

RMNCAH Bulletin

Directorate of Reproductive and Child Health



The RMNCAH Bulletin will be a 6 monthly output for the directorate of RCH. The objective of the bulletin is to provide highlights of the key achievements within the Directorate and its constituent programs (The RH/FP program, the Child Health and EPI/Program, the School and adolescent Health program and the Quality of Care program). In an effort to keep the amount of information manageable and reader friendly, the bulletin will not

cover all the activities undertaken in the various programs. It will be dominated by data analytics focusing on a few selected indicators. Feedback from the readers will be considered in shaping future editions. We are cognizant of the fact there may be data quality issues with the analytics. However, we are hopeful that publishing the data based on the reports that have been submitted by districts will help us all

to take responsibility for ensuring that quality data is entered into the various repeating platforms (DHIS2, MDSR database, IDSR etc). Thanks for reading this edition and we welcome your inputs and recommendations for the improvement of subsequent editions

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Director, RCH

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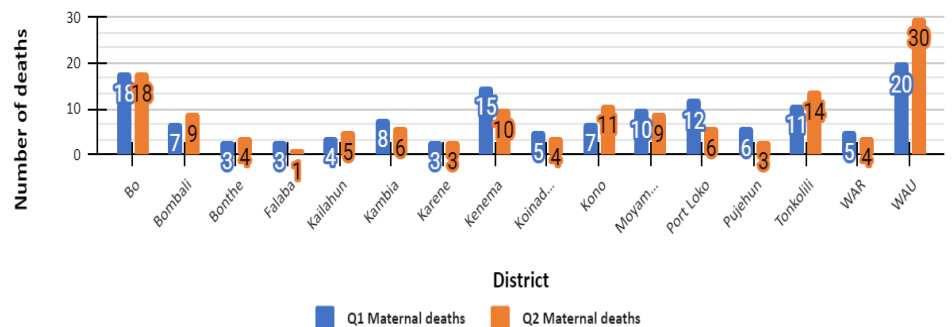
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MARTERNAL DEATHS BY DISTRICT

A total of 274 maternal deaths were recorded in the first half of 2022(137 in Q1 and 137 in Q2).A number of districts recorded reductions in the number of maternal deaths in the second quarter of 2022. Significant reductions were seen in Port Loko, Pujehun, and Kambia districts. There were reductions also noted in Falaba, Koinadugu, Moyamba and Western Rural districts. There are concerns that the number of maternal deaths in the same period increased in Western Urban, Tonkolili,

Fig 1: Maternal Deaths by District

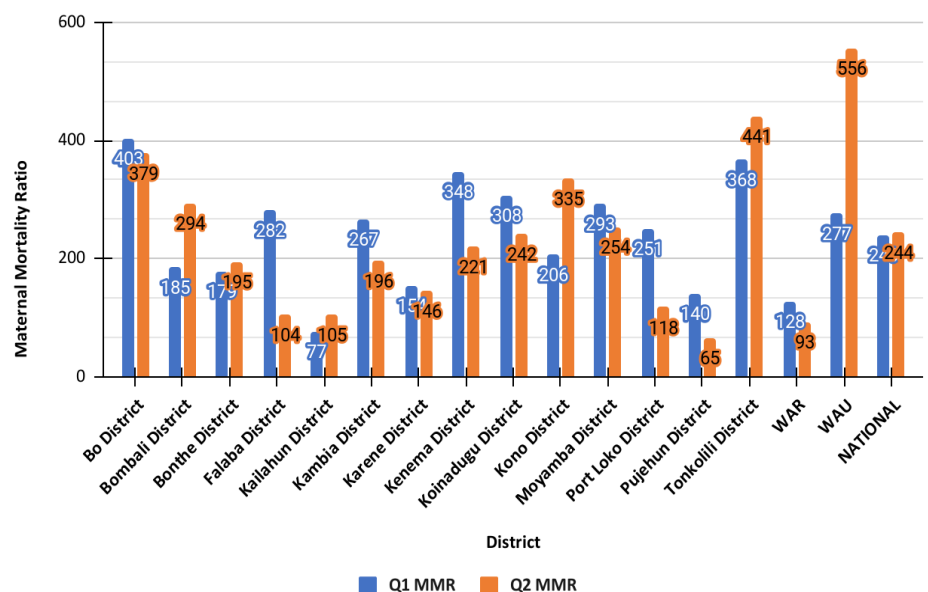


The lowest numbers of maternal deaths were recorded in Falaba, Kerene, and Pujehun districts.

MATERNAL MORTALITY RATIO BY DISTRICT

Western Area Urban (WAU) has the highest MMR especially in quarter 2 of 2022. Other districts with relatively high MMR include Tonkolili, Bo, Kono and Moyamba districts. The national MMR remained the same (224/100,000) between Q1 and Q2 of 2022. Significant increases in MMR between Q1 and Q2 were noted in WAU, Bombali and Kono districts.

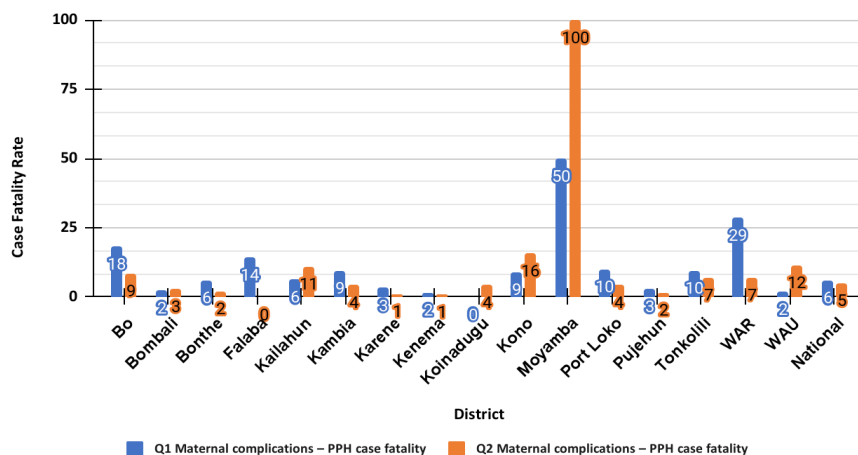
Fig 2: Maternal Mortality Ratio by district (Jan - Jun 2022)



There is a significant drop in the MMR from Q1 to Q2 in Kambia, Kenema, Pujehun and Port Loko.

POST PARTUM HEMORRHAGE CASE FATALITY RATE

Fig 3: PPH Case Fatality Rate by district (Jan - Jun 2022)

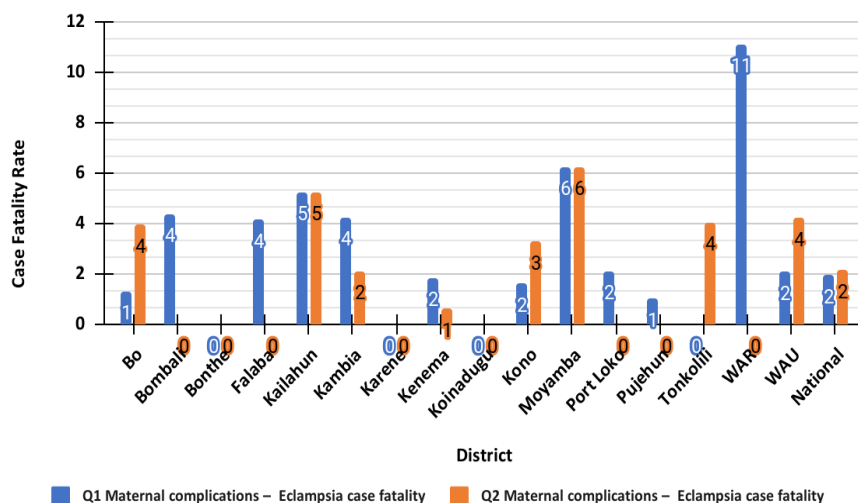


Generally, PPH CFR is low across the country, with a majority of districts with a CFR below 10%. Kenema, Karene, Koinadugu, Bombali, Pujehun, Bonthe have significantly low CFR (<5%).

Moyamba has the highest CFR for PPH with 100% CFR recorded in Q2 (7 mothers who presented with PPH all died).

ECLAMPSIA CASE FATALITY RATE

Fig 4: Eclampsia Case Fatality Rate (Jan - Jun 2022)



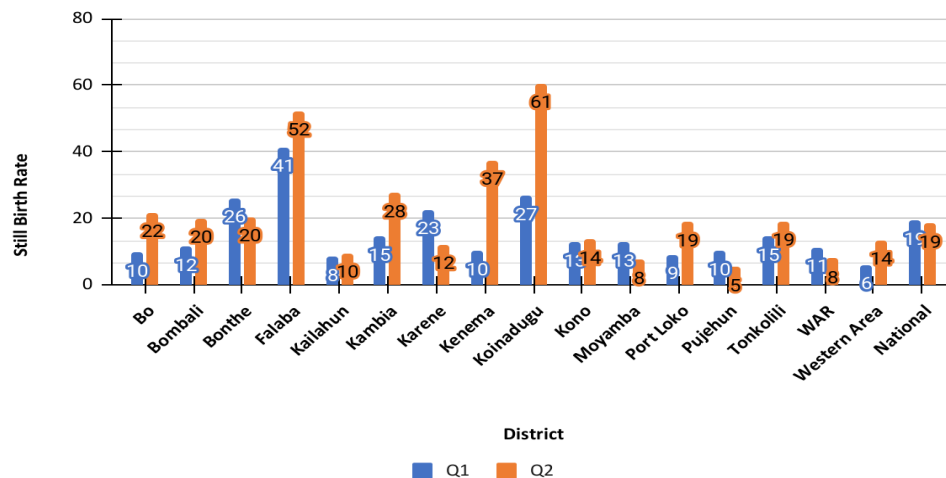
Eclampsia CFR is generally low in the country with the exception of Western Area Rural

Districts with lowest CFR are Bonthe (0), Karene (0), Koinadugu (0).

STILL BIRTH RATE

The stillbirth rate is highest in Koinadugu and Falaba districts. There is also concern about the increasing stillbirth rates in Kenema and Kambia districts.

Fig 7: Still Birth Rate (Jan - Jun 2022)

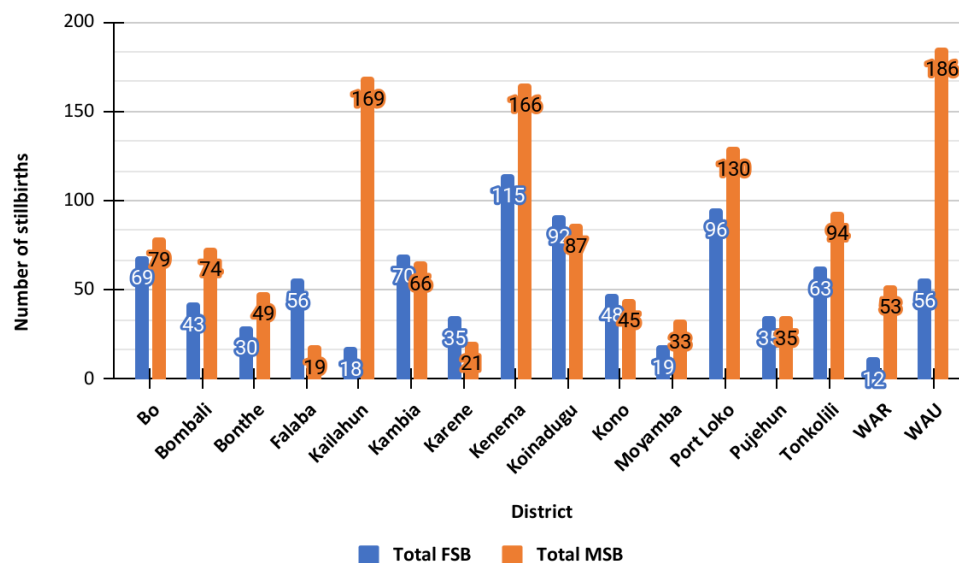


Districts with relatively low stillbirth rates below 12/1000 are Kailahun, WAR and Pujehun

FRESH STILL BIRTH AND MACERATED STILL BIRTHS BY DISTRICT

The general trend noticed is the increase in the number of Macerated Stillbirth (MSB) relative to the FSB across most districts. This observation could be linked to delays in the referral system as well as delays in intervention at the level of the health facility.

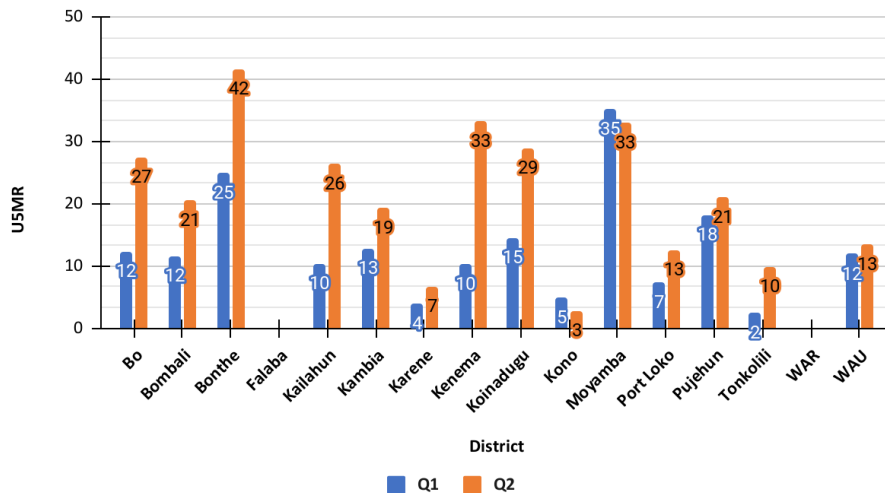
Fig 6: Total FSB and MSB (Jan - Jun 2022)



The increase in MSB relative to FSB is particularly noted in the Western Urban, Kailahun, Kenema and Port Loko districts.

INSTITUTIONAL UNDER-FIVE MORTALITY RATE

Fig 8: Institutional U5 Death Rate (Jan- Jun 2022)

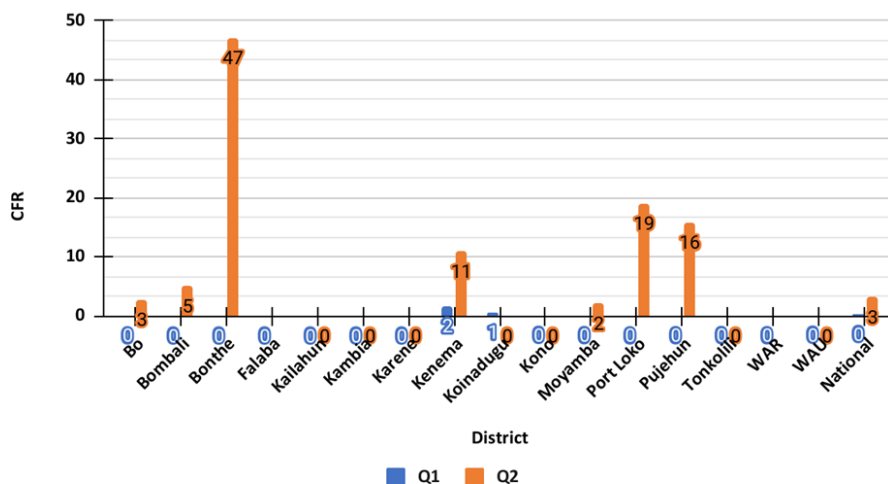


Districts of concern that would need to improve on this indicator are Bonthe, Moyamba, Koinadugu, Kenema and Bo districts.

A number of districts are doing well with this indicator (Kono, Karene, Tonkolili, and WAU).

CASE FATALITY RATE FOR PNEUMONIA

Fig 9: Case Fatality Rate Pneumonia (Jan - Jun 2022)



The case fatality rate for pneumonia was highest in Bonthe district followed by Port Loko and Pujehun districts. There is a need to review the data quality for this indicator and conduct targeted mentoring in Bonthe, Port Loko and Pujehun districts.

The accuracy of data for districts reporting zero case fatality needs to be investigated further for data quality issues.

KEY ACHIEVEMENTS JAN—JUN 2022

- 1. Finalization of plans for the HPV vaccine introduction in collaboration with the CH/EPI Program**
- 2. Harmonization of the RMNCAH Supportive supervision tools**
- 3. Development of operational guidelines for the integration of EMTCT and RH**
- 4. Finalization of the MCH Handbook in collaboration with the office of the CNMO**
- 5. Drafting of the Integrated Obstetric Care guidelines in collaboration with the RH/FP Program**
- 6. Validation of the clinical guidelines on post-abortion care and self care guidelines in collaboration with RH/FP**
- 7. Refresher training of service providers on the screening and treatment of precancerous cervical cancer lesions in collaboration RH/FP**
- 8. ETAT refresher training in Bo with the CH/EPI and partners**
- 9. Training of Medical Officers and CHOs on management of sick and admitted newborns**
- 10. Training of service providers on QI methodologies in collaboration with QOC program**
- 11. Training of trainers on Syndromic Management of STIs in collaboration with RH/FP Program**
- 12. Community engagement meetings with SAHP on the prevention of teenage pregnancy and child marriage**

A background image of a newborn baby lying in a hospital bed, partially covered by a patterned blanket. A person's hands are visible near the baby, possibly providing care. The image is overlaid with a semi-transparent blue rectangle containing text.

KEY CHALLENGES JAN—JUN 2022

- 1. Weak coordination between various TWGs in the directorate**
- 2. Data quality issues with RMNCAH data in DHIS 2.**
- 3. Non-reporting or poor quality reporting of RMNCAH indicators at facility level**
- 4. Stock out of medicines and equipment in health facilities**
- 5. Irregular supportive supervision at the national and district levels**
- 6. Resource challenges for the rollout of the MCH Handbook**
- 7. Nationwide challenges with the ambulance referral system**

RECOMMENDATIONS

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- 1. Readiness and competence assessment in Moyamba district for PPH management.**
- 2. Set performance targets for district and national level for RMNCAH indicators for 2023**
- 3. Conduct regular EmONC assessments**
- 4. Completion of the RMNCAH Strategy extension and ENAP progress review**
- 5. Printing and orientation on the Maternal and Child Health handbook**
- 6. Conduct data quality assessment and audits for RMNCAH Data.**
- 7. Establishment of Situation room/ command center for RCH data Management, analysis and response.**
- 8. Need to work towards the revival of the National Emergency Medical Services (NEMS) and to also establish complementary district referral systems.**

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