

Interventions and Services Provided	Community	MCHP	CHP	CHC	Hospital
Give newborn immunizations	Refer	Yes	Yes	Yes	Yes
Treat skin pustules or cord infection	Refer	Assess baby and	Assess baby and	Yes	Yes
Treat neonatal sepsis/ severe skin or cord infection	Refer	First aid treatment and refer	First aid treatment and refer	Yes	Yes
Neonatal tetanus	Refer	Refer	Refer	Refer	Yes

7.2 Family Planning

Although pregnancy and childbirth are natural parts of healthy life, they do entail risks. Globally, an estimated 210 million pregnancies occur each year, out of which 60 million end in abortion or with the death of the mother or baby. Twenty five percent of all pregnancies end in abortions and more than 500,000 maternal deaths and 4 million neonatal deaths occur annually. Contributing to poor maternal health are the large numbers of teenage pregnancies, multi-parity and poor birth spacing. Total fertility rate is 5.1 with urban and rural difference (3.8 and 5.8 respectively).

Family planning, on the other hand, reduces the disease burden associated with pregnancy by averting unwanted pregnancies and preventing between 20 and 40 percent of all infant deaths through prevention of births among Adolescents and older women as well as extension of birth intervals from three to five years between pregnancies (DCP2, 2006, Chapters 26 and 27). Birth spacing of less than 24 months compared with spacing of 36 months carries with it greater risks of foetal, infant and childhood death, and low birth weight and childhood under-nutrition. If all births were spaced at least 36 months apart, infant deaths could be reduced by up to 25% and childhood deaths by as much as 35%.

The 2008 SLDHS on birth intervals shows that the overall birth interval is 36.2 among the richest women, 12.2 months higher than the suggestion from the National Population Policy. The promotion of an optimal birth spacing of 36 months helps child and maternal survival in several ways. This is demonstrated by the result of the recent DHS 2008 studies which reveal that birth interval is higher among the richest women (44.7 months) and those in urban areas (40.1)

Similarly the shortest birth interval is 30.3 months and is reported among young teenage girls. It also reveals that about 20% of babies surveyed were born less than 24 months after the preceding births, thereby being exposed to health risks. In the first place, longer intervals between children ensures that the older children have the opportunity of two full years of breast feeding before another pregnancy, and by the age of three years they have reached a level of developmental independence that enables them to take care of themselves to a greater extent. Birth spacing, by decreasing infant deaths, also decreases the number of very short birth intervals associated with the loss of a child in infancy. Lastly, birth spacing, by increasing the average birth interval tends to reduce the total fertility rate and therefore, the number of high risk pregnancies and births.

In Sierra Leone, information about the benefits of birth spacing and supplies of contraceptives will be available at all levels of the health system. Community-based promoters and distributors will supply pills and both male and female condoms. Injectable contraceptives and intra-uterine devices will be available at all health facilities, and surgical contraception will be available in referral hospitals. Great emphasis will be placed on quality of care and the importance of communication skills for health care providers in order to minimize the incidence of method failure and discontinuation.

The table below summarises interventions that will be carried out at the five standard levels of care taking into consideration the cadre of staff available at each level.

Table 10: Family Planning

Interventions and Services Provided	Community	MCHP	CHP	CHC	Hospital
IEC/BCC on birth spacing and family planning	Yes	Yes	Yes	Yes	Yes
Counsel on informed choice	No	Yes	Yes	Yes	Yes
Distribute male & female condoms and explain their use	Yes	Yes	Yes	Yes	Yes
Distribute Oral Contraceptives and explain their use	Yes	Yes	Yes	Yes	Yes
Administer Depot Provera and explain its use	No	Yes	Yes	Yes	Yes
Insert & remove IUD and explain its use	No	No	No	Yes *	Yes
Insert & remove Norplant ^(R)	No	No	No	Yes*	Yes
Permanent surgical methods	Refer	Refer	Refer	Refer	Yes
Syndromic management of STIs for men	No	Yes	Yes	Yes	Yes
Syndromic management of STIs for women	No	Yes	Yes	Yes	Yes
Voluntary Confidential Testing for HIV	No	Refer	Refer	Yes	Yes
Infertility counselling	Refer	Yes	Yes	Yes	Yes
Infertility Treatment	Refer	Refer	Refer	Refer	Yes
Education of adolescents on reproductive health at all levels	Yes	Yes	Yes	Yes	Yes
Education of adolescents on family life skills at all levels	Yes	Yes	Yes	Yes	Yes
Supportive services to adolescents seeking advice and care	Yes	Yes	Yes	Yes	Yes

*Appropriate training and supervision should be done