Government of Sierra Leone
Ministry of Health and Sanitation

Sierra Leone Health Information System (HIS) Policy

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Abbreviations

DHIS	District Health Information Software
DPPI	Directorate of Policy and Planning
GoSL	Government of Sierra Leone
HIS	Health Information System
LMIS	Logistic Management Information System
M&E	Monitoring and Evaluation
MoHS	Ministry of Health and Sanitation
NaMED	National Monitoring and Evaluation Directorate
NCRA	National Civil Registration Authority
Stats SL	Statistics Sierra Leone
UHC	Universal Health Coverage
DHMT	District Health Management Teams

Foreword

The need for the development of a Health Information System (HIS) Policy is to complement the National Health and Sanitation Policy in the domain of health information and to provide guidance and regulation for data collection, analysis, access, security and use.

The role of the Health Information System (HIS) in Sierra Leone is not just routine collection of health service data and dutiful conveyance of the same to higher levels of the health care system, but to facilitate evidence-based decision-making at all levels. The underlying rationale for a HIS Policy is to accurately measure and assess improvement in health status of the population. Data collection, analysis and presentation should be organized in such a way that the neediest groups and individuals are identified. Consequently, health planning should be based on such information and strategies should be designed to address any identified inequities.

Various studies have been undertaken to assess the functioning of Health Management Information Systems. These assessments identified a weak institutional regulatory framework. It is envisaged that this policy shall guide the health sector in developing and implementing an information system that will produce quality benchmarks towards achieving its vision.

In Sierra Leone therefore, HIS shall be decentralized progressively and efforts will be made to promote information use at the point of data collection. HIS should avail information to gauge the efficiency and effectiveness of the health systems and provide lessons for the next steps at all levels. This HIS policy is a positive step in the right direction for better health for Sierra Leoneans through better information.

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1.0 Introduction and Rationale of the HIS Policy

1.1. Background

The Health Management Information System (HMIS) Unit in the Directorate of Policy, Planning and Information (DPPI), Ministry of Health and Sanitation (MoHS) is responsible for setting up appropriate systems to collect, store and analyse routine health information at all levels of health service delivery. This unit manages the District Health Information Systems 2 (DHIS2) platform, a central repository for routine health data.

Developing the Health Information System (HIS) Policy has been an inclusive process wherein MoHS Directorates/Programs and other stakeholders, including development partners at national and district levels were involved. The process was led by (DPPI) with technical support from the University of Oslo. This involved a series of activities including selection of the stakeholders for drafting the policy, a policy drafting retreat, sharing with external consultants (University of Oslo), stakeholders' consultation and validation of the policy and dissemination of the policy.

1.2 Situational analysis of HIS in Sierra Leone

The management of the Health Information System in Sierra Leone is the principal responsibility of the (DPPI) in the (MoHS). The DPPI is responsible for collecting routine health services-based data and periodic surveys. The HMIS and M&E Technical Working Group (TWG) is one of the coordination platforms through which stakeholders participate in data generation and use.

The backbone of HIS in Sierra Leone is the District Health Information Software Version 2.0 (DHIS2), which is an automated system operated both online and offline. From October 2016 a DHIS2-based electronic Integrated Disease Surveillance and Response (e-IDSR) system has been instituted as part of the single national HMIS platform, capturing weekly surveillance data for 26 diseases/conditions. Over the years, more health programme data collection platforms including HIV, TB, CH/EPI, RF/FP, School and Adolescent Health, IDSR, Malaria, Nutrition, CHW, and LMIS have had their data integrated and are reporting through the national HMIS platform.

Integration of DHIS2 software with Open MRS software permitted the development of a basic hospital information system, implementations of case-based disease surveillance systems (i.e., DHIS2 Tracker) for HIV and IDSR cased-based system (eCBDS). A HIV Tracker is being piloted at several

health facilities and the eCBDS Tracker has been rolled out nationwide. Community health information management has been integrated into the HMIS tools and as a result no standalone Community Health Information System (CHIS) exists. There is a national Logistics Management Information Systems (LMIS) platform for health logistics and commodities management and iHRIS for health workforce management. Three application systems making up the LMIS are mSupply, Pharmaceutical Dashboard, and Channel. The RRIV forms have been fully integrated into DHIS2 and all districts are now entering data into DHIS2. For HRH, an open-source iHRIS is the main source of health workforce data, deployed throughout the country in public health facilities including data from censuses and other national surveys, which has been decentralised although is currently weak and prone to delays in updating staff information.

With respect to routine reporting, data collection and reporting tools have been revised/updated, printed and have been distributed across all districts to replace old tools. MoHS, with support from Global Fund, has procured 250 laptop computers for digitalization of routine data reporting at Community Health Centre (CHC) level. A total of 600 additional tablets have been procured to complement the existing 700 tablets used at health facilities for data collection. These tablets are used to facilitate peripheral

health facility level data digital reporting as well as data collection at health facility level.

In the area of programme data, some programme data, including from NEMS, mental health, NCDs, etc. have not yet been integrated into the existing DHIS2. This situation results in the duplication of efforts, inefficient use of resources and serves as a demotivator to users. Despite the fact that programmes conduct routine Data Quality Assessment (DQA) on a quarterly basis, alongside monthly data consistency checks, these are not automated and therefore very cumbersome.

Surveys are conducted in collaboration with partners who provide funding and Technical Assistance. The sector conducts Demographic and Health Survey (DHS) every five years and so far, 3 DHS surveys have been conducted. Multiple Indicator Cluster Survey (MICS) are conducted in-between DHS surveys and so far, 4 MICS surveys have been conducted. Service Availability Readiness Assessment (SARA) surveys are conducted every 2-3 years and so far, 3 SARA surveys have been conducted, 2 Malaria Indicator Surveys (MIS) and Standardised Monitoring and Assessment of Relief and Transitions (SMART) nutrition survey have been conducted.

For civil registration and vital statistics, about 80% of births and only about 15% of deaths are recorded at health facilities[1]. MoHS has signed a Memorandum of Understanding with the National Civil Registration Authority (NCRA) to collaborate in births and deaths reporting and notification as well as indicating the cause of death. Data collection tools have been revised and some have been printed. There is also a toll-free line for reporting deaths nationwide.

Health Development Partners (HDPs) are actively supporting the country's efforts to improve its HMIS. The Global Fund supports Technical Assistance from the University of Oslo, payment of internet subscription to districts, payment of DHIS2 hosting on the Web, printing of tools, training of health staff, training and remuneration of key HMIS technical staff, procurement of ICT equipment. Other partners including WB, UNICEF, IRC, World Vision International and Montrose also support e-health interventions.

Achieving the desired level of performance of the HMIS is limited by: funding for the timely subscription for DHIS2 web hosting; inadequate locally trained technical working teams to effectively and efficiently manage the various

health information systems (DHIS2, LMIS, OpenMRS & iHRIS etc.) in use by the Ministry; limited supply of ICT equipment and internet connectivity at national and districts levels, adversely affecting Electronic Medical Records (EMR) and digitalization efforts at facility levels; limited human resource in terms of both numbers and competencies and low quality of data inputted into the system amongst others. Other challenges to the effective implementation of an integrated HMIS include inadequate technical expertise in country to maintain all systems across the MoHS; donor dependency and insufficient funds to complete critical interventions as well as sustaining them; loss of confidence in various programmes for integration; relocation and high turnover of key personnel driving the HMIS; significant number of data entry and M&E Offices are not on payroll and risk data timeliness and completion.

The existing weaknesses and challenges faced by the HMIS cause poor data utilization for timely decision making due to programmes not having the required data on time. Difficulty in managing immediate system crises, which normally resulted in expensive consultancy services from outside the country within programme limited resources. Some processes cannot be modified because of low local capacity to manage the system(s), especially when there are management issues to be addressed based on the data from the system (DHIS2). Overall, the HMIS in Sierra Leone has various data quality issues that reflect problems at each step of the process starting from data collection to information use.

1.3 Policy context

As the Government moves towards a long-term plan to developing the health sector, the Ministry of Health and Sanitation has clearly articulated its commitment to promoting the culture of inquiry and evidence-based decision-making as a strategic direction for planning health and social service delivery. This Policy is built on the 2019-2023 Medium-Term National Development Plan (MTNDP), the National Health and Sanitation Policy (2021-2030) and the UHC Roadmap (2021-2030). These documents were informed by best practices and lessons learned from policy implementation. Inputs and contributions from key

stakeholders were also sought through workshops, meetings of the Monitoring, Evaluation and Research Technical Working Group (ME/HMIS-TWG) and working sessions involving various Ministries, Departments and Agencies (MDAs). Finally, experiences from other countries were also studied and suitable ones adapted to the Sierra Leone context.

The HIS Policy shall be reviewed every 5 years to reflect the changing realities and to make it responsive for an effective HIS for the health sector in Sierra Leone.

1.4 Rationale for the HIS policy

The need for development of a Health Information System (HIS) Policy for Sierra Leone is firstly anchored in the National Health and Sanitation Policy. The National Health Management Information System Strategic Plan outlines the pathway for implementation of the HIS Policy actions. The HIS Policy therefore provides guidance and regulate data collection, analysis, access, confidentiality, security and use. Particularly, there is no national policy on data ownership and this HIS Policy will close that gap.

Also, a comprehensive National Health Information System Assessment conducted in 2019 identified the lack of policy and guidelines as one of the key challenges of the Health

Information System in Sierra Leone. Hence, developing a proper guidance and regulation for the collection and use of healthcare information is imperative. Recently, with the increasing use of technology for data collection, this has become a matter of special concern to the Ministry as well as other stakeholders in the field of healthcare. Lack of HIS Policy restricts ventures into innovative partner collaborations.

2.0 Policy framework

2.1 Vision

A coordinated and sustainable health information system that supports evidence-based decision making for quality and equitable service delivery.

2.2 Mission

Producing timely, reliable and accurate data that will inform policies, plans, decisions and resource allocation for improved healthcare at all levels.

2.3 Goal

To strengthen an integrated and sustainable HIS for programme management, resource allocation for health and sanitation services.

2.4 Objectives

a) Integrate data collection sub-systems for quality data and decision making;
b) strengthen the use of Information Communication and Technology in data collection; transmission and analysis at all levels;
c) disseminate health information at various levels through partnership amongst all stakeholders;
d) Promote the use of HIS data at all levels

e) Support local capacity for health information systems

2.5 Guiding principles

a) **Sustainability**: HIS systems that can function regardless of financial commitments from donors; that are appropriately budgeted for by the national system and supported by country institutions that are important to its functionality.

b) **Value for Money**: the system should be efficient and effective in achieving value for money with the potential outcome of an intervention far outweighing the input.

c) **Integration of Sources and Systems**: achieving together through alignment and eliminating duplication to foster the use of evidence for decision making.

d) **Quality:** Data shall meet the six data quality standards (dimensions): accuracy, reliability, completeness, precision, timeliness and integrity; and provides a representative picture of the reality and build on processes that are trusted by all stakeholders.

e) **Safety and Security:** The central storage of sensitive health-related information incurs significant risk that have to be mitigated by an ongoing, active data safety and security process that includes

infrastructural security; physical access restriction; data redundancy; role-based, access restrictions; identity assurance; encryption and real-time security audits, emulating an achievable subset of existing international standards.

f) **Privacy and Confidentiality:** Any identifiable data has to comply with prevalent and evolving legislations to safeguard patient rights, privacy and confidentiality. At the same time, it is foreseeable that legislation will be required to develop a nationwide unique patient identifier that is not linked to existing national ID documentation to preserve the highly desirable disaggregation of health data from and other data silos.

3. HIS priority intervention areas and policy statements

The HIS Policy has five (5) broad priority intervention areas with related sub-areas: Leadership and governance, resources and infrastructures, information needs and data sources, data management, and data security. Policy statements for each of the priority sub areas are provided below.

3.1 Leadership and Governance

a) A Health Information Governance Committee shall be established and maintained with the Chief Medical Officer providing leadership. The Committee shall have the following functions/roles:
   i. Provide oversight in the development of legislation and operational policies, strategic plans related to data management, and budgets to deliver the goals, visions, and missions of the HIS policy in collaboration with other policies of the Directorates, programs, other Ministries, Departments, and Agencies (MDA's), District Councils, Implementing Partners (IP) and Donors, on a timely basis;

ii. Provide oversight in designing, establishing, operationalizing, and maintaining strong and sustainable monitoring and evaluation, health informatics, and evidence-based policy formulation systems, standards, guidelines, and structures at national, district and community levels; Advocate for resources to implement the HIS policy

b) The HMIS/M&E Technical Working Group, led by the Directorate of Policy, Planning and Information, shall be maintained at all times to include MoHS directorates, programs, agencies, relevant MDAs, and health sector partners. This TWG shall provide technical advice and updates to the Health Information Governance Committee. DPPI shall serve as the secretariat for the HMIS/M&E TWG.

c) The eHealth Coordination Hub shall exist to coordinate and regulate digital health implementation in the health sector.

d) The MoHS leadership shall commit to allocate at least 1% of the total GoSL yearly health budget to support MoHS Health Information Systems operations and programme

e) District Health Management Teams, hospitals and programs, and directorates shall provide support to HIS at their level.
f) All HIS stakeholders, including health development partners, shall support HIS activities using existing government structures
g) MoHS shall be the owner of all HIS data and systems developed for and on behalf of the Ministry. Therefore, MoHS through the Director of DPPI or his representative, reserves the right to fully access, including administrative access, to all systems (applications, databases, servers, network equipment, etc.) developed for or in the interest of MoHS by partners and any other third parties.
h) All Health Sector Stakeholders and Partners, shall commit and align all their HIS activities to the National HIS Policy and strategies
i) All Health Sector Stakeholders and Partners shall assess health sector performance using recent data obtained from the approved HIS platforms and UN estimates.
j) All intending users of HIS products shall refer and adhere to the relevant HIS Standard Operating Procedures, available at DPPI

3.2. Approval of new digital health platforms

a) MoHS Directorates, Programmes, Stakeholders, and Partners intending to introduce new digital health applications shall seek approval from the eHealth Coordination Hub before deploying such application. The eHealth Coordination Hub shall use a predefined approval process and requirements for all digital health platforms.

b) MoHS Directorates, Programmes, Stakeholders, and Partners intending to introduce digital health applications shall develop and fund a transitioning roadmap to MoHS that should be approved by the eHealth Hub.

c) MoHS Directorates, Programmes, Stakeholders and Partners intending to introduce digital health applications shall indicate and fund a clear pathway for knowledge transfer to MoHS personnel and fund their training to full proficiency

d) MoHS Directorates, Programmes, Stakeholders, and Partners intending to introduce any software shall pay the subscription and all other costs for at least five years, and all running costs should be communicated to MoHS before deploying the application.

e) DPPI in collaboration with Directorates, Programmes, stakeholders and Partners shall harmonize and have a link on all digital health applications with the DHIS2

3.3. Resources and infrastructure

a) All stakeholders intending to procure hardware and software (computing equipment and applications) for HIS shall seek prior approval from the DPPI, through the eHealth Coordination Hub
b) DPPI shall design a multi-year Continuing Professional Development Plan for HIS personnel to foster growth and retention in the field.
c) DPPI shall establish separate national repositories for case-based data and aggregate data (currently using DHIS2).
d) MoHS shall support and provide oversight to the establishment of Electronic Medical/Health Records Systems in line with established guidelines including but not limited to data security and safety, by the eHealth Coordination Hub of the MoHS, in public and private health facilities. This shall have access restrictions for privacy and confidentiality.

e) MoHS, through DPPI, shall maintain a web portal to make ready-to-use data available to the public.

3.4. Information needs and data sources

a) DPPI shall develop and maintain an indicator dictionary that defines all relevant health indicators considering both local context and WHO standards.
b) DPPI shall be the custodian of all health datasets from surveys and other data collected by programmes and partners for or on behalf of the MoHS
c) Funds shall be allocated to MoHS programmes, directorates, and partners to implement HIS activities and programmes for or on behalf of MoHS based on evidence indicating the need and potential impact of funding. Statutory institutions mandated to collect health data, such as for civil registration, may not have to provide evidence of potential impact and need for funding.
d) MoHS, through DPPI and in collaboration with other line Ministries and partners, shall conduct an assessment every five years in line with the NHSSP to identify the applicable use of information and determine the potential information needs.

3.5. Data Management

3.5.1 Data collection

a) All health data shall be recorded in the approved MoHS data collection tools according to the stipulation in the relevant Data Management Procedures and timelines

b) To ensure interoperability and data integrity, all systems used for data collection and/or management including Electronic Medical Records Systems shall be designed and managed in compliance with approved national standards and guidelines on health data management

c) DPPI in collaboration with other directorates, programmes, partners, and stakeholders shall periodically revise the tools and indicators as required

d) All subsequent updates on the reporting tools shall be in line with the current WHO International Classification of Diseases (ICD)

e) DPPI shall take leadership in ensuring that all collected data are in digital forms as appropriate.

3.5.2 Confidentiality

a) In all HIS operations, clients' and staff rights shall be protected in line with prevailing data privacy and confidentiality.
b) Access to HIS records and other information shall be maintained to the highest level of confidentiality in the interest of everyone .
c) Each facility shall maintain adequate security of records and secure access to storage areas.
d) In the event that privacy of data is compromised, concerned supervisors shall immediately be informed for remedial control and action. .
e) Guidelines for the prevention and corrective action for the misuse of health information and health-related data shall be established.

3.5.3 Data compilation and aggregation

a) Routine data collected and aggregated shall be presented in the approved format for appropriate analysis.
b) Appropriately trained persons in DHMTs, programmes, and directorates shall be responsible for compiling data from multiple sources for appropriate analysis and reporting.

3.5.4 Data analysis

a) Each Health Facility (Public, Private, NGO, and Faith-based), Directorate, Programme, and DHMT shall conduct monthly data analysis of key performance indicators.
b) Projected population data from Stats SL shall be used as basis for calculation of population-based indicators at all levels
c) MoHS in collaboration with relevant stakeholders shall recommend the necessary tools, templates, and methodologies for routine data analysis
d) MOHS, Partners and Local Councils shall support capacity building of HIS personnel to analyse routine health data.
e) DPPI shall be responsible for National HIS data semi-annual review meetings. .
f) Programmes in collaboration with DHMTs, and tertiary hospitals shall conduct quarterly HIS data review meetings with stakeholders.

3.5.5 Information dissemination and use

a) DPPI shall aggregate and analyse the national health data quarterly/half-yearly/annually and provide a comprehensive report for all stakeholders.
b) The DPPI in collaboration with other directorates and stakeholders shall periodically publish health

information using diversified media and MoHS website.

c) Publication of information by the MOHS will be guided by provisions of the Right to Information Act, Statistics and Public Health Acts and any other existing regulations.
d) Each district shall analyse (monthly, quarterly, and annually) performance data based on HIS core indicators and share with each PHU.
e) Feedback of aggregated and summarized data be sent to DHMT and PHUs

3.5.6 Data quality assessment and adjustment

a) Data quality aspects shall at least contain accuracy, coherence, comparability, timeliness, completeness, and reliability
b) DPPI shall collaborate with partners and other stakeholders to develop user -friendly data quality and management protocols and guidelines for the MOHS
c) Health facility staffs shall be fully responsible and accountable for the quality of data that they submit.
d) Comprehensive internal data quality checking be conducted at all levels on a monthly basis.

e) DPPI in collaboration with other relevant stakeholders shall conduct National data quality assessments semi-annually.
f) Regular supportive supervision and data quality audit be conducted on quarterly basis at all supervisory levels

3.5.7 Community data reporting

a) All community-generated data shall be reported to the PHUs for validation and aggregation and further sent to DHMT

3.5.8 Data storage

a) All health facilities will be responsible for safe and secure storage and easy retrieval of all health records under their purview.
b) Until otherwise regulated, patient records in health facilities will be kept for ten years, after patient's last visit.
c) There shall be reliable back up of all electronic data/records.
d) Any health-related research data collected shall be deposited with the designated Research Unit or

Directorate within MoHS once a year and/or at the end of the study along with a meta-data file.

3.5.9 Data ownership

a) All personal health related data and information are owned by the individual
b) All clients visiting any health facility shall have a personal patient card, book or chip that contains key personal health details, and is linked to additional patient records kept in the facility.
c) Patient's personal information to be shared with third parties by private or public institutions shall be done only with written consent from the patient or their guardians where the patient is a minor or otherwise not able or allowed to decide for him/herself.
d) DPPI shall be the hub of all aggregated health data.

3.5.10 Data access

a) A patient or person shall have access rights to relevant health-related data collected about them
b) Any person requesting access to a protected raw health data shall obtain written permission from the relevant MoHS authorities (programmes, directorates, and DHMTs) and shall only be used for the purpose requested.
c) Partners and other data users must sign a standard agreement for the access of data or user account to the DHIS2 platform from MoHS through the DPPI, depending on the level of access.

d) Anyone planning to conduct health research shall obtain written ethical clearance from the Sierra Leone Ethics and Scientific Review Committee (SLESRC) or as prescribed in the Research for Health Policy

3.6. Data Security

a) Paper and electronic HIS records shall be stored and archived according to relevant SOPs or as determined by DPPI
b) MoHS shall institute mechanisms to prevent or remedy misuse or abuse of health data generated both by private and public institutions.
c) MoHS shall maintain adequate physical and electronic security of patients records and secure access to storage areas at all levels
d) MoHS shall design a data disaster recovery plan
e) DPPI shall conduct regular server audits at the national level
f) MoHS shall develop and implement a data security and safety plan in accordance with national guidelines and regulations

3.7. Confidentiality

a) In all HIS operations, efforts shall be made to respect the patients' privacy and confidentiality, without compromising safety and knowledge sharing
b) Health workers and other staff that have privileged access to patient's records and other information shall be responsible and accountable for maintaining the highest level of confidentiality. Confidential information must be shared only with the consent and in the interest of the patient in accordance with the sector standards, guidelines, and applicable laws. Violation of confidentiality shall be referred to the relevant law enforcement agency
c) In the event that privacy of a patient has been compromised at any level of service delivery, the head of the facility or other staff shall immediately notify the relevant authorities, such as the DMO, MS, Program Managers, and Director of DPPI

3.8. Data integrity

Data integrity refers to the reliability and trustworthiness of data throughout its lifecycles

a) All data collectors must abide by various specific data collection SOPs, guidelines on data management national policies and legislation as well as recognized international instruments
b) All data users must abide by the specific restrictions on the dissemination and use of data, metadata and product based on the national policies and legislation as well as recognized international instruments
c) MoHS shall ensure that the integrity of data is maintained when transferred between levels and across ICT systems.
d) Data validation mechanisms shall be instituted at districts and national levels

3.9. Other data security aspects

a) There shall be System Administrators within DPPI who shall keep track of all logfiles for data audit
b) System Administrators shall ensure that all digital platforms have mechanisms that can detect and prevent unauthorized access and monitor data usage.
c) For copyrighted data products, data producers should consider approaches that place primary responsibility for compliance on users and enforcing compliance through technical controls on data access.

4. Coordination, Roles & Responsibilities and M&E

4.1 Coordination

The Directorate of Policy, Planning, and Information (DPPI) Shall be responsible for the oversight and coordination of the HIS policy implementation. Coordination and partnerships will be established and strengthened through the HSCC and HSSG and the related Technical Working Groups (TWGs) at the national level and District Health Management Teams (DHMTs) at the district level.

4.2 Roles and responsibilities

4.2.1 Role of DPPI for HIS

a) Strengthen leadership for HIS by building on existing capacity and structures
b) Strengthen and ensure coordination of HIS interventions among other government bodies and development partners
c) Build on existing structures and processes to strengthen institutional capacities including adequate human resources and financing for HIS at all levels.

d) Support development of national policies, SOPs and guidelines, HMIS strategies, and action plans for HIS and its related Monitoring and Evaluation.
e) Develop new and review old health data collection tools and methodologies using ICT innovations
f) Conduct periodic (Annual) performance reviews of the implementation of the National HIS policy and its related strategic plans.
g) Advocate for the availability of essential HIS equipment, infrastructure and mobilize resources for HIS programming.
h) Promote, support, and ensure the participation of NGOs, CSOs, communities, the private sector and development partners in activities related to HIS
i) Guide Directorates/Programmes DHMTs/hospitals to develop and implement annual plans that include HIS activities
j) Collaborate with the Directorate of Training, Research and Universities to institutionalise HIS training.
k) Disseminate and raise awareness on HIS policy, related strategies, plans and products to relevant stakeholders.

l) Regulate stakeholder's activities in compliance with HIS policy, SOPs, and guidelines

4.2.2 District Health Management Teams (DHMT)

a) Include HIS (M&E/HMIS) into the annual PHC and hospital health plans.
b) Coordinate with all partners in the district for the implementation of the HIS Policy, HMIS strategies and its related M&E.
c) Advocate and engage in effective planning and budgeting with district councils and other players to ensure the allocation of adequate resources for the implementation of HIS Policy.
d) Provide leadership in monitoring and evaluation of HIS Policy implementation at the district level.
e) Support capacity building and technical assistance to service providers for the effective implementation of HIS Policy.
f) Strengthen the integrated supportive supervision of service providers for the implementation of activities in compliance with the HIS policy.
g) Strengthen the collaboration between DHMT, partners, and programs in the implementation of HIS policy at district level

4.2.3 Monitoring and Evaluation Unit, DPPI, MoHS

a) The Monitoring and Evaluation Unit of DPPI shall support the development of reporting tools

b) The M&E unit monitor, and evaluate progress against targets, as set out in the programme's M&E framework.

c) Donor and GoSL funds should be monitored by the M&E unit at DPPI to ensure there is value for money

d) Ensure the implementations are in line with the Health Sector Strategic Plan and Annual Work plan for the MoHS. Ensure that donors and partner's resources and implementations align with MoHS strategic plan to ensure efficient use of resources.

There shall be close collaboration and partnership with other MDAs to strengthen HIS as follows:

4.2.4 National Monitoring and Evaluation Directorate (NaMED)

The overall goal of NaMED is to enhance an effective National Institutional framework to monitor and evaluate Government and donor-funded projects as well as the National Development Plan. The institution has the mandate to inform intervention tracking, corrective actions, planning, and resource allocation, and increase accountability of service providers and authorities towards

citizens. It also regulates services and service providers which results in the improvement and sustainability of all government and donor service delivery. HIS can provide relevant health data or information for NaMED to use

4.2.5 DSTI

DSTI is an ICT support institution established to support Ministries, Departments and Agencies to function in a more fluid way to ensure efficiency and effectiveness by using Information and Communication Technology. DSTI can provide ICT solutions to government departments and Miniseries where that agency/Ministry does not have the in-house capacity. Because DSTI uses data, HIS can provide health data to DSTI for use and to conduct further analysis to increase data visualisation and improve data security, where required.

4.2.6 Statistics Sierra Leone (Roles and Responsibilities?)

a) The conduct of the National Census and its analysis including population projections.
b) Determine various socio-economic parameters in the country which are known to influence the health status of the population.
c) In collaboration with MoHS, conduct Demographic Health Survey (DHS) and other national health-related surveys
d) Posting Statisticians to work in MoHS.
e) Attend HMIS/M&E TWG meetings

4.2.7 National Civil Registration Authority (NCRA)

Collaborate with MoHS to collect information on the following vital events:

a) Births
b) Deaths
c) Certification of causes of deaths.
d) Attend HMIS/M&E TWG meetings
e) Provide access to NIN and basic personal data of patients to support service delivery

4.2.8 Ministry of Information and Communication

The Ministry of Information and Communication is in charge of ICT infrastructural development in the country. In this light, MoHS works with the MIC in the following:

a) Provide press and information services to the Ministry on current health information.
b) Support the provision of TV and broadcasting services on health issues
c) Support ICT personnel posted to MoHS

4.2.9 Local councils:

a) Assist in implementing the HIS Policy in alignment with Local Councils development plans
b) Provide funding for HIS Policy implementation at LC level
c) Participate in HIS Policy monitoring and evaluation at LC level
d) Align and enforce HMIS reporting
e) Collect data and report on relevant HIS indicators
f) Enforce use of standardized HMIS tools by all health institutions in the LC.

4.2.10 Development partners

a) Provide technical and financial assistance in the development, implementation, and evaluation of HIS Policy and related strategies.
~~b)~~ Support the MoHS in the implementation of inter-sectoral HIS (related) initiatives
c) Support the MoHS in capacity building for HIS
d) Support ICT infrastructure for digitalization

4.2.11 Academic and other research institutions

a) Collaborate with MoHS for use of DHIS2 by Universities and students.
b) Promote and support the use of health data and research evidence to influence HIS policies and practices.
c) Provide relevant pre-service HIS education

4.2.12 Private sector

a) Supplement government efforts in financing the implementation of the HIS policy.
b) Align delivery of HIS interventions to Government policies, strategies, and guidelines
c) Report on health activities/provide data using the applicable HIS channels, including the DHIS2.
d) Participate in health data quality reviews, monitoring and evaluation of the HIS Policy

4.2.13 Communities and individuals

Support the establishment of village registers for the collection of vital statistics at the community level.

4.3 Monitoring and Evaluation

4.3.1 Monitoring and Evaluation

The monitoring and evaluation of the HIS Policy will focus on the implementation of the policy and the achievement of its goal and objectives. The M&E frameworks in the M&E and HMIS Strategic plans will be used to monitor and evaluate the implementation. Policy implementation will be reviewed at Annual Review meetings. Oversight and coordination for the HIS Policy and its related strategic plans will be provided by the HSCC and HSSG and its TWGs. DPPI shall conduct mid-term and end-term evaluations of the HIS Policy.