

Sierra Leone Embarks on Planning for Maternal and Neonatal Tetanus Elimination Survey



WHO consultants (in front) providing technical support



Presentation of the survey instrument at the training



Supervisors and enumerators discussing the questionnaire

Sierra Leone will conduct maternal and neonatal tetanus elimination (MNTE) validation survey in April 2013. The exercise will be conducted in Port Loko District which has been one of the high risk districts in the country and will be carried out by the Ministry of Health and Sanitation with technical and financial support of WHO and UNICEF. The survey will target all live births delivered between 1 March 2012 and 1 March 2013 as well as women within the reproductive age bracket of 15-49 years. It is designed to document neonatal deaths occurring less than 28 days after birth including the early neonatal deaths in the first 7 days of life. The main aim of the exercise is to determine whether the country is eligible to be certified for Maternal and Neonatal Tetanus Elimination.

Training of supervisors and field enumerators are currently ongoing. The field staff will gather relevant information by administering a set of questionnaires to randomly selected households in the survey area. If the outcome of the validation survey indicates that neonatal tetanus is eliminated in the highest-risk District of the Country, it would be assumed that the disease has been eliminated in better performing districts and thus in the whole country. A pre-validation exercise was conducted in 2012 in preparation for this survey.

The revised global target is aimed at eliminating MNT by 2015. So far 32 countries globally, of which 20 are from the African Region including Sierra Leone, are yet to achieve the elimination goal. Sierra Leone's Demographic Health Survey 2008 finding indicated that the neonatal death rate was estimated to be 36 per 1,000 live births.

The country conducted its first Maternal and Neonatal Tetanus Elimination exercise in 2010 but did not meet the criteria for MNTE status. It was recommended that the country improves its coverage on some key MNTE indicators and processes such as clean delivery, high routine immunization coverage for tetanus toxoid (TT), supplemental immunization activities with TT and MNT surveillance. Since then the country has made gains in the implementation of the recommendations as a prerequisite to conduct MNTE validation exercise.

Implementation of the WHO-UNICEF recommended strategies was initiated in the country in 2005 and the high risk districts approach adapted in 2007 using routine vaccination of neonates, pregnant women and supplementary immunization of women of reproductive age, promoting clean delivery and cord care practices.