

MATERNAL AND NEWBORN HEALTH FACTSHEET

SIERRA LEONE

DECEMBER 2013



Mamaye!

mothers • babies • alive

EVERY WOMAN CAN SURVIVE
CHILDBIRTH WITH SAFE CLINICS

WE COULD SAVE UP TO
2000
WOMEN WHO DIE ANNUALLY
FROM PREGNANCY RELATED CAUSES AND CHILDBIRTH
WITH ACCESS TO SAFE CLINICS AND SKILLED CARE

Source: WHO, UNICEF, UNFPA & The World Bank 2012



A WOMAN IN SIERRA LEONE HAS A
1 IN 23
LIFETIME RISK OF DYING
FROM A MATERNAL CAUSE

Source: WHO, UNICEF, UNFPA & The World Bank 2012

IN SIERRA LEONE
MORE THAN ONE NEWBORN BABY DIES EVERY HOUR
UP TO
NEWBORN COULD BE
SAVED EVERY HOUR

Source: UNICEF, 2012

ONE THIRD
OF MATERNAL DEATHS
IN SIERRA LEONE ARE CAUSED BY
HAEMORRHAGE OR HEAVY BLEEDING

Source: MoHS-RHFP Programme, 2013

Maternal Mortality Ratio

per 100,000 live births (estimated)



Source: SSL and ICF macro 2009

Note: MDG target calculated by Countdown to 2015, 2013. This differs from the Government of Sierra Leone's target of 600 (Source: GoSL 2013)

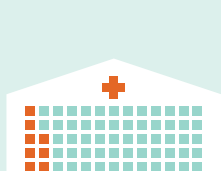
Neonatal Mortality Rate

per 1,000 live births (estimated)



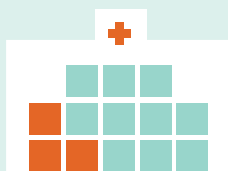
Source: 2008 Sierra Leone DHS

Clinics should be safe



8 out of 65 community health centres

assessed through the Facility Improvement Team assessments (FIT) in July met the criteria to provide basic emergency obstetric and neonatal care (BEmONC) services.

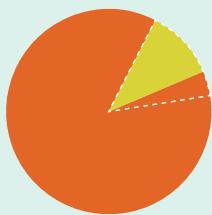


3 out of 13 hospitals

assessed through the FIT assessments in July met the criteria to provide comprehensive emergency obstetric and neonatal care (CEmONC) services.

Source: MoHS 2013

Health Budget Should Increase

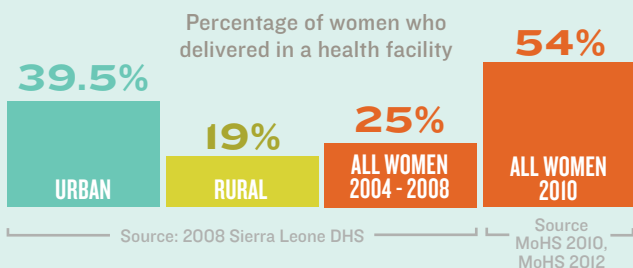


11.2%

The amount committed to health for 2014 has increased from 7.4% in 2012. **This falls short of the Abuja Declaration commitment to allocate 15% to health**

Source: MoFED 2013

Demand and use of clinics should increase



Free Healthcare Initiative (FHCI)



Source: MoHS-RHFP Programme, 2013

Since the start of the FHCI in April 2010, more pregnant women, lactating mothers and children under 5 years old are accessing free health care.

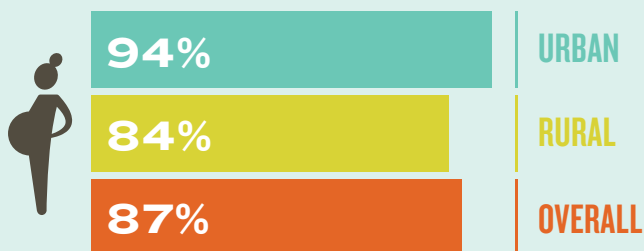
Four times more deliveries have been recorded in facilities since 2009.

Although more women are delivering in facilities, there is still a large unmet need

THERE WAS A SHORTAGE OF
400 MIDWIVES
IN 2011
THIS MOSTLY AFFECTS RURAL WOMEN

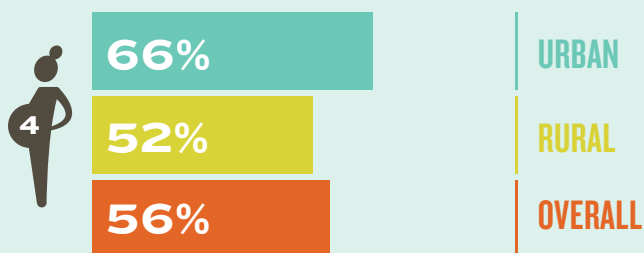
Source: MoHS HRH strategy 2012

% of women receiving at least one antenatal visit from a skilled provider



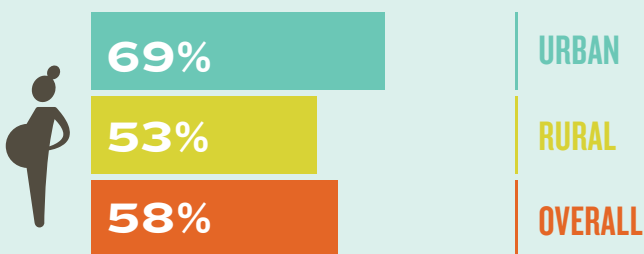
Source: Sierra Leone DHS 2008

% of women receiving at least four antenatal visits from a skilled provider



Source: Sierra Leone DHS 2008

% of mothers who received post-natal health check in first two days after birth



Source: Sierra Leone DHS 2008



TERMS EXPLAINED

MATERNAL MORTALITY

This is the death of a woman while pregnant or within 42 days of termination of pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. It can be measured in terms of maternal mortality ratio, which is the number of maternal deaths during a given time period per 100,000 live births (WHO 2012).

NEONATAL MORTALITY

This is the death of a newborn baby within the first 28 days of life. It can be measured in terms of neonatal mortality rate, which is the number of deaths per 1,000 live births (WHO 2006).

FACILITY IMPROVEMENT TEAM (FIT) ASSESSMENTS

The FIT assess emergency obstetric and newborn services in light of the availability of key enablers which are: water and sanitation; electricity; referrals; equipment; laboratory and blood services; staffing; drugs and supplies. (MoHS, 2013)

MDGs

The United Nations Millennium Development Goals (MDGs) are eight goals that 191 UN states have agreed to try to achieve by the year 2015. The United Nations Millennium Declaration, signed in September 2000 commits world leaders to combat poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women (WHO 2013).



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