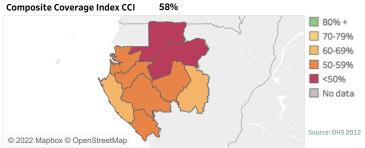


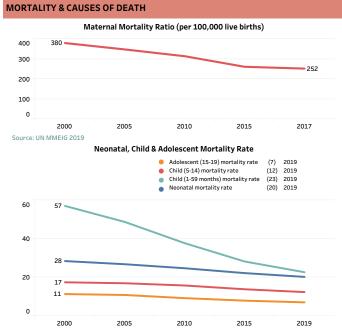
Equity Source: DHS 2012

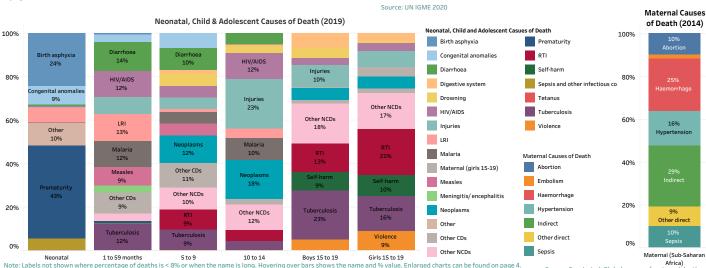




| DE | MOGRAPHICS | | |
|------------|--|-------|------|
| z | Total population (000) | 2,226 | 2020 |
| ATIO | Total under 5 population (000) | 320 | 2020 |
| POPULATION | Total adolescent population (10-19) (000) | 423 | 2020 |
| Ā | Urban population (%) | 90 | 2020 |
| | Total fertility rate (births per woman) | 3.9 | 2020 |
| BIRTH | Adolescent (15-19 years) birth rate (births per 1000 girls) | 91 | 2012 |
| B | Total Births (000) | 67 | 2020 |
| | Birth registration (%) | 90 | 2012 |
| | Stillbirth rate (per 1000 total births) | 14 | 2019 |
| | Neonatal deaths, as % of all <5 | 48 | 2019 |
| _ | Adolescent (10-19) mortality rate (per 1000 children age 10) | 14 | 2019 |
| DEATH | Lifetime risk of maternal deaths (1 in N) | 93 | 2017 |
| | Total maternal deaths | 170 | 2017 |
| | Total under 5 deaths | 2,807 | 2019 |
| | Under 5 mortality rate (per 1000 live births) | 42 | 2019 |
| × | Early childhood development index (%) | - | |
| CONTEXT | Heidelberg Conflict Barometer (intensity 1-5) | 1 | 2020 |
| S | Secondary completion rate, education (upper, female) (%) | 14 | 2019 |







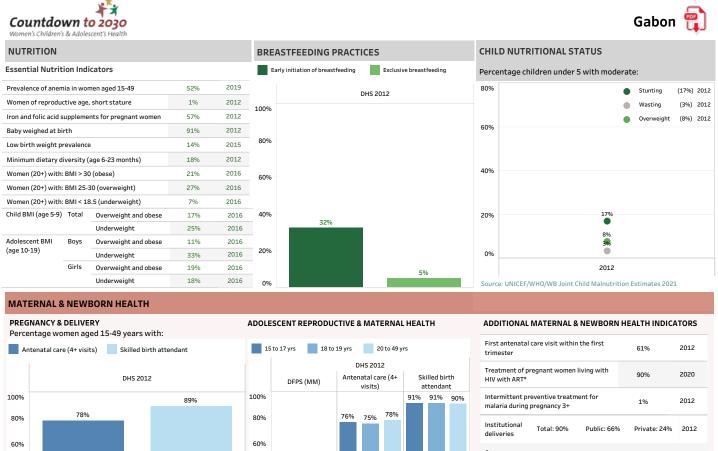
Source for ages 5-19: Liu, Li et al., 2021. Lancet Global Health (in press)

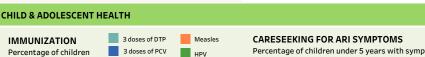
Africa)
Source: Say, L et al. Global causes of maternal death: a
WHO systematic analysis. Lancet Global Health. 2014

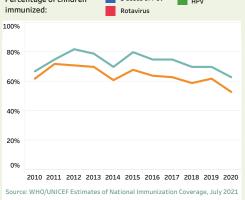


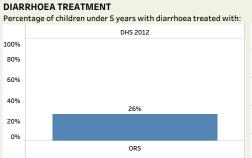
20%

0%







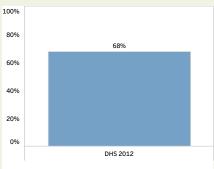


Percentage of children under 5 years with symptoms of acute respiratory infection taken to appropriate health provider:

33%

20%

20%



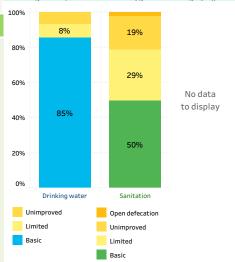
ADDITIONAL CHILD HEALTH INDICATORS

| Population sleeping under ITN or sleeping in a house sprayed by IRS | 18% | 2012 |
|---|-------|------|
| Children under-5 sleeping under ITNs | 39% | 2012 |
| Careseeking for fever | 67% | 2012 |
| Malaria diagnostics in children under-five with fever | - | |
| Number of children not vaccinated with DTP1 | 20000 | 2020 |

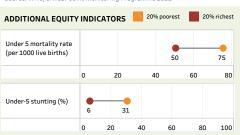
| First antenatal care visit within the first trimester Treatment of pregnant women living with HIV with ART* Intermittent preventive treatment for malaria during pregnancy 3+ | | | 2012 |
|---|--|---|--|
| | | | 2020 |
| | | | 2012 |
| Institutional deliveries Total: 90% Public: 66% | | Private: 24% | 2012 |
| Total: 10% | Urban: 11% | Rural: 6% | 2012 |
| | nant women l entive treatme egnancy 3+ | entive treatment for egnancy 3+ Total: 90% Public: 66% | 61% Inant women living with 90% entive treatment for 1% Total: 90% Public: 66% Private: 24% |

ENVIRONMENT

Drinking water, sanitation and hygiene coverage (%), 2020



Note: Numbers may not add to 100% due to rounding Source: WHO/UNICEF Joint Monitoring Programme 2021







POLICIES, SYSTEMS & FINANCING

LEGISLATIVE POLICIES

Legal age limit exists for adolescents to access family planning without spousal or parental consent

| Emergency Contraception | Married Adolescents | No |
|-------------------------|-----------------------|----|
| | Unmarried Adolescents | No |
| Contraceptive Services | Married Adolescents | No |
| | Unmarried Adolescents | No |
| | | |

Source: WHO Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey 2018-2019

| Maternity protection (Convention 183) | No |
|--|------------------------------------|
| Source: International Labour Organization, NORMLEX information system on | nternational Labour Standards 2021 |

GOVERNANCE

Costed national implementation plan(s) for reproductive, maternal, newborn, and child health available

| Combined plan | Yes |
|----------------------------------|-----|
| Plan with at least one component | Yes |
| Maternal Death Review | |

| A national policy to notify all maternal deaths | Yes |
|--|----------------|
| A national maternal death review committee | No |
| A subnational maternal death review committee | Yes |
| Both national and subnational maternal death review committees | No |
| Frequency of the national maternal death review committee meetings | Not applicable |
| | |
| Civil society involvement in national maternal, newborn and child health | |

programs National coordinating body that looks at RMNCAH or its components Yes

National human rights institution mandated/authorized to consider matters Unknown related to RMNCAH Source: WHO Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Policy Survey 2018–2019

SERVICE DELIVERY

| Midwives authorized for specific tasks | | |
|---|-------|------|
| Manual removal of placenta | Υ | 'es |
| Administration of anticonvulsants | Υ | es |
| Administration of oxytocics | Y | es |
| Assisted instrumental delivery by vacuum extractor | Υ | es |
| Manual vacuum aspiration for retained products | Υ | es |
| Newborn resuscitation with mask | Y | es |
| Parenteral administration of antibiotics | Υ | es |
| Source: The State of the World's Midwifery (SoWMy) 2021 | | |
| Density of doctors (per 10,000 population) | 6.82 | 2017 |
| Density of nurses and midwives (per 10,000 population) | 29.46 | 2017 |

Proportion of health facilities with a core set of relevant essential medicines available and affordable on a sustainable basis

Source: The 2021 update, Global Health Workforce Statistics, WHO

| Legal status of abortion | |
|---|-----|
| To save a woman's life | Yes |
| To preserve a woman's physical health | No |
| To preserve a woman's mental health | No |
| To preserve a woman's health | No |
| For economic or social reasons | No |
| On request | No |
| In cases of rape | Yes |
| In cases of incest | Yes |
| In cases of foetal impairment | Yes |
| In cases of intellectual or cognitive disability of the woman | No |

Source: WHO Global Abortion Policies Database, as of July 2021

| International code of marketing of No legal measures breastmilk substitutes | Some provisions of the Code included | Moderately aligned with the Code | Substantialy aligned with the Code |
|---|--------------------------------------|----------------------------------|--|
|---|--------------------------------------|----------------------------------|--|

Source: World Health Organization, UNICEF, IBFAN. Marketing of breast-milk substitutes: National entation of the international code. Status Report 2020. Geneva: World Health Organization; 2020

| | Maize flour | Rice | Wheat flour | |
|--|---------------|---------------|---------------|--|
| Legislation on food fortification (wheat, rice, maize) | No or unknown | No or unknown | No or unknown | |

Source: Food Fortification Initiative. Global Progress. Accessed July 2021

FINANCING

| Per Capita Total Expenditure on Health (US \$) | \$218 | 2018 |
|---|-------|------|
| Government Expenditure on Health per capita (US \$) | \$128 | 2018 |
| Out of pocket expenditure as % of total expenditure on health | 23% | 2018 |
| General government expenditure on health as % of total government expenditure | 9% | 2018 |

Source: WHO Global Health Expenditure Database

| ODA+ (US\$) | | | ODA+ (US \$ million |
|---|------|------|------------------------|
| ODA+ flows to RMNCH per capita | \$4 | 2019 | Total ODA+ flows to RM |
| ODA+ to CH per child U5 | \$3 | 2019 | ODA+ to RMNCH o |
| ODA+ to MNH per birth | \$4 | 2019 | ODA+ to RMINCH 0 |
| ODA+ to RH per woman of reproductive age | \$10 | 2019 | ODA+ to |
| | | | |

Source: Organisation for Economic Co-operation and Development's Development Assistance Committee, London School of Health and Tropical Medicine, July 2021

ACRONYMS

MATERNAL, NEWBORN, CHILD & ADOLESCENT HEALTH INDICATORS

ART = Antiretroviral therapy

BMI = Body mass index

CCI= Composite coverage index

CH = Child health

DFPS(MM) = Demand for family planning satisfied with modern methods

DTP1 = 1st dose of diphtheria, tetanus toxoid, and pertussis vaccine

DTP3 = 3rd dose of diphtheria, tetanus toxoid, and pertussis vaccine

HPV = Human papillomavirus ITNs = Insecticide-treated nets

MNH= Maternal and newborn health

ODA+ = Official development assistance and development finance

ORS = Oral rehydration solution PCV3 = 3rd dose of pneumococcal conjugate vaccine

RH = Reproductive health RMNCH = Reproductive, maternal, newborn and child health

CAUSES OF DEATH

LRI = Lower respiratory infection

ORGANIZATIONS, WORKING GROUPS & DATA SOURCES

DHS = Demographic and Health Survey

IGME = United Nations Inter-Agency Group for Child Mortality Estimation

MICS = Multiple Indicator Cluster Survey

MMEIG = UN Maternal Mortality Estimation Interagency Group

NS = National Survey

UNICEF = United Nations International Children's Fund

WB= World Bank

WHO = World Health Organization

ADDITIONAL INFORMATION AND SDG TARGETS ON MATERN..

2.567

The map includes the CCI by region. The CCI summarizes coverage for $\ensuremath{\mathsf{CCI}}$ MNCH using a single number. It is calculated as the weighted mean of 8 interventions: demand for family planning satisfied with modern methods, antenatal care (4+ visits), skilled birth attendant, careseeking for acute respiratory infections, ORS, BCG, DTP3 and measles.

- ODA+ refers to the official development assistance estimates generated by LSHTM using the Muskoka 2 method. The methodological approach is explained in detail in the annexes.
- SDG 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- SDG 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live birth and under-5 mortality to at least as low as 25 per 1,000 live births.

ACKNOWLEDGEMENTS

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Neonatal, Child & Adolescent Causes of Death (2019)

Maternal Causes of Death (2014)

