



Health Information Bulletin, Q2 2022

The number of health facilities in the MoHS master facility list is 1,556. Among that number, 1,435 are in the District Health Management Information System as at June 2022. This number has been highly volatile because of external pressure and the non-adherence to the Primary Healthcare Handbook guidelines for establishment of new facilities.

Number of Hospitals District = 58 Regional = 4 Tertiary = 4 Teaching = 6		Number of Peripheral Health Unit (PHU) CHC = 258 GHP = 433 MCHP = 672	
3 Physicians per 100,000 population		50 Nursis and Midwives per 100,000 population	

Data completeness

Data completeness shows the percentage of health facilities with all required forms entered into the DHIS2. Generally, the data completeness is lower in Q2, 2022 than Q1, 2022. The downwards arrow in the table shows a decline in data completeness whilst the upwards arrows shows an improvement compared to previous quarter.

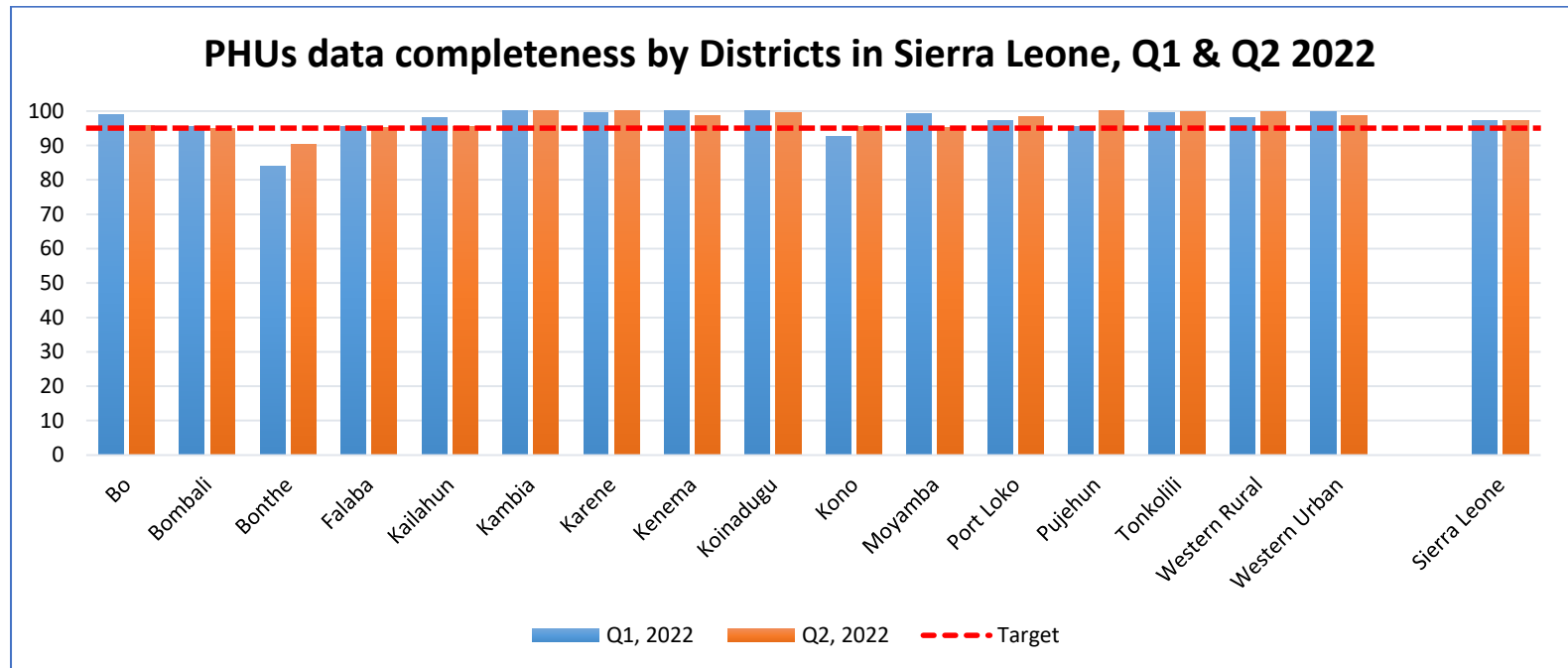
The PHU data completeness increased in Q2, 2022. All the districts in the country achieved the 90% target set in the RMNCAH score card. This is because of the backlog data entry conducted for the period of January - June 2022; this exercise also improved the data completeness for Q1 of 2022.

However, the hospital data completeness remains problematic with a national coverage of 45% in Q2 as compared to 48% in Q1, 2022 after backlog data entry. Only five out of the sixteen districts submitted complete hospital data in Q2. All the hospitals in Western Area Rural did not report in Q2, 2022. Note that Falaba District does not have a hospital at the moment.

The reporting rate for both the PHU and hospitals logistics (LMIS) data decreased in Q2, 2022 compared to Q1, 2022. Apart from Koinadugu with 89% hospital logistic data completeness, all the other districts have a very low data completeness.

District	M&E, Quarter two 2022			
	DHIS2 PHU data (2020 PHUF1-4) completeness (%)	DHIS2 hospital data (HF5 & HF6) completeness (%)	LMIS PHU data completeness (%)	LMIS hospital data completeness (%)
Sierra Leone	97	45	49	17
Bo	96	29	39	3
Bombali	95	70	28	
Bonthe	90	56	23	25
Falaba	95		55	
Kailahun	96	95	55	27
Kambia	100	100	58	22
Karene	100	100	61	26
Kenema	99	71	22	27
Koinadugu	100	83	62	89
Kono	95	100	75	44
Moyamba	95	50	26	14
Port Loko	98	47	62	26
Pujehun	100	100	61	7
Tonkolili	100	60	69	23
Western Area Rural	100		53	13
Western Area Urban	99	25	64	8

Source: DHIS, DHIS2, LMIS, DHIS2



The above table compares the completeness of PHU datasets (2020 PHUF1 – 4) for Q1 and Q2 of 2022. The national target was achieved in both quarters, with no significant national difference between Q1 (97.1%) and Q2 (97.3%). Bonthe District did not achieve the target in both quarters although there is some progress in Q2 compared to Q1, 2022.

Newborn Health

District	Newborn Health, Quarter two of 2022				
District	% newborns breastfed w/in 1 hr after birth at HF's	Hospital neonatal mortality rate (0-28 days) % of	HIV exposed Infants (<1year) given Nevirapine	Neonates 2nd Postnatal contact (3-7 days) after birth	Postnatal promotional 3rd visit by CHW rate (%)
Sierra Leone	97	5	58	93	4
Bo	90	5	104	91	5
Bombali	96	10	36	75	0
Bonthe	97		100	98	1
Falaba	96	100		85	2
Kailahun	99	8		101	19
Kambia	96	8		93	3
Karene	97		100	86	0
Kenema	99	9	100	92	2
Koinadugu	93	7	100	85	
Kono	93	7	88	76	4
Moyamba	98	3	83	106	8
Port Loko	96		65	90	4
Pujehun	100	11	1	129	0
Tonkolili	98		100	122	0
Western Area Rural	100	2	131	84	
Western Area Urban	94	1	89	66	4
Source:	DHIS	DHIS2	DHIS2	DHIS2	DHIS2

The national coverage of newborns breastfed within 1 hour after health facility birth is 97%. Four districts (Bo, Koinadugu, Kono and Western Area Urban) did not achieve the set 95% target. Bo District shows a decrease in Q2, 2022 compared to Q1, 2022.

About 58% of HIV exposed infants are given Nevirapine within 72 hours of birth in Q2, 2022. This is far less than the 94% achieved in Q1, 2022.

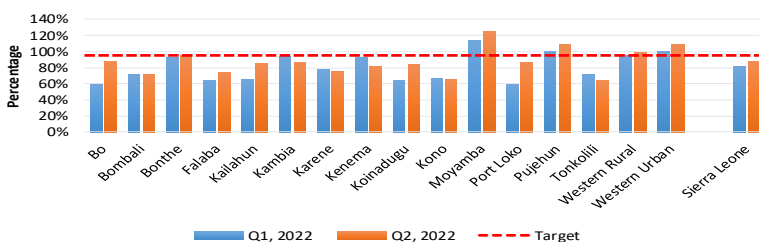
The coverage of postnatal promotional 3rd visit made by CHW remains very low and the same (4%) in Q1 and Q2 2022. This is ascribed to the ongoing restructuring of the CHW program.

Child Health

Child health data below shows a low percentage (94%) of confirmed malaria cases among under-five children treated with ACT. Only four out of the sixteen districts achieved the 99% target set for this indicator in Q2, 2022. Koinadugu, Falaba, and Bombali districts show a decrease in Q2, 2022 compared to Q1, 2022. Nationally, the dropout rate from MR1 to MR2 is very high (17%). Western Area Rural and Kambia are the only districts that achieved the target for this indicator, although Kambia's high negative dropout might indicate a data quality issue. Child mortality in health facility remains high in Bo and Pujehun District in Q2, 2022. The national percentage of wasting among children screened was 3%. However, Falaba, Bonthe, Kailahun, and Pujehun districts show higher percentage of wasting among children (5-6%).

District	Child Health, Quarter two of 2022							
District	Malaria confirmed (0-59 m) treated with ACT rate in a	Child 1-59 m with watery diarrhoea treated with	Drop-out from 1st to 2nd dose of Measles/Rubell	Child 6-59 months cured of SAM	Child 0-59 m with pneumonia treated with	Hospital child mortality (0-59 m) per admission rate	Wasting in children 0-59 m screened at health facility	Child (6-59 M) with MUAC red screened by CHW (%)
Sierra Leone	94	94	17	94	98	4	3	4
Bo	97	96	16	92	100	12	1	5
Bombali	101	90	25	98	101	7	3	3
Bonthe	86	97	20	88	108	5	7	3
Falaba	87	88	24	90	75		9	3
Kailahun	90	95	18	91	98	6	6	2
Kambia	88	96	-18	99	101	6	3	3
Karene	100	96	8	99	111	2	3	2
Kenema	98	97	24	86	96	4	4	6
Koinadugu	82	100	6	89	98	2	3	
Kono	99	96	12	99	101	2	2	4
Moyamba	96	96	13	98	99	7	3	2
Port Loko	100	93	9	99	99	9	4	4
Pujehun	90	94	27	98	99	14	5	3
Tonkolili	95	92	26	97	97	7	3	
Western Area Rural	96	92	4	96	92		2	5
Western Area Urban	90	89	32	91	96	3	2	5
Source:	DHIS2	DHIS	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2

Fully immunized child 0-11 months by districts, Q1 & Q2 2022



The national coverage of fully immunized children (FIC) increased from 81% in Q1 to 88% in Q2, 2022. However, the coverages of Kambia, Karene, Kenema, Kono, and Tonkolili districts decreased in Q2, 2022 compared to Q1, 2022.

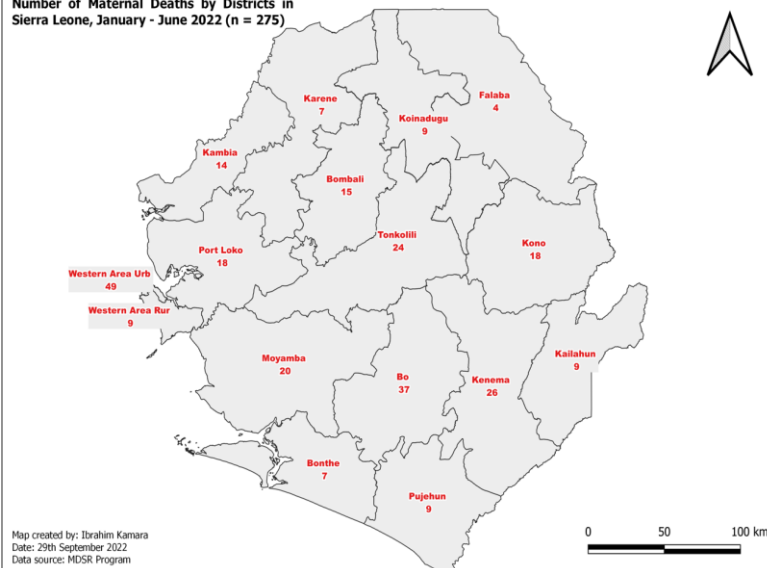
The increase in the national FIC coverage is partly due to the backlog data entry conducted in all districts. The need for this exercise emanated from, among others, the low FIC coverage identified in the RMNCAH Scorecard.

Adolescent, Reproductive and Maternal Health

District	Adolescent, Reproductive & Maternal Health, Quarter two of 2022									
	Antenatal 4th visit rate (ANC1) (%)	Institutional delivery rate (%)	Antenatal clients tested for HIV rate (%)	Institutional Caesarean section rate (%)	Institutional delivery in adolescents 10-19 years rate	Antenatal IPTp 2nd dose rate (ANC 1st visits) (%)	Postpartum Family Planning acceptance rate (delivered in)	Hospital maternal Mortality Rate per 10,000	Antenatal client 1st visit who had haemoglobin	Antenatal client HIV positive new ART start rate (%)
Sierra Leone	81	99	64	5	20	82	29	31	31	96
Bo	91	100	49	6	20	82	28	62	6	55
Bombali	74	100	51	13	22	83	16	105	44	100
Bonthe	80	100	61	4	19	68	34	48	20	85
Falaba	83	100	29		18	75	29	510	11	100
Kailahun	83	100	72	1	19	76	32		21	
Kambia	105	97	61	4	18	92	32	14	22	69
Karene	82	100	51	3	18	99	42	19	19	120
Kenema	86	100	81	3	23	89	46	32	41	130
Koinadugu	72	100	40	7	26	85	30	23	9	78
Kono	93	100	76	12	19	104	33	41	24	161
Moyamba	87	95	53	1	18	81	30	14	11	100
Port Loko	99	99	58	5	22	95	26	8	14	104
Pujehun	86	100	60	6	18	92	20	27	2	114
Tonkolili	73	100	69	4	21	76	34	118	7	89
Western Area Rural	61	100	23		21	72	5		71	91
Western Area Urban	61	99	120	6	17	62	34	848	93	97
Source:	DHIS	DHIS	DHIS	DHIS	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2

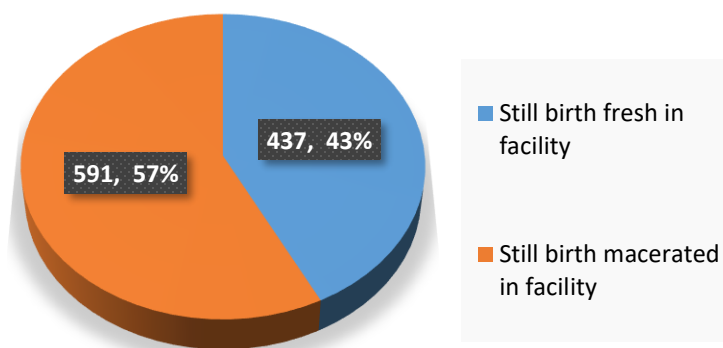
The table above shows the performance of some adolescent, reproductive, and maternal health indicators in Q2, 2022. Antenatal 4th visit coverage is low in most districts except for Bo, Kambia, Kono, and Port Loko. Western Area Rural and Urban, although not meeting the target, show an increase in coverage compared to Q1, 2022, while Bombali and Koinadugu show a deteriorating performance in Q2, 2022. The coverage of both HIV and hemoglobin testing for antenatal clients is low in most districts except for Western Area Urban. Among HIV positive pregnant women 96% started ART nationally, which is above the 95% target. The institutional delivery coverage is high in all districts.

Number of Maternal Deaths by Districts in Sierra Leone, January - June 2022 (n = 275)



The map above shows the number of maternal deaths by district in Sierra Leone, from January to June 2022. All 275 maternal deaths were reviewed and investigated by the District MDSR committees, normally chaired by the District Medical Officers or the Medical Superintendents; the number covers both maternal deaths in health facilities and those who died in the community but were reported to the health facilities. Western Area Urban District accounts for the highest number (49) of maternal deaths for the period under review. This is because most of the complicated cases end in Freetown, sometimes very late, for specialized care.

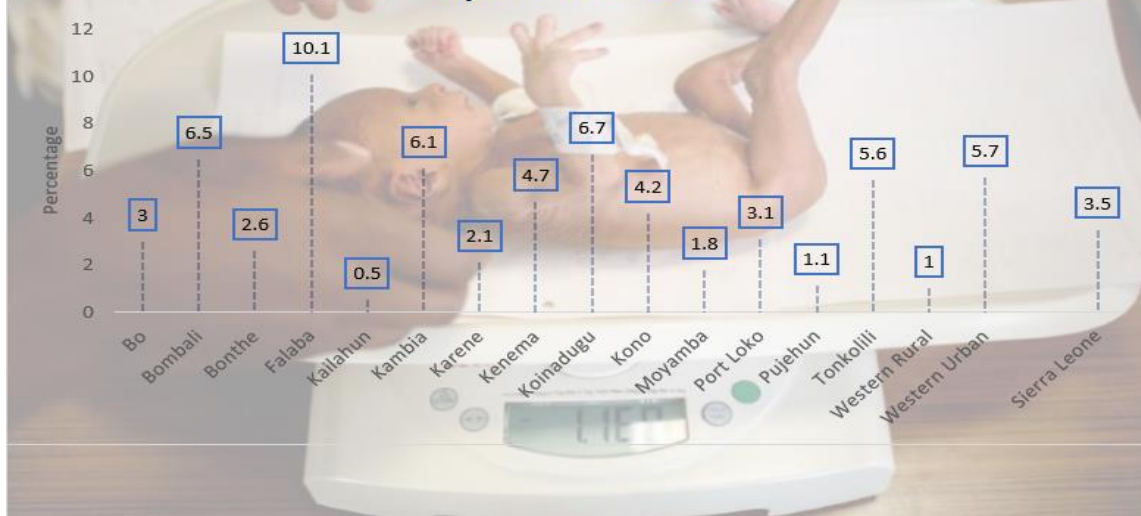
Still births in Sierra Leone, Q2 2022



The total number of stillbirths in Q2, 2022 is 1,028 out of 56,031 institutional deliveries (1.8%), of which 591 macerated (57%) and 437 fresh (43%) stillbirths.

The percentage of fresh stillbirths increased in Q2 (43%) compared to Q1, 2022 (32%).

Percentage of low birth weight (<2.5kg) by district, April - June 2022



Nationally low birth weight (LBW = less than 2.5 kg) reduced from 5% (Q1) to 3.5% (Q2 2022).

Falaba district has the highest LBW percentage (10.1%), followed by Koinadugu District (6.7%) and Bombali District (6.5%).

Kailahun District has the lowest LBW percentage (0.5%), followed by Western Area Rural (1%), Pujehun (1.1%) and Moyamba (1.8%).

Performance league table, Q2, 2022

Districts	DHIS2 Hospital data (HF5 and HF6) completeness	LMIS PHU data completeness	LMIS Hospital data completeness	DHIS2 PHU data (PHUF1, PHUF2, PHUF3 and PHUF4) completeness	Antenatal 4th visit rate (ANC1) (%)	Antenatal client tested for HIV rate (%)	Antenatal client 1st visit who had haemoglobin test (%)	Institutional Delivery rate (%)	Malaria confirmed (0-59 m) treated with ACT rate in a health facility (%)	SAM cured/recovered (6-59 m) rate (%)	Rank
Kono	100	74.9	44.4	95.4	92.6	76.4	23.6	100	99.4	98.9	1st
Kambia	100	57.6	22.2	100	105.3	61.4	21.7	96.6	88.3	99.3	2nd
Western Area Urban	25	63.8	8.3	98.8	61.3	120.2	92.7	99.2	90	90.7	3rd
Karene	100	61.1	25.9	100	81.7	51.2	18.7	100	99.9	99.1	4th
Kailahun	94.5	55.3	26.5	95.6	83	71.7	21.2	100	89.6	90.7	5th
Koinadugu	83.4	61.6	88.9	99.5	72.1	39.5	8.6	99.6	82.1	89.2	6th
Kenema	70.9	21.9	26.9	98.6	86.2	81.4	40.5	100	98.1	85.6	7th
Pujehun	100	61.4	7.4	100	85.8	59.8	1.9	100	90.3	97.9	8th
Port Loko	46.7	62.4	25.7	98.4	99.1	58.3	14.2	98.6	99.7	98.5	9th
Tonkolili	60	69.2	23	99.8	72.9	68.5	7	100	95.2	96.5	10th
Falaba	NA	55.2	NA	95.1	83	29.1	10.8	100	86.8	90.2	11th
Bombali	69.5	27.5	0	94.9	74.4	50.7	44.3	99.5	101.3	98.1	12th
Bonthe	55.6	23.4	25.3	90.3	79.7	61	20.3	100	86.4	87.7	13th
Moyamba	50	26	14.2	95.3	87.2	52.6	11.3	94.8	95.6	97.6	14th
Western Area Rural	0	53.1	13	99.9	61	22.5	70.8	99.7	96	96	15th
Bo	28.6	39.4	3.2	95.7	90.9	48.9	5.9	99.9	96.8	91.6	16th

COMMUNITY SCORECARD

The Ministry of Health and Sanitation (MoHS) with support from the African Leaders Malaria Alliance (ALMA) is currently working on the implementation of a Community Score Card (CSC). The CSC is a management and social accountability tool that provides routine feedback from community members regarding their perception of healthcare delivery in their localities.

Please help us improve future editions by sending your comments and suggestions to:

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