Quality, Equity, Dignity
A Network for Improving Quality of Care for Maternal, Newborn and Child Health

SIERRA LEONE

Summary of implementation readiness	
1. National QI approach	7/11
2. Selection of learning sites	0/6
3. QI management and response system	0/6
4. QI coaching system and structures	0/5
5. Measurement	0/8
6. Orientation to districts and facilities	0/3
7. National learning hub	0/5

Response: yes

< 50% | 50% - 80% | > 80%

Core Demographic Data	
Population	7,092,113[1]
Fertility rate per woman	4.5[2]
Total maternal deaths in 2015	3,100[3]
Neonatal mortality rate (per 1,000 live births)	33[4]
Stillbirth rate (per 1,000 total births)	24[5]

Coverage of Key interventions	
Demand for Family Planning satisfied (%)	40[2]
Antenatal care (4 or more visits, %)	76[2]
Skilled Birth Attendance (%)	60[2]
Caesearan Section Rate (%)	3[2]
Early Initiation of Breastfeeding (%)	54[2]
Exclusive Breastfeeding rate (%)	32[2]
Post-natal visit for baby (within 2 days, %)	39[2]
Post-natal care for mother (within 2 days, %)	73[2]

1. National Quality Improvement Approach

National Standards on MNH QoC developed/available	Not for MNH QoC, but exists for ETAT Plan to deelop MNH QoC standards in 2018
National package on QI interventions agreed upon through review and consultation	National RMNCAH Strategy 2017 - 2121: Outlines 1. Develop National Quality Improvement model/ approach for RMNCAH. 2. Establish functional quality improvement structures at national, district and facility level. 3. Build capacity of and motivate health workers in provision of quality RMNCAH services
Key interventions in national QI package developed (specify type of interventions)	
* leadership and organization management	Management training for district management officers on going Additional programme on district leadership planned for 2018 The Chief Nursing and Midwifery Officer (CNMO) office has established the QoC/QI TWG and has been tasked in the interim to lead discussions around quality of care in the MoHS
* QI coaching	
* clinical mentorship	ETAT mentorship programme in all district hospitals. A similar programme for mentorship for EmONC will be rolled out in 2018. Both are being led by the MoHS with support from WHO The ISSV is the MoHS flagship supportive supervision programme. Other programmes also carryout supportive supervision programmes
* audit and feedback	MDSR is being implemented in all 14 districts
* improving data systems	RMNCAH Strategy outlines Strengthen the national HIS to ensure responsiveness to RMNCAH health information needs. (aligned with the HIS Strategy) 4. Strengthen availability of and use of data to measure and improve quality of care in provision of RMNCAH services including defining national RMNCAH QI indicators and reviewing existing tools to ensure they are able to collect and report QI indicators. 5. Strengthen monitoring and evaluation and use of RMNCAH data for decision making Indicators are currently being reviewed The DHIS-2 is also being strengthened
* learning networks/systems, including learning collaboratives	
* performance based financing	First phase of implementation has ended, a new phase is being designed for 2 districts (Koinadugu and Kailahun)
* policy/strategy development support	

2. Selection of Learning Sites

Criteria for selection of learning districts developed and agreed	
Criteria for selection of learning sites/ facilities developed and agreed	
Learning districts selected (specify name and any supporting partners)	
Learning sites/facilities selected (specify name and any supporting partners)	
Baseline situational analysis at learning sites conducted	ETAT QoC assessments has taken place in all district hospitals (2016) IPC assessments have taken place in select facilities (2016)
Initial resource provision to learning sites	

3. QI Management and Response System

National, district and stakeholder communication and feedback mechanisms and loops agreed (including for citizen voices)	
Existing structures to be utilized for supporting QI activities reviewed and identified	National MDSR Commitee in place All DHMT have the MDSR committee which can serve as a potential entry point, other stuctures to be explored Most facilities are to have Facility Management Committees (FMC) but not fully funcional across the country at present. In specific facilities, their might be other structures through partner support. The 14 district hospitals also have an ETAT focal person who is responsible for ETAT QoC activities.
Roles and responsibilities within existing structures for supporting QI activities agreed	
* focal person with specified ToR for QoC at national level	
* focal person with specified ToR for QoC at district level	
* focal person or team with specified ToR at facilities	

4. QI Coaching System & Structure

	Supportive Supervisions activities are available within programs, but no national pool of QI coaches/experts developed/ available ICAP
Clinical mentorship program/approach agreed and developed	ETAT mentorship programme in all district hospitals Competency Based EMONC Training to be rolles out in 2018: • Competency based training to strengthen capacity for EmONC in the district hospitals • EmONC QoC Assessment in the 4 regional hopsitals • Post-training on-the-job mentorring to be piloted in 4 hospitals in 2018. The ISSV is the MoHS flagship supportive supervision programme. Other programmes also carryout supportive supervision programmes Nationally agreed mentorship approach not yet developed
Nationally agreed ToR for QI coaches developed	
Nationally agreed ToR for clinical mentors developed	
Support system for QI coaches and clincal mentors agreed	ETAT: Transition from use of external mentors to using local Sierra Leone mentors in 2018. Plan to create a national faculty of trainers; and establish centre of excellences.

5. Measurement

National monitoring framework for MNCH QoC developed	ETAT: QoC data being analysed for 1) Appropriate O2 use 2) correct antibiotics prescription 3) anti-malaria prescription 4) use of blood products 5) anti-convulsants use 6)peadiatric mortality in facilities
Core set of QoC indicators for agreed for national level reporting	
Common set of QI aims across districts agreed	
System of reporting agreed and necessary tools developed	
* information flow	
* standardized reporting formats	
* roles and responsbilities	
* review mechanisms	

6. Orientation to Distrcits & Facilities

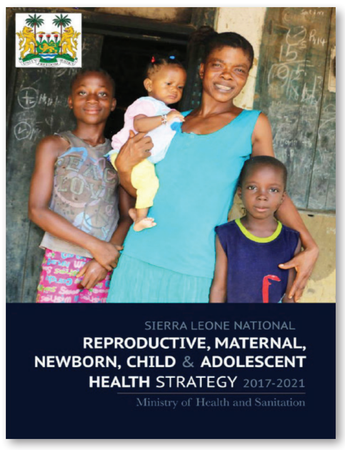
Orientation package (on the above) for learning districts developed	
Orientation to learning districts completed	
Orientation to learning sites/ facilities completed	

7. National Learning Hub

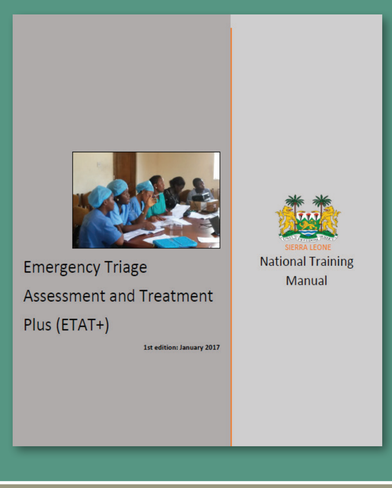
Terms of reference for a learning hub/centre to support the national learning network developed	
The learning hub/centre for QoC established	
Standardized documentation for capturing and sharing learning from QoC implementation developed	
Processes for synthesising and sharing key lessons agreed	
Venues and mechanisms for sharing QoC lessons and evidence synthesis identified	

Yes | No | Being developed

Examples from Implementation



Sierra Leone ETAT+Programme



References

1. Sierra Leone 2015 Population and Housing Census
2. Countdown to 2015, 2015 report See http://countdown2030.org/
3. Trends in maternal mortality: 1990 to 2015.Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division
4. UNICEF. Levels and Trends in Child Mortality: Report 2017. https://www.unicef.org/publications/files/Child_Mortality_Report_2017.pdf
5. Lancet Glob Health. 2016: National, Regional, and worldwide estimates of stillbirth rates in 2015
6. All other data received from the relevant Ministry of Health and WHO Country Offices.

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