

WE COULD SAVE UP TO  
**2400**  
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 & UNPD 2014

A WOMAN IN SIERRA LEONE HAS A  
**1 IN 21**  
LIFETIME RISK OF DYING  
FROM A MATERNAL CAUSE

Source: WHO, UNICEF, UNFPA, The World Bank & UNPD 2014

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

Source: UNICEF, WHO, The World Bank, & UNDP 2014

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

Source: Ministry of Health and Sanitation & Evidence for Action, 2012

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## 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, UNICEF, UNFPA, The World Bank & UNPD 2014).

### 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, 2014)

### 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 (UN 2014).

# MATERNAL AND NEWBORN HEALTH FACTSHEET



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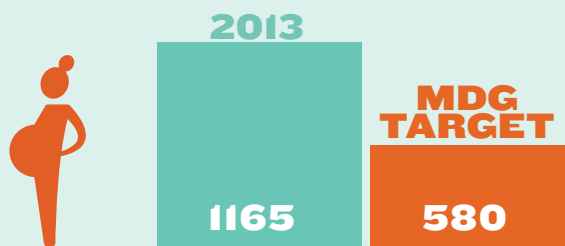


SIERRA LEONE

2015

## Maternal Mortality Ratio

per 100,000 live births (estimated)



Source: Sierra Leone DHS 2013 & Countdown to 2015, 2014  
 Note: MDG target calculated by Countdown to 2015, 2014. This differs from the Government of Sierra Leone target of 600 (Source GoSL, 2013)

## Neonatal Mortality Rate

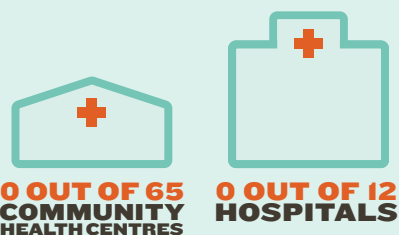
per 1,000 live births (estimated)



Source: Sierra Leone DHS 2013

## Clinics should be safe

IN DECEMBER 2014, NONE OF THE COMMUNITY HEALTH CENTRES OR HOSPITALS ASSESSED MET THE CRITERIA TO PROVIDE BASIC OR COMPREHENSIVE EMONC, RESPECTIVELY.

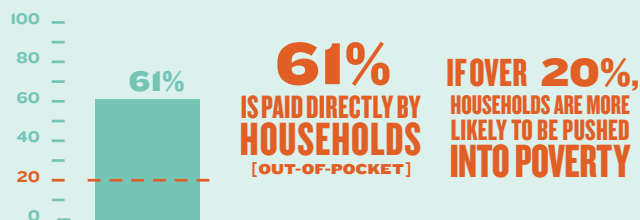


Facility Improvement Team (FIT) assessments show a decrease in the number of facilities ready to provide emergency obstetric and newborn care (EmONC).

**THIS HAS DECLINED SINCE JULY 2013**

Source: MoHS 2013 & 2014

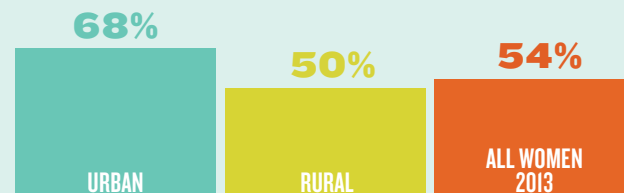
## Health Budget Should Increase



Source: WHO GHED 2013 estimate; WHO 2013

## Demand and use of clinics should increase

% of women who delivered in a health facility

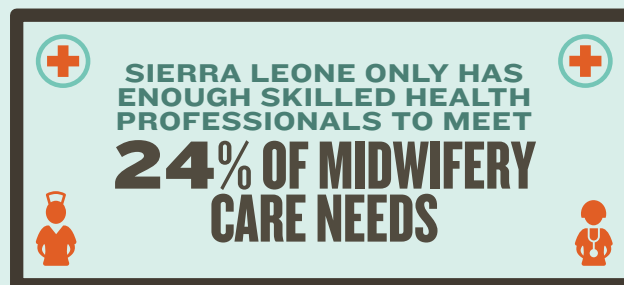


Source: Sierra Leone DHS 2013

## Free Healthcare Initiative (FHCI)

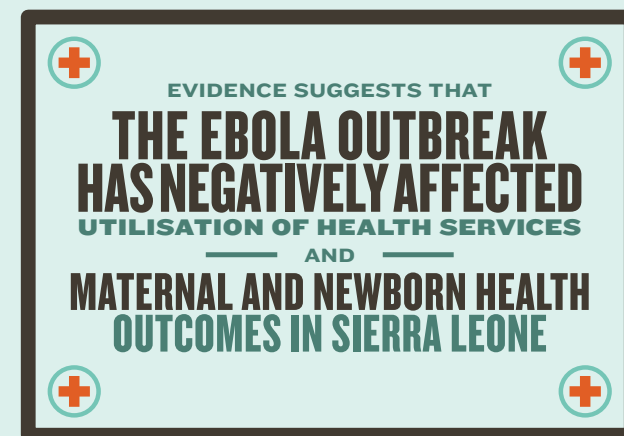
**4x** Since the start of the FHCI in April 2010, more pregnant women, lactating mothers and children under 5 years old are accessing free health care. **Four times more deliveries have been recorded in facilities since 2009.** Although more women are delivering in facilities, there is still a large unmet need.

Source: Ministry of Health and Sanitation & Evidence for Action, 2012



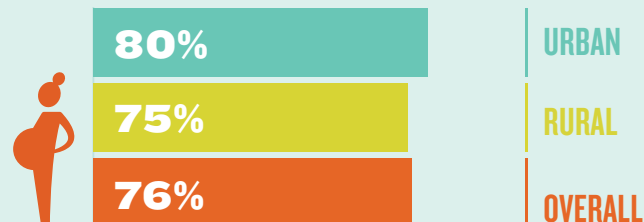
Source: UNFPA 2014

## Ebola



Source: ACAPS 2015; UNFPA 2015

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



Source: Sierra Leone DHS 2013

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



Source: Sierra Leone DHS 2013