

Country Context

9,304 (2023) Total population (000) 59 (2020)
Lifetime risk of maternal deaths (1 in N)

1,342 (2023)
Total under-five population (000)

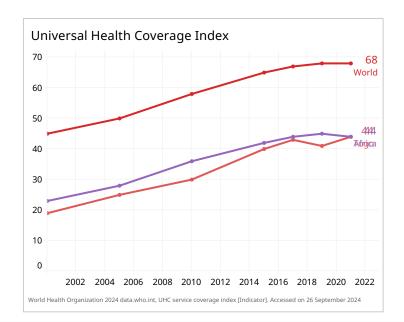
21 (2021) Stillbirth rate

290 (2023) Total Births (000) 16,496 (2022) All under-five deaths

4 (2023)
Total fertility rate (births per woman)

9,958 (2022) All 1-59 months deaths

1,089 (2020) Total maternal deaths 60 (2022) Under-five mortality rate



Mortality Targets

250 per 100,000 live births by 2022
Country-Reported Maternal Mortality Rate Target

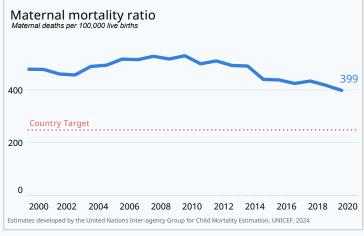
NA per 1,000 total births by NA Country-Reported Stillbirth Rate Target

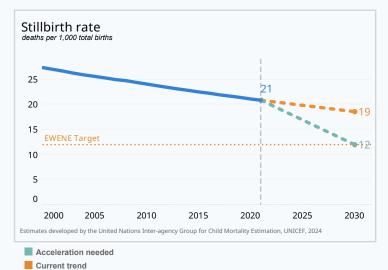
17 per 1,000 live births by 2022

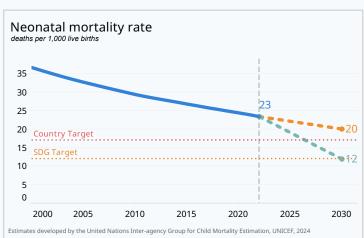
Country-Reported Neonatal Mortality Rate Target

25 per 1,000 live births by 2030 Under-5 Mortality Rate Target

13 per 1,000 live births by 2030 1-59 months Mortality Rate Target















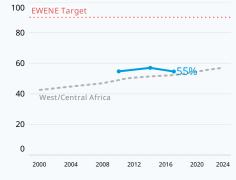
		Year	Country	Region
ty	Total maternal deaths	2020	1,089	147,000
Mortali	Lifetime risk of maternal deaths (1 in N)	2020	59	27
Maternal Mortality	Stillbirth rate	2021	21	23
M	Maternal mortality ratio	2020	399	724
	Anemia in women aged 15-49 (%)	2019	46	49
	Women of reproductive age, short stature (%)	2013	1	
lutrition	Women (age 20+) underweight (BMI <18.5) (%):	2016		10
_	Iron and folic acid for pregnant women (%)	2013	37	
	Low birth weight prevalence (%)	2020	14	
Pre-pr	Demand for family planning satisfied with modern methods (maried/in union) (%)	2017	40	41
	Skilled birth attendant (%)	2017	69	61
Birth	Caesarean section rate (%)	2017	9	5
	Institutional deliveries (total) (%)	2017	80	64
	Antenatal care (four or more visits) (%)	2017	55	53
_	First antenatal care visit within the first trimester (%)			
Pregnancy	Treatment of pregnant women living with HIV with ART (%)	2023	85	54
Pr	Intermittent preventive treatment for malaria during pregnancy 3+ (%)	2017	37	23
	Neonatal tetanus protection	2023	83	77
	Postnatal care for mothers (%)	2017	81	53
	Postnatal care for newborns (%)	2017	80	61
Postnatal	Minimum dietary diversity (6-23 months) (%)	2017	19	25
	Baby weighed at birth (%)	2014	60	
	Early initiation of breastfeeding	2017	48	41
	Exclusive breastfeeding (0-5 months)	2017	64	64

Progress to meet EWENE Coverage Targets

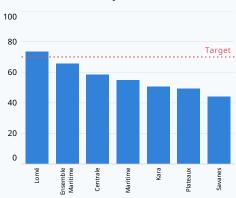


Four or more Antenatal Care Contact

Percentage of pregnant women with at least four antenatal care contacts



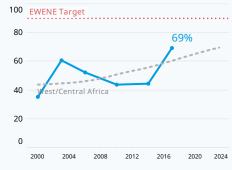
Percentage of pregnant women with at least four antenatal care contacts by division



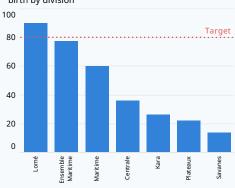


Skilled Attendant at Birth

Percentage of women with skilled attendant at last birth



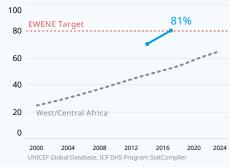
Percentage of women with skilled attendant at last birth by division



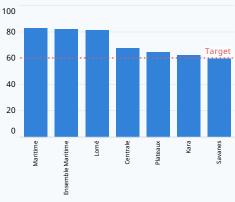


Postnatal Care for Women

Percentage of women with postnatal care within two days for birth



Percentage of women with postnatal care within two days for birth by division











National Policy

	Defined list of essential equipment needed for and comprehensive EmOC	Yes	
	National strategy/implementation plan for scale up	Yes	
	EmOC facility mapping showing the 2021 geographical distribution with MoH	Yes	
	Specific budget line in the national plans (and where relevant sub national plans)	Yes	
	Defined minimum number of midwives to be staffed in an EmOC health facility for providing 24h/7d care	Yes	
	Standardized designs and floor plans for the basic EmOC health facilities	No	
	Country capacity to provide yearly data on the performance of EmOC signal functions for measuring the availability of EmOC	Yes	
	Defined list of essential equipment needed for level 2 small and sick newborn care	Yes	
	National strategy/implementation plan for scale-up	Yes	•
	Specific budget line in the national plans (and where relevant subnational plans)	No	•
	Defined Human Resources staffing norms for level 2 newborn care	Yes	•
Scaling up small and sick newborn care	Standardized designs and floor plans to deliver level 2 package of services	No	•
	Does the country have a data system to record admissions, outcomes, and quality of care for level 2 newborn care?	Yes	
	Policy provision of free transport of small and sick newborn (either government-provided or voucher for transport)	No	
	Coordination mechanism linking improvement of level 2 newborn care with improving maternity services to prevent major conditions causing newborn deaths	Yes	
	Provision in policy/guidelines for engagement of families in the care of babies	Yes	
	System for post discharge follow-up of babies to improve survival, growth and development	Yes	

Women who make their own informed decisions (%)

NO DATA

Women who make their own informed decisions (%)	30 2014
Contraceptive use	84 2014
Reproductive health care	47 2014
Sexual relations	75 2014
Access to women and men aged 15 years and older to sexual and reproductive health care, information and education (%)	2022
Maternity Care	2022
Contraceptive and Family Planning	85 2022
Sexuality Education	100 2022
HIV and HPV	100 2022
United Nations Statistics Division (UNSD). Sustainable Development Goals (SDG) Indicators Databa	se.

Quality of Care, Health Workforce, and Data for Action

National strategy for accrediting and contracting private sector for MNH	No	National strategy/plan for human resources for MNH	Yes	
National quality of care standards for MNH	Yes	Defined core competencies for midwifery practice (essential competencies as per ICM)	Yes	
National quality of care standards for small and sick newborn care	Yes	Defined core competencies for newborn care, including small and sick newborn care	Yes	
Agreed set of quality of care indicators	Yes	Defined core competencies for community health or extension workers	Yes	
Maternal and perinatal death surveillance system in place for maternal deaths	Yes	Electronic individual patient-based data system for maternity care to include uterotonic use, labour monitor, breastfeeding, and neonatal resuscitation if need	No	
Maternal and perinatal death surveillance system in place for neonatal deaths	Yes	Electronic individual patient-based data system for small and sick newborn care to include details on Kangaroo Mother Care, oxygen/CPAP use, antibiotics, etc.	No	•
Maternal and perinatal death surveillance system in place for stillbirths	No	Integration of maternal and perinatal death surveillance system data and routine health information system	No	
National quality of care plan included community participation in MNH for priority setting and planning	Yes	Mechanism for data sharing from the private/NGO sector	No	
National quality of care plan included community participation in MNH for	Yes			

Every Newborn Action Plan (ENAP) and Ending Preventable Maternal Mortality (EPMM), Joint Country Implementation Tracking Tool. 2022. Based on country self-report.

monitoring and evaluation

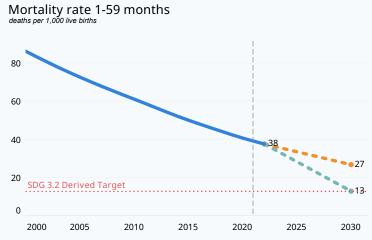




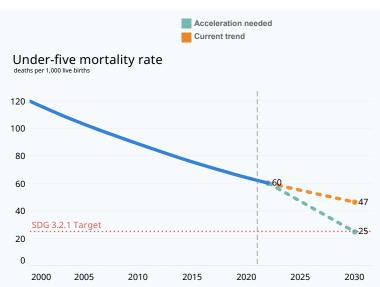




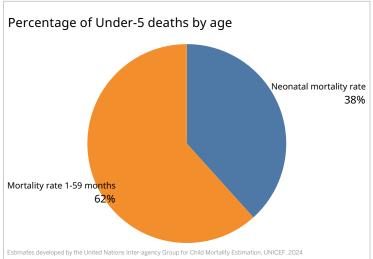
Child Mortality and Nutrition Outcomes

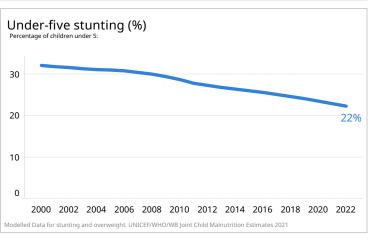


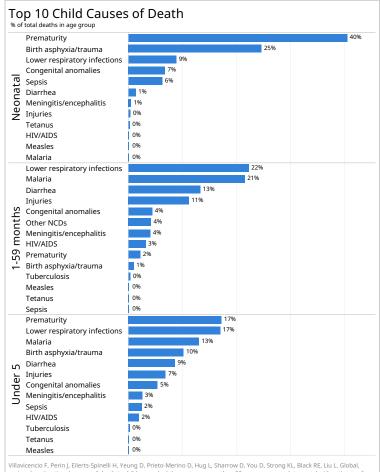
Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation, UNICEF, 2024



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Villavicencio F, Perin J, Eilerts-Spinelli H, Yeung D, Prieto-Merino D, Hug L, Sharrow D, You D, Strong KL, Black RE, Liu L. Global, regional, and national causes of death in children and adolescents younger than 20 years: an open data portal with estimates for 2000–21. Lancet Glob. Health 2023. https://doi.org/10.1016/ S2214-109X(23)00496-5



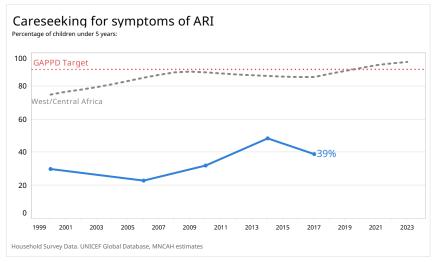


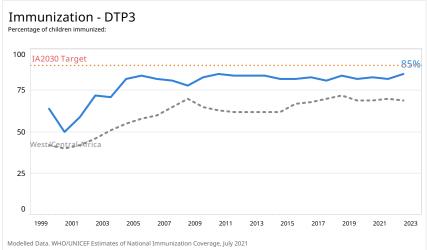


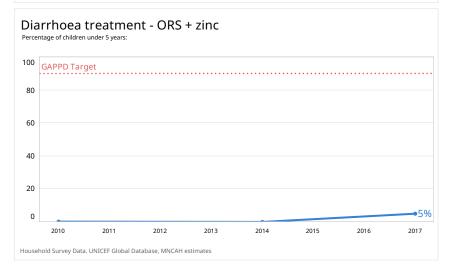


		Year	Country	Region
	Neonatal deaths, as % of all <5	2022	40	35
lity	All under-five deaths	2022	16,496	1,863,489
Mortality	Under-five mortality rate	2022	60	89
<	Neonatal mortality rate	2022	23	30
	Mortality rate 1-59 months	2022	38	61
L C	Under-five stunting (%)	2022	22	32
Nutrition	Under-five wasting (%)	2017	6	7
Ž	Under-five overweight (%)	2022	2	3
	Immunization - DTP3	2023	85	69
	Immunization - Measles	2023	72	40
	Immunization - PCV3	2023	85	64
Prevent	Malaria prevention in children under-five - sleeping under ITNs (%)	2023		52
Pre	Immunization - Rotavirus	2023	83	56
	DTP1-DTP3 dropout (%)	2023	8	
	DTP1-MCV1 dropout (%)	2023	22	
	Zero-dose children	2023	22,000	
	Vitamin A supplementation, full coverage	2022	90	71
te	Minimum dietary diversity (6-23 months) (%)	2017	19	25
Promote	Early initiation of breastfeeding	2017	48	41
Δ.	Exclusive breastfeeding (0-5 months)	2017	64	64
	Continued breastfeeding (12-23 months)	2017	80	64
	Careseeking for symptoms of ARI	2017	39	40
	Careseeking for fever (%)	2017	54	57
reat	Diarrhoea treatment: ORS	2017	14	33
Tre	Diarrhoea treatment - ORS + zinc	2017	5	18
	Malaria diagnostics in children under-five with fever (%)	2017	27	24
	Treatment with ACT amongst children receiving any antimalarials (%)	2017	18	
	Population using at least basic drinking-water services	2022	71	
	Population using at least basic sanitation services	2022	19	
	Population with hand washing facilities with soap and water at home	2022	17	
ext	Total under-five population (000)	2023	1,342	95,801
Contex	Total Births (000)	2023	290	21,418
	Birth registration (%)	2017	83	59
		2022	12	
	Reliance on clean fuels and technologies (%)	2022	12	

Child Health Interventions







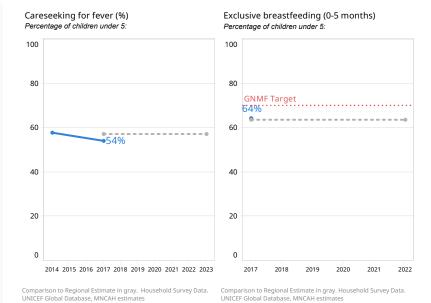








	Birth registration	Yes	
	Birth/Labour companion	Yes	
	Costed RMNCH strategy/plan including MNH	Yes	
th	Eight ANC contacts	Yes	
Maternal Health	Labour Care Guide/Revised partograph	Yes	
rnal	Maternal death registration with civil registrar	Yes	
/ate	Neonatal death registration with civil registrar	Yes	
2	PNC updated with WHO recommendations	Yes	
	RMNCH/MNH plan updated to include quality of care standards	Yes	•
	Stillbirth registration	No	
cking T	born Action Plan (ENAP) and Ending Preventable Maternal Mortality (EPMM), Joint Countrol. 2022. Based on country self-report.	ry Implement	ation
ifiec	Maize	No	
te Fort Foods	Rice	No	•
olate Fortified Foods	Wheat	Yes	
_			
	fication Initiative. 2023 Annual Report. FFI: Atlanta, USA 2024. Accessed at: <u>https://www.fl</u> I-reports	inetwork.	
	Civil society involvement in national maternal, newborn and child health programs	Yes	
	Dedicated adolescent health/well-being strategic plan	Yes	
Governance	International code of marketing of breastmilk substitutes	No	
Gover	Maternity protection (Convention 183)	No	
	National coordinating body that looks at RMNCAH or its components	Yes	
	National policy or guideline to improve quality of care of SRMNCAH services	Yes	
eath '	A national maternal death review committee	Yes	
Maternal Death Review	A national policy to notify all maternal deaths	Yes	
Mate	A national policy to review all maternal deaths	Yes	
	Costed national implementation plan(s) for maternal, newborn and child health available	Yes	
	Integrated plan of SRMNCAH	Yes	
	Birth registration requirement	Yes	
olicies	Dedicated child health strategic plan	Yes	
Child Health Policies	Policy on the managemenet of pneumonia in children 2 - 59 months	Yes	
Child F	Policy on the managemenet of diarrhoea in children 0 - 9 years	Yes	
	Policy on the managemenet of hospitalised children 1 month - 9 years	Yes	
	Policy on early childhood development	No data	



Investment, Response, Resiliency, Equity

Budgeted RMNCAH strategy (including MNH)	Yes	
Subnational implementation plans at the State/Regional/Provincial levels	No	
Subnational implementation plans at the district or an equivalent subnational unit le	Yes	
Budgeted/financed subnational plans	No	
Tracking for domestic research allocations for MNH	No	•
Additional resources allocated for vulnerable population groups	No	
User-fee exemptions for MNH	Yes	
Insurance or financial protection scheme for MNH	Yes	
Emergency transport system for MNH	Partial	•
National emergency response plan	Yes	
National quality of care plan included community participation in MNH for priority se	Yes	•

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Commodities

Tracking availability/stock outs of caffeine citrate	Yes	
Tracking availability/stock outs of dexamethasone	Yes	•
Tracking availability/stock outs of heat stable carbetocin	No	•
Tracking availability/stock outs of magnesium sulfate	Yes	•
Tracking availability/stock outs of oxytocin	Yes	•

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Research and Innovation

D	oes the country have a national prioritised research agenda for maternal and ne	No	
Ic	dentified innovation needs for MNH	Yes	•
N	lational mechanism for sharing learning	Yes	

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Based on country self-report.

Accountability

Representation from civil society, women's groups, and parent advocacy groups	Yes	•
Representation from parent advocacy groups for MNH and prevention of stillbir	No	

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