



**Sierra Leone Government
Ministry of Health and Sanitation**

Reproductive, Newborn And Child Health Policy

July 2011

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
BPEHS	Basic Package of Essential Health Services
CRC	Convention on the Rights of the Child
CHP	Community Health Post
EPI	Expanded Programme of Immunization
FBO	Faith Based Organisation
FGM/C	Female Genital Mutilation/Cutting
FHCI	Free Health Care Initiative
FP	Family Planning
GoSL	Government of Sierra Leone
HIV	Human Immunodeficiency Virus
IMNCI	Integrated Management of Neonatal and Childhood Illness
ITN	Insecticide Treated Net
MCHP	Maternal and Child Health Post
MDAs	Ministries Departments and Agencies
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MoHS	Ministry of Health and Sanitation
NGO	Non-Governmental Organisation
NHSSP	National Health Sector Strategic Plan
PBF	Performance Based Financing
PHU	Peripheral Health Unit
PRSP	Poverty Reduction Strategy Paper
RNCH	Reproductive, Newborn, and Child Health
SGBV	Sexual and Gender Based Violence
SLDHS	Sierra Leone Demographic Health Survey
STIs	Sexually Transmitted Infections
UN	United Nations

DEFINITIONS

The following definitions will be used by the Government of Sierra Leone (GoSL):

- Newborn: refers to a baby just after birth
- Neonate: a baby less than or equal to 28 days old
- Low birth weight: a baby born with a birth weight of less than 2,500 grams
- Infant: a baby aged between birth and less than 12 months old
- Child: a person aged between birth and less than 18 years
- Adolescent: a person aged between 10 and 19 years
- Youth: a person aged between 15 and 35 years
- Unsafe abortion: a procedure for terminating an unwanted pregnancy performed by persons who may lack the necessary skills and/or conducted in an environment that lacks the minimal medical standards
- Antenatal period: time period during pregnancy from conception until delivery
- Postnatal period: begins immediately after the birth of the baby and extends up to six weeks after birth
- Maternal death: a death from pregnancy-related causes
- Stillborn: a baby born dead after 28 weeks gestation
- Neonatal death: a death in the first 28 days of life
- Perinatal death: includes stillbirths and all neonatal deaths in the first week of life

FOREWORD

There are too many deaths of mothers, babies, and children from preventable conditions in Sierra Leone. Despite recent improvements in women's and children's health in this country, we risk of missing out on achieving the Millennium Development Goals by 2015 if further investments are not made.

The Government of Sierra Leone recognises that many of these deaths can be prevented and many of these illnesses can be treated. It is committed to reducing maternal and infant mortality and morbidity, and as part of the Second Poverty Reduction Strategy 2008 – 2012 “An Agenda for Change”, has introduced a Basic Package of Essential Health Services, as well as the Free Health Care Initiative in a bid to improve access to healthcare for pregnant women, lactating mothers and children under the age of five. Under these policies, we have already seen an increase in the utilisation of health services. To prevent malaria, one of our most prevalent diseases, over three million long lasting insecticide treated bed nets have been distributed, with most households having received at least two bed nets.

We now have the new Reproductive, Newborn, and Child Health policy 2011 – 2015. It recognises the newborn, the most vulnerable member of our community, and the importance of involving the whole community, including fathers, in all we do.

It outlines steps to accelerate MDG progress and focuses on

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equity and reducing disparities in reproductive, newborn, and child health care. The Ministry of Health and Sanitation recognises that reaching every woman, baby, and child in Sierra Leone with essential, life-saving interventions, we must invest in strategic areas and work in close collaboration with our partners.

The health of mothers, newborns, and children represents the well-being of all society. The Government of Sierra Leone is committed to providing an enabling environment so that this policy can be translated into action for the development and prosperity of all Sierra Leoneans.



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ACKNOWLEDGEMENTS

The Reproductive and Child Health strategy 2008-2010 was implemented under two draft policies, the Reproductive Health policy and the Child Health policy. The two drafts have been reviewed and incorporated into one Reproductive, Newborn, and Child Health policy that will guide implementation of the Reproductive, Newborn, and Child Health Strategy 2011-2015. This would not have been possible without the financial and technical support from UNICEF, UNFPA, WHO, OPTIONS, the Midwifery School, the Midwives Association, International Rescue Committee, PCMM, Medical Research Council, District Health Management Teams, PPASL, COMAHS, Marie Stopes Sierra Leone, Njala University, World Vision, SLMDA, Private practitioners, Health For All Coalition Sierra Leone, and the Sierra Leone Broadcasting Corporation.



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INTRODUCTION

Sierra Leone has one of the highest child and maternal mortality rates in the world. Despite recent progress, it is not on track to reach the 2015 Millennium Development Goals (MDGs) for MDG 4 and MDG 5 unless rapid acceleration takes place. Despite there being no specific MDG for sexual and reproductive health, the achievement of the other MDGs, particularly 1, 3, 4, 5 and 6 which deal with nutrition, gender equality and empowerment of women, child mortality, maternal health, and HIV and AIDs respectively, will have a direct or indirect impact on the reproductive health of Sierra Leone. At the World Summit in September 2005, the Government of Sierra Leone (GoSL) recommitted itself to achieve universal access to reproductive health by 2015 (UN2005). In addition to the GoSL's commitments at the global level, the Member States of the African region adopted a regional strategy on reproductive health in 1997. The GoSL is also a signatory to the Convention on the Rights of the Child (CRC), as well as being a signatory to the African Charter on the Rights and Welfare of the Child with specific targets set for immunisation coverage, elimination of Vitamin A deficiency, prevention of certain vaccine preventable diseases, reduction in malaria mortality, scaling up of the Integrated Management of Neonatal and Childhood Illness (IMNCI), and the use of affordable interventions to reach every newborn and child in every district.

The Ministry of Health and Sanitation (MoHS) has the overall responsibility for the performance of the health sector and leads in the provision of health care. It also has the responsi-

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bility for regulating, co-ordinating, monitoring and evaluating (M&E) health care delivery in the country. The National Health Sector Strategic Plan 2010-2015 (NHSSP) has been operationalised into the Basic Package of Essential Health Services (BPEHS) for all citizens and took effect in 2010. The Reproductive, Newborn, and Child Health (RNCH) section of the BPEHS contains components, interventions, and services by level of care targeting pregnant women, lactating mothers, and children aged under-five years.

In order to address all components of RNCH, considerable effort needs to be made by the GoSL and its partners. The development of the policy recognised that current community level actions are vertical and fragmented, with weak monitoring, supervision and oversight, and more efforts and harmonisation are needed at the community level. To ensure demand and sustainability, all interventions should be community-owned, community-driven, and community-operated. The GoSL therefore needs to continue to provide the leadership, commitment, and the enabling environment for active community participation, empowerment, and ownership in the planning and implementation of quality services that will lead to the attainment of sustainable high coverage of high impact and proven low cost RNCH interventions.

In addition, health service delivery needs strengthening. Currently health care delivery is ineffective because of limited geographical access due to inadequate numbers and inequitable distribution of facilities; high cost of services for the ma-

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majority of Sierra Leoneans (although this has changed recently with the introduction of the Free Health Care Initiative, FHCI); inadequate participation of communities in health care delivery; weak co-ordination and communication among programmes and partners; limited referral systems; and a shortage of critical health professionals (PRSP II, 2009).

Although free health care is provided at the point of delivery, indirect costs, such as transport, are still required to be paid by the user. The FHCI has resulted in an initial dramatic increase in health service utilisation and has shown some improvement in certain health outcomes. However, this initial increase in utilisation has not been sustained for many services due to quality of care issues. In addition, it has had a negative impact on the outreach programme due to the increased workload on limited human resources (Health Sector Performance Review 2010).

It is recognised that the health of mothers is integrally linked to the health of newborns, infants and children. Consequently, the GoSL has integrated Reproductive and Child Health under one Directorate. In line with this, the Reproductive Health policy and the Child Health policy have been reviewed and incorporated into this single RNCH policy to reflect a stronger newborn agenda. This RNCH policy is meant to support the NHSSP 2010-2015 and other relevant GoSL policies. Although this policy mainly deals with issues relating to the MoHS, it is recognised that the work of various other Ministries, Departments and Agencies (MDAs) will also affect

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RNCH.

This policy, in collaboration with partners, aims to address the poor RNCH indices and work towards achieving the MDGs with fewer disparities. The policy document represents national commitments to support RNCH at the highest level and calls for responsive action at all levels of the health system. It outlines the situation of RNCH in Sierra Leone and the core components of RCNH. It also lists policy statements to address these areas.

SITUATION ANALYSIS

Sierra Leone has one of the worst health indicators for maternal and child health in the world. The maternal mortality is high at 857 maternal deaths for every 100,000 live births (SLDHS 2008). It is also estimated that women face a one in six life-time risk of dying from pregnancy and childbirth related complications. In addition, for every woman who dies, it is also estimated that another 15-30 women will face long term health complications such as obstetric fistula, uterine prolapse, uterine rupture, or infertility. Although there has been a steady decline in the under-five mortality rate, it remains high at 140 deaths per 1,000 live births. The infant mortality rate is 89 deaths per 1,000 live births. Newborn deaths account for 40% of all infant deaths (the neonatal mortality rate is 36 per 1,000 live births) and 25% of all under-five deaths (SLDHS 2008).

There are high poverty levels, illiteracy, fertility rates, and teenage child bearing, and low uptake of family planning (FP). These issues are all closely intertwined, complex in nature, and are the strongest determinants of maternal and newborn survival outcomes. Moreover, living conditions, and hence health outcomes, vary between certain regions of the country and between rural and urban locations, particularly for vulnerable populations such as teenage mothers (SLDHS 2008). Poor health among disadvantaged groups results not just from lack of material resources (food, housing, safe drinking water, sanitation) but also from other factors such as lack of empowerment and education.

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Family planning use, or the lack of it, is one of the single most important determinants of child mortality. One in every five infants is born less than two years after a previous birth, largely as a result of low uptake of FP methods. These infants have very high infant mortality rates of 182 deaths per 1,000 live births compared with 54 deaths per 1,000 live births for infants born four years after the previous birth (SLDHS 2008). The total unmet need for FP (28%) results in complicated pregnancies and deliveries, unwanted pregnancies, unsafe abortion, Sexually Transmitted Infections (STIs) including HIV/AIDS, and increased poverty.

Sex among teenagers is common and often necessitated by poverty related factors such as food insecurity and school fee payments, in addition to cultural factors. This leaves them at risk of unwanted pregnancies, unsafe abortions, STIs, HIV and AIDS, and dropping out of school. Teenage child bearing contributes to one third (33%) of all pregnancies nationwide (SLDHS 2008).

Although abortion is illegal except in exceptional circumstances such as the life of the mother being in danger, many girls and women resort to unsafe abortion methods to end an unwanted pregnancy which often results in haemorrhage, infection, and poisoning.

High impact interventions to prevent maternal morbidity and mortality are best delivered in four focused antenatal visits, having a delivery by a skilled birth attendant, and having ac-

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cess to emergency care. However, in Sierra Leone, about 74% of pregnant women receive two antenatal care check-ups from a skilled provider (SLDHS 2008); only 25% of births occur in health facilities; and about 42% of the deliveries are assisted by a skilled service provider (SLDHS 2008). Insufficient numbers of health facilities are equipped and staffed to acceptable standards to provide Emergency Obstetric and Newborn Care. In addition, there are limited referral systems in many districts, leading to delays in the provision of Comprehensive Emergency Obstetric and Newborn Care (NHSSP 2010-2015). Postnatal visiting is a complementary strategy to facility-based postnatal care to improve maternal survival. However, only 38% of mothers receive their first post natal check-up less than four hours after delivery (SLDHS 2008).

The causes of neonatal deaths are largely from three preventable conditions related to perinatal care: neonatal infections, prematurity, and birth asphyxia. Hypothermia contributes to all of these conditions (Child Health Reference Group). Up to 50% of all neonatal deaths occur in the first 24 hours following delivery and 75% of all neonatal deaths occur in the first week of life (Lawn, JE et al, Lancet 2005:891). Infants born with low birth weight suffer from extremely high rates of morbidity and mortality. Postnatal visiting of the neonate, packaged with postnatal care for the mother, is a complementary strategy to improve neonatal and maternal survival but this has not yet been developed in Sierra Leone.

The most common causes of all under-five year old deaths

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are pneumonia (24%), diarrhoea (18%) and malaria (12%) (Child Health Reference Group). Malnutrition contributes to 57% of all childhood deaths. Underweight children are common and stunting (chronic malnutrition) was identified in 35% of children (The Nutritional Situation of Sierra Leone, SMART survey 2010).

Optimal nutrition practices and supplements, especially exclusive breastfeeding for the first six months, constitutes the single greatest potential impact on child survival (Bhutta, ZA et al. Lancet 2008:417). However, only 11% of infants in Sierra Leone are exclusively breastfed for the first six months (SLDHS 2008). Maternal nutrition is also important for ensuring good nutrition status of the infant as well as safeguarding women's health. Iron, folate, and other micronutrient supplements for pregnant women are given. However, this is undermined by the late commencement of antenatal clinic attendance and the quality of care received. In 2010, vitamin A coverage was high (91%), with most children (85%) aged under-five years having been de-wormed (SMART survey 2010).

The coverage of other important public health interventions is low. Firstly, only 30% have access to an improved water supply, and 6% have access to improved toilet facilities. Coverage is higher in urban areas (SLDHS 2008). Secondly, only 30% of children are fully immunised (SLDHS 2008). Thirdly, regarding malaria prevention, it was discovered in 2008 that only 26% and 27% of under-fives and pregnant women re-

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spectively, actually slept under an LLITN (SLDHS 2008). However, a recent campaign distributed at least two Long Lasting Insecticide Treated bed Nets (LLITNs) to over 97% of households (Maternal Child Health Week November 2010), and significant changes in the correct use of LLITN are anticipated following the 2010 LLITN campaign.

In 2008, the prevalence of HIV in the general population was 1.5% (SLDHS 2008) having remained stable since 2005. The HIV prevalence among pregnant women dropped from 4.4% in 2007 to 3.2% in 2009 (NACP 2009). Voluntary counselling and testing (VCT) sites and the Prevention of Mother to Child Transmission (PMTCT) services have been scaled up nationwide (NAS Programme Report 2008). However, STIs are common (25% based on history, National Population Based HIV Seroprevalence Survey of Sierra Leone 2005) and cause spontaneous abortion, infertility, low birth weight babies, congenital abnormalities, neonatal infections, and blindness.

Sexual and gender based violence (SGBV) is common in Sierra Leone and sexual violence is widely believed to be of near endemic proportions. Data from three sexual assault referral centres indicates that 60% of clients are aged between 11 and 15 years, and 23% are aged between six and ten years (Reproductive Health Policy 2007), with rape accounting for 83% of the case load. Ninety-four percent of young women undergo Female Genital Mutilation/Cutting (FGM/C), a practice that carries risks from infections and re-

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productive morbidities which can put a strain on sexual relationships which could in turn lead to violence.

There are no reliable statistics relating to reproductive and childhood cancers. In addition, general public awareness about breast, cervical, and prostate cancers is low, despite these conditions being seen commonly by clinicians. Screening services for the early diagnosis of most reproductive cancers are also limited.

GUIDING PRINCIPLES

This policy has been guided by the following principles.

Ownership and Accountability

The GoSL will play a leading role in the implementation of the policy and will create an enabling environment for accountability and transparency.

Gender, Equity, Access, and Respect for Human Rights

All women, men, adolescents, newborns, and children will have access to health services without discrimination based on ethnicity, gender, disability, religion, political belief, economic or social condition, or geographical location. Special attention will be given to the needs of underserved and vulnerable groups. The rights of health care users shall be respected and protected and gender issues shall be mainstreamed in the planning and implementation of all health programmes. The GoSL recognises that in order to improve RNCH, social justice and poverty reduction are required to address health inequities as outlined in the PRSPII, 2009.

Ethical Considerations

The ethical requirements of confidentiality, safety, and efficacy in both the provision of health care and research shall be adhered to.

Life Cycle and Integrated Approach

The life cycle approach, which recognises the continuum of health needs from birth through childhood, adolescence to adulthood, has been used, bearing in mind that any sup-

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port provided to children will affect their immediate well-being as well as have an impact on their health and development in later years.

GoSL is committed to working with partners to develop integrated care pathways to ensure the continuity of care. The participation of all stakeholders including communities, private, public, UN agencies, NGOs, Faith Based Organisations (FBOs), civil society organisations, and other sectors is encouraged. In addition, the integration of sexual, RNCH services, including HIV prevention and treatment at all levels, will be promoted.

Public Health and Evidence Based Approach

The GoSL will use a public health approach by looking at RNCH in a broad socio-economic context and recognising the importance of engagement with partners outside the health sector in inter-sectoral collaboration with the Ministry of Education, Ministry of Agriculture, Ministry of Water, Ministry of Social Welfare, Gender, and Children's Affairs amongst others, to effect positive change. In addition, it will focus on major health issues that exert the greatest health burden in terms of RNCH morbidity, mortality and disability and implement cost-effective and high impact, evidence based preventive and curative interventions to address them.

Community Participation and Partnerships

Community ownership and participation will be encouraged in the participatory planning, management, and delivery of health services. Partnerships with communities will facilitate scale up of desirable community and household practices.

Alignment

Alignment has been done with the NHSSP 2010-2015, the Second Poverty Reduction Strategy 2008 – 2012 “An Agenda for Change”, the BPEHS, the FHCI, and Performance Based Financing (PBF).

VISION AND MISSION

This policy and strategy will contribute to the vision and mission of the NHSSP 2010-2015 as outlined below:

Vision: Functional national RNCH health systems delivering efficient, high quality services that are acceptable, accessible, equitable, and affordable to the people living in Sierra Leone.

Mission: To contribute to socio-economic development by promoting RNCH and ensuring access to quality health, population, and nutrition services for people living in Sierra Leone, through effectively functioning national health systems.

GOAL AND OBJECTIVES

Goal: To reduce RNCH inequalities and improve the RNCH, especially for mothers and children, through strengthening national RNCH systems to accelerate the achievement of the relevant MDGs.

Objectives: With particular reference to reaching marginalised and vulnerable populations and reducing inequities:

- Ensure the provision of comprehensive, adolescent friendly, sexual reproductive health services;
- Reduce the number of unwanted pregnancies in all women of reproductive age;
- Reduce unsafe abortion and effectively treat all cases of complications from unsafe abortion;

Goal and Objectives

- Reduce maternal and neonatal morbidity and mortality due to pregnancy and childbirth;
- Reduce child morbidity and mortality;
- Improve the nutritional status of women and children;
- Reduce the incidence and prevalence of STIs, including HIV and AIDS;
- Eliminate all forms of SGBV and other practices that are harmful; and
- Reduce the rate of infectious and other non-infectious conditions of the reproductive health system.

6. POLICY STATEMENTS AND AREAS FOR ACTION

6.1 Policy Statements for Cross Cutting Areas of Action

Policy Statement 1

The GoSL is committed to increasing health sector resource allocation in line with the Abuja Declaration.

Policy Statement 2

The GoSL is committed to increasing the funding allocated to RNCH.

Resource Allocation: The health sector has been grossly underfunded in the past and has never reached the Abuja Declaration target of 15% of the total government allocation. In 2011 the MoHS received 8.2% of the total GoSL budget. The GoSL remains committed to the FHCI. The FHCI focuses on the BPEHS delivered free of charge at the point of service, targeting pregnant women, lactating mothers, and children aged under five years.

Policy Statement 3

The GoSL is committed to promoting co-ordination, partnerships, and integration of RNCH.

Co-ordination, Partnerships and Integration: The GoSL aims for a more effective use of scarce resources; improved targeting of resources through better co-ordination and harmonisation of plans; avoiding duplication and enabling more effective M&E. The GoSL is therefore committed to institut-

Policy Statements and Areas for Action

ing one planning and one M&E process in line with the health sector COMPACT. The GoSL will support relevant national policies, strategies, action plans, and guidelines, and provide effective legislation and regulations, with regard to RNCH. The GoSL will also encourage the participation of other Ministries, academic institutions, UN agencies and other development partners, NGOs, FBOs, civil society organisations, communities, the private sector and the media in activities related to this policy.

Policy Statement 4

The GoSL is committed to strengthening health systems for the delivery of quality RNCH services at all levels, including an efficient and functional referral system.

Health Systems and Referral: The GoSL is committed to providing the infrastructure and commodity security required to implement the RNCH policy at all levels. Sierra Leone remains committed to primary health care and prevention as cost-effective strategies. Peripheral Health Units (PHUs) are the first level of health care delivery and are categorised as Community Health Centres (CHC), Community Health Posts (CHP), and Maternal and Child Health Posts (MCHP). District hospitals are the second level of healthcare delivery supporting the PHUs and serve as referral points for the management of more complicated cases outside the competence of the PHUs. The RNCH services provided at each of these levels are outlined in the BPEHS. The third level of service delivery is at the tertiary level, to support district hospitals and address conditions requiring specialised care. This is comple-

Policy Statements and Areas for Action

mented by the private sector, NGOs, and FBOs that operate at the different levels.

The GoSL is committed to making the best use of the available human resources. The GoSL will strengthen RNCH human resource capacity by increasing the number of workers and improving their skills by establishing a continuing education programme at all levels, in partnership with key stakeholders. The MoHS along with the Human Resources Management Office will define roles and responsibilities at each level.

Policy Statement 5

The GoSL is committed to promoting integrated and high quality RNCH services and practices in communities and households.

Integrated and High Quality RNCH Services and Practices in Communities and Households: The GoSL recognises that health benefits are maximised where there is sensitivity to the users experience and perspective, when they are provided with information about health care and treatment options, and enabled to make choices. In addition, it is critical that men are included in all maternal, newborn, and child health programmes as they significantly contribute to the health and wellbeing of women and children.

Policy Statement 6

The GoSL is committed to improving RNCH wellbeing of vulnerable and marginalised populations and groups.

Wellbeing of Vulnerable and Marginalised Populations and Groups: The GoSL recognises that disadvantaged groups (including vulnerable and orphan children), and those living in remote and difficult to reach areas are most at risk of poor health outcomes. Women and children are also often the most vulnerable during emergencies. In addition, the GoSL recognises the importance of newborn health, as newborns are the most vulnerable members of society. Providing RNCH services to these populations is therefore a high priority for the GoSL.

Policy Statement 7

The GoSL is committed to implementing evidence based practice through research and M&E.

Evidence Based Practice through Research and M&E: The MoHS will develop an M&E framework to determine whether goals are being realised. Key RNCH indicators will be developed and integrated into the existing Health Management Information System. The GoSL will promote relevant RNCH research activities to identify problems, evaluate effective solutions, and advocate for change.

6.1 Policy Statements for Specific RNCH Areas of Action

Policy Statement 8

The GoSL is committed to providing comprehensive, adolescent friendly, sexual and reproductive health services.

Adolescent Sexual Reproductive Health and Rights: This includes the promotion and improvement of the sexual and reproductive health of adolescents and young people.

Policy Statement 9

The GoSL is committed to increasing the uptake of family planning services.

Family Planning: This includes the provision of quality services for FP.

Policy Statement 10

The GoSL is committed to reducing unsafe abortion and effectively treat all complications from unsafe abortion.

Unsafe Abortion: This includes the provision of safe abortion services as permitted by law, the prevention of unsafe abortion, and management of complications of abortion.

Policy Statement 11

The GoSL is committed to reducing maternal and neonatal morbidity and mortality due to pregnancy and childbirth.

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Making Pregnancy and Childbirth Safer: This includes improvements in antenatal care, delivery, perinatal, postpartum, emergency and initial newborn care.

Policy Statement 12

The GoSL is committed to improving the health status, survival and quality of life of neonates and young children.

Neonatal, Infant, and Child Health: This includes EPI, IM-NCI, and household hygiene and sanitation practices.

Policy Statement 13

The GoSL is committed to improving the nutritional status of women and children.

Nutrition: Greater emphasis will be placed on the protection and promotion of EBF, prevention and treatment of acute malnutrition, age appropriate complimentary feeding, and improving the nutritional status of pregnant and lactating mothers.

Policy Statement 14

The GoSL is committed to reducing the incidence and prevalence of sexually transmitted infections, including HIV and AIDS.

STIs including HIV: This includes the prevention and treatment of STIs, including HIV and AIDS, and other reproductive tract infections.