

Experience and lessons learned from Sierra Leone





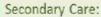
Outline

- Background
- QOC Progress
- QOC Measurement
- Lessons Learnt
- Bottlenecks/Challenges
- Recommendations

Counter-referral and follow-up

Background: Health Care Delivery System

- Tertiary Hospital
 - 8,000,000+ Population
- Regional Hospital
 - 500,000 Population
- District Hospital
 - 500,000 Population
- Community Health Center
 - 10,000 30,000 Population
- Community Health Post
 - 5,000 10,000 Population
- Maternal and Child Health Post
 - 500 5,000 Population
- Community Health Worker
 - 100 500 Population

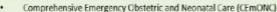




Regional Hospital: Regional Headquarter, affiliated with Regional Hub

- Comprehensive Emergency Obstetric and Neonatal Care (CEmONC)
- Specialty and referral services
- Additional diagnostic imaging services
- Treatment of cancers and rare diseases

District Hospital: District Headquarter Town, near DHMT



- Treatment of severe childhood illnesses including severe acute malnutrition with complications;
- Diagnosis and treatment of severe malaria
- Clinical management of NCDs
- Laboratory and pharmacy services; Diagnostic imaging, blood services, and surgery
- Surveillance, detection and treatment of epidemic-prone diseases
- Emergency triage

Primary Care:

and

care

Referral for increasingly complex



Community Health Center (CHC): Chiefdom level

- Basic Emergency Obstetric and Neonatal Care (BEMONC)
- Treatment of some severe childhood illnesses
- Laboratory and charmacy services
- Screening and referral for some NCDs
- Surveillance and treatment of some epidemic-prone diseases

Community Health Post (CHP): Small towns

- Some pregnancy complications and complicated deliveries (may have a midwife on staff)
- Treatment of some severe childhood illnesses
- Surveillance for epidemic-prone diseases

Maternal and Child Health Post (MCHP): Closest health facility to the community

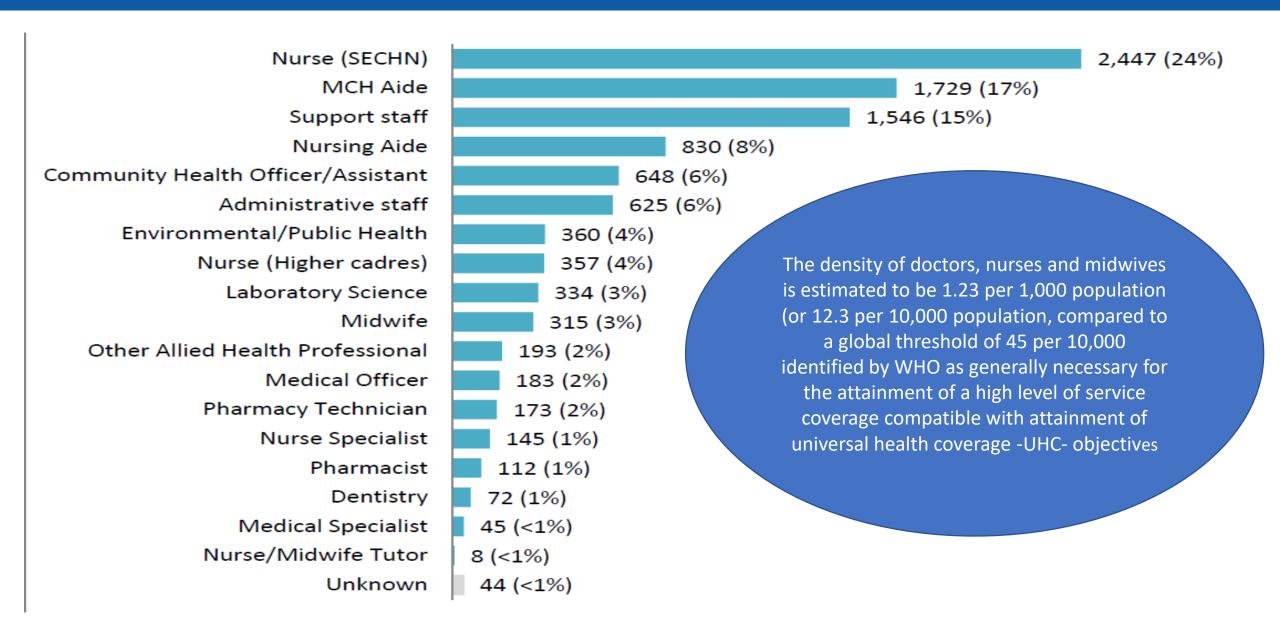
- Antenatal care, routine deliveries, immediate postnatal, neonatal care
- Routine vaccination, treatment of childhood illnesses and malnutrition
- Basic first aid
- Community outreach services
- Surveillance for epidemic-prone diseases

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Community Health Worker (CHW): Community level

- · iCCM, nutritional screening, distribution of family planning commodities
- Promotion of maternal care, hygiene, sanitation, referral of severe cases
- Social mobilization for outreach services and mass campaigns
- Links with community governance and ownership structures: FMCs, VDCs, Community Health Committees, M2M groups...

Human Resources for Health Profile



Number of Health Care Facilities by District

Organisation unit	MCHP	CHP	CHC	Government Hospital	Private Clinic⁵	Private Hospital	Total
Во	69	24	28	1	2	3	127
Bombali	55	32	15	1	5	3	111
Bonthe	15	26	14	1	4	2	62
Kailahun	18	42	14	1	1	1	77
Kambia	40	15	13	1	2	1	72
Kenema	60	33	26	1	2	2	124
Koinadugu	43	18	10	1	2	0	74
Kono	44	25	16	1	1	0	87
Moyamba	55	26	18	1	2	1	103
Port Loko	70	21	15	2	1	2	111
Pujehun	49	14	13	1	0	0	77
Tonkolili	75	15	12	1	1	2	106
Western Area	39	28	39	11	22	10	149
Total	632	319	233	24	45	27	1280

Expanded Primary Health Care Service Network Available Almost in Every Small Villages – Potential PHC Coverage (>100%)

Status of High Impact Interventions for MNH



ANC1 (98%) ANC4 (76%)



83%
Institutional Birth Rate



87%
Skilled Birth Attendant Rate



54.5
Early Initiation of Breast
Feeding



81% Newborn Dried After Birth



75% Health Seeking Behavior for Fever in Under-five

Status of High Impact Intervention for MNH

MMR

(Per 100,000 Live Birth)

717

SB

(Per 1,000 Births)

24

NMR

(Per 1,000 live births)

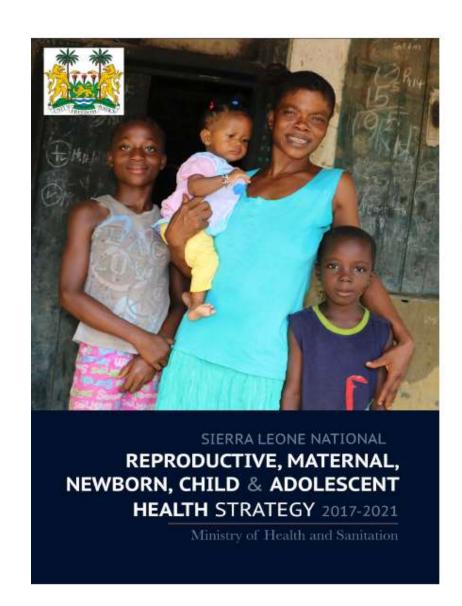
31

CMR (<5)

(Per 1,000 live births)

122

The RMNCAH Strategy & Investment Case

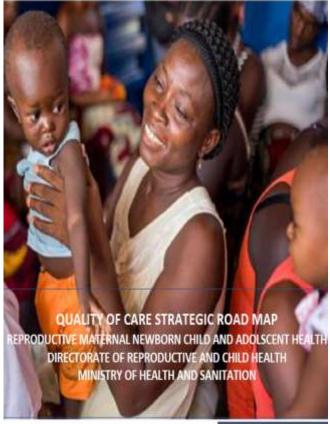


Strategic Objective Two (2)

Improved Quality of RMNCAH services at all levels of RMNCAH service delivery

Our Efforts & Initiatives





Developed National QoC Road Map: to ensure that the components of the health systems building blocks in the country are synergistic in supporting the provision of healthcare that is <u>safe</u>, <u>timely</u>, <u>effective</u>, <u>efficient</u>, <u>equitable</u>, <u>person-centred</u>, <u>integrated</u> and <u>devoid of collusion and corruption</u>.

QOC Roadmap Goal in line with QED Network

1

Reduce maternal mortality by 50% by 2024 from the baseline (2019) in participating facilities 2

Reduce newborn mortality by 50% by 2024 from the baseline (2019) in participating facilities 3

Reduce under-five mortality by 50% by 2024 from the baseline (2019) in participating facilities 4

Improve experience of care in participating facilities

2020 - 2024

Sierra Leone QoC Strategic Objectives aligned with Network Objectives



Leadership, management and governance structure established (National Quality Management Program, District and Hospital QoC Officers appointed, TWG, QI teams)



Developed guideline and manuals, Trained health care workers, introduced change packages, strengthened partnerships



Facilitated peer to peer learning in facilities, district level learning, national learning summit, documentation of best practices, improved data system for QoC



Mandatory reporting of maternal, newborn and paediatric deaths, Revitalized HMIS system to collect, report and use QoC indicators



Common set of MNH QoC indicators (Global)

Provision of Care

- Total number of deliveries (live and still births)
- Number of neonatal deaths prior to discharge by causes
- Total number of maternal complications
- Total number maternal deaths prior to discharge and by causes
- Number of babies breastfed within one hour of delivery
- Number of women administered immediate postpartum Uterotonic
- Number of babies weighed (live and stillbirths)
- Number of premature babies
- Number of babies admitted to KMC

Experience of Care

- # of women reporting counselling on different topics before discharge
- # of women who wanted a birth companion of choice during labour
- # of women who wanted a birth companion of choice during childbirth and labour
- # of women who had a birth companion of choice during labour and labour
- # of women who reported physical abuse during labour, childbirth or postpartum period
- # of women who reported verbal abuse during labour, childbirth or postpartum period

National QoC M&E Framework and Core Indicators for RMNCAH

Indicator	Baseline	Target	Source	Frequency	Remark
Impact Indicators					
Institutional Maternal Mortality Ratio (MMR)	TBD	TBD	MDSR	Quarterly	GCCI
Institutional Under Five Mortality Rate	TBD	TBD	DHIS2	Quarterly	NCI
Institutional Neonatal Mortality Rate (NMR)	TBD	TBD	DHIS2	Quarterly	GCCI
Institutional Stillbirth Rate (Disaggregated by Fresh/Macerated) and (Hospital/PHU)	TBD	TBD	DHIS2	Quarterly	GCCI
Institutional Adolescent Birth Rate	TBD	TBD	DHIS2	Quarterly	
Outcome Indicators					
Maternal Deaths by cause (PPH, PE/E, Prolonged Labor, Infection/sepsis)	TBD	TBD	MDSR	Quarterly	GCCI
Maternal Cause-specific Case fatality rate (PPH, PE/E, infection/sepsis, prolonged labor)	TBD	TBD	MDSR	Quarterly	GCCI
% women with obstetric complication (PPH, PE/E, prolonged labor, infection/sepsis etc) treated in facility	TBD	TBD	MDSR	Quarterly	NCI
Facility skilled Birth Attendant Rate	TBD	TBD	DHIS2	Quarterly	NCI
Institutional Birth Rate	TBD	TBD	DHIS2	Quarterly	
Obstetric Complications Referral Rate (PHU to Hospital)	TBD	TBD	RC Data	Quarterly	NCI
Under-five Referral Rate (PHU to Hospital)	TBD	TBD	RC Data	Quarterly	NCI
Under-five death by causes (Hospital)	TBD	TBD	DHIS2	Quarterly	NCI
Neonatal death by causes (Hospital)	TBD	TBD	DHIS2	Quarterly	GCCI
Under-five causes case fatality rate (Hospital)- Malaria, Diarrhea, Pneumonia and Malnutrition	TBD	TBD	DHIS2	Quarterly	NCI
Newborn asphyxia rate	TBD	TBD	DHIS2	Quarterly	
Neonatal causes case fatality rate (Hospital)- Preterm, Asphyxia, Sepsis	TBD	TBD	DHIS2	Quarterly	10
Bed Occupancy Rate (Obstetric)	TBD	TBD	RC Data	Quarterly	
Bed Occupancy Rate (Under Five)	TBD	TBD	RC Data	Quarterly	
Incidence of Surgical Site Infection (Maternal and Under-five)	TBD	TBD	RC Data	Quarterly	
Post Caesarian Section Morality Rate	TBD	TBD	MDSR/DHIS2	Quarterly	NCI
Caesarian Section Rate	TBD	TBD	DHIS2	Quarterly	NCI
% of newborns breastfed within 1 hour of birth	TBD	TBD	DHIS2	Quarterly	GCCI
% of premature babies initiated on KMC	TBD	TBD	DHIS2	Quarterly	GCCI
% of admitted children surviving from NICU/SBCU	TBD	TBD	DHIS2	Quarterly	NCI
% of under-five children with SAM recovering from treatment program	TBD	TBD	Nut. Data	Quarterly	
% of mothers/care takers that were satisfied with the care provided	TBD	TBD	DHIS2	Quarterly	NCI
Output/Process Indicators					
% of women assessed appropriately at admission	TBD	TBD	Audit/Super.	Quarterly	NCI

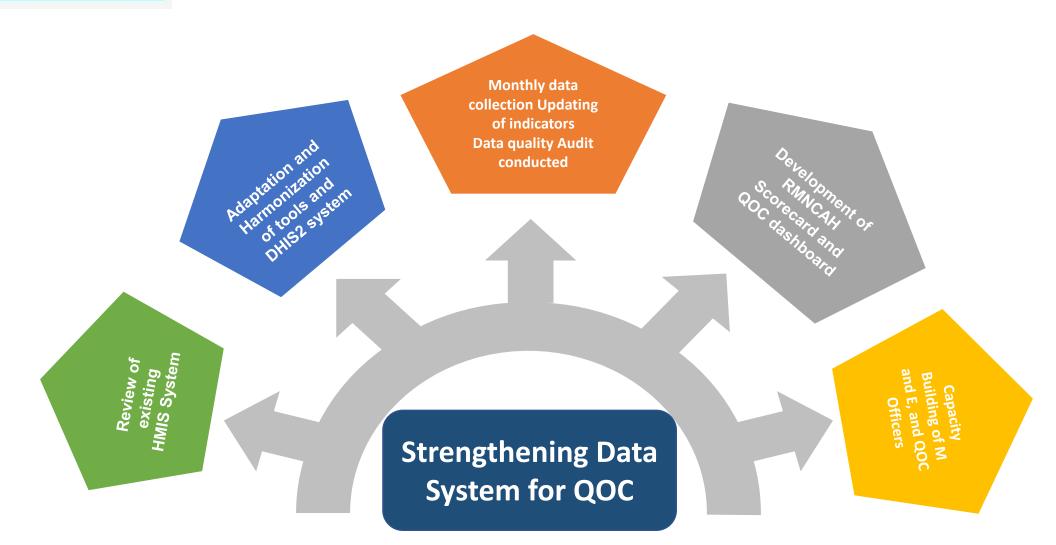
National QoC M&E Framework and Core Indicators for RMNCAH

% of women with blood pressure, pulse and temperature monitored appropriately	TBD	TBD	Audit/Super.	Quarterly	NCI
% of postnatal mothers monitored appropriately for danger signs	TBD	TBD	Audit/Super.	Quarterly	8
% of postnatal babies monitored appropriately for danger signs	TBD	TBD	Audit/Super.	Quarterly	NCI
% of mothers with obstetric complications (Hemorrhage, PE/E, Sepsis) treated at BeMONC/CeMONC facilities	TBD	TBD	DHIS2	Quarterly	NCI
% of women administered immediate post-partum uterotonic (i.e. active management of the third stage of labor)	TBD	TBD	DHIS2/Audit	Quarterly	GCCI
% of women with PE/E managed appropriately according to national protocol	TBD	TBD	Audit/Super.	Quarterly	Q
% of women who developed PPH receiving appropriate treatment according to national protocol	TBD	TBD	Audit/Super.	Quarterly	
% women with prolonged labor (active labor > 12 hours) managed appropriately according to national protocol	TBD	TBD	Audit/Super.	Quarterly	Ø
% women who gave birth in the facility with signs of infection treated with appropriate antibiotics according to national protocol	TBD	TBD	Audit/Super.	Quarterly	
% of postpartum women discharged appropriately with accurately completed record	TBD	TBD	Audit/Super.	Quarterly	8
% newborns with documented birthweight	TBD	TBD	Audit/Super.	Quarterly	GCCI
% newborns who received essential early newborn care (drying, skin to skin, delayed cord clamping, breastfeeding.)	TBD	TBD	Audit/Super.	Quarterly	NCI
% of hospitals that allow companion of choice during labour and childbirth	TBD	TBD	Audit/Super.	Quarterly	
% of women that wanted and had companion of choice during labour and childbirth	TBD	TBD	Survey	Biannual	GCCI
% of women that reported abuse during labour and child birth (disaggregated by type of abuse)	TBD	TBD	Survey	Biannual	GCCI
% postpartum women counseled on birth spacing and postpartum contraception options	TBD	TBD	Survey	Biannual	NCI
% of women who felt they were adequately informed by the health worker about their care including examination	TBD	TBD	Survey	Biannual	
% of women reported receiving dignified and respectful care during maternity visit	TBD	TBD	Survey	Biannual	
% of women who received pre-discharge counseling for mother and baby in the health facility	TBD	TBD	Survey	Biannual	GCCI
% of women discharged postpartum with modern contraceptive method of choice in the health facility	TBD	TBD	Survey	Biannual	
% of newborns < 2,000 gms initiated on KMC	TBD	TBD	Audit	Quarterly	2
% newborns discharged with accurately completed record	TBD	TBD	Audit	Quarterly	
% of all children with general danger or emergency signs who required referral received correct emergency and/or prereferral treatment	TBD	TBD	Audit	Quarterly	2
% of all children with pneumonia to whom oxygen was appropriately administered for the clinical indication	TBD	TBD	Audit	Quarterly	
% of all children with severe malaria who received the correct treatment (drug, dose, frequency, route of administration and duration) and supportive care according to national guidelines	TBD	TBD	Audit	Quarterly	

Quality of Care Metrics Landscape



Strengthen routine measurement systems to collect, report and use QOC indicators to help improve and sustain quality MNH care



Maternal and Delivery Register

	Delivery						Uterotonic given	New born condition			condition	Maternal diagnosis		Post-Partum Family Planning		Maternal outcome					
Date	Time	Norma	Assisted (vacuum)		0	eliver utcom FSB	ne	Was Parto- graph used? (Y / N)	immediately after birth? (Oxytocin / Misoprostol)	immediately after birth? (Oxytocin / Misoprostol) (Y/N)	Alive (Y/N)	Sex (M/F)	Weight (kg)	APGAR Score	Breast feeding initiated within one hour after birth (Y/N)	Initial diagnosis	Final diagnosis	Counselled on family planning before discharge	Accepted and received a family planning before discharge (Y/N)	Date	Discharged, Referral, or Death
										₹	Š	>	ΑF				(Y/N)				

Monthly Summary Form — HF3 (Reproductive Health)

			Mor	nthly Sun	nmary R	eproduc	tive Health	Services - HF3					
Facility name and type: Chiefdom:								Υ	ear: 20 yy	Month:	nm		
2													
Antenatal Care (refer to Mother-N	ry Register)		Td (refer	to Td Regis	ster)								
	In Facility	Outreach					Delivery		Preg	gnant	Non-Pr	regnant	
ANC 1st visit					Doctors, Mid CHN Midwife			Td Doses	In Facility	Outreach	In Facility	Outreach	In-School
ANC 1st visit under 12 weeks				Delivery by MCH Aides	CHO, CHA, S	SECHN,		Td 1st dose					
ANC 4th visit (Booked)				TBAs and O	thers			Td 2nd dose					
ANC 8th visit (Booked)				Delivery mo	nitored with p	oartograph		Td 3rd dose					
ANC 1st visit - Haemoglobin done					rophylactic g			Td 4th dose					
ANC 1st visit - LLIN given				(Oxvtocin/M	after deliver	У		Td 5th dose					
ANC Iron Folic Acid supplementation 3rd					f delivery ir	n facility (re	f Deliv Reg)	HPV 1st dose					
repeat				Live birth in facility				HPV 2nd dose					
ANC deworming medication				Still birth fres	sh in facility								
ANC 1st visit - screened for syphilis				Still birth ma	cerated in fa	cility		M	Method of delivery (refer to Delivery Register)				
ANC IPTp 1st dose				Birth weighe	d within 24 h	ours				10-14 yrs	15-19 yrs	20-24 yrs	25+ yrs
ANC IPTp 2nd dose				Birth weight	under 2.5 kg			Normal Delivery					
ANC IPTp 3rd dose				Live birth <=	36 weeks ge	station		Assisted Vaginal Deliver	у				
				Breastfed wi	thin 1 hour o	f birth		Caesarian Section					
Family pl	anning servi	ices (refer to	Family Pla	nning Regis	ter)			Pos	tnatal Care (refer	to Mother-N	eonate Reg	ister)	
Method		-	Client		Continuing Client	Postpartu m FP	Commoditi			Мо	ther	Neo	nate
Age	10-14 yrs	15-19 yrs	20-24 yrs	25+ yrs	All ages	All ages	es issued			In Facility	Outreach	In Facility	Outreach
Combined Oral Contraceptives (COC)								Postnatal visit (within 24)	hrs)				

Monthly Summary Form — HF3 (Reproductive Health)

Maternal cases and death in facility	Cases		De	ath	
Complications	All ages	10-14 yrs	15-19 yrs	20-24 yrs	25+ yrs
Obstetric - pregnancy abortive					
Obstetric - pregnancy induced hypertension					
Obstetric - Haemorrhage					
Obstretic - Pregnancy related infection					
Obstretic -Ruptured uterus					
Obstretic - ectopic pregnancy					
Obstretic - obstructed labor					
ndirect - Malaria					
ndirect - Anaemea					
ndirect - other obstetric complications					
Obstetric - Other complications					
Unknown or undetermined					
NOTE: Any maternal death in community must reported o	on form HF4 an	d NOT here			

Experience of Care Tool

MNH Experience of Care questions

Questions to be asked to women shortly before discharge home after delivery.

Interviewer to introduce themselves; explain the purpose of the survey; explain that participation is voluntary with no penalty for non-participation; reassure about confidentiality – seek consent.

Screening questions

S1	Have you given birth to a baby recently?	1.	Yes
		2.	No
S2	Is your baby alive?	1.	Yes
	If no, thank the mother for her attention, give your condolences and finish the interview	2.	No

Introduction questions

I1	What is your age?	1.	Under 16 years
		2.	16-19 years
		3.	20-24
		4.	25-29
		5.	30-39
		6.	40 years+
		7.	Don't know
		8.	No answer given
12	What is your religion?	1.	Muslim
		2.	Christian
		3.	Other
		4.	No answer given
13	What is your marital status?	1.	Married
		2.	Unmarried
		3.	Divorced
		4.	Widowed
		5.	No answer given
14	Is your baby in the Special Care Baby Unit?	1.	Yes
		2.	No
		3.	No answer given

Paediatric 'Experience of Care' questions

Questions to be asked to the parents of children under 5 years of age who will be discharged shortly.

Interviewer to introduce themselves; explain the purpose of the survey; explain that participation is voluntary with no penalty for non-participation; reassure about confidentiality – seek consent.

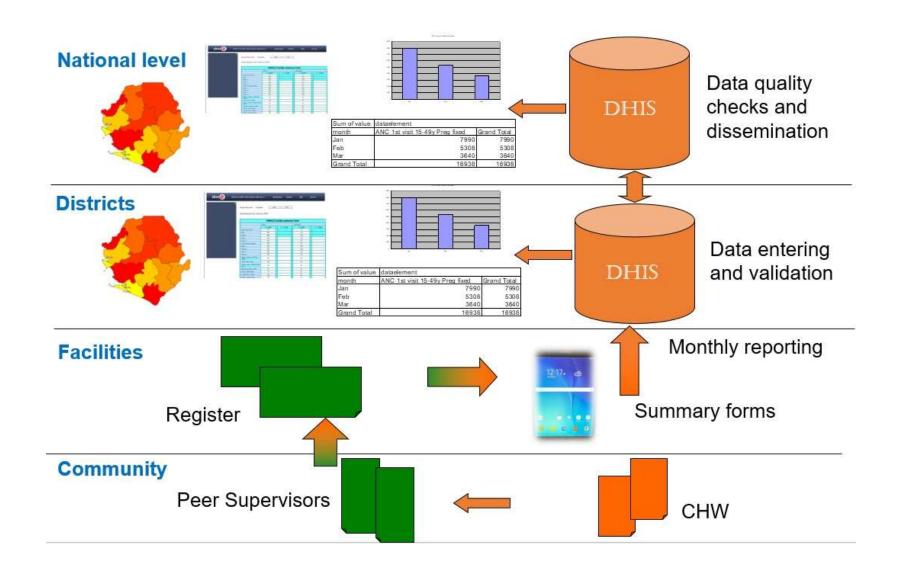
Introduction questions

11	What is the age of your child?	1.	Under 4 weeks
		2.	5 weeks – 11 mth
		3.	1 year – 5 years
12	Is your child a girl or a boy?	1.	Girl
		2.	Boy
12	What is your age?	1.	Under 16 years
		2.	16-19
		3.	20-24
		4.	25-29
		5.	30-39
		6.	40 years+
		7.	Don't know
		8.	No answer given
13	What is your religion?	1.	Muslim
		2.	Christian
		3.	Other
		4.	No answer given
14	What is your marital status?	1.	Married
		2.	Unmarried
		3.	Divorced
		4.	Widowed
		5.	No answer given

Experience of care questions

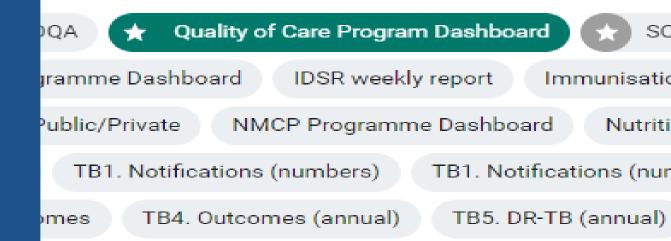
N.	Question	Answer
1	Did the health workers looking after you always tell you their name?	1. Yes
1		2 No

Overview of current data flow

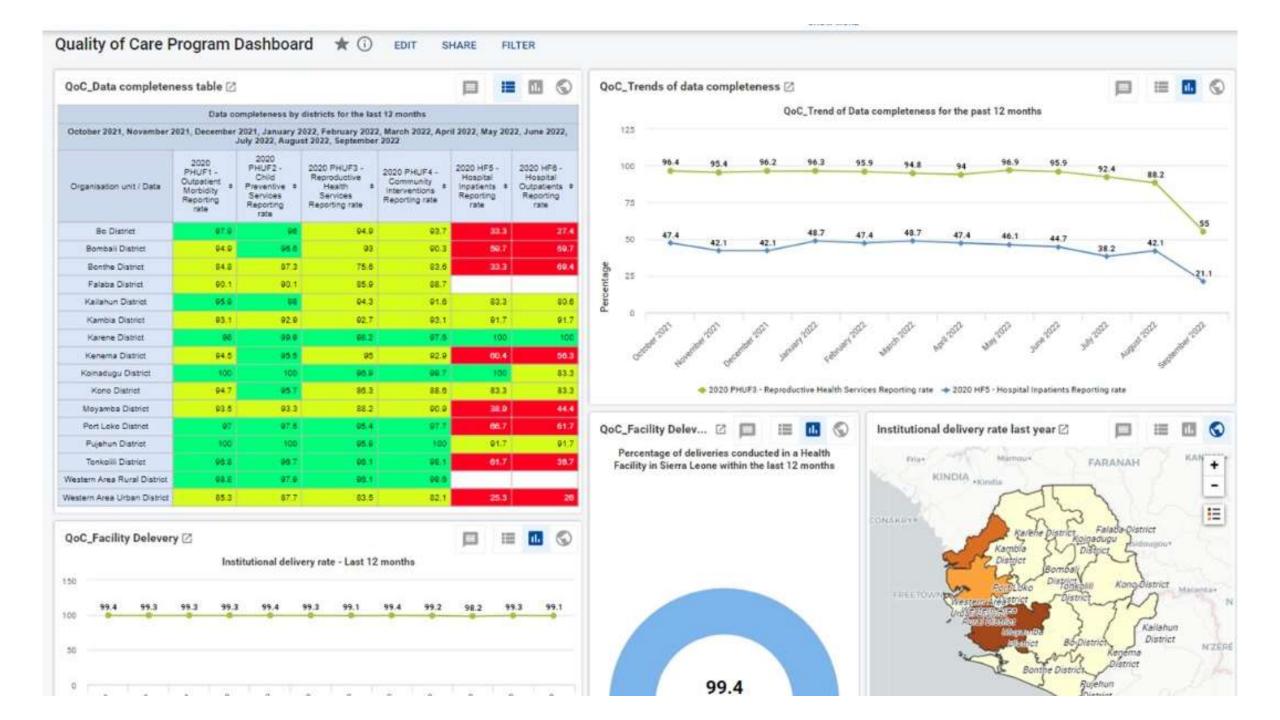




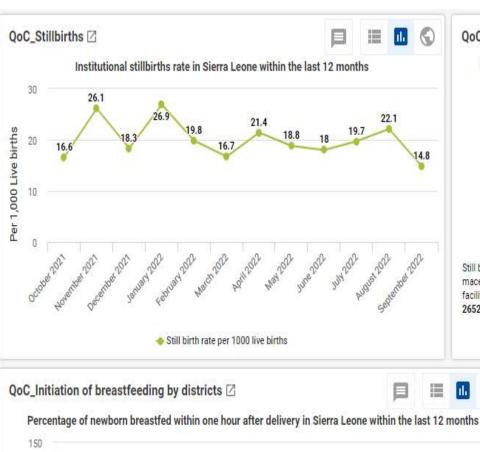
Sign in	
mohs	
Login using tw	o factor authentication
Sign in	
Forgot password	7
Welcome to DI-	IIS v2.31.9

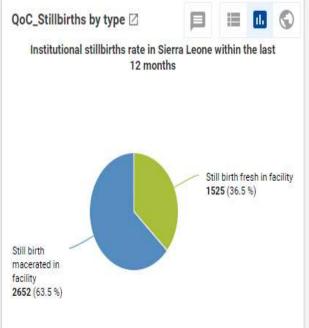


QOC DASHBOARD Reporting



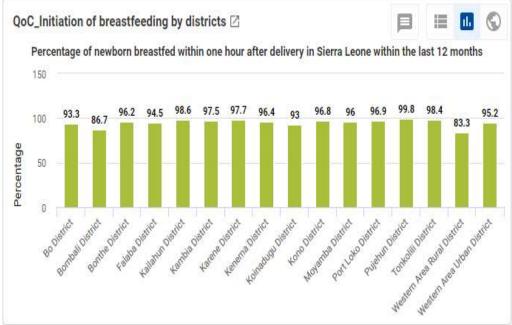




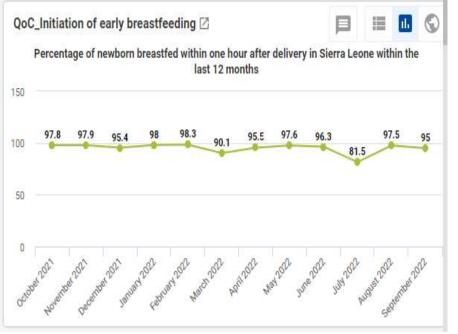


QoC_Initiation of br...









Data completeness table 🗹





Data completeness by districts for the last 12 months

r 2020, November 2020, December 2020, January 2021, February 2021, March 2021, April 2021, May 2021, June 2021, July 202-2021, September 2021

iisation unit / Data	2020 PHUF1 - Outpatient Morbidity \$ Reporting rate	2020 PHUF2 - Child Preventive \$ Services Reporting rate	2020 PHUF3 - Reproductive Health Services Reporting rate	2020 PHUF4 - Community Interventions Reporting rate	2020 HF5 - Hospital Inpatients ¢ Reporting rate	2020 Ho Outp Repoi
Bo District	98.6	97.1	94.1	95.8	31.9	
ombali District	89.5	89.9	89.2	85.8	64.6	
onthe District	94.2	93.6	84.8	94.1	47.2	
alaba District	94.2	94.2	88	93.8		
ailahun District	92.6	92.7	89.7	93.2	66.7	
ambia District	93.2	93.2	92.2	93.2	41.7	
arene District	99.3	99.4	94.5	99	83.3	
enema District	86	84.4	77.2	81.3	47.9	
nadugu District	94.6	94	87.9	91.7	100	
Kono District	95.6	93.7	84.1	85	66.7	
yamba District	94.8	93.6	88.1	92.8	29.2	
rt Loko District	99.8	99.8	95	98.6	86.7	
ujehun District	86.2	86.5	82.4	85.7	100	
onkolili District	95.5	92.6	88.8	40.6	52.1	
n Area Rural District	99.2	99.2	88.7	94.4		
Area Urban District	100	100	91.6	62.1	14.8	

■ National Quarterly RMNCAH Scorecard: Sierra Leone (Q2/2022) Scorecard is published on Scorecard Hub

On track Not applicable Increase Progress No data Decrease Not on track

▼ National KPIs

Maternal Mortality Rate	Neonatal Mortality Rate	Under 5 mortality rate		
717	31	122		

Scorecard

District				Newborn Health								Chile
District	LMIS hospital data completeness (%)	% newborns breastfed w/in 1 hr after birth at HFs	Hospital neonatal mortality rate (0- 28 days) % of neonatal admissions (%)	HIV exposed Infants (<1year) given Nevirapine within 72 hours of birth rate (%	Neonates 2nd Postnatal contact (3-7 days) after birth rate (%)	Postnatal promotional 3rd visit by CHW rate (%)	Malaria confirmed (0-59 m) treated with ACT rate in a health facility (%)	Pentavalent 3rd dose coverage 0- 11 months (SI)	Measles (MCV) 1st dose coverage 0- 11 months (SI)	Child 1-59 m with watery diarrhoea treated with ORS and Zinc (%)	Drop-out from 1st to 2nd dose of Measles/Rubella vaccine (%)	Child 6 -59 months cured of SAM
· Bombali		1 96	10	\$ 36	1 75	0	♦ 101		25	₽ 90	25	98
Bonthe	1 25	97		100	₽ 98	1	86		↓ 20	97	₽ 20	88
· Falaba		96	1 00		85	2	₽ 87		1 24	₽ 88	1 24	90
Kailahun	₽ 27	99	8		1 101	19	90		18	95	18	91
Kambia	₽ 22	96	8		93	3	88		4 -18	96	4 -18	99
Karene	1 26	97		100	86	0	100		.8	96	↓ 8	99
Kenema	₽ 27	99	9	100	92	2	98		₽ 24	97	₽ 24	1 86
· Koinadugu	1 89	93	₽ 7	100	85		₽ 82		♦ 6	100	↓ 6	₽ 89
Kono	1 44	₽ 93	7	₽ 88	76	4	99		↓ 12	96	↓ 12	99
· Moyamba	↓ 14	98	3	83	106	8	1 96		13	96	13	98
Port Loko	1 26	96		♦ 65	90	4	1 00		1 9	93	1 9	99
· Pujehun	7	100	1 11	4 1	1 29	0	1 90		1 27	94	1 27	98
· Tonkolili	1 23	98		100	1 22	0	95		26	1 92	26	1 97
· Western Area Rural	13	100	₽ 2	1 31	84		96		↓ 4	92	↓ 4	96
· Western Area Urban		94	1	₽ 89	1 66	4	1 90		32	89	32	1 91
ource:	↓ DHIS2	DHIS	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2	DHIS	DHIS2	DHIS	DHIS2	DHIS2

■ National Quarterly RMNCAH Scorecard: Sierra Leone (Q2/2022) Scorecard is published on §

▼ National KPIs

Maternal Mortality Rate	Neonatal Mortality Rate	Under 5 mortality rate			
717	31	122			

Scorecard

District		Child Health										
District	es (MCV) 1st coverage 0- conths (SI)	Child 1-59 m with watery diarrhoea treated with ORS and Zinc (%)	Drop-out from 1st to 2nd dose of Measles/Rubella vaccine (%)	Child 6 -59 months cured of SAM	Child 0-59 m with pneumonia treated with antibiotics rate (%)	Hospital child mortality (0-59 m) per admission rate (%)						
► Bombali	25	₽ 90	25	98	101	7						
► Bonthe	₽ 20	97	₽ 20	88	108	5						
► Falaba	1 24	₽ 88	2 4	90	₹ 75							
► Kailahun	18	95	18	91	98	6						
► Kambia	- 18	96	4 -18	99	 101	6						
► Karene	.8 ♣	96	8	99	± 111	2						
► Kenema	\$ 24	97	₽ 24	1 86	96	4						
► Koinadugu	♦ 6	100	₽ 6	♦ 89	98	2						
► Kono	₽ 12	96	₹ 12	99	101	2						
► Moyamba	13	96	13	98	99	7						
▶ Port Loko	1 9	93	1 9	99	99	9						
► Pujehun	1 27	94	± 27	98	99	14						
► Tonkolili	26	1 92	26	• 97	• 97	7						
► Western Area Rural	4 4	92	₽ 4	96	92							
► Western Area Urban	32	89	32	 91	96	₽ 3						
	4											
Source:		DHIS	DHIS2	DHIS2	DHIS2	DHIS2						

Not applicable Increase On track Progress No data Not on track

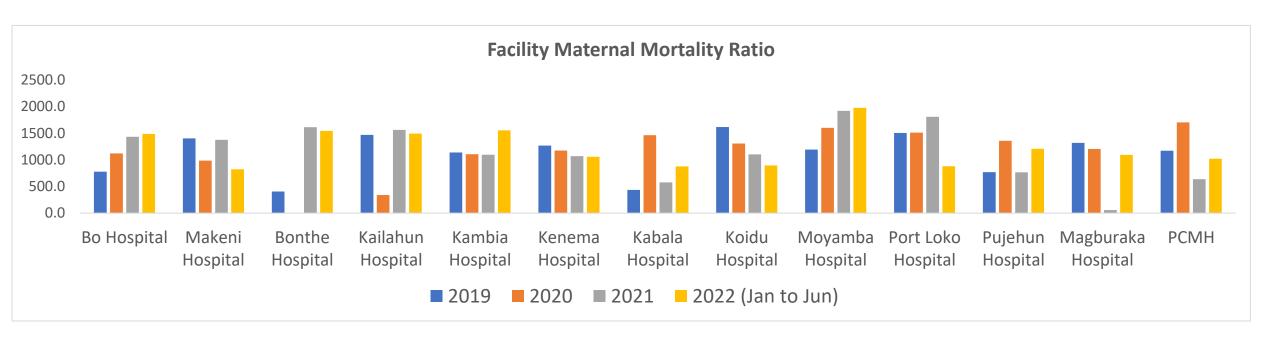
♣ Decrease

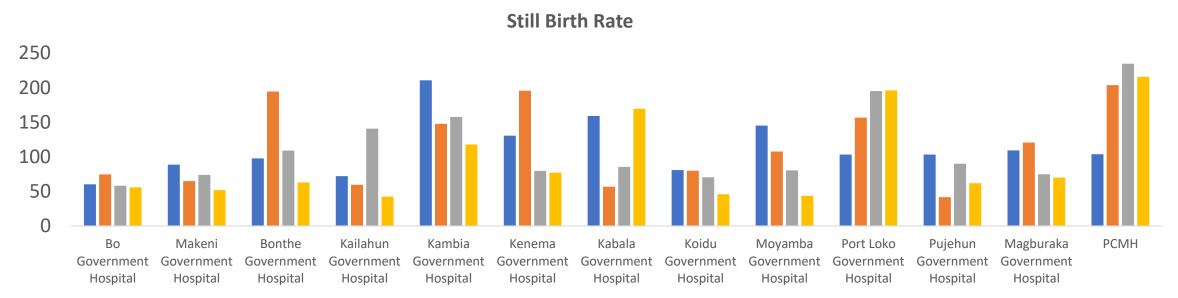
▼ National KPIs

Maternal Mortality Rate	Neonatal Mortality Rate	Under 5 mortality rate		
717	31	122		

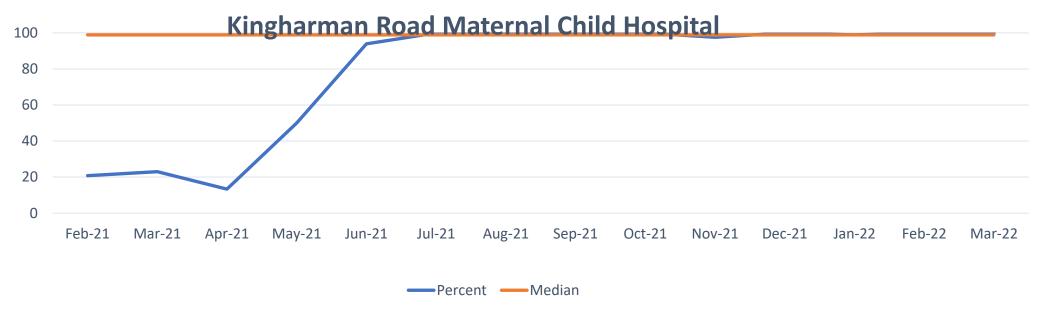
Scorecard

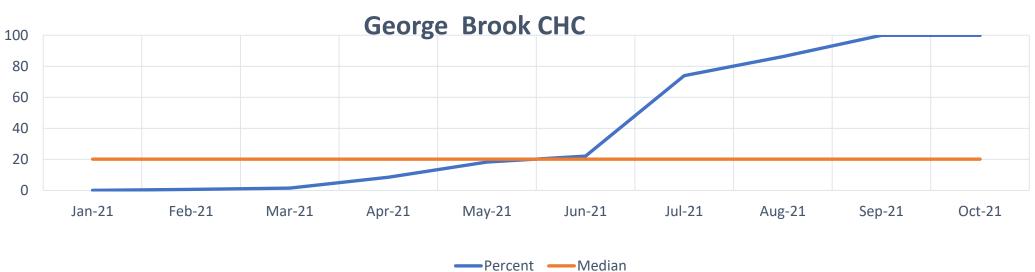
District							Adolescent, Reproc	ductive & Maternal I	Health				
District	M) ed .HW	Antenatal 4th visit rate (ANC1) (%)	Institutional delivery rate (%)	Antenatal clients tested for HIV rate (%)	Institutional Caesarean section rate (%)	Institutional delivery in adolescents 10-19 years rate (%)	Institutional stillbirth rate per 1,000 births (%)	Antenatal IPTp 2nd dose rate (ANC 1st visits) (%)		Postpartum Family Planning acceptance rate (delivered in facility) (%)	Hospital maternal Mortality Rate per 10,000 delivery	Antenatal client 1st visit who had haemoglobin test (%)	Antenatal client HIV positive new ART start rate (%)
► Bombali		₹ 74	100	♦ 51	1 13	22		1 83		↓ 16	1 05	44	1 00
► Bonthe		1 80	100	. 61	4	19		1 68		34	↓ 48	20	₽ 85
▶ Falaba		₽ 83	100	₽ 29		18		1 75		1 29	± 510	11	100
► Kailahun		83	100	1 72	1	19		1 76		32		21	
► Kambia		105	97	1 61	4	18		92		32	↓ 14	22	1 69
► Karene		₽ 82	100	♦ 51	3	18		₽ 99		42	19	1 9	1 20
► Kenema		1 86	100	1 81	3	23		89		4 46	₽ 32	41	1 30
► Koinadugu	_	₽ 72	100	♦ 40	7	± 26		85		1 30	23	9	1 78
► Kono		1 93	100	1 76	12	19		1 04		₹ 33	1 41	\$ 24	1 61
► Moyamba		87	95	♦ 53	1	18		81		30	1 4	11	100
▶ Port Loko		99	99	58	5	22		95		26	4 8	14	1 04
► Pujehun		86	100	60	1 6	18		92		20	1 27	2	1 114
► Tonkolili		73	100	♦ 69	4	21		1 76		34	₽ 118	7	₽ 89
► Western Area Rural		1 61	100	23		21		† 72		5		71	₽ 91
► Western Area Urban		1 61	99	1 20	ቆ 6	17		1 62		34	1 848	93	97
	4	Build	D. IIIC	D.110	DUIG	D. HGO	D. HGO	D. W.CO	DUUGO	D. IICO	D. II.CO	D. HOO	b
Source:		DHIS	DHIS	DHIS	DHIS	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2	DHIS2



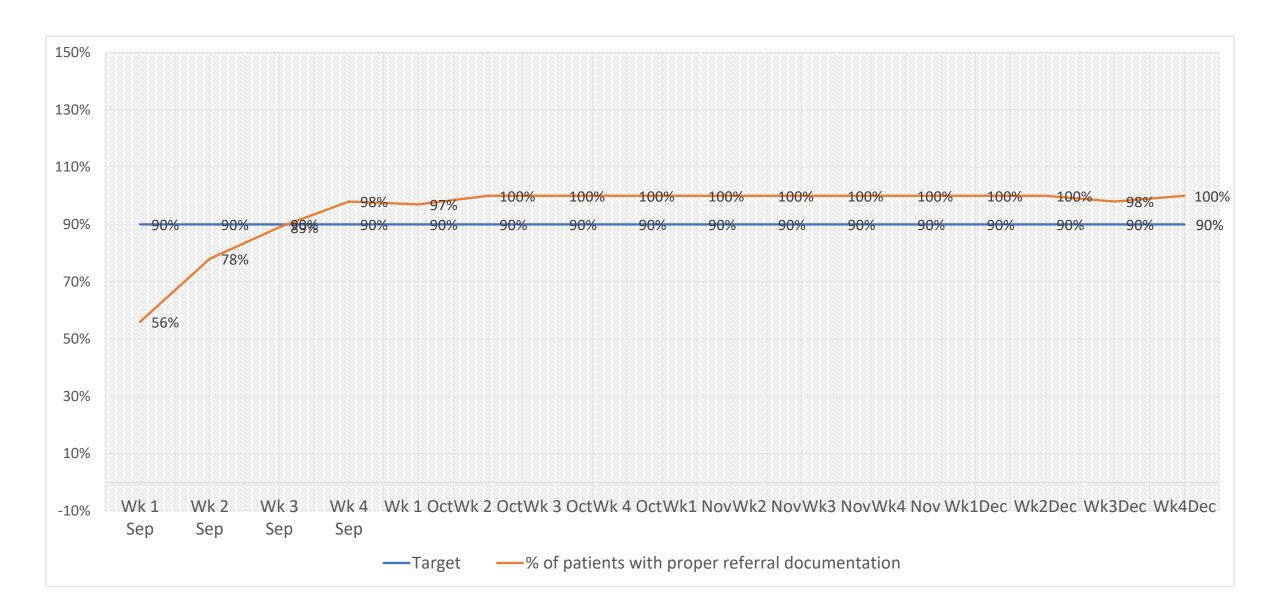


Selected Result (Western Area Urban District) - Improve anemia screening and prevention in pregnancy (IFA): % pregnant women tested for anemia at first ANC visit (hemoglobin)

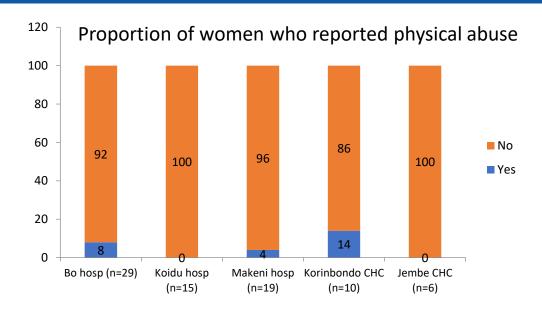




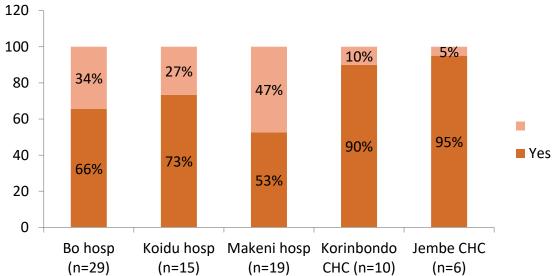
Improving on fluid intake and output chart documentation at PCMH Eclampsia Ward

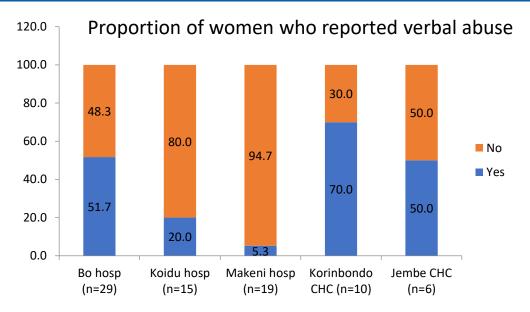


Experience of care assessment results

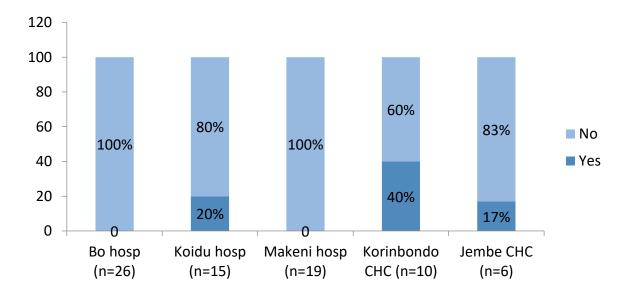


Patient receiving counselling before discharge





Proportion of women who wanted and had companion of choice



Lessons Learned

Strong political commitment for QOC

Regular participatory
HMIS review process
followed by MOHS

Technical competencies at DPPI/MOHS

Strong leadership by
Quality
Management
Program (Champion)

Strong collaboration between DPPI and NQMP

Strong desire for KPI by senior management of MOHS/NQMP

Partnership with UN and Implementing partners (WHO)

Challenges

- Timeliness, completeness and quality of data is an issue
- Multiple tasks of health care workers
- Volunteer health care workers particularly for M&E
- Reporting from private hospitals
- Use of data for decision making at all level
- Stock out of reporting tools
- Limited funding for DQA
- Limited financing for HMIS
- HMIS not capturing all indicators needed

Way forward

Continuous capacity building

Strengthen ICT for DHMTs and hospitals

Advocacy for data use and data driven performance reviews

Digitization of QI documentation Template

Integration of DQA in regular SS

Biannual experience of care assessment

TENKI