Health Information Bulletin

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Government of Sierra Leone
Directorate of Policy, Planning and Information (DPPI), Ministry of Health and Sanitation (MOHS)

Contents:

The Ministry of Health and Sanitation (MoHS) provides health care services through a network of over 1,300 health facilities nationwide

Summary of key outputs (O1 - O8) achieved in quarter three are outlined below

01 • High national timeliness and completeness of PHU reports

02 • Low Antenatal fourth visit (55%) in Q3 2020

03 • Increasing uptake of family planning commodities

04 • Decreasing number of reported maternal deaths

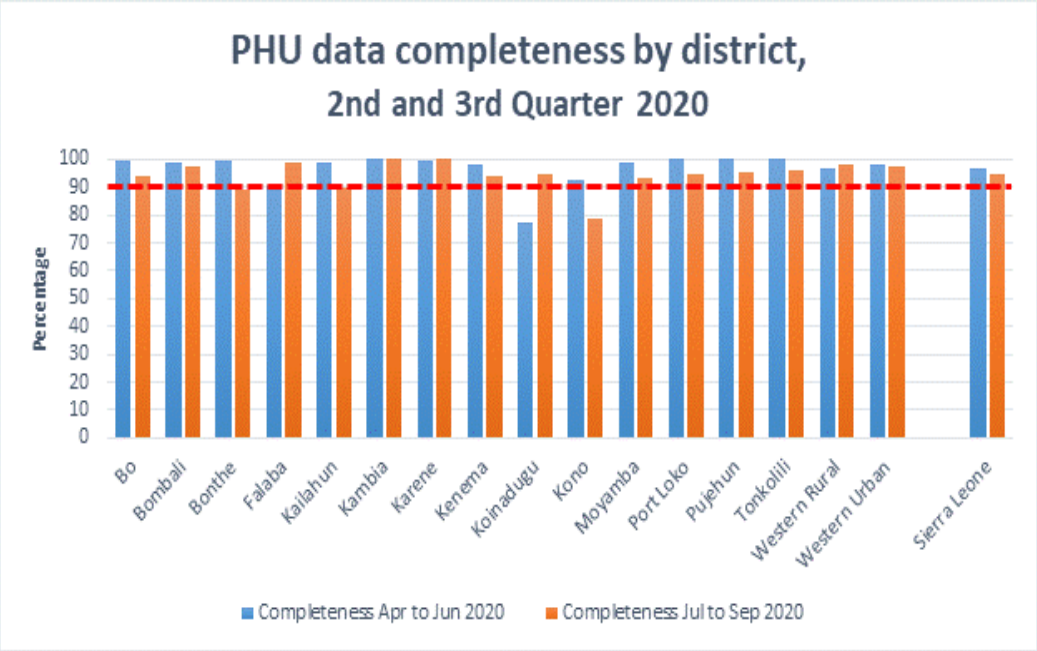
05 • Low staff workload in Western Urban

06 • Malaria leading cause of hospital OPD consultations and hospital admissions

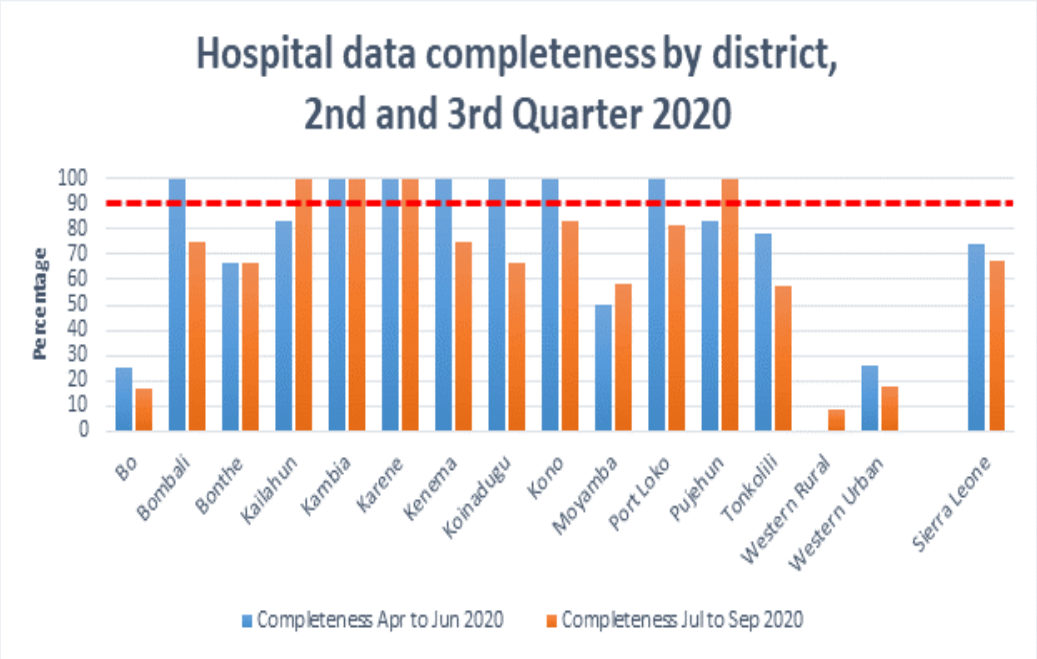
07 • Coverage of fully immunized child 0 - 11 months is below the 95% national target

08 • Differences between RDT Dispensed to the number of patients tested with RDT

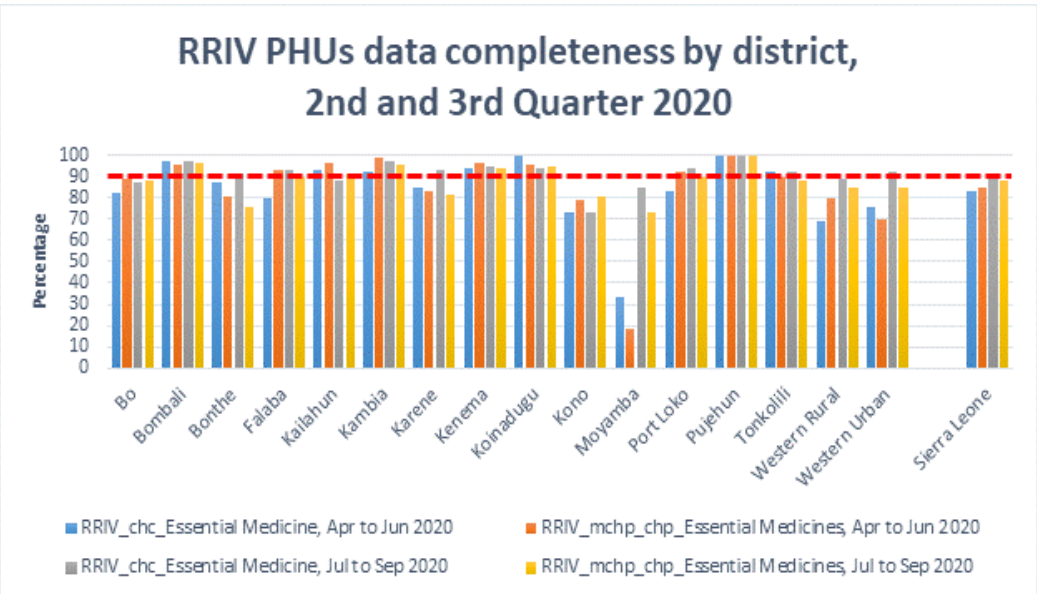
Data Completeness



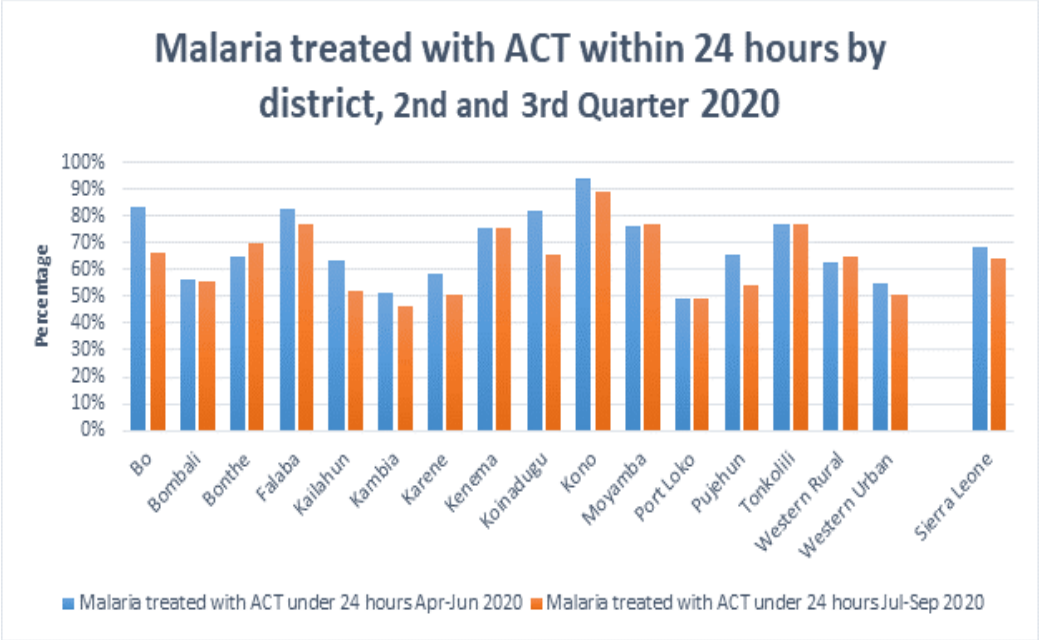
- **PHU Data Completeness:** % of PHUs with complete report (HF1-HF3) entered into the DHIS2 for a specific period of time (usually one month).
- The Average PHU data completeness dropped from **97%** in the second quarter to **94%** in the third quarter of 2020, using the Pivot App
- Kono district is the only district that scored below the national target in the third quarter
- Kambia and Karene district achieved 100% data completeness in both the second and third quarter 2020



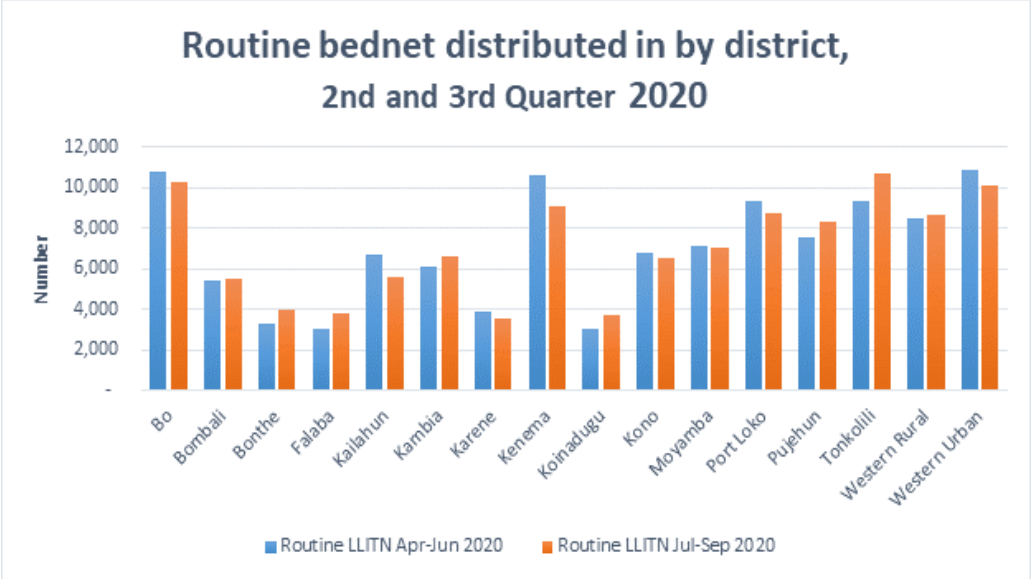
- **Hospital Data Completeness:** % of districts with complete hospital report (HF1-HF2) entered into the DHIS2 for a specific period of time (usually one month)
- Overall, seven out of the 16 districts achieved the national data completeness target of **90%** in the second quarter, whilst four districts achieved the target in the third quarter 2020
- The overall completeness of hospital data was generally low at 74% in the second quarter and 67% in the third quarter of 2020.



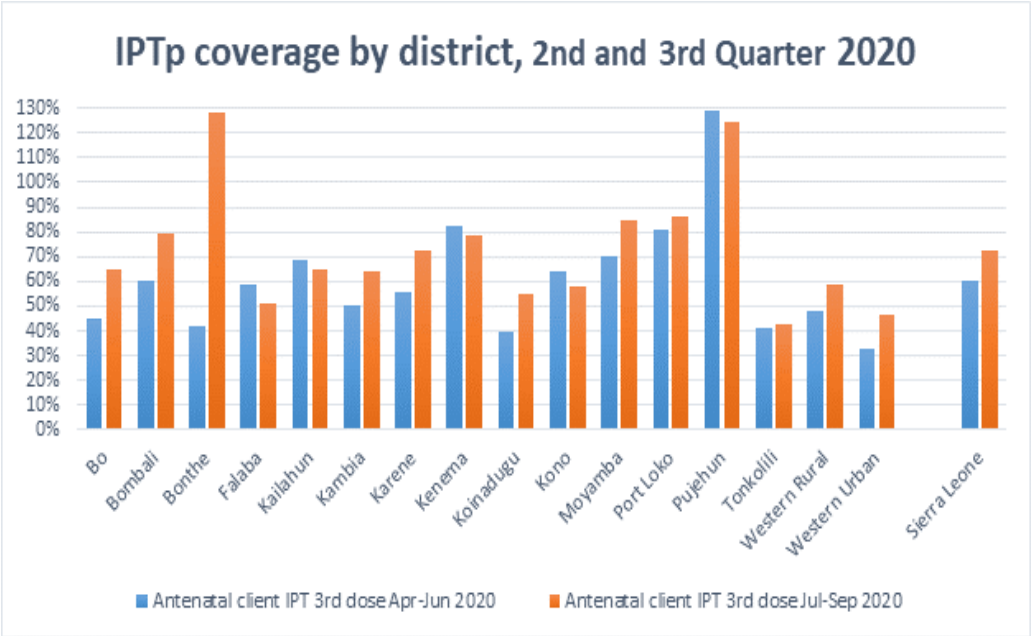
- **RRIV Data Completeness:** This chart looks at percentage of PHUs with complete RRIV reports (RRIV for essential drugs and malaria) entered into the DHIS2 for the period January - September 2020
- The Average RRIV data completeness for these datasets is around **84%**, with Moyamba District scoring the lowest, followed by Kono and Western Rural Districts
- Pujehun district scored the highest, followed by Bombali and Koinadugu district



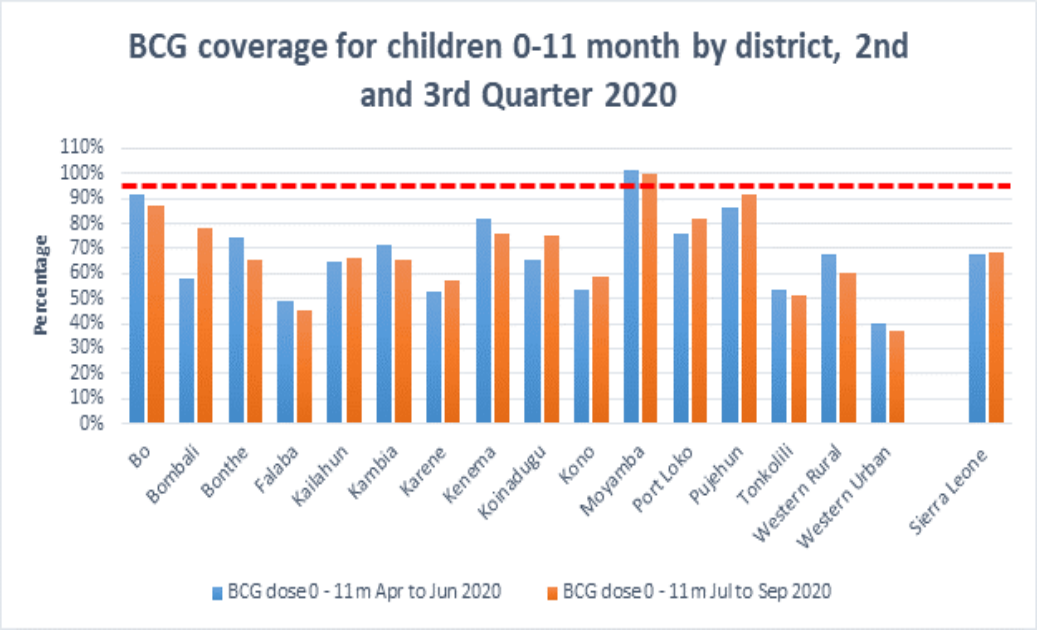
- Nationally, 69 % and 64% children with confirmed malaria were treated with ACT within 24 hours of onset of fever respectively in the second and third quarter of 2020
- There are huge variations in early treatment of malaria with ACT among districts: with Kono achieving the highest percentages (94% in Q2 and 89% in Q3), whilst Kambia and Port Loko achieved the lowest percentage, with an average of 49% for the two quarters in each district



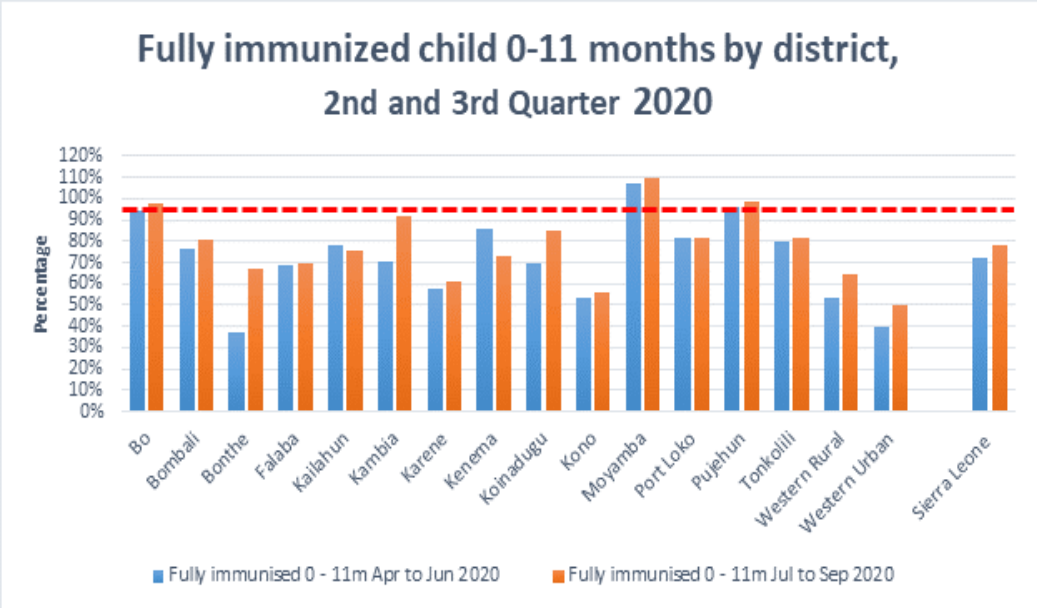
- Slightly more LLINs were distributed in quarter two compared to quarter three 2020
- .Western Area Urban with the highest population was expected to distribute relatively more LLINs than all others districts, but remains at par with other districts .



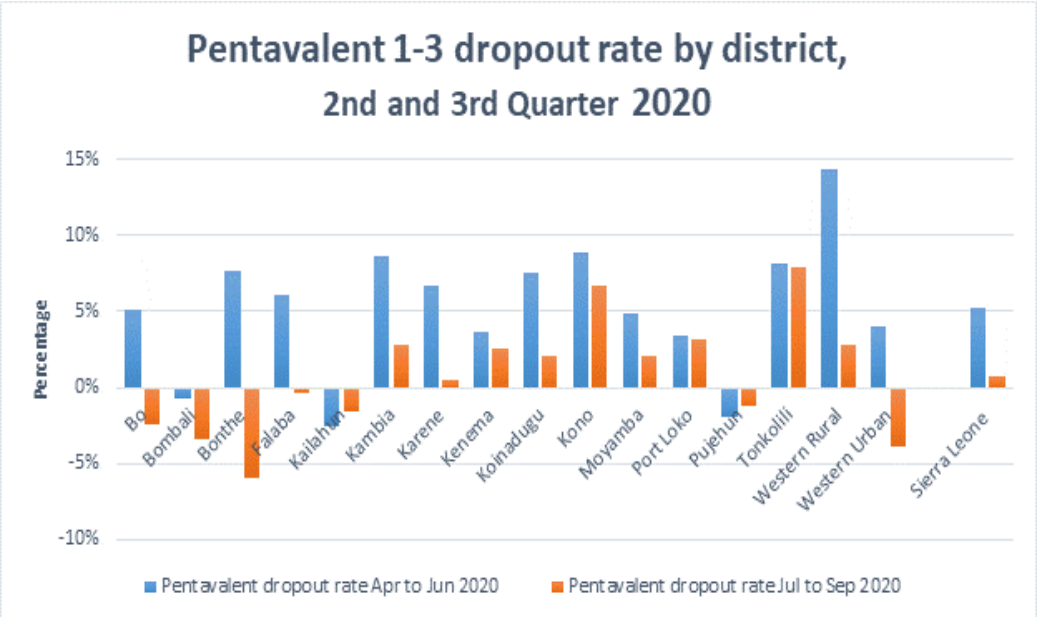
- **Antenatal clients IPTp 3rd Dose:** % of pregnant women who received 3rd dose of IPTp during antenatal visits. Thus, ANC1 is used as the denominator for this indicator
- There is a slight national increase in the IPTp coverage from **60%** in the second quarter to **72%** in the third quarter of 2020 . There is also a wider variation of coverage among districts.
- Pujehun district recorded an exponentially high coverage of IPTp in q2 and q3, followed by Bonthe in q3 of 2020



- The national coverage of BCG among under one children is 68% for the second quarter and 69% for the third quarter of 2020. This is way below the 95% target set by the Ministry of Health and Sanitation.
- Moyamba is the only district that achieved above the national target, whilst Western Urban and Falaba district scored the lowest coverage
- BCG comes in multi-dose vials, and the criteria delineated for the use of BCG in the **open vial policy** could be a reason for its low coverage.

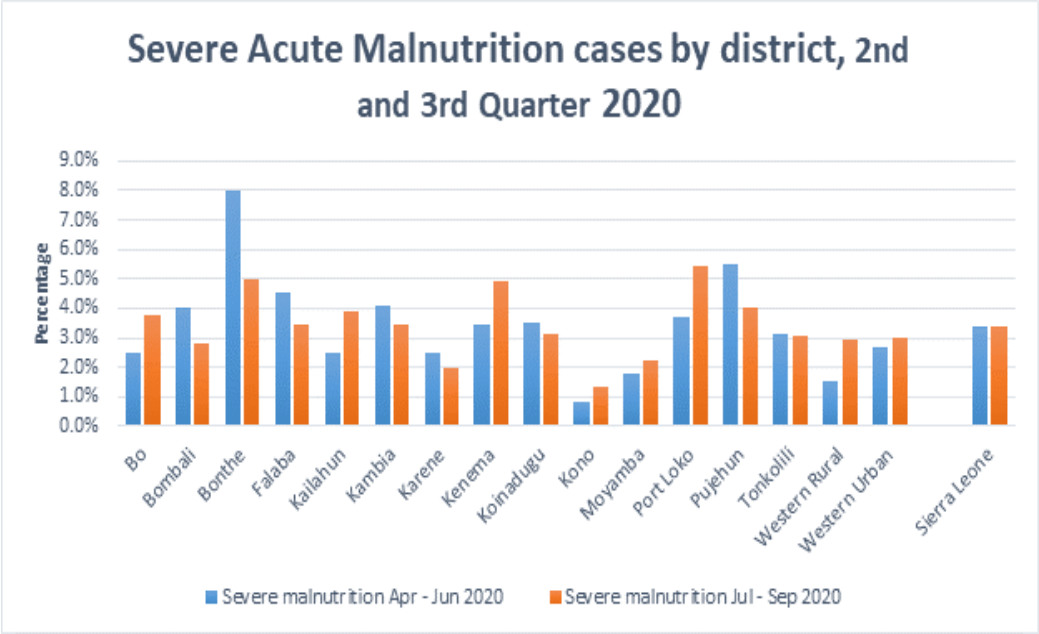


- The percentage of Fully Immunized Children between the ages of 0 - 11 month in Q2 cohort was 72% compared to 78% in Q3 cohort.
- A total of **53,380 (72%)** children were fully immunized by age 11 months in the second quarter, whilst **56,917 (78%)** were fully immunized in the third quarter of 2020.
- Only three out of sixteen districts achieved the national target **(95%)** in both the second and third quarters of 2020

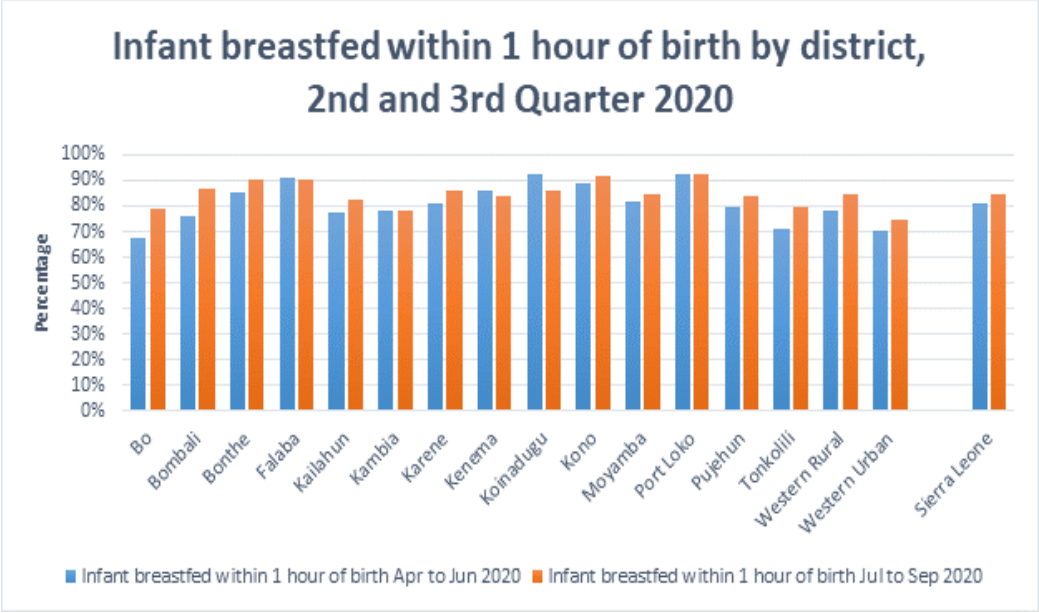


- The average Penta 1-3 dropout rate was 5% in Q2 compared to 1% in Q3 of 2020
- Penta 1-3 dropout rate was highest for Tonkolili (8%), followed by Kono (7%) district.
- Bombali, Bo, Bonthe, Kailahun, Pujehun, and Western Urban districts recorded negative dropout rates, indicating that more children were vaccinated for Penta 3 than Penta 1.

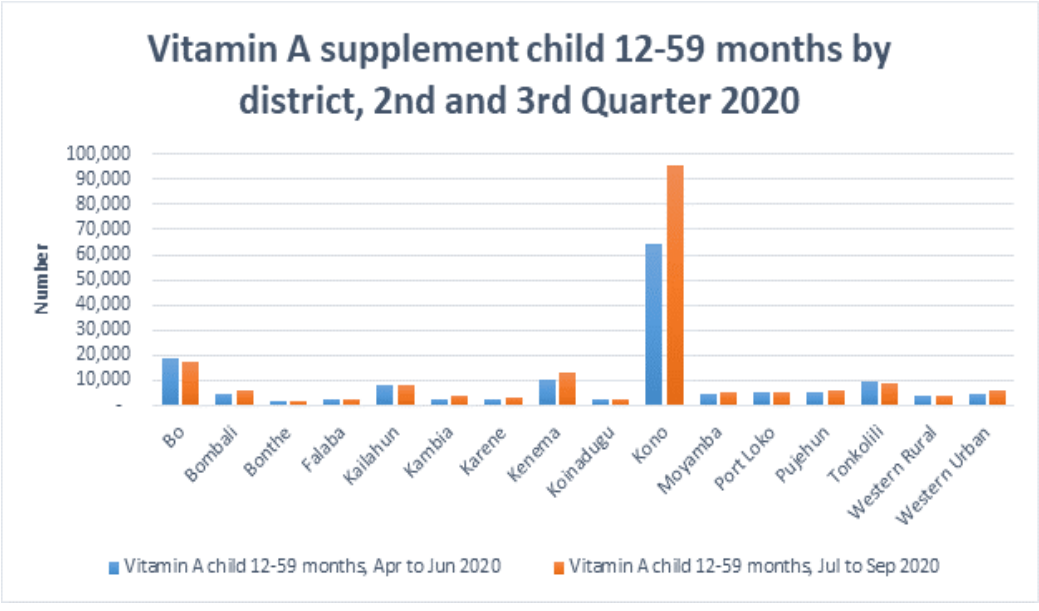
Nutrition



- A total of 18,256 (3.39%) children weighed were diagnosed with SAM in quarter two of 2020, whilst 17,956 (3.40%) children were diagnosed with SAM in quarter three
- The prevalence of SAM affects districts disproportionately with Bonthe being the worst affected, followed by Port Loko (5.4%) and Kenema (4.9%) in the third quarter of 2020



- Proportion of infants who were breastfed within one hour of delivery among all live births increased from **81%** in the second quarter to **85%** in the third quarter 2020
- There are wide variances of early initiation of breastfeeding among districts.
- The Proportion of infants who were breastfed within one hour of delivery is highest in Port Loko (93% in q3) and lowest in Western Urban (74% in q3)



- The number of vitamin A supplements given to children between the ages of 12-59 month is higher in the third quarter (190,412) compared to the second quarter (150,783) of 2020 .
- The exponential increase in the Vitamin A supplementation in Kono District was linked to outreach activities that started in May 2020

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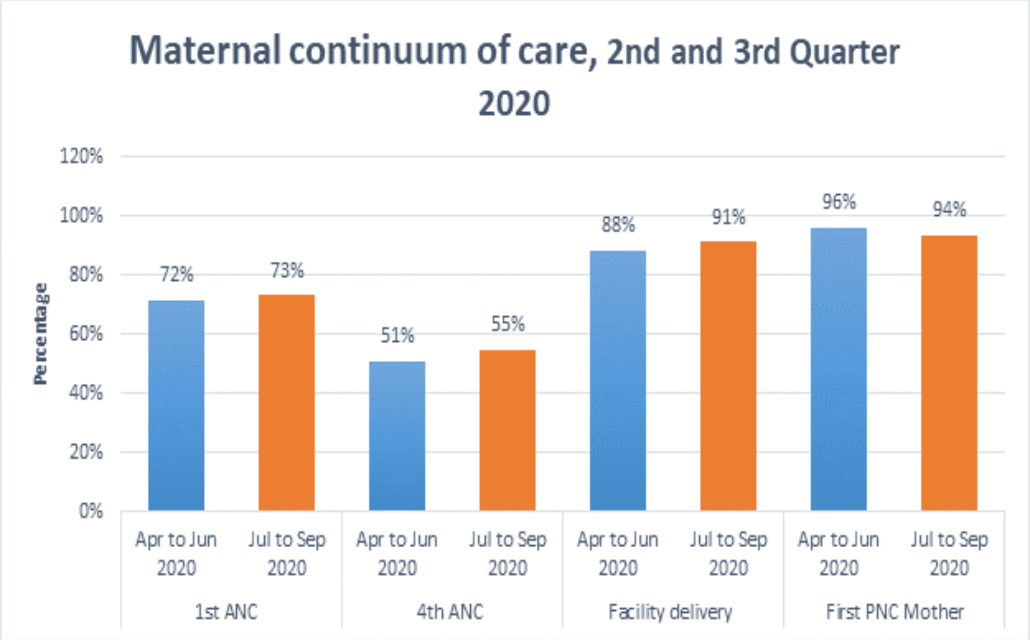
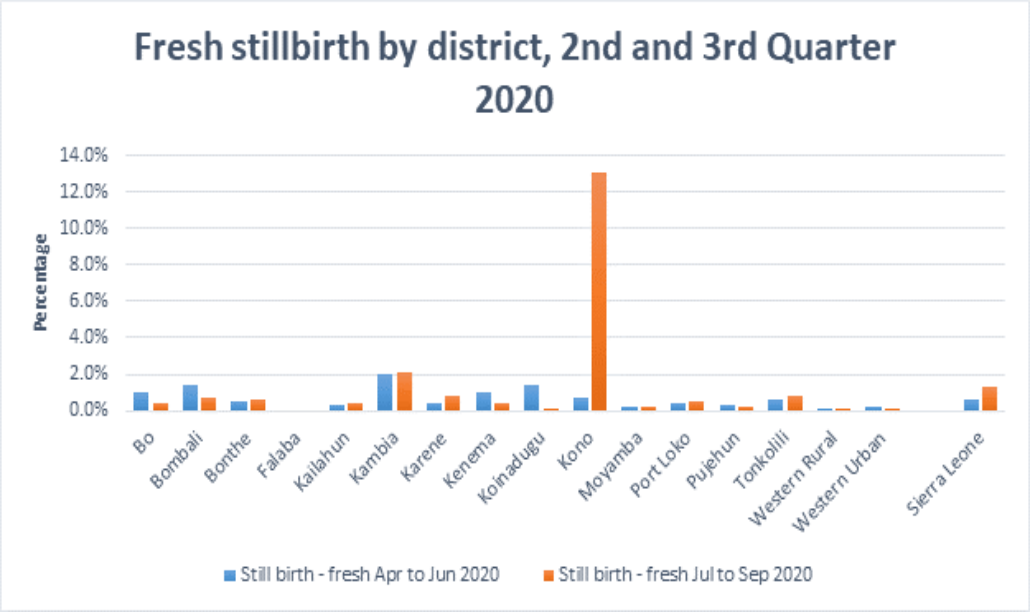
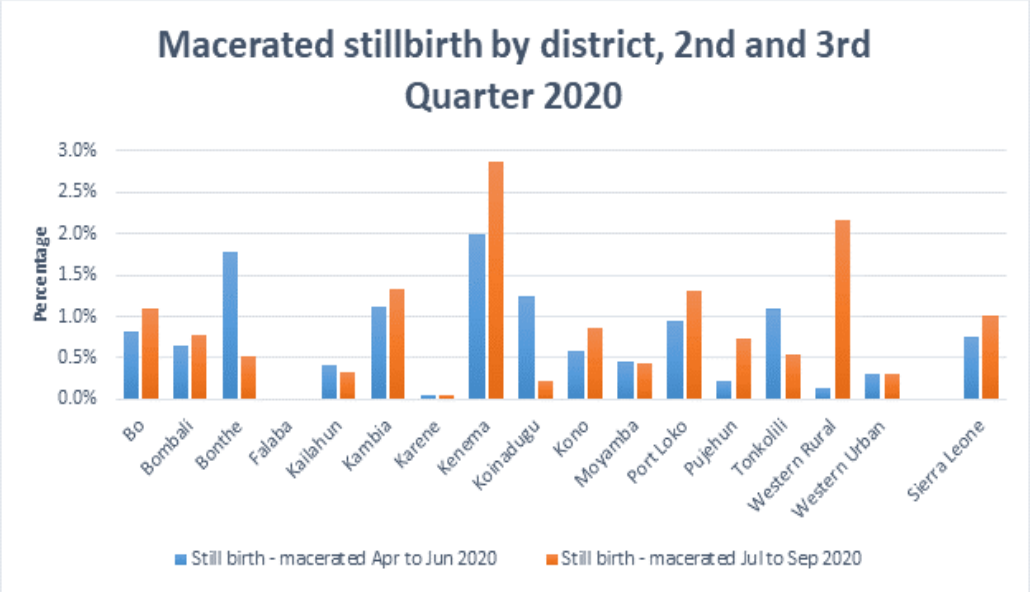
Reproductive Health



- There is a general increase in reproductive health services for PHUs from quarter two to quarter three, 2020
- High proportion of pregnant women drop out of antenatal services between ANC1 and ANC4
- The proportion of pregnant women who deliver in a health facility is gradually increasing from 88% in Q2 to 91% in Q3 of 2020
- The percentage of postnatal first visit for mother reduced from 96% in Q2 to 94% in Q3 2020

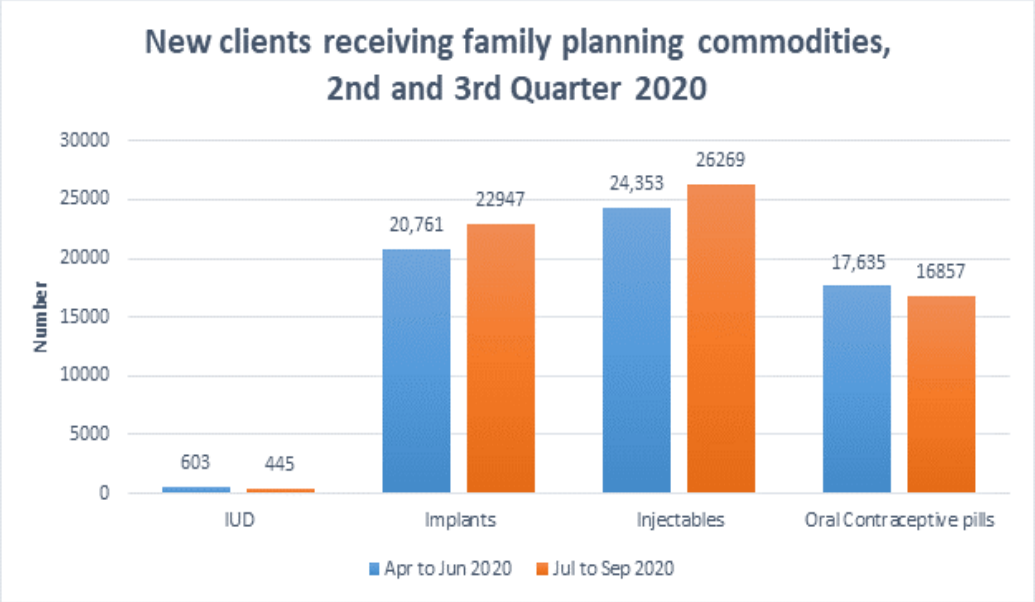


- The national coverage of fresh stillbirths out of all deliveries conducted is **0.7% (240)** in Q2 and **1.3% (670)** in Q3
- Kono District reported an extremely high number **442 (13.1%)** of fresh stillbirths in Q3 2020
- Kambia District report about **2%** fresh stillbirths for both Q2 and Q3 2020



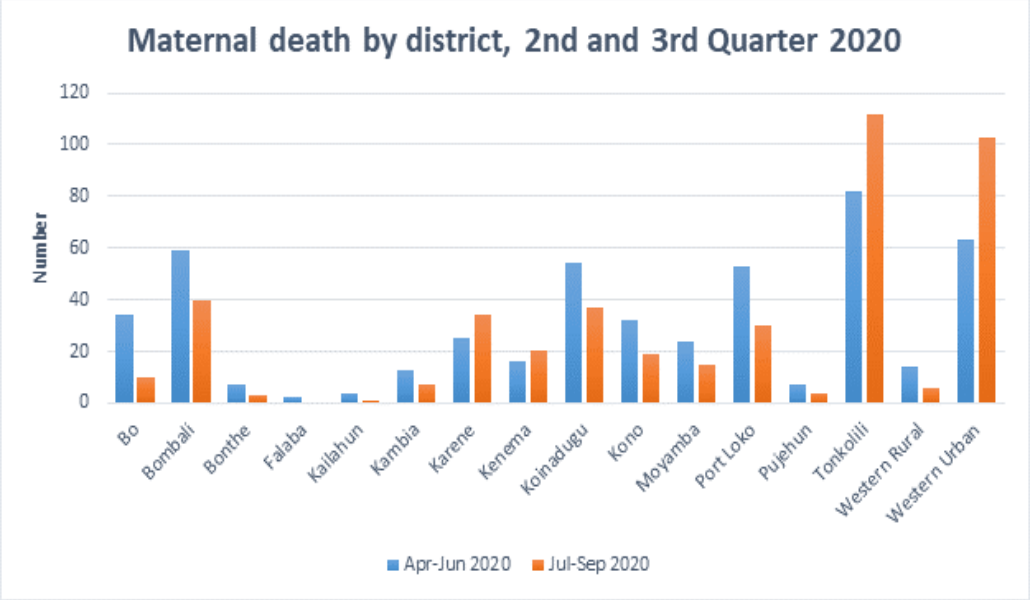
- Overall **395 (0.8% of all deliveries)** and **504 (1.0%)** macerated stillbirths were reported in Q2 and Q3 respectively
- Kenema District has the highest proportion of macerated stillbirths (2.9%) in Q3, followed by Western Rural (2.2%), Kambia and Port Loko District (1.3% each)
- Falaba, Karene, and Koinadugu Districts recorded the lowest proportion of fresh stillbirths in Q3 2020

Family Planning

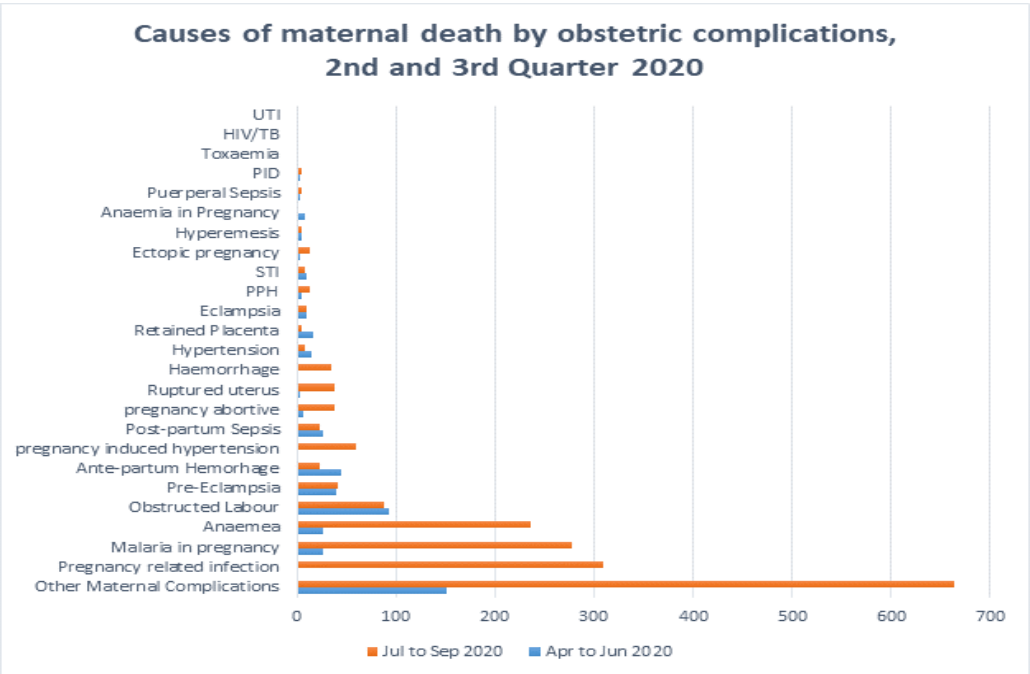


- A total of 63,352 clients received family planning services in Q2 compared to 66,518 clients in Q3
- Injection are the most commonly used family planning method followed by implant and oral contraceptives
- While uptake of implants and oral contraceptives increase in Q3 compared to Q2, uptake of IUD and Oral Contraceptive pills dropped in Q3 compared to Q2.

Maternal Deaths

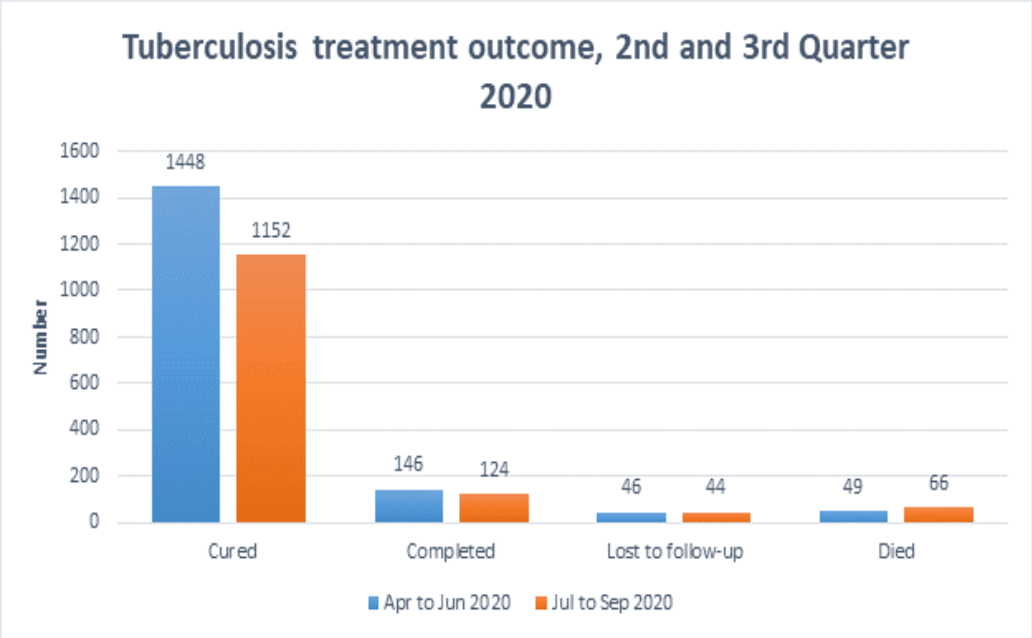


- Overall, 489 and 441 maternal deaths were reported in Q2 and Q3 respectively.
- The authors acknowledge that most community deaths are not reported so the figures presented do not represent all maternal deaths that took place during the reporting period
- In recognition of this, the Ministry of Health and Sanitation is intensifying efforts to improve maternal death reporting nationwide.



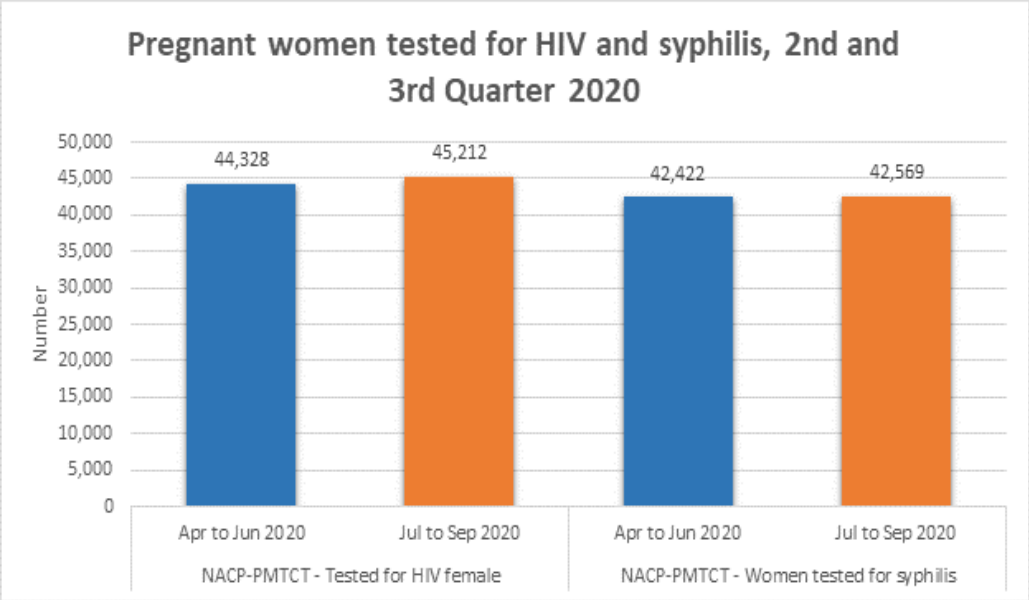
- Aside other maternal complications, pregnancy related infection and Malaria in pregnancy account for the highest number of maternal deaths in quarter three
- UTI and HIV/TB account for the lowest number of cases, with zero and one case respectively in the third quarter of 2020

Tuberculosis



- Generally, there is a decrease in tuberculosis treatment outcome among Bacteriologically confirmed new and relapse cases in Q3 compared to Q2, 2020
- The number of cured cases decreased from 1,448 in Q2 to 1,152 in Q3, 2020
- The number of those who completed treatment also decreased from 146 in Q2 to 124 in Q3, 2020
- The number of people who died with TB increased from 49 in Q2 to 66 in Q3, 2020.

HIV/AIDS



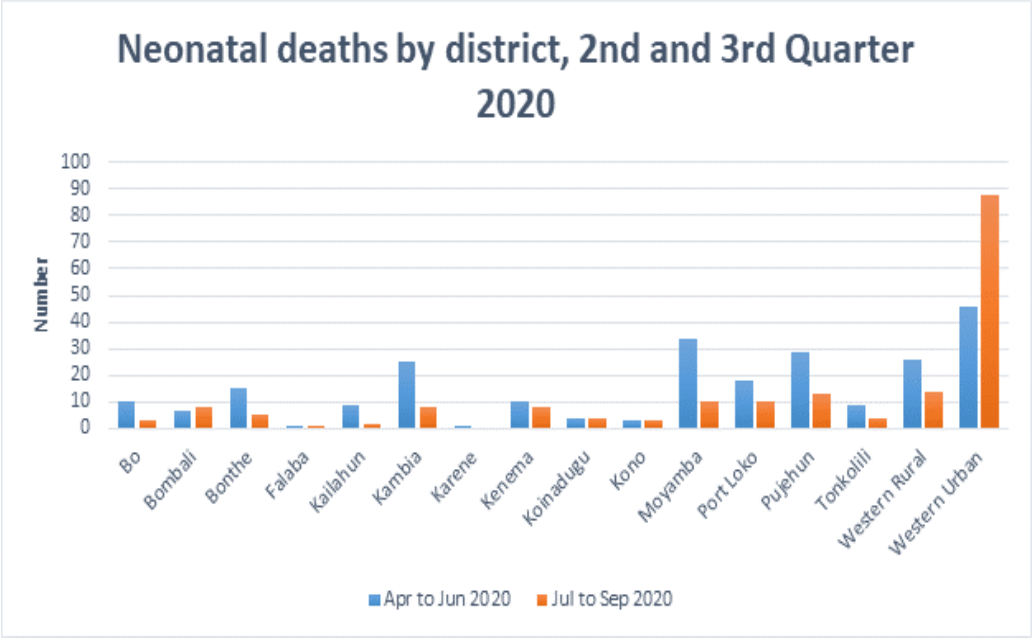
- Test for HIV and Syphilis among pregnant women slightly increased in Q3 compared to Q2 of 2020
- Number of pregnant women tested for HIV increased from 44.328 in Q2 to 45,212 in Q3, whilst those tested for syphilis increased from 42,422 in Q2 to 42,569 in Q3, 2020

Non Communicable Disease

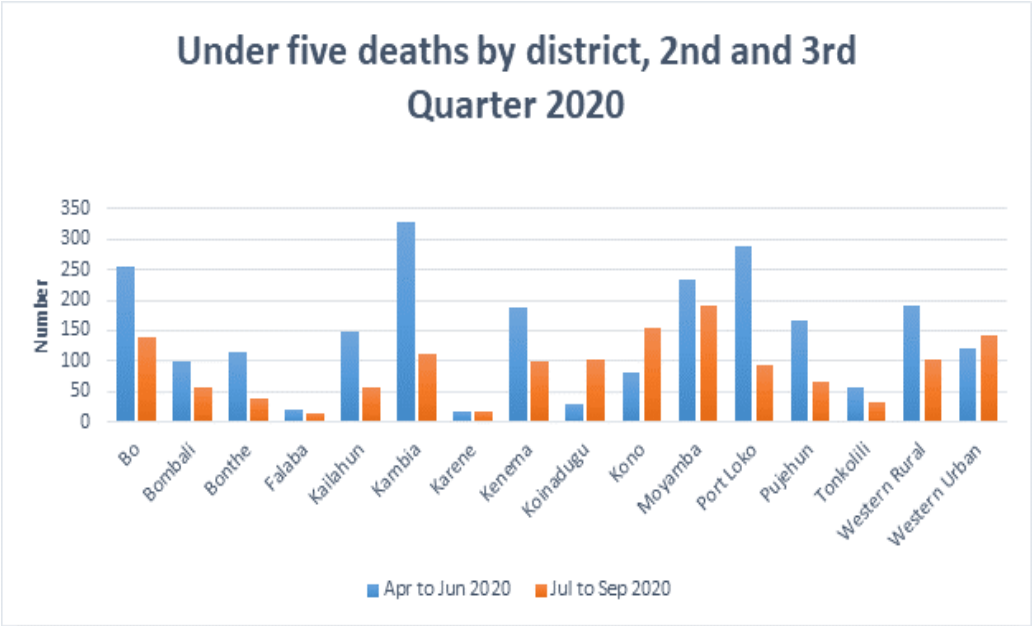
Non communicable disease situation in Sierra Leone

District	Apr to Jun 2020				Jul to Sep 2020			
	Diabetes case	Hyperten-sion cas	Cardio-vascular casel	Mental disorder case	Diabetes case	Hyperten-sion case	Cardio-vascular case	Mental disorder case
Bo	20	1147	9	6	9	765	30	5
Bombali	32	774	4	8	9	1007	15	2
Bonthe	3	505	5	0	2	323	2	4
Falaba	4	153	1	0	0	136	0	1
Kailahun	11	530	12	8	5	330	19	0
Kambia	7	745	0	0	13	964	14	0
Karene	3	436	7	5	5	401	4	0
Kenema	21	563	12	4	35	396	6	8
Koinadugu	7	160	3	0	5	147	6	0
Kono	22	550	20	70	20	430	18	17
Moyamba	5	301	1	6	1	162	0	1
Port Loko	14	80	12	0	11	148	17	0
Pujehun	11	471	15	9	5	346	13	2
Tonkolili	2	799	12	3	6	635	16	5
Western Rural	37	414	13	0	27	443	0	1
Western Urban	52	552	70	5	5	400	2	6
Sierra Leone	**251**	**8180**	**196**	**124**	**158**	**7033**	**162**	**52**

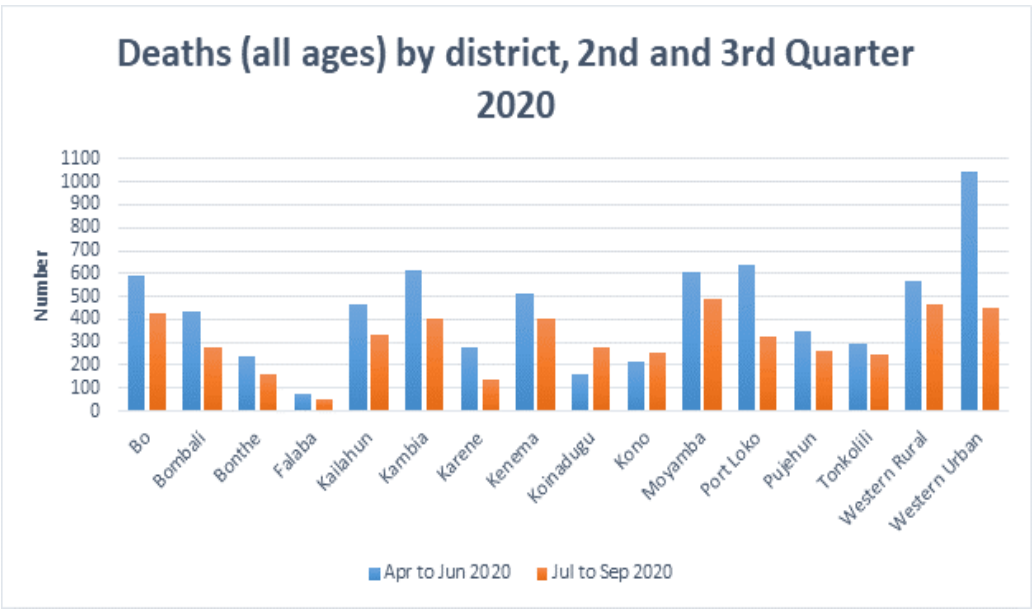
- Hypertension is the highest reported Non-communicable disease followed by cardiovascular diseases, diabetes and mental disorder in Q3, 2020
- More cases of non communicable diseases are reported for Q2 compared to Q3 for all NCD conditions assessed



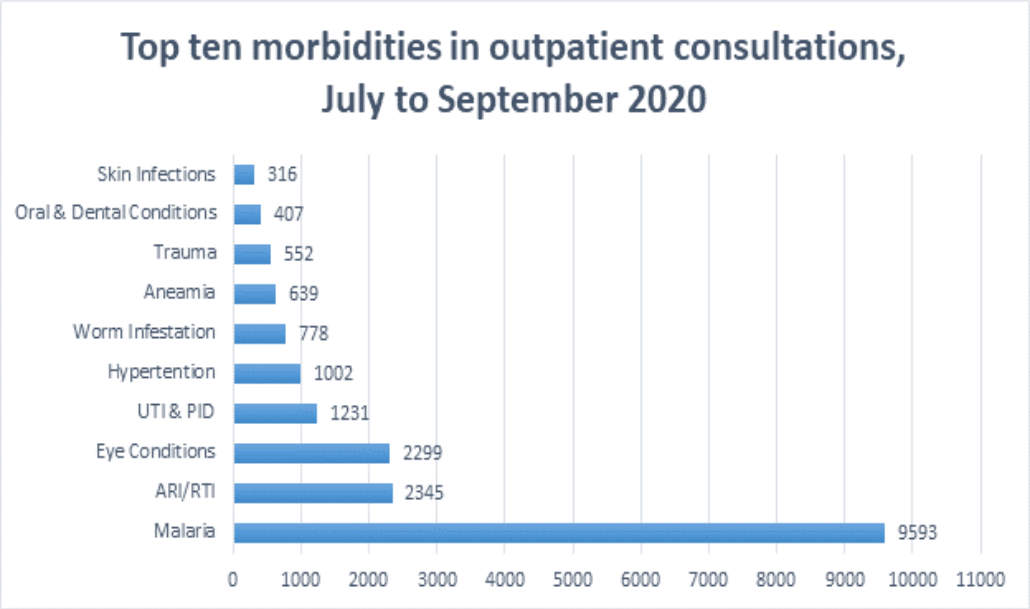
- A total of 247 Neonatal deaths were reported in Q2 compared to 181 in Q3 of 2020
- All the Districts, except Western Area Urban and Bombali Districts, recorded fewer cases in Q3 compared to Q2
- Western Area Urban reported the highest number of Neonatal deaths for both Q2 and Q3, 2020
- Karene, Falaba and Kono Districts reported the lowest number of Neonatal deaths for both Q2 and Q3, 2020



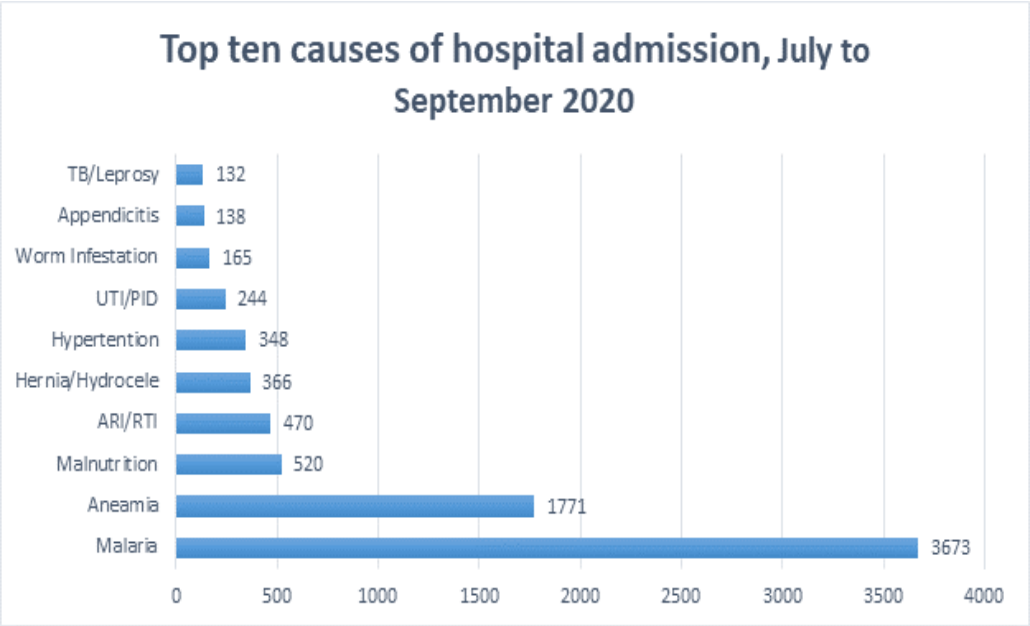
- A total of 2,337 underfives deaths were reported in Q2 compared to 1,410 in Q3
- Moyamba District reported the highest number of underfives deaths (190) in Q3 of 2020, followed by Kono District (154) and Western Area Urban (141).
- Falaba District reported the lowest number underfives deaths (14) in q3, followed by Karene District (17), and Tonkolili District (32) .



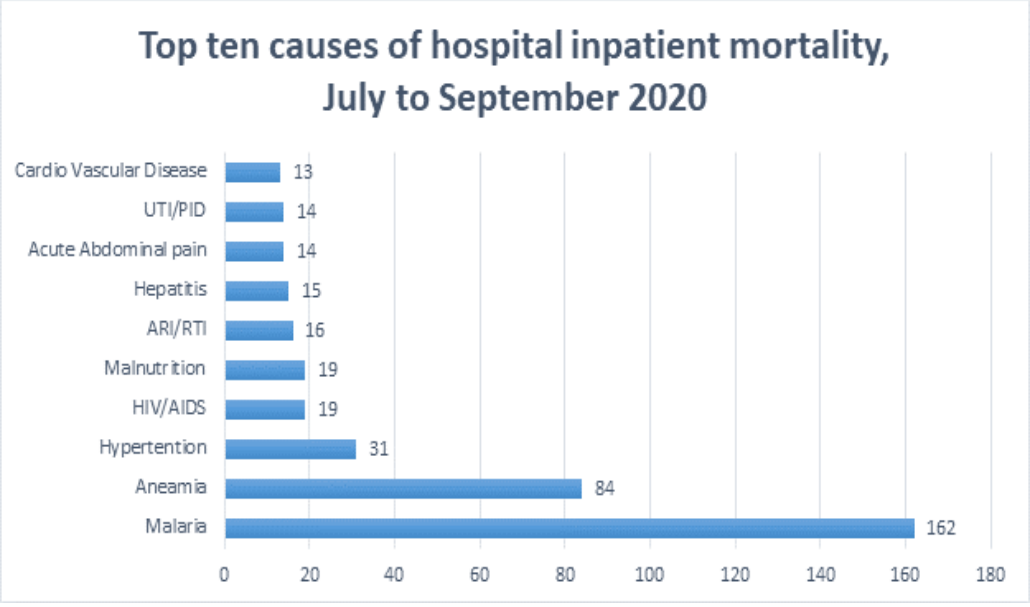
- Overall a total of 7,090 deaths were reported in Q2 compared to 4,959 in Q3 – A 30% reduction in reported deaths between Q2 and Q3, 2020.
- Koinadugu and Kono Districts reported 69% and 17% increase in deaths from q2 to Q3, 2020 respectively
- Moyamba District reported the highest number of deaths (487) in Q3, followed by Western Area Rural (466) and Western Area Urban (451)



- Malaria is the leading cause of hospital out patient consultations in the country. It accounts for 9,593 consultations in the third quarter of 2020
- Skin Infections ranks last in the top ten causes of outpatient consultations , accounting for 316 outpatient consultations in hospitals for the third quarter of 2020

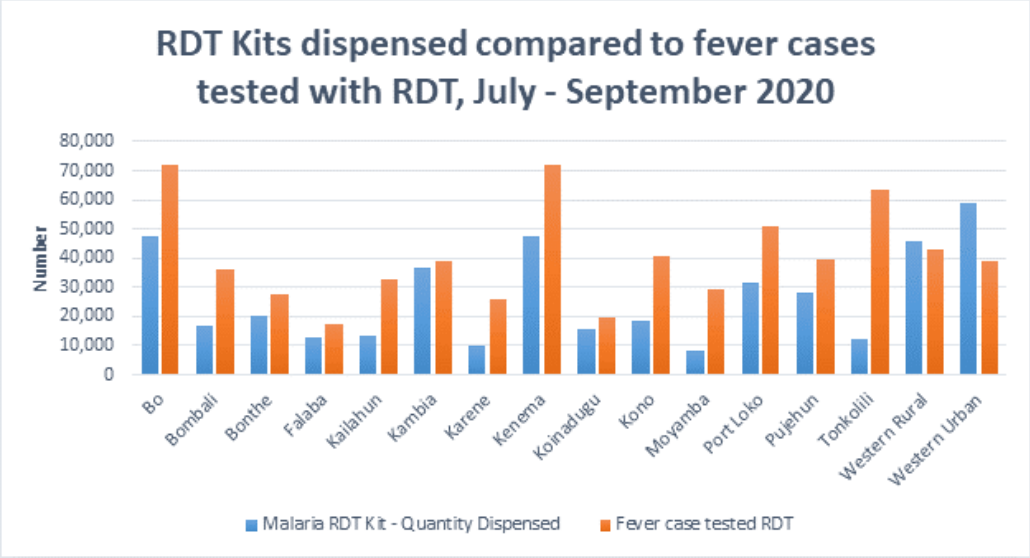


- This graph depicts the top 10 causes of hospital admissions from July to September 2020.
- Malaria is by far the most common cause of Hospital admissions with 3,673 admitted cases from July to September 2020

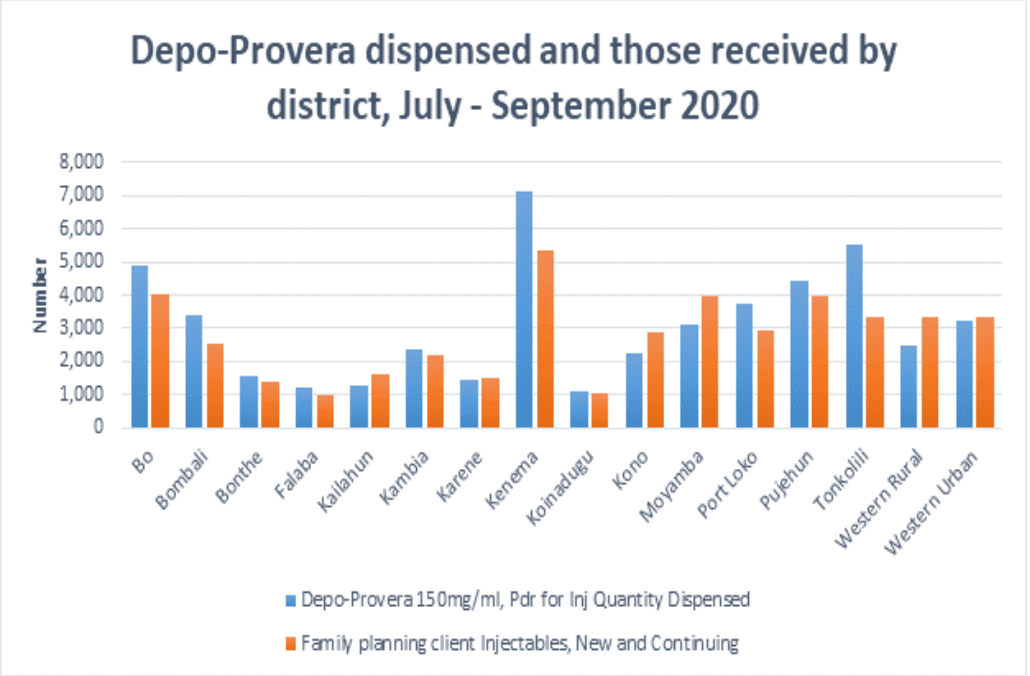


- This graph depicts the top 10 causes of hospital inpatient mortality for the period of July to September 2020.
- Malaria is also the leading cause of Hospital mortality; it account for 162 hospital deaths between July to September 2020.

Drugs

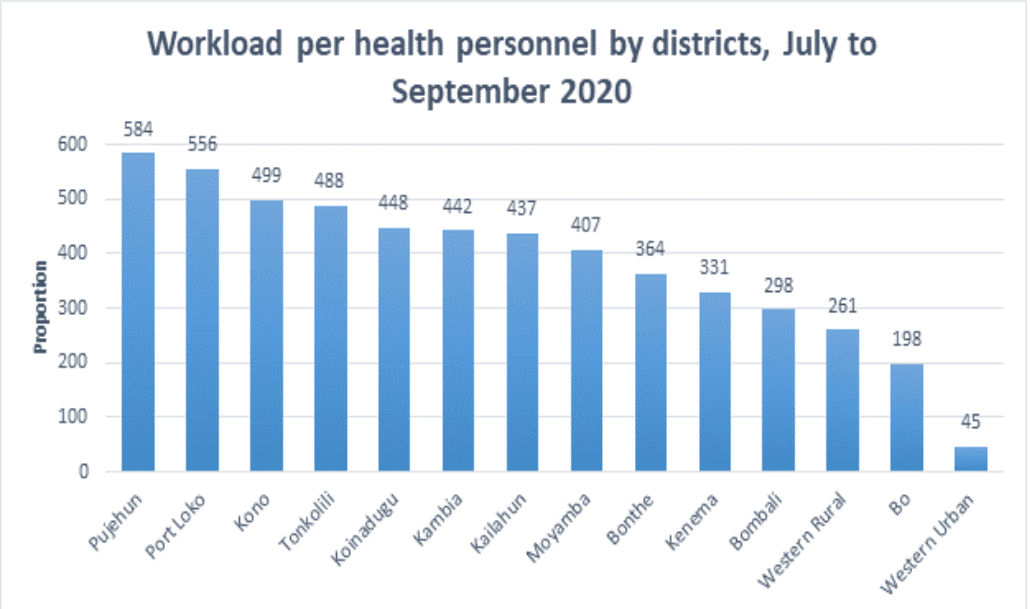


- This chart compares the number of Rapid Diagnostic Test Kits dispensed to the number of fever cases tested for Malaria with RDT (Positive & Negative test result) at Hospital, PHU, and Community from July to September 2020
- Generally, more fever cases are tested for malaria with RDT compared to the quantity of RDT kits dispensed.
- However, Western Rural and Western Urban test fewer cases compared to the quantity of RDT kits they dispensed



- This chart compares the quantity of Depo-Provera injection dispensed to health facilities to the quantity given to both new and continuing clients
- There are huge variations, in almost all the districts, between the quantity of Depo-Provera dispensed to the quantity received by new and continuing clients combined
- Tonkolili and Kenema districts have the highest differences, whilst Karene, Koinadugu, and Western Urban District have the lowest differences between the quantity of Depo-Provera dispensed to those received by clients

Human Resources For Health



- Workload in this chart divides the number of patients seen (Headcount all services for PHUs and Hospitals) by the number of clinical staff posted in the district
- Pujehun District has the highest staff workload with each staff seeing and average of 584 patients in Q3, followed by Port Loko and Kono Districts.
- Western Area Urban has the lowest staff workload in the country with each staff seeing an average of only 45 patients in Q3, followed by Bo district (198 in Q3).

Budget Efficiency in Annual Work planning Process

Annually, in Sierra Leone, each District Health Management Team (DHMT) and district hospital plans and budgets their district health activities for the following calendar year. The plan encompasses all health activities within the district irrespective of the funding source, this combining of all activities and all funding sources is called ONE health plan. The process is led by the Directorate of Policy, Planning and Information (DPPI) of the Ministry of Health and Sanitation (MoHS). The planning process is intense and demands huge financial commitment. Funding allocations from the government are usually not sufficient to support this process, and the DPPI planning unit are not able to fully support the process. This results in uncoordinated implementation that does not impact indicators positively and leads to duplication and lack of accountability.

In 2018, the Unite Consortium supported the AWP (Annual Work Plan) process for 2019 planning cycles. Two regional workshops were held to train the concerned DHMT and local Council staff on the AWP tool/template. This was followed by microplanning and submission to DPPI. Due to poor quality of the plans, 2019 DAWPs were not approved at national level.

Based on the lessons learnt from the 2019 planning cycle, the template DAWP 2020 was further simplified and a DAWP (District Annual Work Plan) framework was developed to guide the process still with support from UNITE Consortium and funded by DFID. The DPPI led the process. A capacity building workshop was held in both Northern and Southern regions in which feedback and lessons were collected from the 2019 planning cycle process. This was followed by sessions on budgeting, evidence-based planning and prioritization. The teams had a chance to familiarize themselves and practice with using the simplified template. The DAWP framework was also discussed.

After this, all the districts were given one month to conduct microplanning at district level, again supported by UNITE Consortium partners at district level. Regional validation meetings were held in early December 2019 after two rounds of feedback. Four teams were formed, each team with one person from DPPI and one person from UNITE who were allocated to one district for one day to review and validate that particular district plan. All 2020 DAWPs were submitted to DPPI in December 2019 and a meeting was held to analyze the plans with DPPI and further rationalization was done for seven poor plans. The finalized DAWPs have now been approved for use and lessons will be taken to 2021 DAWP process. An annual work planning framework was developed by DPPI in collaboration with UNITE. All districts created ONE health plan including all activities and available funding from all different sources - Local Councils, NGOs, etc. that will be used to inform implementation and identify gaps for future programming. However, some plans were unrealistic and are not made in such a way that address the health indicators within the district. This was solved by revalidating 7 of the poorest plans. 41 % of the total budget for all fourteen districts is allocated for Daily Subsistence Allowances (DSAs) and this needs rationalization to priorities the actual needs in the district.

UNITE and DPPI learned some key lessons in the process.

- Most plans were detailed in terms of content and quality of the plans has **noticeably improved** since 2019, however the annual work planning template still needs to be simplified and DHMTs need capacity building on soft skills like Microsoft Excel to be able to fully utilize the tool.
- DHMTs need to **better prioritize** their planned activities against their known budget ceilings and use data to rationalize their prioritization.
- MoHS plan was to produce ONE health plan for districts capturing all district activities and highlighting all funding sources. This did not happen as anticipated as most districts did not disclose other funding sources and were not aware of funding coming from national programs for district interventions i.e. malaria, immunization days, HIV etc. There is **lack of knowledge** on national level funded activities that are implemented at district level which may lead to duplication and/or under-planning.

Thus, DHMT staff need **capacity building support** to use the annual work planning template correctly, prioritise activities, use evidence for decision-making, and improve computer/budgeting skills. This would be best done at district level utilising the "*Annual Work Plan (AWP) coaches*" model. The model involves identifying experts on planning within the ministry that will then be responsible for supporting evidence-based planning in all districts. This will eliminate regional meetings and validation as this will be done at district level using these coaches.

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

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