Health Information Bulletin

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

Content:

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

The MoHS has also established a Health Management Information System (HMIS) part of which collects data from these health facilities using specially designed summary forms .

Introduction

Health Facility level ➡ **District level** ➡ **National level**

Health Facility level
- Health data is captured from clients/patients in 1,300 PHUs and 30 Hospitals
- Community data submitted by Community Health Workers (CHW) are collated
- PHU summary forms are submitted to DHMT by 5th of the following month.
- Hospitals enter monthly summary forms directly into DHIS2 by the 15th of the following month

District level
- District Data Entry Operators enter Monthly PHU data into the DHIS2
- M&E Officer apply the WHO data quality app to determine quality.
- Identified outliers and other anomalies are clarified by contacting the reporting facilities to confirm from source data.
- Data in DHIS2 is automatically synchronized into Web based portal.

National level
- HMIS Data Manager performs data quality checks and provides feedback to all districts
- Programs and Partners with DHIS login credentials can access the web-based data.
- DPPI produce the quarterly HMIS bulletin using the data.
- DPPI and programs conduct periodic data quality audits

Data Completeness and Timeliness

PHUs data completeness and timeliness by district, January - March 2020
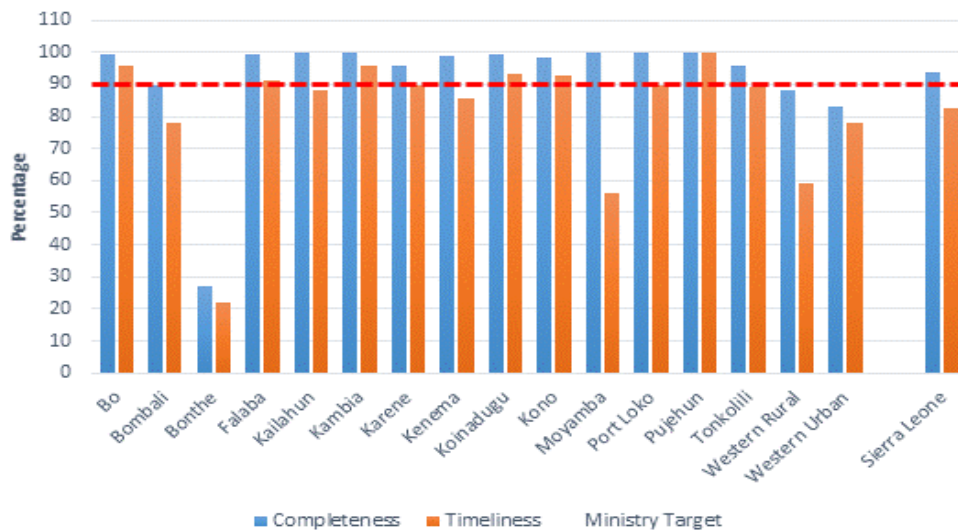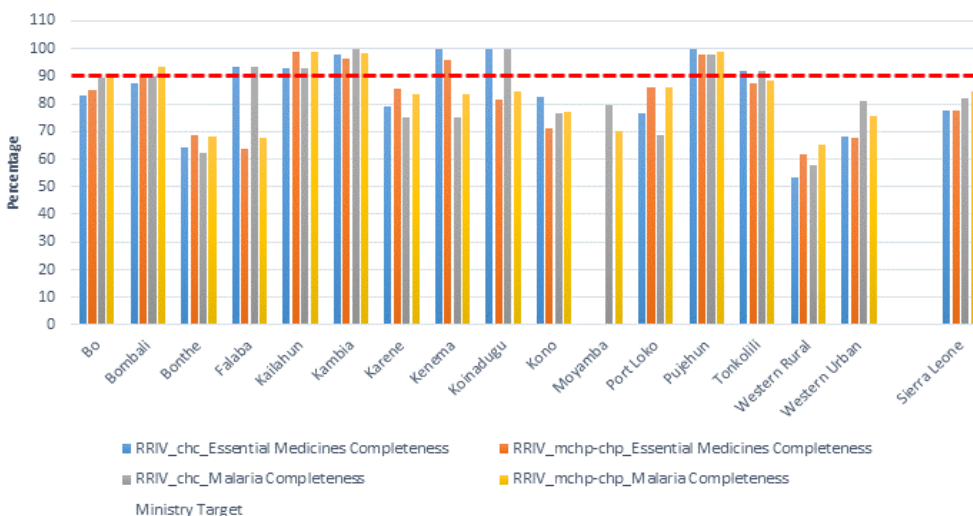
- **PHU Data Completeness:** % of PHUs with complete report (HF1-HF7) entered into the DHIS2 for a specific period of time (usually one month).

- The Average PHU data completeness is **94%**, with 13 out of the 16 districts reported 90% and above completeness.

- **Data timeliness:** % of facilities that submitted complete report (HF1-HF7) on or before the 5th of every ensuing month.

- The average percent timeliness is **82%,** with Pujehun scoring the highest—**100%** and Bonthe the lowest—**22%** for the period January—March 2020

Percentage Hospital data completeness and timeliness by district, January - March 2020
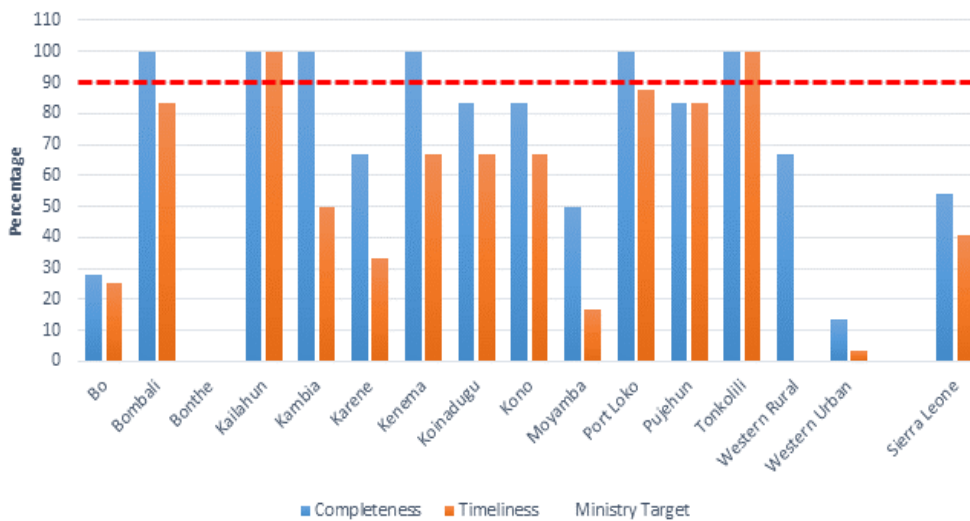
- **Hospital Data Completeness:** % of districts with complete hospital report (HF1-HF2) entered into the DHIS2 for a specific period of time (usually one month).

- Overall, 6 out of 16 districts reported a completeness of **90%** and above for hospital reporting. Bonthe district scored the lowest—0% reporting completeness.

- **Hospital Data timeliness:** % of districts with complete hospital reports (HF1-Hf2) entered into the DHIS2 on or before the 15th of every ensuing month. The average percent timeliness is **41%.**


RRIV PHUs data completeness by district, January - March 2020

- **RRIV Data Completeness:** This chart looks at percentage of PHUs with complete RRIV report (RRIV for essential drugs and malaria) entered into the DHIS2 for the period January—March 2020

- The Average RRIV data completeness is around **80%**, with Pujehun, Kambia and Kailahun districts reported 90% and above completeness for all the four data elements assessed.
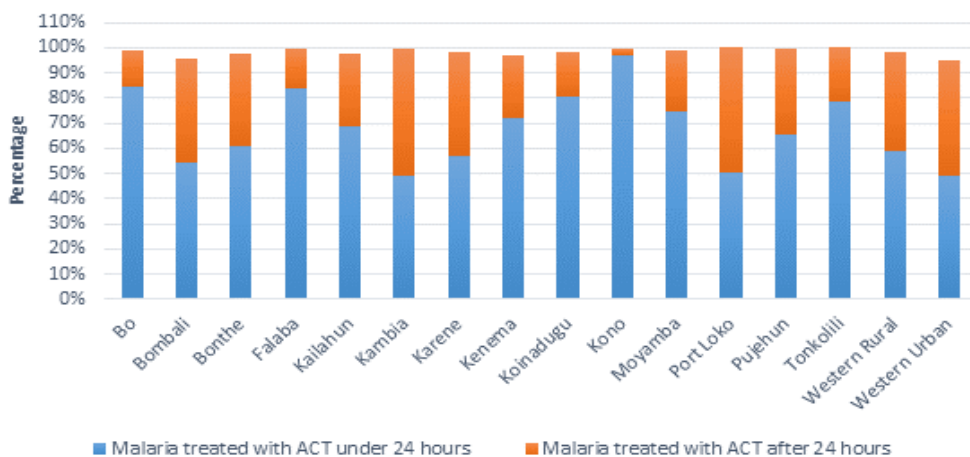
Malaria

IPTp coverage by district, first quarter 2019 & 2020
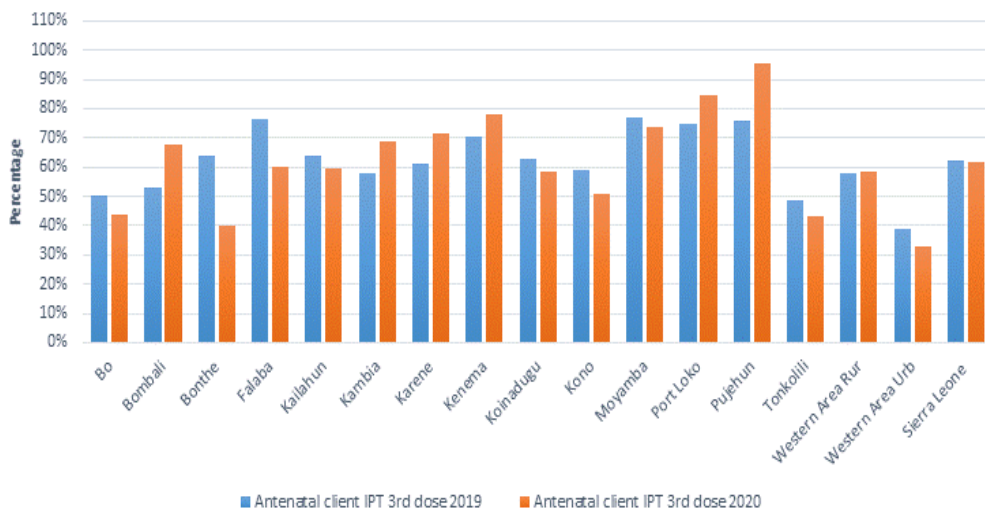
- **Antenatal client IPTp 3rd Dose:** % of pregnant women who received 3rd dose of IPTp during antenatal visit.

- Comparatively, there is a slight decrease in the IPTp coverage from **62%** in 2019 to **61.7%** in 2020 . There is also a wider variation of coverage among districts .


Malaria cases treated with ACT under and after 24 hours by district, January - March 2020

- Among children with confirmed malaria at PHUs, an average of **68%** were treated with ACT within 24 hours of onset of fever.

- There is significant variation in the timeliness of ACT treatment, ranging from **97%** in Kono to **49%** in Kambia and Western Urban, where only about half of the diagnosed cases were getting treated within 24 hrs.

Child Health

Immunization situation by district in Sierra Leone, January - March 2020
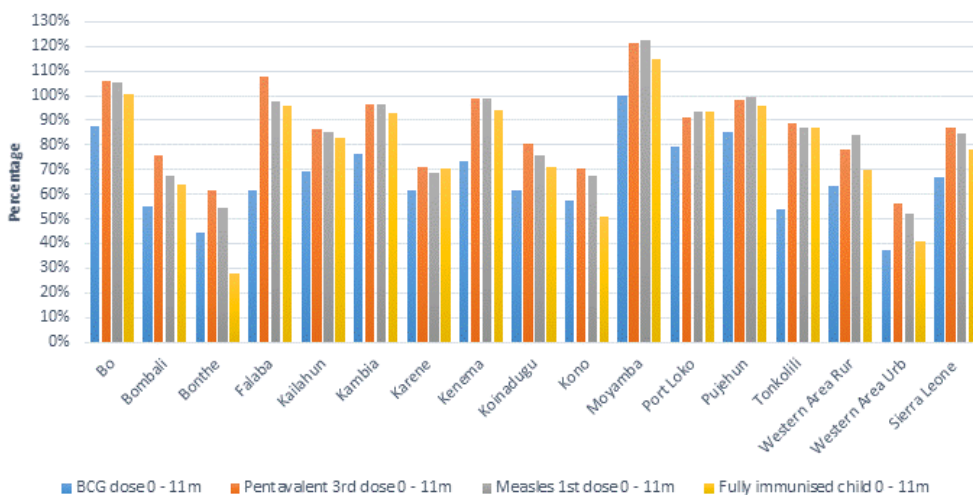
- From January to March 2020, a total of 3,911 **(78%)** children were fully immunized by age 11 months.

- However there is a significant disproportion of fully immunized seen among the districts with Moyamba scoring **115%** and Pujehun with a least coverage at **28%**.

- BCG Coverage is less than pentavalent and measles coverage in all districts

Nutrition

Severe Acute Malnutrition cases by district in Sierra Leone, January - March 2020
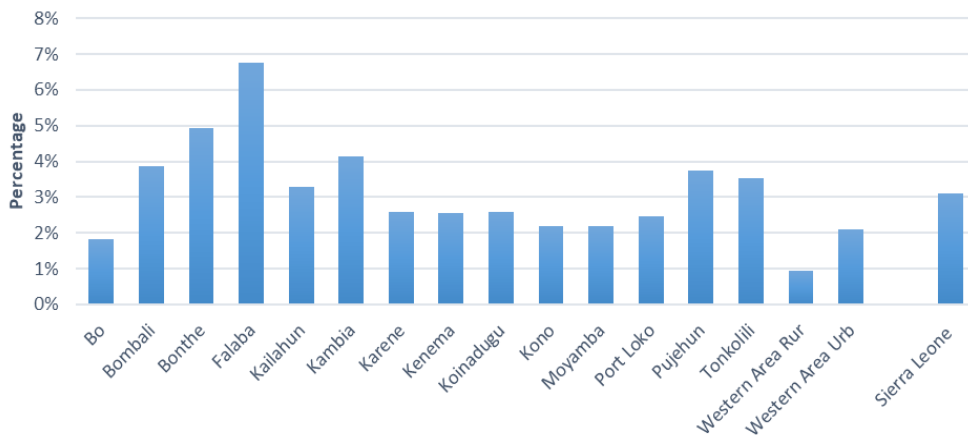
- **Severe Acute Malnutrition (SAM):** a total of 16,832 children, equivalent to 3% of children weighted were diagnosed with SAM

- The prevalence of SAM affects districts disproportionately with Falaba being the worst affected (6.8%) whilst Western Rural is the least affected (0.9%).

Infant breastfed within 1 hour of birth, Vitamin A 12-59 and Deworming 12-59 month coverage, January - March 2020
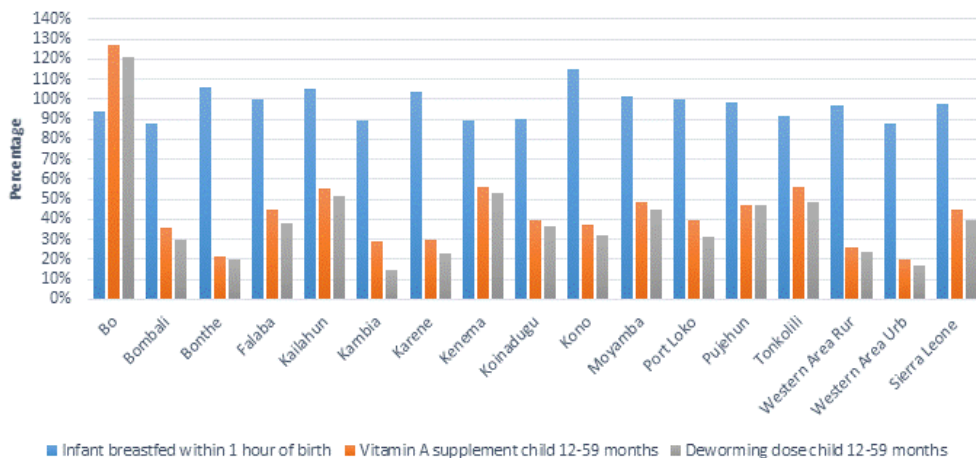
- The percentage of infants who were breastfed immediately after birth was consistently high.

- About 45% of children (12-59 months) received at least a dose of vitamin A and 40% received Alberndazole for deworming.

- The coverage of both Vitamin A supplementation and deworming for age 12-59 months are poor for most of the districts, but Bo district recorded an exceptionally high coverage for the two indicators.

HIV/AIDS

HIV Testing Among adults excluding pregnant women (General Population 15yrs to 49yrs and greater) Jan-Mar 2020

Period	Jan-20				Feb-20				Mar-20			
District	Tested Received Result		Positive		Tested Received Result		Positive		Tested Received Result		Positive	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Western Area Urban District	2,152	3,143	192	293	2,079	2,837	184	263	2,377	1,998	172	210
Bombali District	1,255	1,381	18	40	600	647	16	17	354	440	13	30
Kenema District	1,212	1,813	24	48	1,118	1,733	50	51	1,100	1,511	53	119
Bo District	789	920	33	61	999	1,108	32	59	946	969	20	54
Port Loko District	754	902	28	37	861	1,039	25	38	255	358	14	28
Tonkolili District	724	899	19	39	576	789	14	33	455	605	20	15
Western Area Rural District	622	1,181	51	121	715	829	52	110	668	776	47	77
Kono District	613	1,062	15	26	694	1,005	19	55	560	746	18	49
Pujehun District	585	893	6	6	530	712	6	8	589	840	8	8
Kailahun District	531	596	9	21	479	657	9	18	-	-	-	-
Karene District	473	518	4	7	24	28	0	0	38	27	0	3
Kambia District	373	503	25	44	390	581	20	58	368	632	21	38
Moyamba District	312	487	9	17	263	390	7	20	310	766	6	13
Koinadugu District	308	468	2	6	395	619	6	5	77	123	7	4
Bonthe District	238	255	4	2	251	252	9	6	282	638	4	9
Falaba District	103	151	0	0	139	225	1	0	-	-	-	-
Total	**11,044**	**15,172**	**439**	**768**	**10,113**	**13,451**	**450**	**741**	**8,379**	**10,429**	**403**	**657**

- The total number of people tested for HIV in Q1 was 68,588.

- Among people tested for HIV in Q1, 38.2% were tested in month of January, 34.4% in February and 27.45 in March, showing a gradual decline in number tested.

- The decline in number tested was most noticeable in Bombali district were 56.4% of total tested in the quarter was done in the month of January.

- About 43.1% (29.558) of those tested were males.

Family Planning

New clients receiving family planning commodities in Sierra Leone, January - March 2019 & 2020
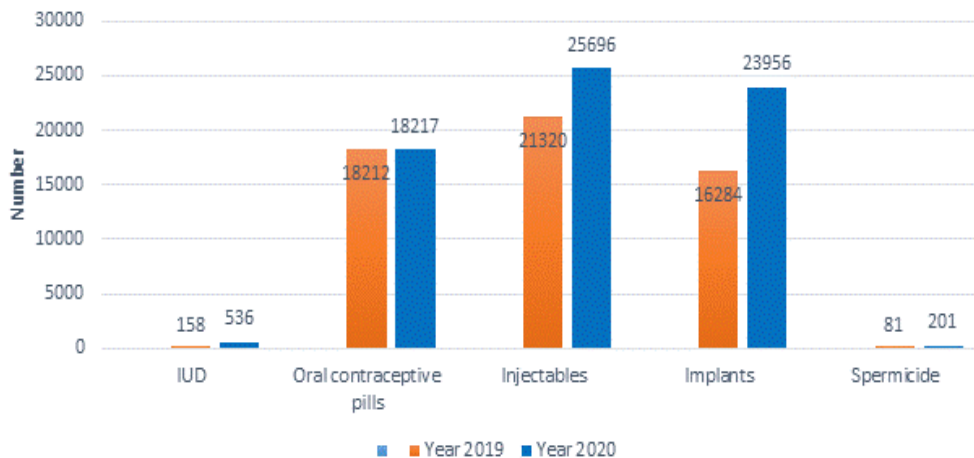
- **Uptake of Family Planning Services:** Uptake of long term family methods (implants) by new clients on average higher in 2020 than 2019.

- Uptake of injectables by new clients was also higher in 2020 than 2019, while uptake of oral contraceptive pills by new clients was almost equal for both years.

Maternal death

Number of maternal death by district, January - March 2020
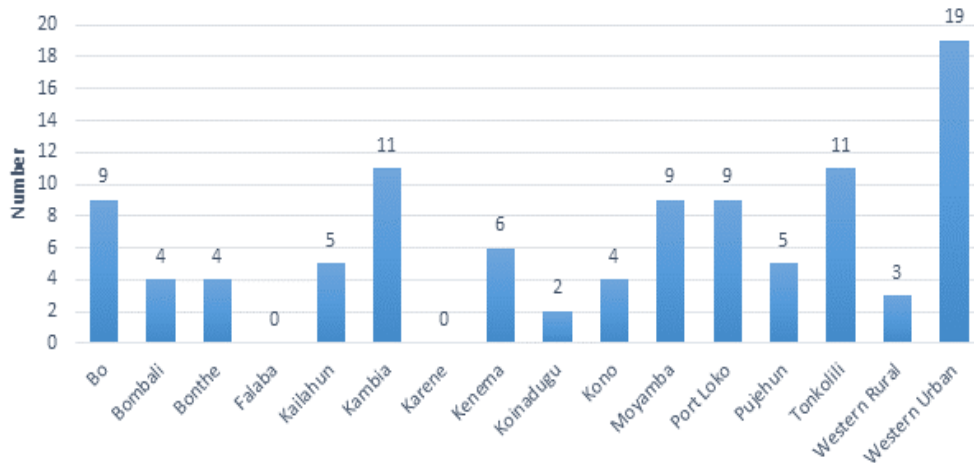
- A total of 101 maternal deaths were reported by all health facilities using the EIDSR platform, from January to March 2020.

- There are huge inter-district differences in the number of maternal deaths reported.

- Western Urban reported a disproportionately higher number of maternal deaths than all other district, whilst Falaba and Karene recorded zero case for the period under review.

Non Communicable Disease

Non communicable disease situation in Sierra Leone, January - March 2020								
Organisation unit / Data	Diabetes type 1/2	Inpatient diabetes case all	Hypertension case	Inpatient hypertension case all	Cardiovascular disease case	Inpatient cardiovascular case all	Mental disorder case	Inpatient mental disorder case all
Bo	4	16	1,005	35	1	20	10	
Bombali	14	14	697	79	199	6	2	
Bonthe	5		193		1		1	
Falaba			121					
Kailahun	5	6	505	9	4	5	2	
Kambia	7	6	878	30	5	11		
Karene	26	3	527	20	3	6		
Kenema	11	28	428	78	11	25	3	
Koinadugu		2	143	44	1			3
Kono	15	4	525	42	8		28	3
Moyamba	5	5	288	10	3	5	4	1
Port Loko	2	14	18	111		41		
Pujehun	1	7	529	24	1	5		1
Tonkolili	10	1	698	41	16	15	5	
Western Rural	26		616		3			
Western Urban	12	2	511	15		1	7	
Total	143	108	7,682	538	256	140	62	8

- **Non-Communicable diseases (NDC):** The most common NCD reported was hypertension which accounts for 92% of NCD cases reported.

- Diabetes accounted for 3% of all NCD cases, while mental health accounted for 1% of cases.

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Hospital

Top ten causes of out-patient consultations, January - March 2020
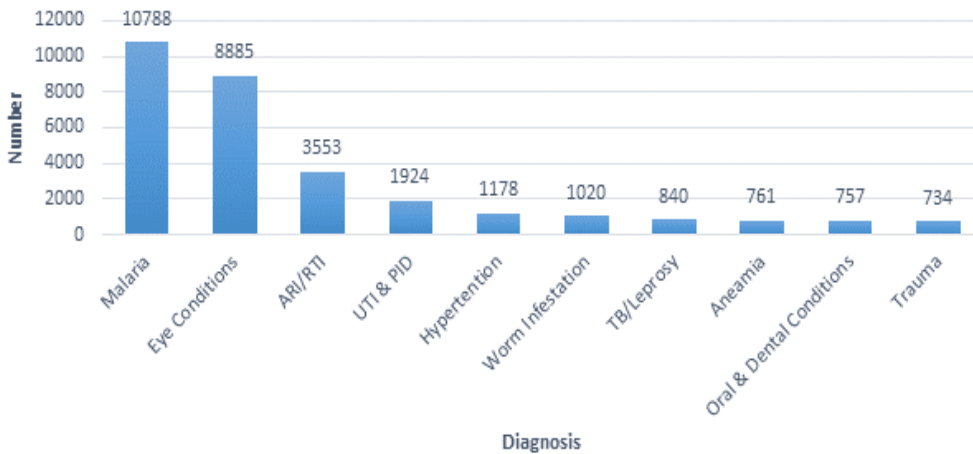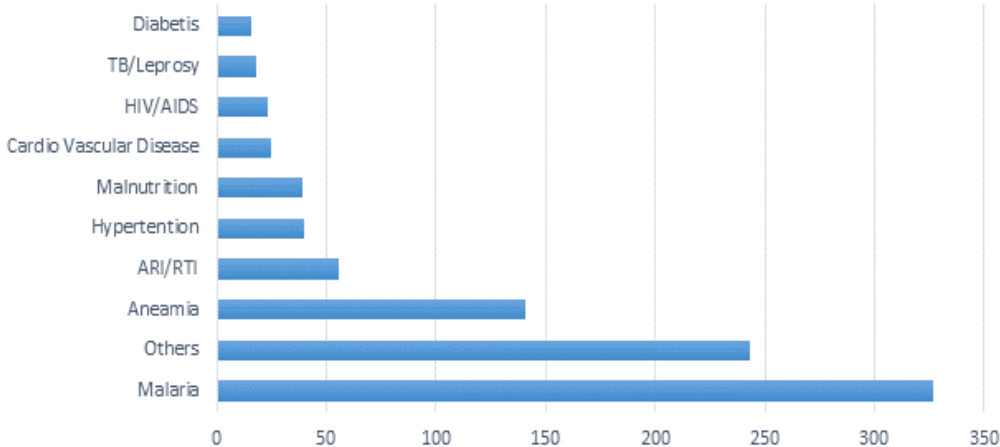

- This adjacent graph depicts the top 10 causes of out patient consultations in the hospitals through the period of January to March 2020.

- Malaria is the most common cause of OPD consultation accounting for about 10,788 outpatient consultations.

- The least cause of outpatient consultation is Trauma, accounting for about 2,743 outpatient consultations in hospitals.

## Top ten causes of hospital admission, January - March 2020
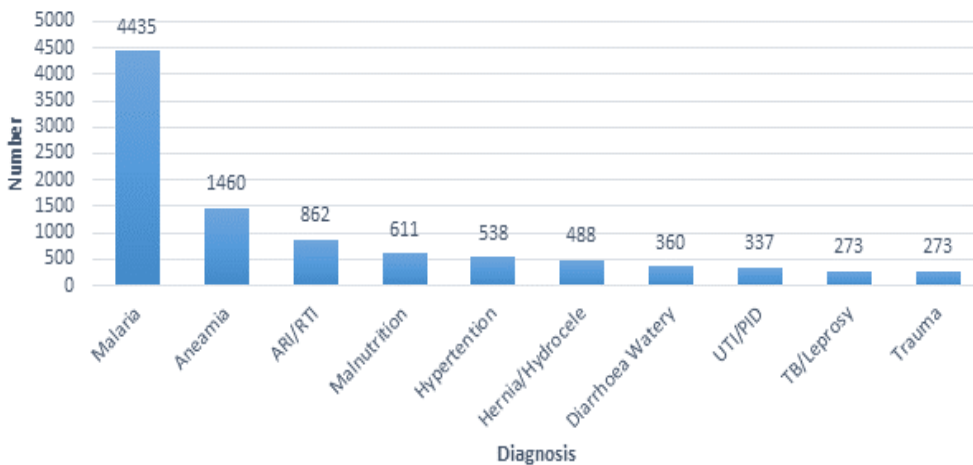
- This graph depicts the top 10 causes of admissions in the hospitals through the period of January to March 2020.

- Malaria is by far the most common cause of Hospital admissions accounting for 4,435 admissions.

Top ten causes of hospital inpatient mortality, January - March 2020

- This graph depicts the top 10 causes of hospitals inpatient mortality for the period of January to March 2020.

- Malaria is by far the most common cause of Hospital mortality accounting for 327 hospital deaths over the period January to March 2020.

Possible effect of Covid-19 on services utilization

Percentage of pregnant women delivered in Sierra Leone, first quarter 2019 & 2020
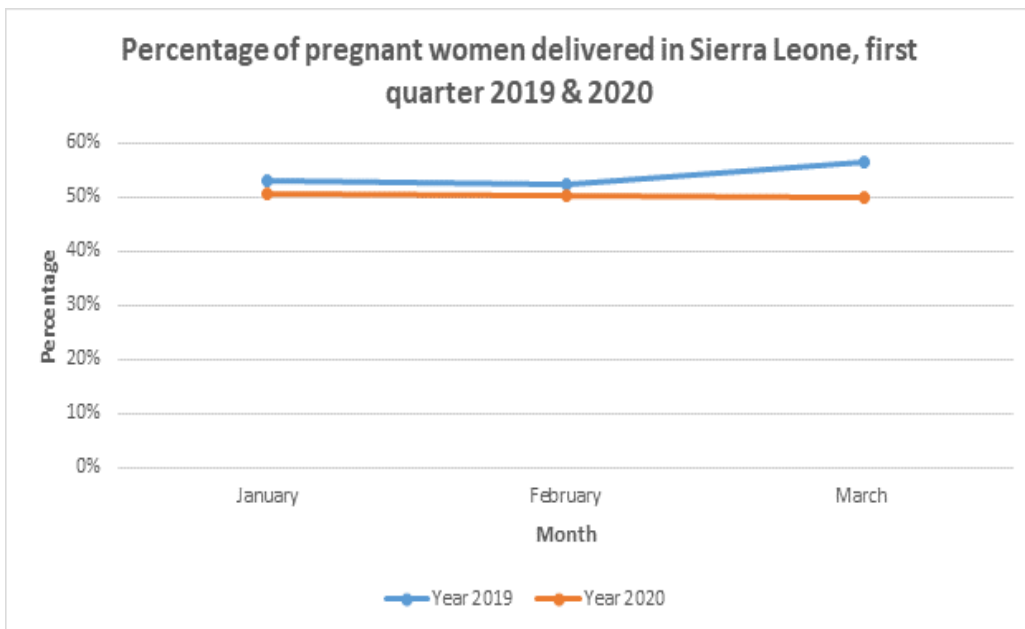
- The percentage of pregnant women delivered at health facilities is low in 2020 compared to 2019.

- The difference became huge in March – the month we had our first Covid-19 case.

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Two-sample Wilcoxon rank-sum (Mann-Whitney) test

   Group  |      obs      rank sum     expected
----------+---------------------------------------
    2019  |     1252     1609562.5     1568130
    2020  |     1252     1526697.5     1568130
----------+---------------------------------------
 combined |     2504      3136260      3136260

unadjusted variance     3.272e+08
adjustment for ties     -118392.91
                        _____
adjusted variance       3.271e+08

Ho: Delive~d(Group==2019) = Delive~d(Group==2020)
            z =    2.291
    Prob > |z| =   0.0220
```

- Difference seen in the delivery chart above was tested for significance using STATA software

- Because the data was not normally distributed, a Two-sample Wilcoxon rank-sum test was used

- The P-Value of 0.0220 shows a significant statistical difference in service utilization, comparing the first quarter of 2019 and 2020.

Percentage of Underfive Children Weighed for Malnutrition in Sierra Leone, first quarter 2019 & 2020
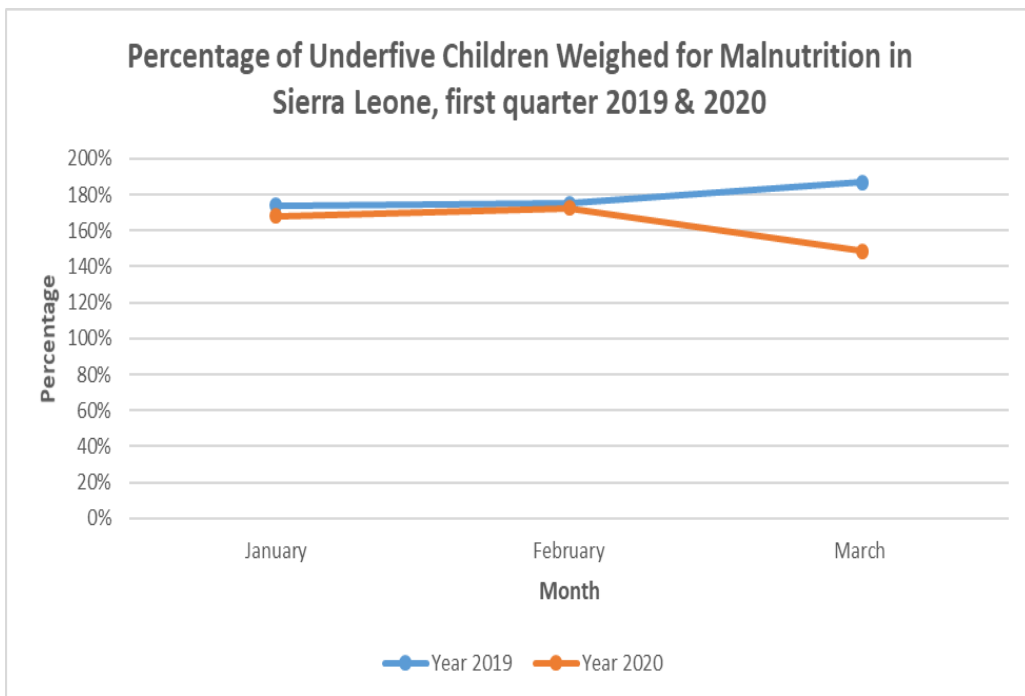
- The percentage of under-five children weighed for malnutrition is low in 2020 compared to 2019.

- The difference became huge in March – the month we had our first Covid-19 case.

- Difference observed was also proven to be highly significant with 2.2% significant level

Human Interest Story

Blood donation to save lives- a Paramount Chief's legacy in Barri Chiefdom

On a sunny morning in Tambeyama village in Barri chiefdom, a crowd gathers. Members of the Barri Chiefdom blood donor association and CUAMM (Doctors with Africa), a consortium partner under the DFID-funded Saving Lives in Sierra Leone programme are engaged in a sensitisation.

It is a community event, and the turnout is close to 100 people. The large turnout is a result of effective community mobilisation, and strong leadership from the late paramount chief of Barri Chiefdom, Paramount Chief (PC) Vandi Magona, who was the first to donate blood in Potoru, the capital of Barri chiefdom.

It all began in 2018, when PC Vandi Magona donated blood at the first blood donation campaign organised by CUAMM, in Potoru, the capital of Barri Chiefdom. He was the first to donate blood during the drive and in doing this, he showed to the community that there was nothing to be afraid of when donating blood.

Abubakarr Magona (of no relation to PC Magona), the chiefdom youth leader and a member of the executive of the blood donor association, shares his experience

A cross-section of the blood donor executive in Barri Chiefdom

"I had heard about donation through radio and I had attended meetings. But what made me take the lead was through the late Paramount Chief, who was engaged by CUAMM, because of the high number of death rates due to lack of blood. The chief called everyone and asked us to take lead. But you won't ask someone to donate if you are not brave. So, the Paramount Chief decided to be the first person to give blood at the barray".

Successful blood drives such as the one seen in Tambeyama, have affected maternal mortality and under-5 mortality rates in the district. All blood collected during the blood donation drive is brought to the Pujehun Government Hospital and is used for the entire population of the district. Dorothee Van Breevoort, Public Health Specialist at CUAMM shares the impact of successful blood donation drives in the chiefdoms.

"Due to blood donation drives, the waiting time for blood has been reduced and we have more blood available in the fridge. We only started collecting data on this a couple of months ago to track the number of blood bags available."