

2023 HEALTH SURVEY

REPORT



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1. INTRODUCTION

Health is a key governance issue in any nation-state; not least in developing countries, like Sierra Leone, where its provision, accessibility and affordability is a challenge. Without doubt, the issue of health and social accountability concern the rights of individuals residing in Sierra Leone.

On account of the above, NMDHR conducted a one-month research; between May 2023 to June 2023, in two operational districts.

NMDHR is a right-base non-governmental organization promoting human rights, including advocacy for improved gender, and empowerment outcomes, alleviating women and girls from extreme abuse, and increase accountability in service delivery within rural communities in Sierra Leone.

1.1 Objective:

The primary objective of the research is to assess the provision, accessibility and affordability of the primary healthcare services in Sierra Leone

1.2 Target group:

The respondents were males and females (pregnant women, lactating mothers, children under 5, persons with disabilities, and the aged). with the following age brackets- *parent with under 5; 18-25; 26-40 and above 40.*

1.3 Methodology:

A survey questionnaire was developed by the consultant together with the NMDHR Research Team, focusing on three areas:

- Accessibility of Health Services
- Access to Doctors and other Health Workers
- Attitude and Practices of Health Workers.

The research was conducted in twenty communities in NMDHR's two selected operational districts I.e. Western Rural, and Urban District. Our field officers engaged the stakeholders and beneficiaries in the various communities on the table below.

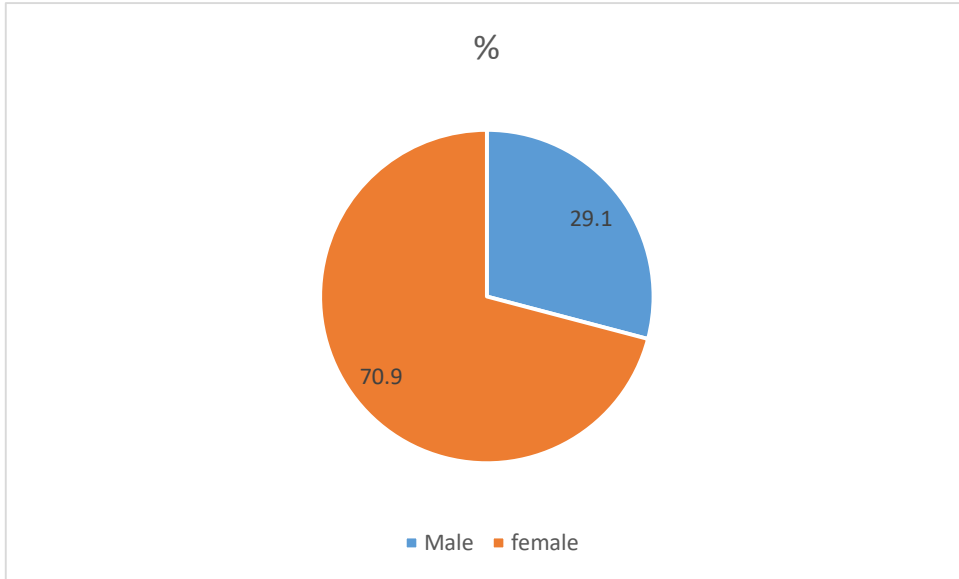
NO	District	Communities
1	Western Urban	Fourah Bay, Kissy, Wellington, Calabatown, Mountain Cut, Wilberforce, Lumley, Aberdeen, Portee, Tengbeh Town ,
2	Western Rural	Waterloo, Leicester, Gloucester, Bathurst, Regent, Grafton, Tree Planting, Morgegba, Rokel, Hastings.

1.4 Respondents' Profile

(a) Gender

From the table below, the males were 29.1% and females 70.9%.

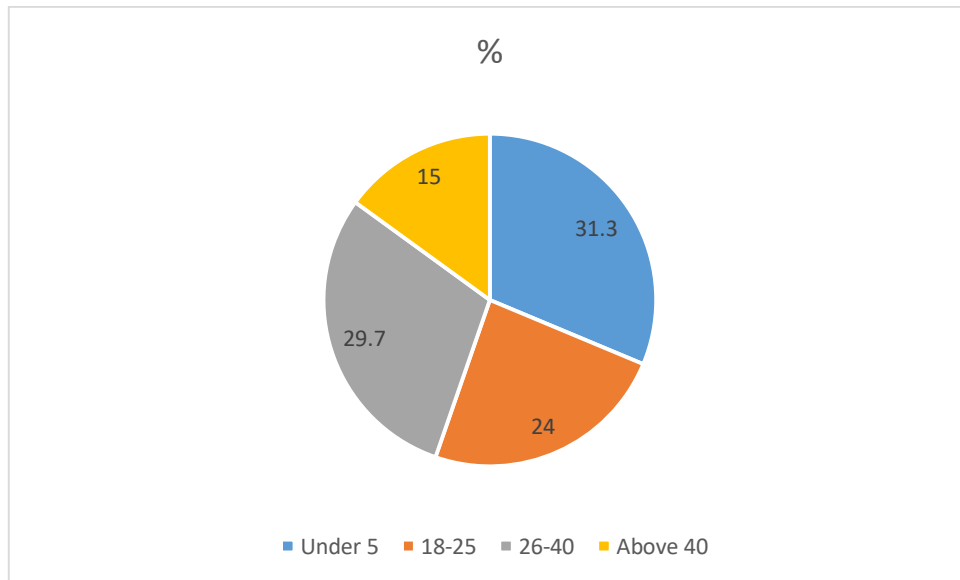
Gender	Male	female
%	29.1	70.9



(b) Age

From the table below, for the following age brackets: under 5s were 31.3%; 18-25 were 24%; 26-40 were 29.7%, and above 40 years were 15% respectively.

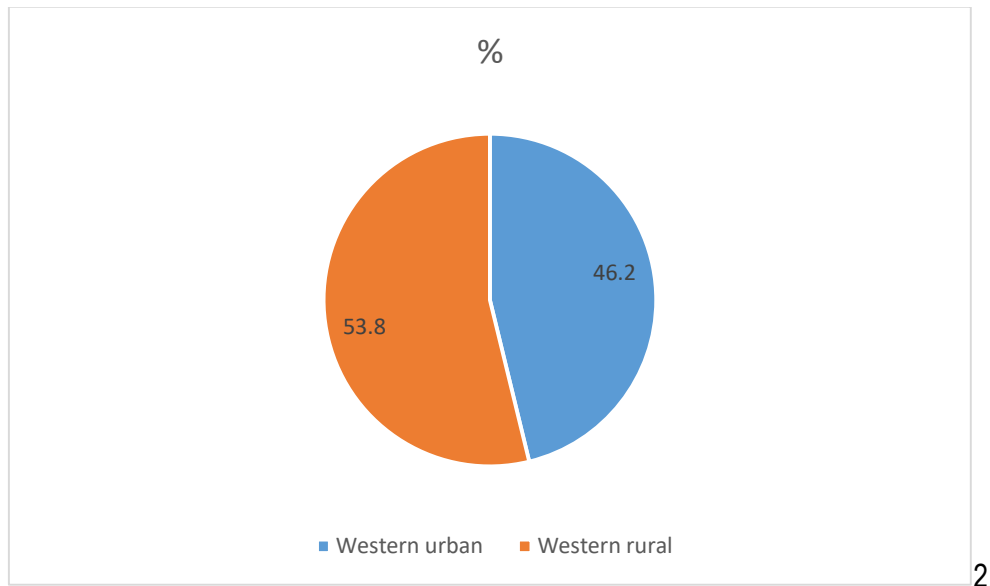
Age	Under 5	18-25	26-40	Above 40
%	31.3	24	29.7	15



(c) Survey Areas

From the table below, the western area was targeted, with the western urban 46.2% and western rural, 51.8% respectively.

Region	Western urban	Western rural
%	46.2	53.8



2. KEY FINDINGS

The survey looked at the following issues analyzed below:

- accessibility

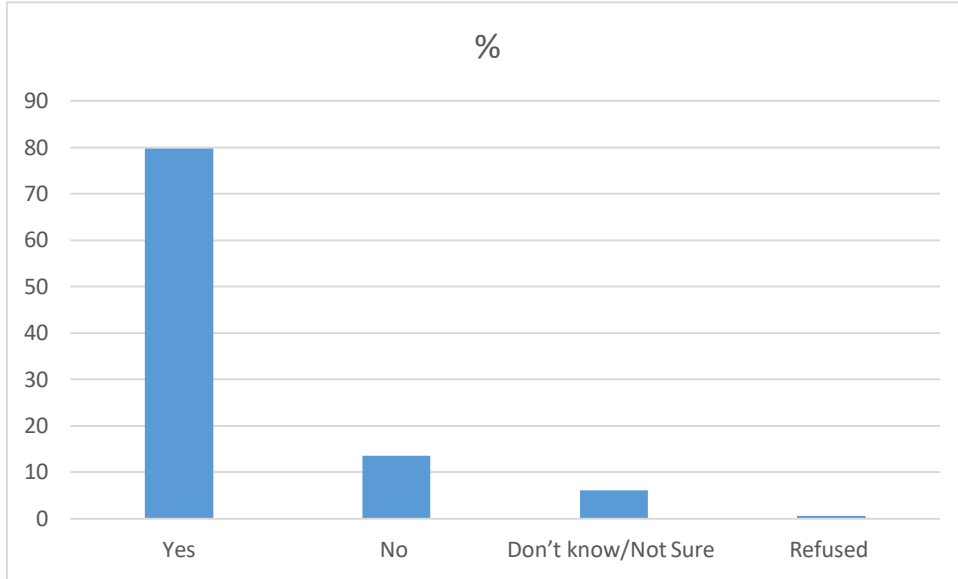
2.1. ACCESSIBILITY OF HEALTH SERVICES

Access to health services is paramount and is the foundation for good governance; especially the most exposed and poor people of the community. Access looked at presence of community health centers, service/visitation, cost.

The table below shows the following responses: 94.6% said (yes) there is health center in their community; whereas 3.6% (no), 0.8% (not sure) and 1% refused to say whether there is health center in their community.

-Presence of Community health centers

Do you have a health center in your community?				
Yes	No	Don't know/Not Sure	Refused	Yes
%	94.6	3.6	0.8	1

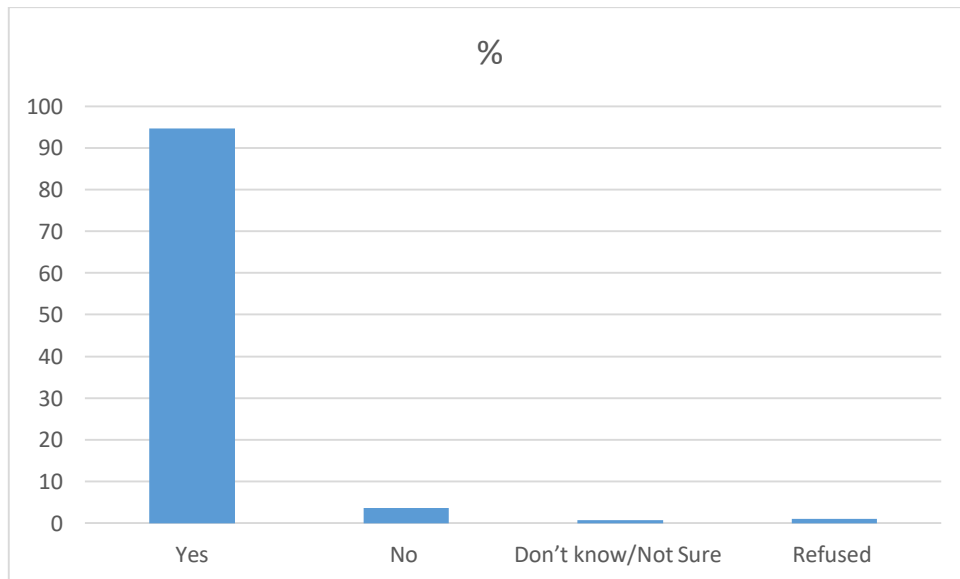


Services/visitation to the Centers

People in the respective communities who need health services have to visit the one in their community.

b. Have you ever had a health service at this health center?

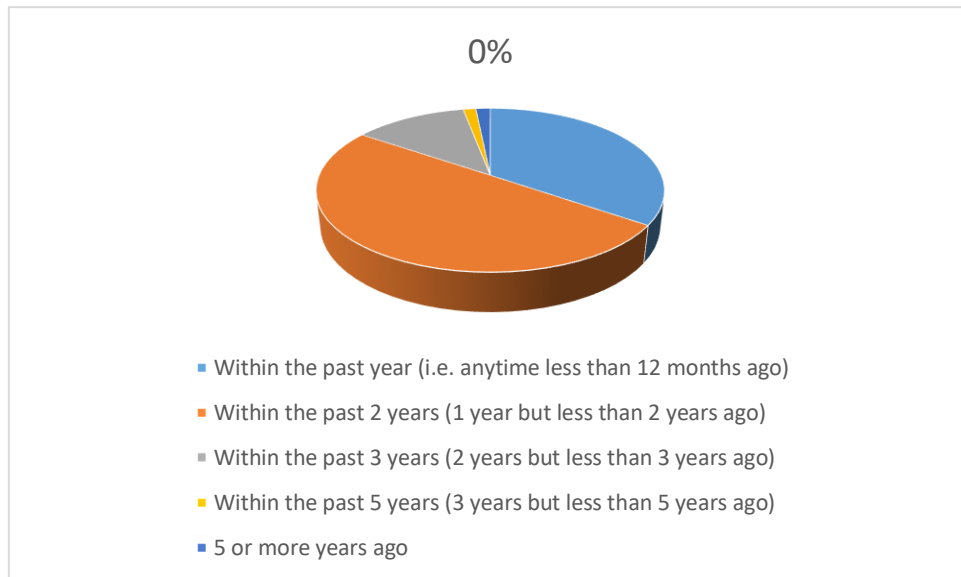
	Yes	No	Don't know/Not Sure	Refused
%	94.6	3.6	0.8	1



From the table above, those who said they have visited their health centers are as follows: 94.6% said yes, 3.6% said no, 0.8% are not sure and 1% refused to say.

- **Last visitation of the health centers**

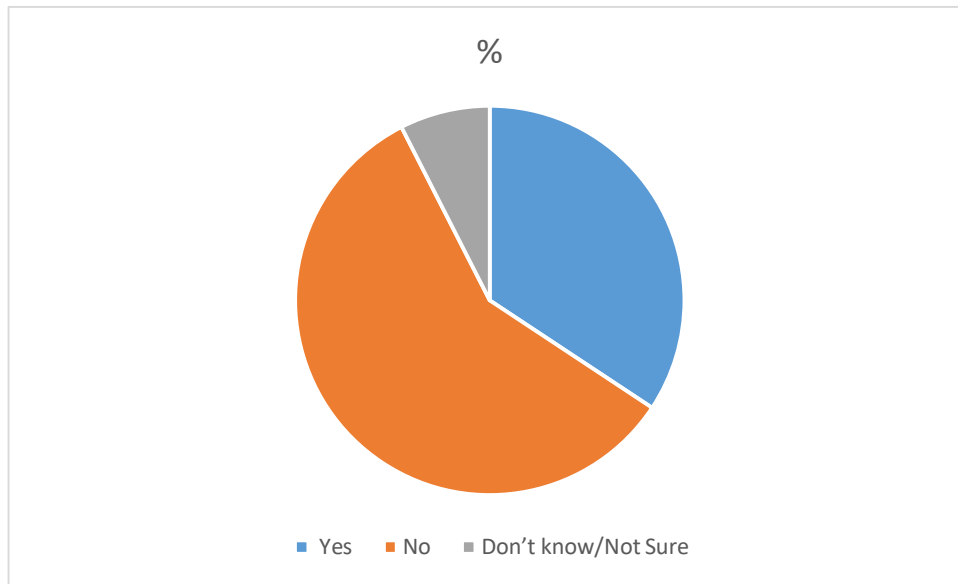
c. When was the last time you visited this health center?					
	Within the past year (i.e. anytime less than 12 months ago)	Within the past 2 years (1 year but less than 2 years ago)	Within the past 3 years (2 years but less than 3 years ago)	Within the past 5 years (3 years but less than 5 years ago)	5 or more years ago
0%	34.6	49.9	12.5	1.4	1.6



From the graph above, visitation for health services, 34.6% said they last visited 12 months ago; 49.9% said within the last 2 years; 12.5% within the past 3 years; 1.4% within the past 5 years and 1.6% within 5 years or more.

- **Affordability**

d. Was there a time in the past 12 months when you needed a health service but could not because you could not afford to pay for it?			
	Yes	No	Don't know/Not Sure
%	34.3	58.2	7.5



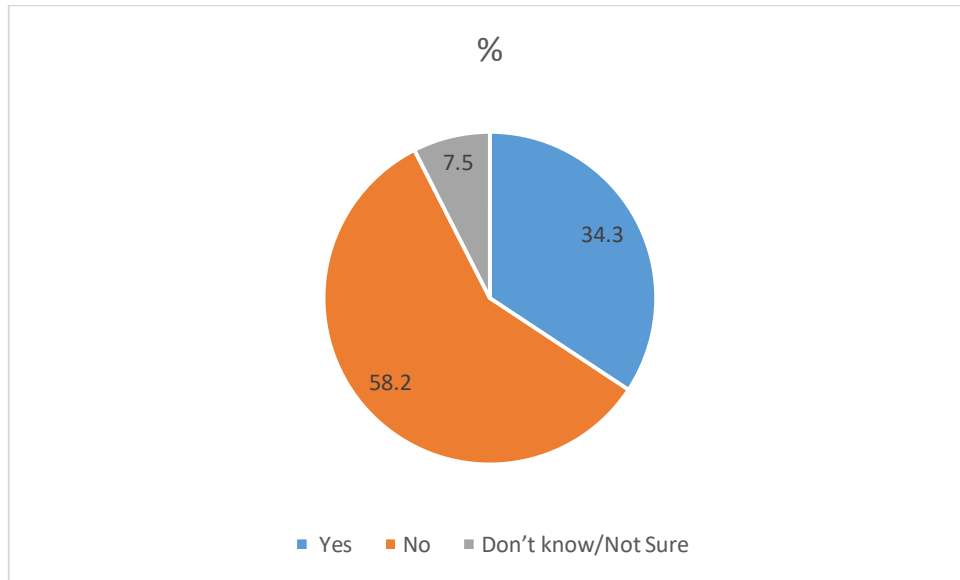
From the table above, 34.3 % said they did not visit the health centers in the past 12 months because they cannot afford it, whereas 58.2% and 7.5% said otherwise; that cost was not the issue for their lack of visit in the past 12 months.

2.2 ACCESS TO DOCTORS AND OTHER HEALTH WORKERS

The availability of doctors (physicians) and health workers basically does not ensure access; although their presence is the first step. It is key to note that such access creates a fruitful relationship between the health service providers and consumers; without which people will not be able to adequately address their health needs and this will worsen over time. Thus, the survey looked at this in terms of time.

a. How long ago is it since you last saw a doctor or other health workers?

	Within the last month	More than a month ago but within the last 6 months	More than 6 months ago but within the last year	More than a year ago
%	32.7	35.6	14	17.7



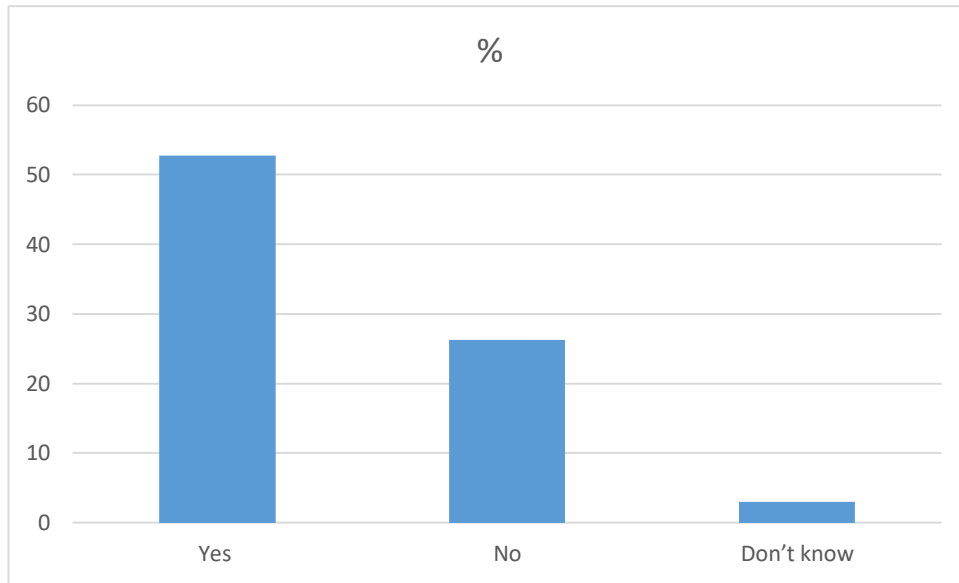
From the table and graph above, 32.7% had access to doctors and other health workers within the last month; 35.6% more than a month but within the last 6 months; 14% more than 5 months ago within the last year; and 17.7% more than a year ago.

2.3. ATTITUDE AND PRACTICES OF HEALTH WORKERS

The attitude and practice of health workers cannot be overemphasized. Health workers practices are directly related to the work ethics and attitude; thus better education is important but not at the expense of the right mental framework and conduct. The focus here was on money, patients' welfare, regularity and punctuality.

- *Patients welfare or money making*

a. Do you think that the health workers really care about the welfare of the patients or money making?			
	Yes	No	Don't know
%	52.7	26.3	3

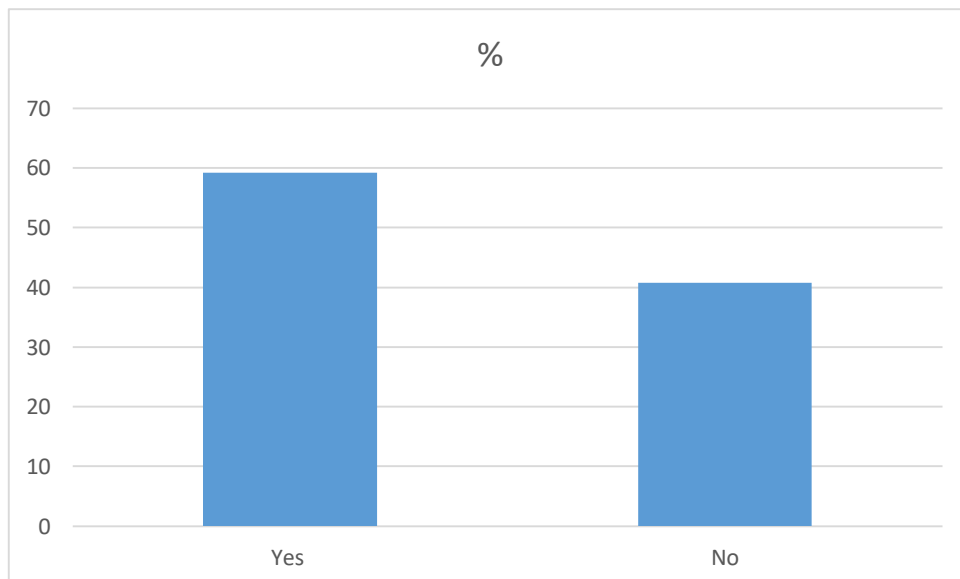


From the table and graph above, 52.7% said the health workers care about the patients' welfare than making money, whereas 26.3% said health workers care about money than the patients' welfare, while 3% said they cannot tell.

- Regularity and punctuality

Health centers are considered as critical environments where time is of the essence and if the health workers are not present and punctual has the potential to cause patients harm.

b. Are staff regular and punctual to attend to patients?		
	Yes	No
%	59.2	40.8

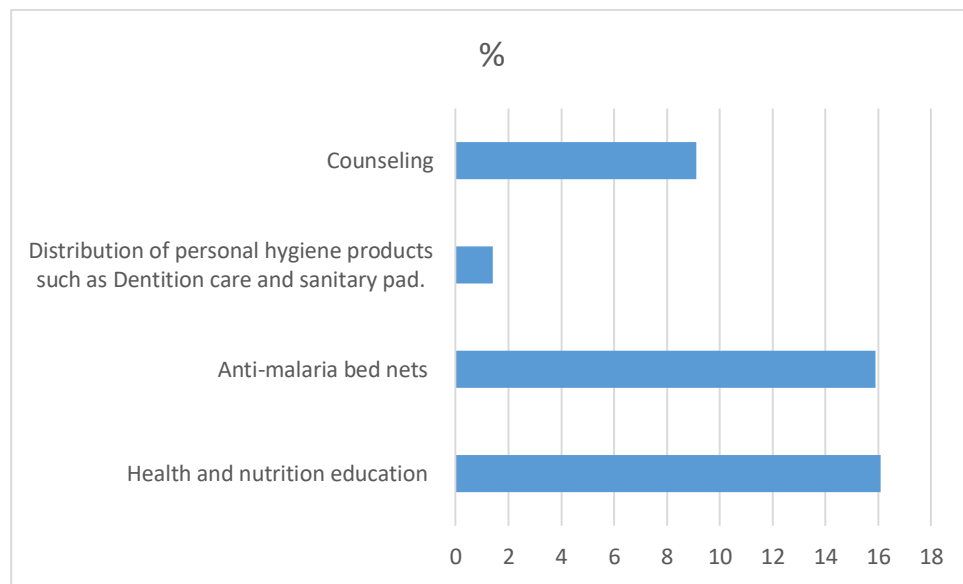
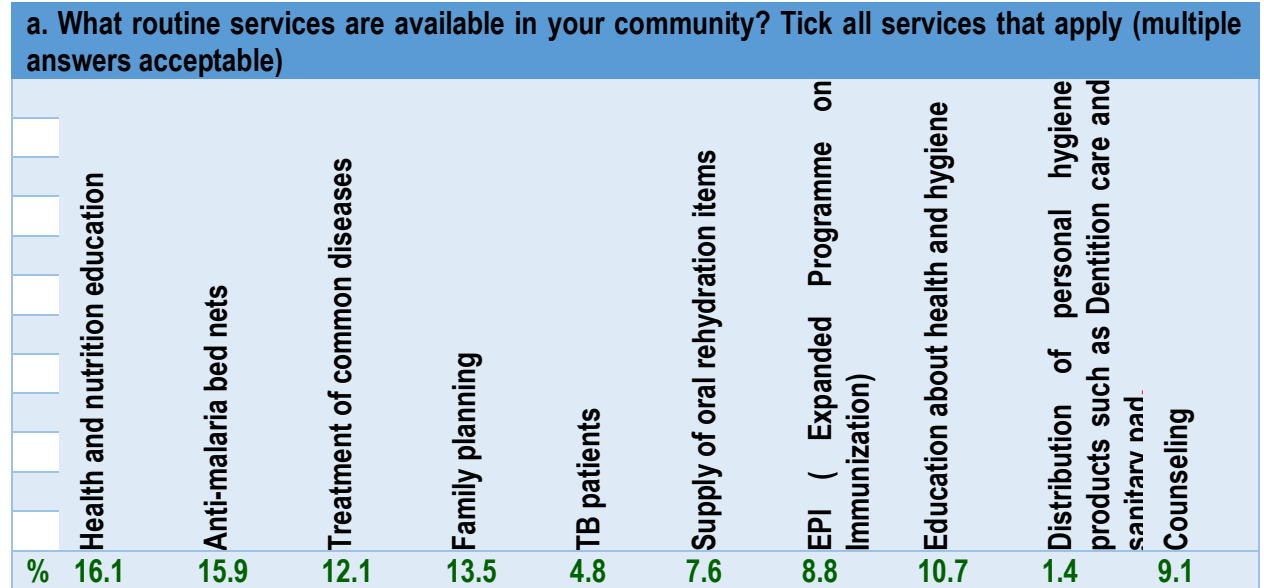


From the graph above, 59.2% and 48.2% of respondents said that the health workers are regular and punctual.

2.4. EXISTING HEALTH SERVICES

Health centers and the accompanying services they provide to consumers are arguably intertwined, but the facilities determine the kind of services that be provided or made available to the end users.

- *Services provided*



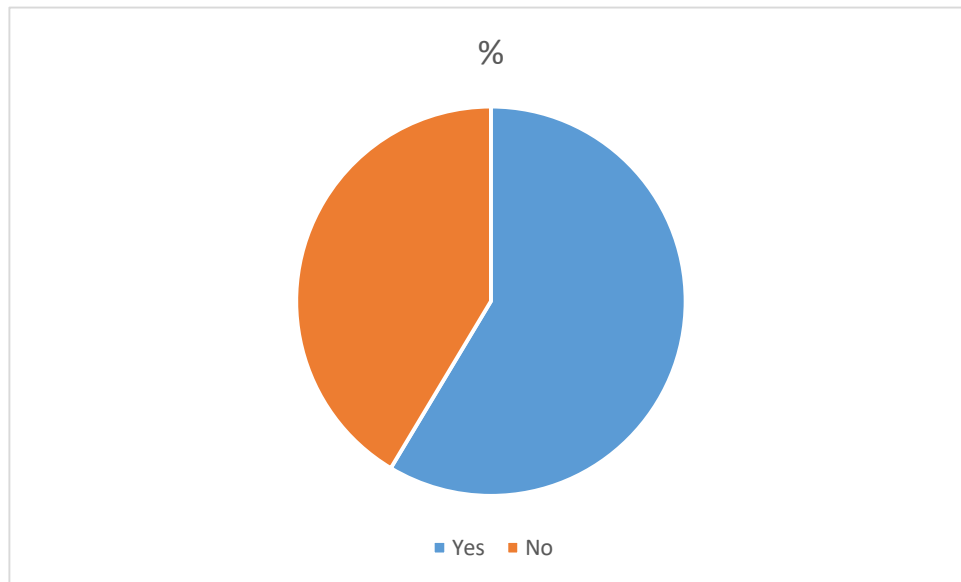
From the graph above, 16.1% said health and nutrition education; 15.9% said anti-malaria bed nets; 12.1% said treatment of common diseases; 13.5% said family planning; 4.8% said TB patients; 7.8 said supply of

oral rehydration items; 8.8% said EPI (Expanded Programme on Immunization); 10.7% said education about health and hygiene; 1.4% said distribution of personal hygiene products and 9.1% said counseling.

- Purchase of drugs from the health staff

Purchasing of drugs from the health staff has and can lead to pressure on the available resources and majority of end users who are dependent on them, not only for their access but affordability. In some instances, it leads to artificial shortages which is a concern and the survey looked at the area of the current pharmaceutical procurement avenues and processes.

b. Have you ever purchased primary healthcare drugs from any of the staff in this health facility?		
	Yes	No
%	58.6	41.4

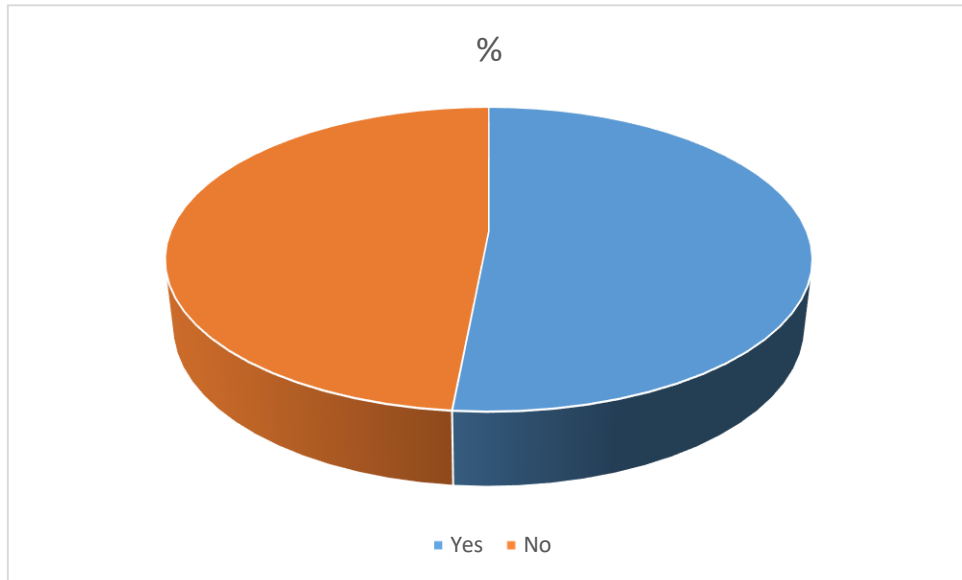


From the table and graph above, 58.6% and 41.4% respectively said that they have purchased health drugs from staff in the health centers.

- Free healthcare services

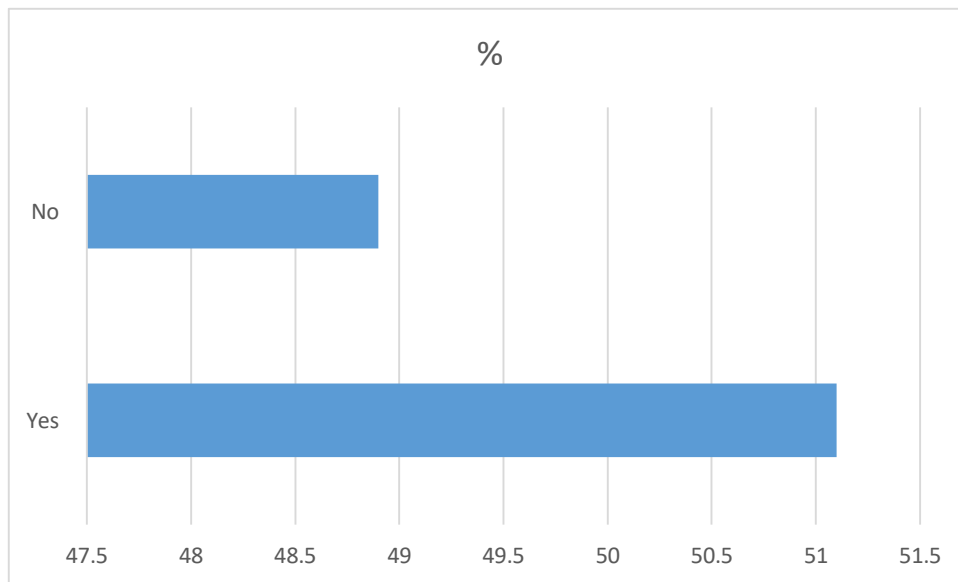
In the past recent years the government provided free health care services for lactating mothers and under 5, which aimed among others the financial burden parents underwent when trying to seek health services for their children. Thus, the study wanted to know whether that was still the practice.

c. Have you ever been denied of the free healthcare services?		
	Yes	No
%	51.5	48.5

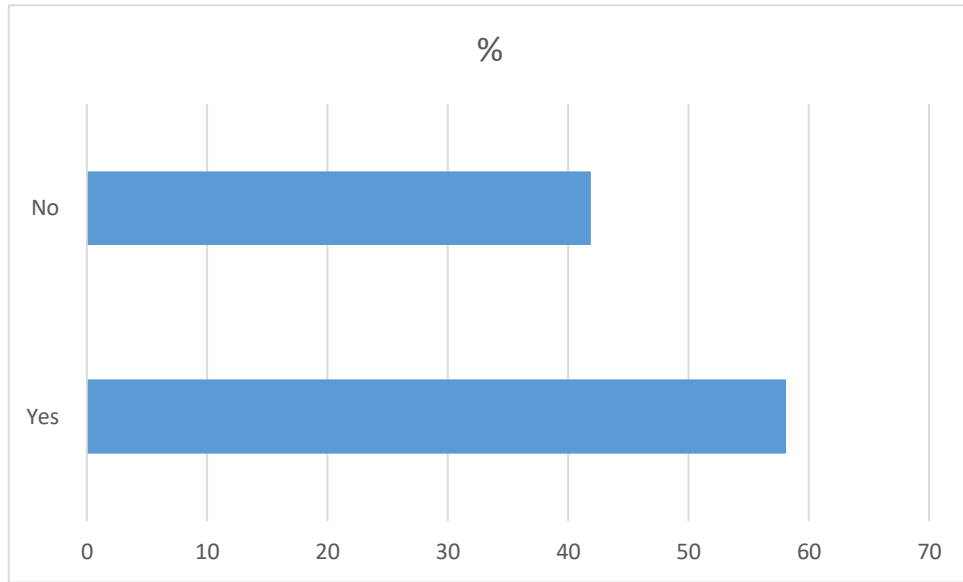


Thus, from the table above 51.5% and 48.5% said they had been denied

d. Are you aware of adequate ambulance service at this health center?		
	Yes	No
%	51.1	48.9

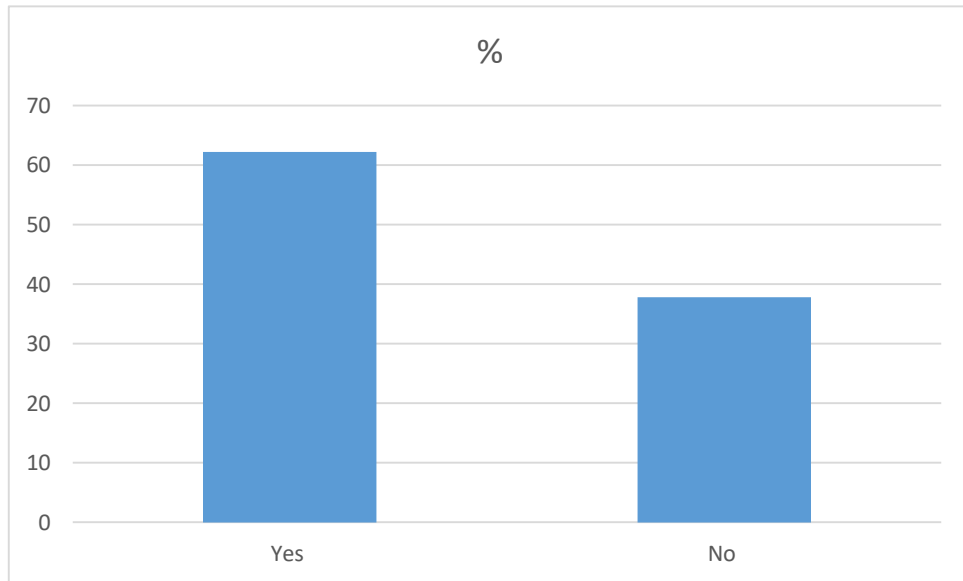


e. Is there clean and adequate water supply at this health center?		
	Yes	No
%	58.1	41.9



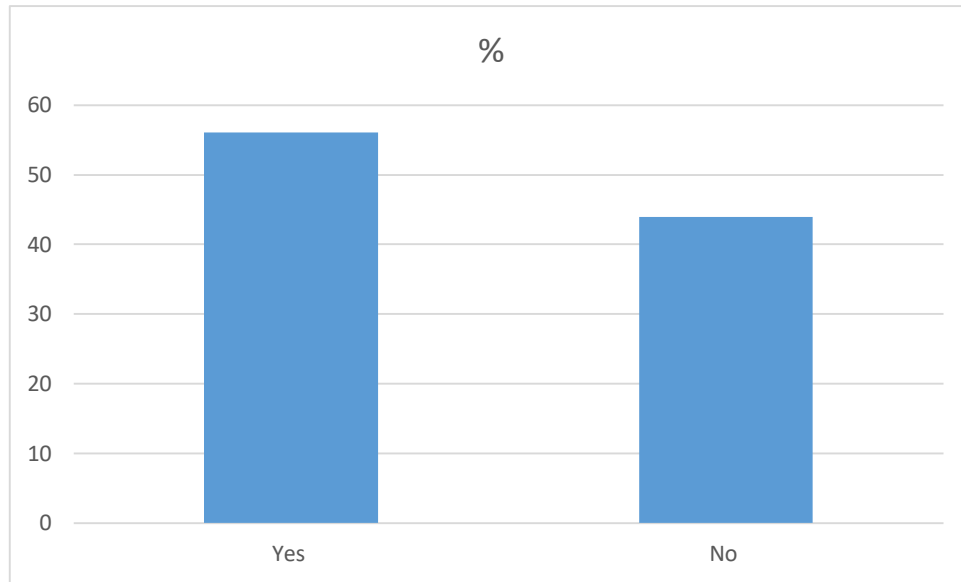
f. Is there regular electricity supply during your stay/visitation at the health center?

	Yes	No
%	62.2	37.8



g. Is there regular water supply during your stay/visitation at the health center?

	Yes	No
%	56.1	43.9

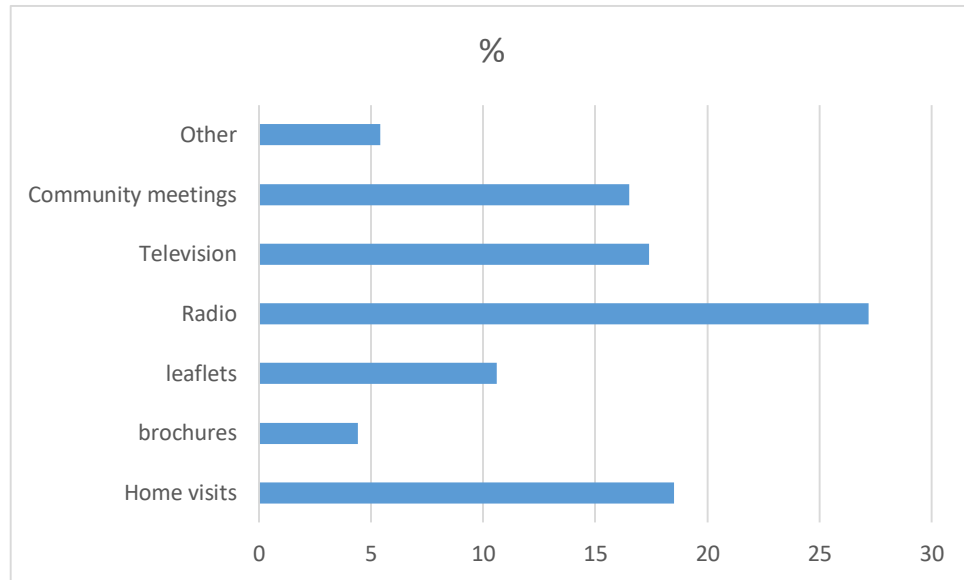


2.5. INFORMATION SHARED

Information management and processes are key input in current health practices and this is fundamental for all health workers in the health system. The exchange of information requires the service providers and end users to have a channel or medium of such exchange understood by all and as seen below this include but not limited to the following.

How is health information given in your community?

	Home visits	brochures	leaflets	Radio	Television	Community meetings	Other
%	18.5	4.4	10.6	27.2	17.4	16.5	5.4



As seen from above, health information is provided to the end users: 18.5% is home visit, 4.4% brochures, 10.6% leaflets, 27.2% radio, 17.4% television, community meetings 16.5% and other 5.4%. Thus, radio accounts for the main information medium, with television and community meetings accounting as the 2nd most important for community health communications.

2.6. IMPROVING HEALTH SERVICES

Health service delivery is a governance challenge. To ensure a society where health access is equitable to all persons and communities, there is need that the health system responds and caters for the diverse needs of every community.

However, this requires input from the end users and not only the health service providers and professionals.

To what extent do you agree with the following as key for improving health treatment in the community?

	More important	Important	Neither agree or disagree	disagree	Don't Know
hospitals	132	100	0	0	0
Government	250	215	0	0	0
Doctors	88	130	0	0	0
Other Health Workers	35	60			
%	100	100	0	0	0

- Those satisfied with the services provided

Staff attitude	<ul style="list-style-type: none"> • good reception during visitations • no demand for money • punctuality of doctors and nurses • accommodating
Health education	<ul style="list-style-type: none"> • caution of parents with unhealthy babies • pregnant and lactating mothers
Drug supply	<ul style="list-style-type: none"> • Free immunization of children
Equipment	<ul style="list-style-type: none"> • proper medical equipment used to diagnose illnesses • proper diagnosis of children before treatment, • constant electricity and water supply • clinical tests conducted before treatment
Services provided	<ul style="list-style-type: none"> • qualified medical practitioners • proper treatment of persons with disabilities • doctors and nurses' quick attendance to patients, especially Under 5s • better drug quality prescriptions, • rapid improvement of children's health after treatment • no delay in treatment of emergency cases

From the graph above, 59% of respondents said they were satisfied with the services provided at the health centers because of:

Those unsatisfied

Staff attitude	<ul style="list-style-type: none"> • unfriendly nurses to patients and required medication not given • nurses often unethical statements; '<i>free medical free death</i>', especially for patients without money • poor punctuality of shift workers; especially nurses to work on time but will leave their junior nurses on night duty • absence of nurses during complicated pregnancy referrals or attention • absence of doctors and nurses • impoliteness of some nurses during service delivery • late attendance of nurses to pregnant patients and referral to register/make payment while awaiting labour, • refusal to allow some pregnant women to have clinic services until payment of registration charges
Drug supply	<ul style="list-style-type: none"> • unavailability of drugs and prescriptions issued to procure from particular pharmacies • poor drug quality supply • some nurses' refusal to supply free health care drugs as demanded by the government, • late supply of drug by the responsible government department • Non- separation of free health care drugs from the cost recovery drugs

Equipment	<ul style="list-style-type: none"> • few admission beds for the sick and pregnant women • broken furniture • few BP machines
Services delivered	<ul style="list-style-type: none"> • patients being asked for compensation fees after treatment • payment for ambulance service • asking patients or their relatives to buy fuel for any emergency transfer, • too much demand for money • indirect payment of the free health care drugs during visits to the health center by asking patient to buy book, pay for test, • money demand before delivery of babies by nurses to buy plastic, hand gloves, soap, disinfectant • money request, for instance, Le 150,000 old Leones, before allowing newly delivered mothers to leave the hospital, • payment before accessing doctors and senior nurses • indirect payment for malarial treatment and regular clinic attendance as pregnancy test, immunization.
Sanitary	<ul style="list-style-type: none"> • untidiness of the center • presence of big rats, mosquitos and poor ventilation
Others	<ul style="list-style-type: none"> • distance of the health centers • frequent power cuts during operation leading to deaths of mothers and children • payment before accessing doctors and senior nurses

From the graph above, 41 % of respondents said they were not satisfied with the services provided at the health centers because of:

8. RECOMMENDATIONS

According to the survey respondents, the following recommendations were made to improving health services in their various communities:

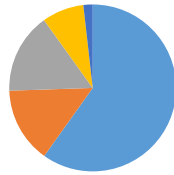
Capacity building	<ul style="list-style-type: none"> • of midwives and nurses • improve awareness raising on drug usage through constant visitation to the communities. • provision of government scholarship opportunities for advance medical studies to facilitate rapid medical service delivery across the communities and country at large • provision of health care education at both the communities and the health centers • increase the level and capacity of junior health workers, especially with the use of health tools • more recruitment and increase in the retention rate of experienced nurses • conducting inter-community health education program through workshops
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	<ul style="list-style-type: none"> • increase the free health care service by having more trained and qualified health workers • constant community engagement about daily health • improvement in the working conditions of health workers • training of community people about common diseases
Staff attitude	<ul style="list-style-type: none"> • more attention to pregnant women and respect service users across the communities • effective control or preventive measures against the incessant demand of health worker's money before service • sincere and complete adherence to the government's free health care policies, • punctuality • timely attendance to patients
Equipment	<ul style="list-style-type: none"> • use of appropriate modern medical technology to address major health problems • improvement in the ambulance services at the health centers • procurement of more beds in the health centers • procurement of more protective equipment
Service delivery	<ul style="list-style-type: none"> • bring medical services to the door step of the service users in the various communities • incorporation of the TBA's into modern primary health service, especially at the community level • provision of good postnatal care for pregnant women • separation of the free health care drugs from the cost recovery drugs • provision of medical evaluation report to senior medical authorities for appropriate actions • prosecution of selling the free health care drugs
Drug supply	<ul style="list-style-type: none"> • ensure effective and timely supply of better drugs
Facility maintenance	<ul style="list-style-type: none"> • constant community visitations on hygiene education, and garbage disposition • keeping the health centers and their environments always clean

2. What is the most important way in which the government could address health problems in the community (Please select one)

Improving awareness in the community	Timely reporting of possible cases	Having regular screening/checking programs	Diagnosing and treating the patients	Referring patients to next level facility
59.8	14.6	15.6	8.1	1.8

Most important ways for the government to improve the health services

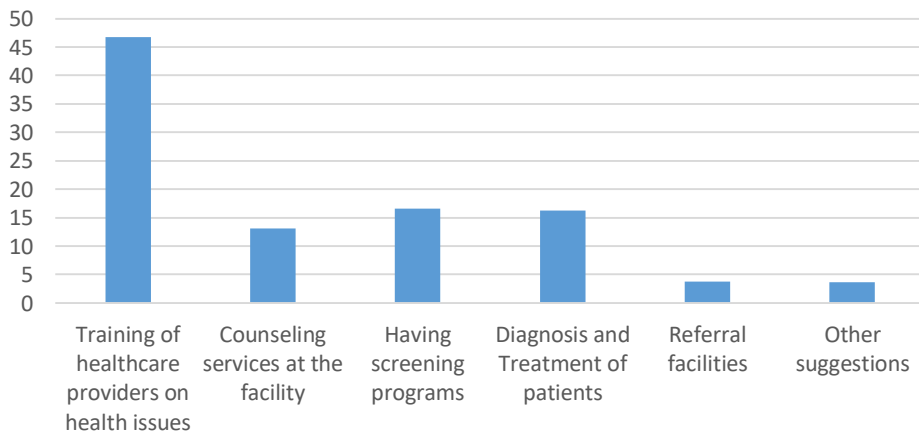


- Improving awareness in the community
- Timely reporting of possible cases
- Having regular screening/checking programs
- Diagnosing and treating the patients
- Referring patients to next level facility

3. What is the most important way in which the health facility could better respond to the health problems (Please select one)

Training of healthcare providers on health issues	Counseling services at the facility	Having screening programs	Diagnosis and Treatment of patients	Referral facilities	Other suggestions
46.7	13.1	16.6	16.2	3.7	3.6

most important ways in which the health facility could better respond to the health problems



From the table above, **46.7 %** of respondents said training of healthcare providers on health issues, **13.1 %** said counseling services at the facility, **16.6%** having screening programs, **16.2 %** said diagnosis and

treatment of patients, **3.7 %** said referral facilities and **3.6%** said other suggestions were most important ways in which the health facility could better respond to the health problems

Annex: Questionnaire



2023 HEALTH ACCOUNTABILITY SURVEY

Inform Consent:

Hello I am a staff of Network Movement for Democracy and Human Right NMDHR. I am conducting a research to understand details on the Primary health care implementation in Western Urban district in Government Health Facilities. The data collected would be validated with other respondents, so that there would be no need to mention you personally and the data collected would be used mainly for research purposes. Before I proceed however, I would like to get your consent before commencing the interview. The interview will approximately take half an hour. You will be asked questions and if you don't understand, please feel free to stop and ask me at any point of the interview process.

Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Age: Parent with under 5 child <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-40 <input type="checkbox"/> above 40 <input type="checkbox"/>
Region : Western Urban <input type="checkbox"/> Western Rural <input type="checkbox"/>	
Name of community:	

Respondent's Profile

1. ACCESSIBILITY OF HEALTH SERVICES

a. Do you have a health center in your community? Yes No Don't know/Not Sure Refused

If yes, state which type?

b. Have you ever had a health service at this health center? Yes No Don't know/Not Sure Refused

b (i) If yes, which kind?

b (ii) If no, why?

c. When was the last time you visited this health center?

- Within the past year (i.e. anytime less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 3 years (2 years but less than 3 years ago)
- Within the past 5 years (3 years but less than 5 years ago)
- 5 or more years ago

d. Was there a time in the past 12 months when you needed a health service but could not because you could not afford to pay for it? Yes No Refused

2.ACCESS TO DOCTORS AND OTHER HEALTH WORKERS

a. How long ago is it since you last saw a doctor or other health workers?

- Within the last month
- More than a month ago but within the last 6 months
- More than 6 months ago but within the last year
- More than a year ago

3. ATTITUDE AND PRACTICES OF HEALTH WORKERS

a. Do you think that the health workers really care about the welfare of the patients or money making?

Yes **No** **May be** **Don't know**

b. Are staff regular and punctual to attend to patients? **Yes** **No**

4. EXISTING HEALTH SERVICES

a. What routine services are available in your community? Tick all services that apply (multiple answers acceptable)

- Health and nutrition education
- Anti-malaria bed nets
- Treatment of common diseases
- Family planning
- TB patients
- Supply of oral rehydration items
- EPI (Expanded Programme on Immunization)
- Education about health and hygiene
- Distribution of personal hygiene products such as Dentition care and sanitary pad .
- Counseling

b. Have you ever purchased primary healthcare drugs from any of the staff in this health facility? **Yes** **No**

c. Have you ever been denied of the free healthcare services? **Yes** **No**

d. Are you aware of adequate ambulance service at this health center? **Yes** **No**

e. Is there clean and adequate water supply at this health center? **Yes** **No**

f. Is there regular electricity supply during your stay/visitation at the health center? **Yes** **No**

(i) If yes, estimate the number of hours

g. Is there regular water supply during your stay/visitation at the health center? **Yes** **No**

(i) If yes, how or estimate the number of hours

5. QUALITY OF THE SERVICES

a. A lab test is a test for diagnosis of diseases. Have you ever had a lab test here? **Yes** **No**
 Don't know/Not Sure **Refused**

b. Did you pay? **Yes** **No**

c. If yes, how much?

d. Normally, how long does it take to get your test result?

- Within a day
- Within 2 days
- Within 3 days
- Within 4-7 days
- Don't know/Not sure
- Refused

e. What would you say about the drugs prescribed for your treatment?

- works well
- is dangerous
- has no side effects
- has strong side effects
- Low quality
- good quality

6. INFORMATION/COMMUNICATION METHODS

(a) How is health information disseminated in your community? (Multiple ticks acceptable) **Home visits** **Brochures** **Leaflets** **Radio** **Television** **Community meetings** **Other** (please explain)

7. IMPROVING HEALTH SERVICES

a. To what extent do you agree with the following as crucial for improving health treatment in the community?

	Most Important	Important	Neither agree nor disagree	disagree	don't know
--	----------------	-----------	----------------------------	----------	------------

	1	2	3		4	5
Hospitals						
Government						
Doctors						
Other Health Workers						
Community people						

8. CHALLENGES

a. During your last visit here, were you satisfied with the services provided? Yes No

If yes, why?

If no, why?

9. RECOMMENDATIONS

a. What do you think is the most important way in which health workers could contribute to improving health problems in the community?

b. What is the most important way in which the government could address health problems in the community (Please select one)

- Improving awareness in the community
- Timely reporting of possible cases
- Having regular screening/checking programs
- Diagnosing and treating of the patients
- Referring patients to next level facility

c. What would you suggest as the most important way in which the health facility could better respond to the health problems (Please select one)

- Training of healthcare providers on health issues
- Counseling services at the facility
- Having screening programs
- Diagnosis and Treatment of patients
- Referral facilities
- Other suggestions