training for community leaders and HIS executive members:** SEND conducts leadership training through the SEND leadership manual.
5. **Establishment and meeting of the Project Steering Committee:** SEND establishes the Project Steering Committee to build strong and meaningful partnerships with other health partners in the district, including ministries/departments/agencies, international NGOs, and civil society organizations, interweaving sustainable strategies throughout the project and securing synergy and coordination with other relevant initiatives in the district.
6. **Capacity building training for HIS members and stakeholders:** SEND already has capacity-building approaches in enhancing community development through resource mobilisation embedded in the ASSET/SALT approaches. In this action, SEND provides capacity building to 30 members in each community HIS. In these trainings, persons with disabilities and the other socially marginalized persons are included.

##### 3.4 Development triangle

In order to achieve the stated objectives, the project will make use of a triangle strategy based on:

1) Organizational capacity building (strengthening/building HDCs and establishment of HIS groups);

2) Provision of strategic service (health service from a new community-driven health facility); and

3) Advocacy on the viability of community/civil society-driven protection mechanisms and for health services from the government.

The project seeks to develop pre-existing community-based structures through capacity building and to foster a new protection mechanism (HIS), advocating for civil society-based solutions to the social fragility in the communities. It seeks to generate a pull effect and demonstrate to civil societies around the community and the public health system the viability and possibility in active engagement with civil society on the solutions to one of the main social problems in the country: lack of adequate health service.

##### 3.5 Plans for systematizing experiences along the way and at the end of the intervention

During the project, all activities will be logged electronically to provide documentation of activities and track progress on leading project indicators. The data logging forms part of the reporting between EWB-DK and SEND. Besides documentation of activities, the project will also perform the following activities:

* **Quarterly coordination meetings:** SEND will organize coordination meetings with the DHMT and chiefdom stakeholders to promote collaboration and sustainability of the project. Community/ chiefdom stakeholders will share progress on the construction of the health facility and discuss emerging issues and recommendations towards inclusive and responsive approaches to implementing the project. Sustainability of the facility will be discussed continuously.
* **Project Monitoring:** The monitoring and evaluation (M&E) unit of SEND will develop tools to support the quality and effectiveness of project implementation throughout the project life cycle. Regular monitoring will be conducted to ensure community members and other partners are involved. The M&E unit will be part of the coordination meeting to update partners on issues identified during field monitoring and possible recommendation. Each quarter, joint monitoring visits with the DHMT partners will be conducted throughout implementation.
* **Monthly community stakeholder engagement:** The field officer and community stakeholders will discuss progress and provide feedback.
* **Learning and exchange visits to other HIS communities:** SEND will exchange experiences and best practices with other organizations which have done similar work.
* **Radio education on health and HIS schemes:** Throughout the project, the team will conduct radio interviews and information sessions to inform the broader community about the project.

#### 4. Intervention-related information work in Denmark

* Social Media activity demonstrating Danish technical volunteers in the field
* Newsfeed to relevant technical news platforms (Ingeniøren and tech-oriented magazines)
* Participation in student curricular activities at DTU and SDU
* Participating in the cultural night at the IDA compound in Copenhagen
* Newsfeeds on the news platform by the Danish companies and universities involved as strategic partners in the project.

#### 5. Supplementary financing

EWB-DK will provide 200,0000 DKK, particularly on the investment side – funding has been secured.

1. <https://data.worldbank.org/indicator/SH.STA.MMRT> [↑](#footnote-ref-1)
2. <https://data.worldbank.org/indicator/SH.DYN.NMRT>, <https://data.worldbank.org/indicator/SP.DYN.IMRT.IN>, <https://data.worldbank.org/indicator/SH.DYN.MORT> [↑](#footnote-ref-2)
3. <https://www.statistics.sl/images/StatisticsSL/Documents/SLIHS2018/SLIHS_2018_New/sierra_leone_integrated_household_survey2018_report.pdf> [↑](#footnote-ref-3)
4. <http://hdr.undp.org/en/content/latest-human-development-index-ranking> [↑](#footnote-ref-4)