

Sierra Leone

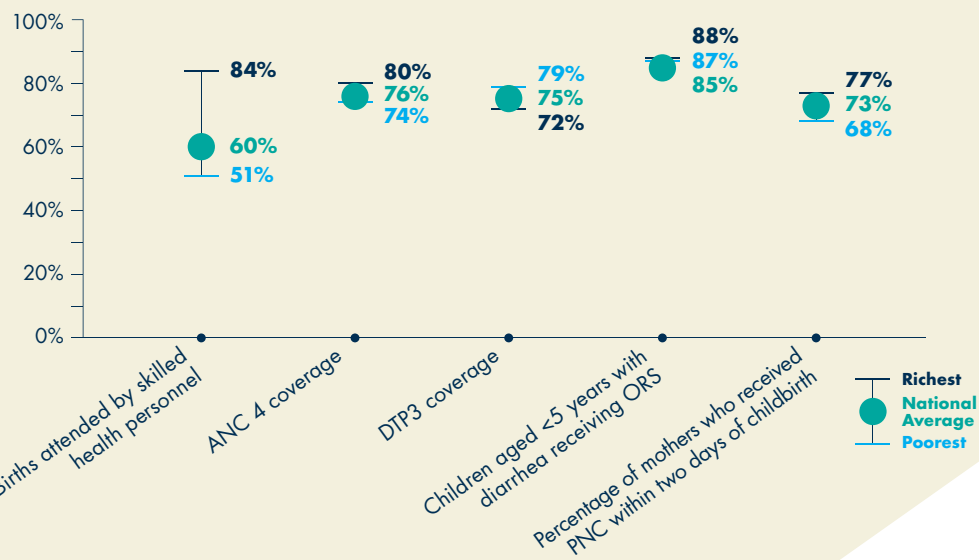
RMNCAH-N Data

CORE IMPACT INDICATORS

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|---|---|---|--|
| Maternal mortality ratio 1,165 per 100,000 live births | Under-five mortality ratio 156 per 1,000 live births | Percent of births <24 months after the preceding birth 28.1% | Moderate to severe wasting among children under 5 years of age 5% |
| Neonatal mortality ratio 39 per 1,000 live births | Adolescent birth rate 125 per 1,000 women | Stunting among children under 5 years of age 29% | |

COVERAGE INDICATORS***

| | | | |
|---|---|--|---|
| People living with HIV receiving ART 26% | Coverage of pregnant women who receive ARV for PMTCT 87% | Children aged <5 years with pneumonia symptoms taken to a healthcare provider 72% | Modern contraceptive prevalence rate 20.9% |
|---|---|--|---|



Investment Case Priorities

- Strengthen health systems for effective provision of RMNCAH-N services (adequate, skilled and motivated Human Resources for Health; strengthened leadership and governance at all levels; availability of essential RMNCAH-N drugs, supplies and equipment; infrastructure development; availability of a functioning emergency referral system; and availability of safe blood at all CEmONC facilities).
- Improve the quality of RMNCAH-N services at all levels of service delivery: Support implementation of a national RMNCAH-N quality improvement program and systematic quality improvement procedures, approaches and practices, with a special focus on Emergency Triage Assessment and Treatment, respectful maternity care, and MPDSR.
- Strengthen community systems for effective delivery of RMNCAH-N services. (Address sociocultural, geographical and financial barriers. Implement Integrated Community Case Management-plus. Promote implementation of RMNCAH interventions at the community level, including social accountability. Address other sector determinants.)
- Strengthen health information systems, monitoring, evaluation, and research for effective RMNCAH service delivery, and strengthen civil registration and vital statistics systems.

Health Financing Indicators

CORE HEALTH FINANCING IMPACT INDICATORS

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|--|--|---|--|
| Health expenditure per capita financed from domestic sources 9.56 | Ratio of government health expenditure to total government expenditures 7.86% | Percent of current health expenditures on primary/ outpatient health care 44.69% | Incidence of catastrophic and impoverishing health expenditures 45% catastrophic 9.2% impoverishing |
|--|--|---|--|

OUTPUT INDICATORS

| | | | |
|---|--|--|---|
| Share of health in total government budget Not available | Identified options for strengthening domestic resource mobilization Yes | Taken actions to support domestic resource mobilization Yes | Share of external funding for health that is pooled or on budget 7.27% |
| Monitoring of catastrophic and impoverishing health expenditure with data less than three years old No | Implemented strategies to reduce key drivers of inefficiency No | Implemented reforms to address identified drivers of financial protection (especially related to RMNCAH-N) No | |
| Country has: implemented or updated a resource mapping exercise Yes | Identified drivers of limited financial protection (especially in relation to RMNCAH-N services) No | | |

EFFICIENCY

| | |
|---|-----------------------------|
| DTP3 dropout rate 16.69% | ANC dropout rate 22% |
| Health budget execution rate 64% | |

Geographic Focus Areas



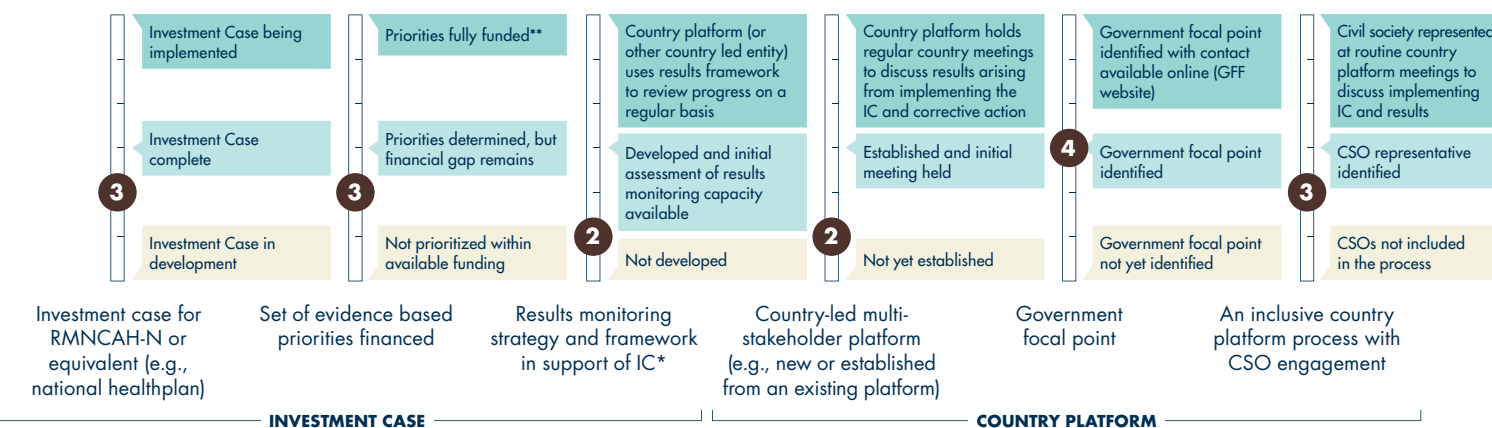
FOCUS AREAS*

*Prioritization in process

Resource Mapping

The process to develop the RMNCAH-N strategy brought together all partners working in RMNCAH in Sierra Leone. The Government of Sierra Leone took a lead role, and with contributions from the World Bank, the United Kingdom (DfID), WHO, UNICEF, UNFPA, and USAID, as well as many implementing nongovernmental organizations, including CUAMM and Partners in Health, decided on the priorities for the country. The financial requirement assessed under the "strategy scenario" in the RMNCAH strategy amounts to US\$545 million over five years. An initial resource mapping exercise has been conducted; however, complete information on financial commitments from all partners were not available as of the time of writing. Nonetheless, it is anticipated that there will be a large gap between the total commitments made and the requirement.

Monitoring the Country-led Process



*Both included in the IC document or a separate document **Meaning that funding was allocated, disbursed and released – payment done ***ANC4 = four antenatal care visits; ART = antiretroviral therapy; ARV = antiretroviral; DTP3 = vaccination for Diphtheria, Tetanus, and Pertussis; ORS = oral rehydration solution; PMTCT = prevention of mother-to-child transmission; PNC = postnatal care.

