Country Programme Action Plan (2013-2014)

Between

The Government of Sierra Leone
And
The United Nations Population Fund

Freetown

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TABLE OF CONTENT

Acronyms

AfDB	African Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ARO	(UNFPA) Africa Regional Office
AWP	Annual Work Plan
AYF	Adolescent and Youth Friendly
AYP	Adolescent and Young People
AYSRH	Adolescent and Youth Sexual and Reproductive Health
BEmONC	Basic Emergency Obstetric and Neonatal Care
CAGS	Community Advocacy/Wellness Groups
CBA	Cost-Benefit Analysis
CBOs	Community-Based Organizations
CCP	Comprehensive Condom Programming
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CHANNEL	CHANNEL Software
CIDA	Canada International Development Association
CINPAD	Christian and Islamic Network on Population and Development
CO	Country Office
CPAP	Country Program Action Plan
CPD	Country Program Document
CSOs	Civil Society Organizations
DAO	Delivering as One
DCT	Direct Cash Transfer
DFID	(UK) Department for International Development
DHMTs	District Health Management Team
DHS	Demographic and Health Survey
DiPS	Direct Program Support
EmONC	Emergency Obstetric and Neonatal Care
EU	European Union
FACE	Funds Authorization and Certificate of Expenditure
FGM/C	Female Genital Mutilation/Cutting
FP	Family Planning
FSU	Family Support Unit (of the Sierra Leone Police)
GBV	Gender Based Violence
GOSL	Government of Sierra Leone
HFAC	Health for All Coalition
HIV	Human Immune Virus
ICPD	International Conference on Population and Development
IMIS	Integrated Management Information System
IMR	Infant Mortality Ratio
IPs	Implementing Partners
IPS	Institute for Population Studies (Fourah Bay College)
IUD	Intra Uterine Device

JICA	Japan International Cooperation Agency
JPOs	Junior Professional Officers
KAPBS	Knowledge, Attitude and Practice Baseline Survey
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MAPDI	Media Alliance on Population and Development
MCH Aides	Maternal and Child Health Aides
MDAs	Ministries, Departments and Agencies
MDGSs	Millennium Development Goals
MDTF	Multi Donor Trust Fund
MEST	Ministry of Education, Science and Technology
MEYS	Ministry of Education, Youth and Sport
MICS	Multi Indicator Cluster Survey
MNH	Maternal and Neonatal Health
MoFD	Ministry of Finance and Development
MoFED	Ministry of Finance and Economic Development
MoHS	Ministry of Health and Sanitation
MSS-SL	Marie Stopes Society of Sierra Leone
MSWGCA	Ministry of Social Welfare, Gender and Children's Affairs
MYES	Ministry of Youth, Employment and Sports
NAS	National Aids Secretariat
NaYCOM	National Youth Commission
NEWMAP	Network of Women Ministers and Parliamentarians
NEX	National Execution
NGO	Non Governmental Organization
NIN	National Islamic Network
OFA	Operating Fund Account
PENs	Peer Educators Networks
POA	Program of Action
PPASL	Planned Parenthood Association, Sierra Leone
PRSP III	Agenda for Prosperity
PRSP	Poverty Reduction Strategy Paper
PSA	Population Situation Analysis
PSUs	Project Support Units
RD	Restless Development
RHCS	Reproductive Health Commodity Security
RHCS-SP	Reproductive Health Commodity Security Strategic Plan
RHD	Reproductive Health Division
RRF	Results and Resources Framework
SDPs	Service Delivery Points
SLPAGPD	Sierra Leone Parliamentary Action Group On Population and Development
SRH	Sexual and Reproductive Health
SRHR	Sexual Reproductive Health and Rights
SRO	(UNFPA) Sub-Regional Office
SSL	Statistics Sierra Leone
STIs	Sexually Transmitted Infections

TFR	Total Fertility Rate
TRLs	Traditional and Religious Leaders
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Fund
UNFPA	United Nations Population Fund
UNFPA-SL	United Nations Population Fund-Sierra Leone
UNICEF	United Nations Children's Fund
UNJV	United Nations Joint Vision
UNSCR	United Nations Security Council Resolution
USD	United States Dollars
WHO	World Health Organization
WRH	Women's Reproductive Health

THE FRAMEWORK

The Government of Sierra Leone with support of UNFPA and other Development partners has been consolidating peace, security and setting the country on the path of post war recovery. This has been done within the context of the ICPD, MDGs and the UNDAF, which informed government's development strategies including the PRSP.

A key element of this collaboration has been the building of Government capacities to enhance national ownership and leadership of the development process, especially in the areas of Population and Development; Reproductive Health and Rights; Gender Equity, Equality and Empowerment of women as well as promoting advocacy and multi-sectoral partnership. This has strengthened the implementation of the ICPD Agenda in Sierra Leone. The preparation of this CPAP was government led with full participation of development partners and other stakeholders, including NGOs and CBOs in the process.

The Government of Sierra Leone and UNFPA have clearly understood and agreed to the content of the CPAP especially as they relate to their roles and responsibilities in the transparent and accountable implementation of the programme.

Therefore:

furthering their mutual agreement and cooperation for the fulfilment of the Programme of Action of the International Conference on Population and Development (ICPD) held in Cairo in 1994, MDGS, CEDAW, UNSCR (1325, 1820 and 1960), and the ICPD + 10 review report;

building upon the experiences gained and progress made during the implementation of the previous Programme of Cooperation;

entering into a new period of cooperation;

declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows;

PART I: BASIS OF RELATIONSHIP

1. The legal basis for the relationship between the Government of Sierra Leone and UNFPA is governed by the Standard Basic Assistance Agreement signed by the Government and UNDP Sierra Leone in 1977, which, *mutatis mutandi*, also holds true for UNFPA Sierra Leone following decision 50/438 of the General Assembly dated 20 December 1995 and the institutional arrangements contained in the letter of the UNFPA Executive Director of 22 February 1996 to the Ministry of Foreign Affairs and International Cooperation.

PART II: SITUATION ANALYSIS

2. Sierra Leone's population was estimated at 5.9 million in 2010 with a projection of 6.1 million in 2011, and an annual growth rate of 1.8 per cent. Significant progress has been made in peace consolidation, demographic governance, economic recovery and development within

the framework of poverty reduction strategies since 2002. The second PRSP (2007-2012), "Agenda for Change" has been completed with its successor programme, the third PRSP (2013-2017) "Agenda for Prosperity" being developed.

3. Economic growth averaged around 7 per cent per annum over the past five years and projected to grow by at least 31 per cent in the coming years, propelled mainly by a revamped mining sector and high prospects for oil discovery. However, development efforts are still constrained by brain drain, poor infrastructure and inadequate financial resources. About 70% of the population continue to live below the poverty line and find it extremely difficult to access essential social services.

4. Adolescents and youth constitute 55% of the total population; with 25% women of child-bearing age (15-49). Maternal mortality declined significantly from 1800 in 2005 to 857 per 100,000 live births in 2008 through strengthening of health systems. For every woman who dies, it is estimated that another 15-30 women will face long-term health complications such as obstetric fistula, uterine prolapse, or infertility. Infant mortality ratio (IMR) was 87 per 1,000 live births; and new born deaths account for 40% of all infant deaths (DHS 2008). Skilled birth attendance rate is 42 %[1] but with a very low institutional delivery, estimated at 24 % (DHS 2008).

5. Total fertility rate (TFR) decreased from 6.3 children per woman in 1985, 6.1 in 2004 to 5.1 in 2008 (DHS 2008), generally due to modern family planning practices. Though the contraceptive prevalence rate has improved slightly from about 3 per cent in 2002 to 8 per cent in 2008, it is still one of the lowest in the sub-region. This has, however, tremendously increased to 11% in 2010 (MICS 2010). 28% of women have an unmet need for family planning, with 24.5% wanting to delay child bearing by two or more years, and 30.3% not wanting to have any more children.

6. The decline in TFR is observed to be an urban phenomenon as rural women are known to have on average two more births (5.8) than urban women (3.8). Thus, in rural communities in particular where women have little or no education, socio-cultural barriers such as spousal approval for family planning (14%) and preferences for large family sizes (10.8%) are an impediment to contraceptive use. Other common reasons for not accepting FP methods are religious prohibition (9.3%) and fear of side-effects (10.8%).

7. Knowledge on family planning is also relatively low; only 69% of all women and 82% of men have heard of any modern method of contraception. The three best known methods among all women and men are pills, injectable & male condoms, and these are available in almost 80 per cent of the SDPs. Sexual and Reproductive Health (SRH) risks and poor access to family planning are leading contributors to maternal deaths in Sierra Leone.

8. Adolescents and young people become sexually active as early as 12 years old. Prevalence of child marriage is one of the highest in the world, with about 48% of 20-24 year old females married by the age of 18 (DHS 2008). Common SRH problems among youths relate to teenage pregnancy (34%), high Adolescent Birth Rate (146/1000 livebirths), unsafe

[1] Skilled providers include doctors, nurses, midwives and MCH aides.

abortion, STIs/HIV/AIDS, etc. By 18 years of age, 4 out of 10 young women would have become mothers (DHS 2008). At least 13% of all maternal deaths result from unsafe abortion and 25% of these occur among adolescents. Teenage childbearing alone contributes to 40 per cent of maternal deaths.

9. HIV prevalence has stabilized at 1.5 per cent since 2005 with a prevalence of 1.2 per cent among young people aged 15-24 years, of which young females contribute about 57 per cent. Condom use among young people is, however, low at 29.2 per cent for males and 12.2 per cent for females aged 15-24. HIV prevalence is significantly higher among "Most-At-Risk" sub-populations, averaging around 6.7% for sub-populations categorized in this group[2]. Almost 75% of adolescents and youths constitute this group and require serious attention.

10. HIV prevalence among pregnant women attending antenatal clinics (ANC) is 3.2%, above the national prevalence of 1.5%. In addition, sexually transmitted infections (STIs) are widespread, with 19.3% of women reporting either having had an STI or having had the symptoms of an STI within 12 months (DHS 2008).

11. While there has been increased investments in young people (education, employment) there is a need to address their SRH. Presently, there are no government facilities that provide comprehensive youth-friendly SRH services. There is a large unmet need regarding adolescent and youth-friendly facilities to address their SRH needs. This impacts negatively on their health and is compounded by several barriers including issues of stigma, discrimination and attitude of health personnel (WHO 2008 and UNFPA 2012 Studies).

12. Despite substantial investments in health facilities, they remain insufficient, ill-equipped and inadequately staffed with skilled personnel to acceptable standards to provide both BEmONC and CEmONC[3]. Generally, poor health infrastructure and inadequate human resources, insufficient safe blood supplies and funding have hindered emergency obstetric and new born care.

13. Caesarean sections rose from 0.9 % in 2008 to 2.5 % in 2010 due to the removal of user charges for pregnant women; but are still well below the standard rate of 5-15 per cent. Unsafe abortion accounts for 13 per cent of all maternal deaths.

14. Reproductive Health Commodity Security (RHCS) has been improving, but there still remain issues to address in the Procurement and Supply Chain Management Systems. In 2011, the GPRHCS revealed that only 35.42% of Service Delivery Points (SDPs) reported "no stock outs", a reduction from the 41.35% reported in 2010. Also, many PHUs rarely have in stock quite a number of the RH commodities procured and supplied despite their availability at the Central and District levels. While efforts have been made to address the transportation of drugs

[2] This includes mainly Prison-Inmates (9.7%); Sex Workers (8.5%); Men-Having-Sex-With-Men (7.5%); uniformed personnel (4.4%) – combination of Military and Police – and the Fisher Folk (3.3%) (NAS Data, 2010).

[3] Presently 5 hospitals and 8 CHCs are EmONC compliant; this is far below the 17 CEmONC and at least 65 BEmONC facilities recommended for the country.

to facilities, distribution from District Medical Stores to Peripheral Health Units (PHUs) is cause for concern among stakeholders.

15. Gender inequality and denial of women's rights are still prevalent at all levels in society, even though women constitute 52 per cent of the population. Significant strides have been made in promoting gender equality and women's rights. Yet, most women are still subject to marginalization and discrimination, particularly in the areas of education, employment, political participation, and property inheritance/ownership. Issues of unequal opportunities for boys and girls continue to be exacerbated by factors such as early marriage for girls, teenage pregnancies and cultural practices such as Female Genital Mutilation/Cutting (FGM/C), with a prevalence rate of 92-95 per cent.

16. Generally, women continue to be ascribed to subservient roles that affect their status and reproductive health and rights, coupled with incidents of gender-based violence, teenage pregnancy, illiteracy, unemployment, as well as extreme poverty that is still prevalent in almost all communities. In 2012 alone, FSU records indicate 5,064 reported cases of GBV[4], with 786 cases (16%) charged to court. Of these, 124 cases have been committed to high court, while 2,150 cases are still under investigation.

17. The Government has promulgated a number of legislations, policies and strategies, particularly in relation to women's and young people's empowerment, decision-making and access to resources at all levels. These efforts notwithstanding, translating the commitments of the government into concrete actions remains a challenge, mainly due to inadequate financial, technical and human resources in the relevant Ministries mandated to implement them.

18. The need for quality socio-economic and demographic statistics in Sierra Leone is still enormous, characterized by gaps in the availablity of dissaggregated data for all development sectors, including health. There is the need to further strengthen the national statistical system to perform effectively and efficiently in providing reliable socio-economic and demographic data for programme planning, implementation, monitoring and evaluation. This should be done within the broader implementation framework of the National Strategy for the Development of Statistics by Statistics Sierra Leone.

19. Also, the Government does not currently have a national population programme on its own. This stems from the weak human and institutional capacity of MOFED to effectively formulate such a programme and coordinate its implementation. There has been greater reliance on UNFPA country programmes and related programmes designed by other UN agencies and NGOs in fulfilment of their respective mandates to support population activities in the country. In the same vein, UNFPA itself has not adequately addressed the integration of

[4] Regional distribution of GBV cases reported in 2012 is as follows: Western Area 2,343 (46%), Southern Region 829 (/16%), Northern Region 1,195 (/24%), and Eastern Region 697 (/14%). Of cases charged to court, distribution is as follows: Western Area = 288 (36%), Southern Region 146 (19%), Northern Region 188 (24%), and Eastern Region 164 (21%).

population issues through the conduct of a comprehensive PSA (Population Situation Analysis) to inform policy and programming at all levels.

20. Furthermore, the National Population Policy being revised has no action plan for its implementation, and this requires urgent attention in order to create the necessary impact for integrating population and development planning at national and district levels and across all sectors. This will require further support for improved high level advocacy to finalize the development of the National Population Policy and action plan, its coordination and implementation.

PART III: PAST COOPERATION AND LESSONS LEARNED

21. In the fourth country programme cycle, much focus was on strengthening UNFPA's support to government in collaboration with development partners in the core programme areas of Reproductive and Neonatal Health, Gender, Culture and Human Rights, and Population and Development.

22. Substantial investments have been made in national capacity-building for addressing population issues in relevant Ministries, Departments and Agencies (MDAs), particularly for strengthening the human resource capacity in frontline ministries with responsibility to implement UNFPA programmes. These include the Population Unit in the Ministry of Finance and Economic Development; the Reproductive Health Division in the Ministry of Health and Sanitation; the Gender Unit in the Ministry of Social Welfare, Gender and Children's Affairs. Similar capacity building endeavours were also undertaken for Implementing Partners in Results-Based Management, including financial management in order to enhance their programme implementation and reporting capacities in accordance with UNFPA organizational requirements.

23. In the Reproductive Health programme the core focus was on the training of health personnel, doctors, nurses, mid-wives and nurse-anaesthetists. Specialized training has been provided in emergency obstetric care, ultrasonography and contraceptive technology; and information and communication on reproductive health issues. The development of key health sector strategic documents was supported to address Newborn and Child Health, Reproductive Health and Reproductive Health Commodity Security (RHCS), among others.

24. In strengthening the health referral system, UNFPA supported the rehabilitation and refurbishment of health facilities at the Central Maternity Hospitals, District Hospital Maternity Wards and Peripheral Health Units. Pre- and in-service training was provided for midwives for increased access to skilled birth attendance. Ambulances were provided in all districts and community participation promoted to strengthen the referral system at all levels.

25. The Government's flagship "Free Health Care Initiative" programme has been supported through the supply of reproductive health commodities and implementation of the Reproductive Health Commodity Security Strategic Plan (RHCS-SP). National capacity has been strengthened for forecasting and procurement of commodities supporting national efforts to improve storage, transportation and distribution of commodities. National counterparts have

also been trained on the use of the CHANNEL software to improve the Logistics Management Information System (LMIS). This has strengthened procurement and supply chain management, and monitoring of reproductive health commodities.

26. The supply chain management has been further strengthened through support and collaboration with civil society, Health for All Coalition (HFAC), to monitor RH commodities and to advocate for Government's commitment to increase resources to RHCS. These efforts have improved accountability of the drugs supply, distribution and monitoring system.

27. Mass media campaigns, including radio drama series, were undertaken to promote family planning, institutional delivery, fistula treatment, care and social integration of patients/victim, HIV prevention, promotion of women and girls SRHR, and prevention of GBV. In the case of HIV prevention, in particular, the National AIDS Secretariat (NAS) also implemented the Comprehensive Condom Programming (CCP) and the National HIV/AIDS Strategic Plan (2010-2015) through UNFPA support.

28. The activities of community-based distributors for family planning have also been scaled-up to cover all districts, thereby increasing the number new acceptors of available services. The promotion and integration of Population and Family Life Education into schools through the Ministry of Education have also improved the knowledge and understanding of youths on their SRHR and information on available services.

29. Under the gender component, initiatives were specifically supported to enhance gender equality, promote women's empowerment, and the elimination of harmful traditional practices affecting the sexual and reproductive health of women and men. This was facilitated by the improved access to and utilization of family planning information and services through community-based integration programmes that promoted Sexual Reproductive Health and Rights, and prevention of GBV. Livelihood and life-skills training were also provided for vulnerable women, especially GBV survivors, including provision of legal counselling and representation. Community Advocacy/Wellness Groups (CAGs) and Husbands School Initiative were supported and empowered, including TBAs, Traditional and Religious Leaders to support community outreach programmes on RH, GBV and family planning.

30. The Population and Development component focused mainly on technical and financial assistance to Statistics Sierra Leone, with much emphasis on building national capacity for increased availability and utilization of data for development planning and programming. This includes: (a) Analysis of the 2008 DHS data and preparation of the report (2009); (b) Conduct of the District Health Services Baseline Survey; and (c) Preparation of the Gender-Based Violence Report.

31. Local Councils and Statistics Sierra Leone were supported through the training of Development Officers, M&E Officers in the 19 Local Councils, and 12 District Statisticians. Statistics Sierra Leone (SSL) has been supported in training and developing the Sierra Leone Integrated Management Information System (IMIS). The UNJV Programme 12 was implemented in close collaboration with MDA's to create synergy in data activities with the aim

of improving data availability, reliability, storage, accessibility and utilization for effective planning, monitoring and evaluation at central and decentralized levels.

32. In the Ministry of Finance and Economic Development, capacity building focused on advocacy for the promotion of the ICPD-PoA. Training was provided for the integration of population issues into national development frameworks through establishment of the Sierra Leone Parliamentary Action Group on Population and Development (SLPAGPD), the Network of Women Ministers and Parliamentarians (NEWMAP) and Christian and Islamic Network on Population and Development (CINPAD). Support was provided to strengthen research in population dynamics at the Institute for Population Studies, Fourah Bay College. Visibility on ICPD issues was increased with the training of media practitioners (Media Alliance on Population and Development-MAPDI) to improve their knowledge and report better on population issues. This effort has improved on UNFPA-SL visibility both locally and internationally.

33. In general, the fourth country programme implementation has been enhanced through: (a) collaboration with the Government, National and International NGOs and other United Nations Agencies; (b) increased political commitment and stability; (c) partnerships with Local Advocacy Groups, such as Networks of Religious Leaders and Women Ministers and Parliamentarians; (d) increased national awareness of the Millennium Development Goals; (e) alignment of interventions with the ICPD.

34. The key lessons learned have been from the challenges and successes in programme implementation and delivery mechanisms. These include institutional capacity building, empowerment of government for programme leadership and ownership, communication and advocacy, participatory and collaborative approaches with communities and partners to ensure programme ownership and synergies.

35. Government's strong commitment, ownership and leadership, including collaboration partnership with donors/ development partners to a greater extent promoted cost-sharing and enhanced programme implementation. These equally gave more credibility to responding to the overall reproductive health needs of the country by donors.

36. In order to guarantee effective and efficient programme delivery, particularly RH services, periodic and regular inter-agency/IPs review meetings at all levels addressed duplication of efforts and wastage of resources. The meetings also created the forum for knowledge-sharing among IPs and facilitated programme operations. Similarly, building the capacity of national health workers and/or health-related social workers enhanced achievement of programme/project outputs and sustainability.

37. Civil society oversight and alone is insufficient to guarantee effective monitoring and transparency in the drugs distribution and logistics management information systems, including monitoring. These efforts can further be enhanced through a joint monitoring system within the overall M&E framework of the programme.

38. In gender interventions, a key lesson learned is that **c**ommunity-led sensitization and advocacy campaigns have proved to be more reliable and sustainable strategies in promoting

service delivery for both GBV response and RH delivery. This is further reinforced through building effective partnerships with Traditional and Religious Leaders, as well as Community-Based Organizations in facilitating interventions. However, these strategies have also raised the expectations of communities for follow-ups with relevant service delivery projects. Managing such expectations sometimes poses a threat to successful programme implementation and a risk for future programme failure.

39. The integrated approach to addressing gender issues through promoting sexual and reproductive health and rights, including family planning, has enhanced community awareness and understanding of their linkages and facilitated programme acceptance.

40. In the area of data availability, much still needs to done to strengthen the statistical system at all levels. The lack of good quality data made it extremely difficult to manage and account for programme results, as no clear baselines and targets were defined to monitor progress towards attainment of outputs and outcomes.

41. Finally, advocacy and awareness-raising in local communities on the importance of data in development planning and management, including the training and engagement of local leaders and Councils have promoted ownership and use of data at the sub-national level. Use of credible data has also improved evidence-based decision-making and planning at all levels.

PART IV: PROPOSED PROGRAMME

42. The Government, with the participation of the UNFPA Country Office, other United Nations Organizations, Donors/Development Partners, Non-Governmental Organizations (NGOs) and Community-Based Organizations (CBOs), including Traditional and Religious Leaders (TRLs) formulated the proposed programme with technical backstopping from the UNFPA SRO and ARO in Senegal and Johannesburg respectively, and National and International Consultants who carried out the Mid-Term Reviews and End-Evaluation of the Fourth Country Programme.

Country Programme Linkages: UNFPA Strategic Plan (2012-2013); UN Transitional Joint Vision (2013-2014); Agenda for Prosperity (2013-2017) and the Country Programme Document (CPD) Outcomes.

43. The goal of this programme is to contribute to the ***"achievement of universal access to sexual and reproductive health, promote reproductive rights and reduce maternal mortality and morbidity"*** as defined in the UNFPA Strategic Plan (2012-2013). These efforts will be guided by an understanding of population dynamics, human rights and gender equality, driven by country needs and tailored to the country context in order to empower and improve the lives of underserved populations, especially women, youths and adolescents.

44. In working towards the above goal (which addresses UNFPA's current mandate), as well as the Government's national Agenda for Prosperity, the new strategic direction of

UNFPA is to adopt the ***"Cluster Approach"***[5] to improve on the lives of women, youth and adolescents. Hence, the proposed interventions under the current programme will be addressed under two main clusters: (a) Women's Reproductive Health Cluster, including Newborn Health (b) Adolescents and Young People's Sexual and Reproductive Health Cluster.

45. Special attention will be paid to ensuring that adolescents and young people have the information, services and resources they need to achieve their full potential, as well as their sexual and reproductive rights. The programmatic interventions will equally address the RH needs of women in order to reduce maternal mortality and morbidity. This approach will be exemplified by an integrated multi-sectoral partnership, and identifying key priorities for achieving tangible results within the limited timeframe and resources.

46. Overall, the country programme is aligned with two pillars of the Government's Agenda for Prosperity: (a) Pillar 1 – Strengthening the Enabling Environment, and (b) Pillar 3 – Accelerating Millennium Development Goals for Human Development. It also addresses related issues in the Programme of Action of the International Conference on Population and Development (ICPD) and the Millennium Development Goals.

47. The programme contributes to three of the seven clusters of the Transitional United Nations Joint Vision (UNJV) for Sierra Leone, 2013-2014. These are: (a) Support to Good Governance; (b) Social Protection, Child Protection, Gender and Human Rights; and (c) Health and Nutrition. Together, these clusters will strengthen the enabling environment and accelerate attainment of the MDGs for human development.

48. Thus, the main thrust of the current CPAP and its implementation will be driven by the new UNFPA strategic direction as outlined in the Business Plan (2012-2013) and Strategic Plan (2011-2013). The core strategy will focus on how to integrate Adolescent and Youth Sexual and Reproductive Health (AYSRH) and Women's Reproductive Health (WRH) into the country's development process.

49. The programme will also infuse into its design and implementation frameworks an innovative advocacy and communications strategy for improved UNFPA visibility and resource mobilization capacity. The centrality of the country programme is to ensure that stronger emphasis is placed on providing the Country Office (CO) with the tools and resources to strengthen delivery and ensure greater accountability for resources and results.

50. Thus, in view of the foregoing, the first outcome of the country programme addresses ***Maternal and Newborn Health*** and is defined as: ***"Increased access and utilization of quality maternal and newborn health services"***.

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[5] The Cluster Approach is ***"an operational working arrangement***" that aims at transforming organizational behaviour, by encouraging individual components (or clusters) to adopt an integrated approach in their interventions. This, in turn, enables them to collectively deliver more powerfully to achieve the ultimate organizational goal. The cluster approach must be country-driven, impact-oriented, transparent and accountable.

51. The second outcome of the country programme focuses on ***Family Planning***, and is defined as: ***"Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intensions"***.

52. The third outcome of the country programme focuses on ***Young People's Sexual and Reproductive Health and Sexuality Education;*** it is defined as: ***"Improved access to SRH services and sexuality education for young people (including adolescents)"***.

53. It should be noted that the first three outcomes of the Country Programme outlined above are all directly linked to the Third Cluster, Health and Nutrition, of the UN Transitional Joint Vision and Pillar 3 of the Government's Agenda for Prosperity, Accelerating Millennium Development Goals (MDGs) for Human Development.

54. The fourth outcome of the country programme focuses on the component ***Gender Equality and Reproductive Rights,*** and is defined as: ***"Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy"***. This outcome is linked to Cluster 4- Social Protection, Child Protection, Gender and Human Rights, of the UN Transitional Joint Vision and Pillar 3 of the Government's Agenda for Prosperity, Accelerating Millennium Development Goals (MDGs) for Human Development[6]. It corresponds to Outcome 5 of the development results of the UNFPA Strategic Plan (2012-2013).

55. The fifth outcome of the country programme focuses on ***Data Availability and Analysis,*** and is defined as: ***"Population dynamics and its inter-linkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies"***.

56. This outcome addresses the compelling need for reliable data as articulated in the results frameworks of both the UN Transitional Joint Vision and the Government's Agenda for Prosperity. Thus, it focuses on the imperative of having strengthened national systems in place for generating accurate and reliable data for use in programme planning and design, monitoring and evaluation at all levels.

57. In the context of the current cluster approach, it is treated as a cross-cutting component of the programme to serve the data needs of both the Women's RH Cluster, and the Adolescents and Youth Cluster. It is also linked to the Third Strategic Priority of Sierra Leone's PRSP III (Agenda for Prosperity), MDGs and ICPD Goals. It contributes to Development Outcome 7 of the UNFPA Strategic Plan (2012-2013).

Programme Strategies and Interventions

[6] The Agenda for Prosperity is being revised to address gender issues under a separate pillar. It is anticipated that the focus will be on (a) Promoting women's empowerment and participation in decision-making at all levels (b) Strengthening systems for promoting women's equality and rights, including prevention of GBV.

58. In response to the imperatives of the Cluster Approach dictated by the new Strategic Plan (2011-2013) and Business Plan (2012-2013), the country program will contribute to the outcomes outlined above through the afore-mentioned clusters as follows:

I. WOMEN'S REPRODUCTIVE HEALTH CLUSTER (WRH):

59. This cluster will directly address outcomes 1 and 2 of the CP described above, and these are: (a) Outcome 1: Maternal and New Born Health; and (b) Outcome 2: Family Planning.

Outcome 1: Maternal and Newborn Health

60. This component is designed to address the Government's health priority areas of maternal mortality and morbidity, and newborn health as articulated in the Reproductive, Newborn and Child Health Policy 2011-2015/ Reproductive, Neonatal and Child Health Strategic Plan 2012 -2016, and the Reproductive, Newborn and Child Health Strategy 2011-2015, Behaviour Change Communication Strategy 2011-2015. Thus, this programme component will support access to comprehensive reproductive health information and services, rehabilitation of facilities and human resources capacity building.

61. The CP **outcome** is: ***"Increased access and utilization of quality maternal and newborn health services"***. It will be achieved through the following outputs:

(i) Strengthened national capacity to implement comprehensive midwifery programmes;
(ii) Strengthened national capacity for emergency obstetric and newborn care; and
(iii) Enhanced national capacity for prevention, treatment and social reintegration for obstetric fistula.

Output 1: Strengthened national capacity to implement comprehensive midwifery programmes. There are two key strategies to achieve this output:

62. The key strategy is to promote deliveries in health facilities. The activities are to support: (a) two national midwifery schools and (b) the training of nurse anaesthetists.

Output 2: Strengthened national capacity for emergency obstetric and newborn care.

63. The key strategy will be strengthening the health system and building partnerships. The main interventions include support to: (a) training of skilled birth attendants for both basic and comprehensive emergency obstetric and neonatal care in a conducive working environment; (b) implementation of the Behaviour Change Communication Strategic Plan; (c) Strengthening of the health service referral system, and (d) Prepositioning of reproductive health kits for emergency preparedness and response.

Output 3: Enhanced national capacity for prevention, treatment and social reintegration for obstetric fistula.

64. The key strategy is sensitization and awareness-raising in communities. However, considering that the country no longer has a single fully-trained fistula surgeon and has to rely

on a visiting surgeon and one fistula surgeon in training, effort will be made to ensure that the investment put into social mobilization and re-integration is reduced in order to match the limited national capacity to provide treatment while greater investment is made in the latter. The country office in collaboration with the government and other stakeholders will scale up access to EmONC especially for the remote rural populations and embark on high level advocacy for holistic approach to elimination of obstetric fistula. The activities, therefore, include support to prevention, treatment and social reintegration of obstetric fistula patients.

Outcome 2: Family Planning

65. This component is aimed at further strengthening existing partnerships with government and development partners to support implementation of the second phase of the Reproductive Health Commodity Security Strategic Plan (RHCS-SP) and mobilize resources for the procurement and distribution of RH commodities, as well as ensuring their availability to persons who need them at all times. It will also focus on further improving the Logistics Management Information System and build national capacity for forecasting and procurement of commodities.

66. The CP **outcome** of this sub-component is ***"Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intensions"***. It will be achieved through the following output:

Output 4: Strengthened national systems for reproductive health commodity security.

67. The key strategy for achieving this output will be capacity-building for RHCS and an effective logistic management system using CHANNEL. The main activities are: (a) support procurement, distribution and monitoring of reproductive health commodities; and (b) support training of government personnel in procurement and logistics management and contraceptive technology.

68. However, recognizing that the output does not adequately address downstream (service delivery and demand-creation) interventions for family planning, the country programme has proposed the following sub-outputs to address this need:

Sub-Output 4.1: Improved knowledge and awareness of and attitudes towards family planning among service providers and communities, including young people.

69. The key strategy to achieve this output through demand generation and capacity development at individual, institutional and community levels. The activities include support to: (a) national campaigns (b) community & social mobilization (c) Male Involvement activities.

Sub-Output 4.2: Improved quality and accessibility of family planning information and services, and Adolescent & young people.

70. The first, and overarching strategy[7], is to intensify high-level policy advocacy for repositioning of family planning and strengthen the health system to improve service delivery, particularly in low performing areas. The activities include support: (a) conduct of national family planning Cost-Benefit Analysis (CBA) study, and organize advocacy, including media events to disseminate findings (b) development, review, updating, finalization and dissemination of relevant national policies, guidelines and action plans (c) in-service and pre-service training on family planning counselling and long term methods (d) pilot activities using MCH Aides to insert IUD & Implant (e) outreach services, and f) community-based distribution of contraceptives through Mother Support Groups, including for teenage mothers.

71. The second strategy is integration of family planning with other health service delivery components[8]. The key activities are: (a) inclusion of FP module into training curriculum (b) offer family planning information and services during other MNH services.

II. ADOLESCENT AND YOUTH CLUSTER:

72. The needs of adolescents and young people are specifically targeted in the third outcome of the country programme, which focuses on ***Young People's Sexual and Reproductive Health and Sexuality Education***[9]. It focuses on addressing the Government's priority areas of SRHR for adolescents and young people, with emphasis on the design of programmes that ensure increased access to and utilization of Sexual and Reproductive Health information and services for adolescents and young, responsible sexual and reproductive health behaviour and enhanced participation of adolescents and young people's in the implementation of SRH programmes. The programme integrates maternal and neonatal health issues as they relate to young mothers, family planning services, HIV and STI prevention services. The Women Reproductive health cluster will integrate key interventions on ARSH such as EmONC and Family Planning as adolescent contribute about 34% of pregnant women in the country.

73. The programme will be implemented as articulated in the UNFPA Strategy on Adolescents and Youth. This strategy focuses on assisting governments in making measurable progress toward supportive development and health policies, as well as effective SRHR programmes. It emphasizes the participation and representation of the most disadvantaged young people, especially adolescent girls.

74. It is also articulated within a national framework targeting adolescents and young people, which include the Multi-Sectoral Programme addressing Adolescents' and Young People's Sexual and Reproductive Health (2012-2014), the National Health Sector Strategic Plan 2008/10 (AK)-2015, the Reproductive, Newborn and Child Health Strategy 2011-2015 (The Reproductive and Child Health Strategic Plan (2010-2015- Hashina)) and the Adolescents and Young People SRH Strategy (2010-2015).

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[7] The goal is to raise awareness among relevant government authorities and other stakeholders, including civil society organizations for increased budgetary allocations to family planning initiatives.

[8] These services include ANC, postpartum care, Post Abortion Care, EmONC, Prevention of Mother To Child Transmission of HIV, Adolescent and Youth Friendly Health Services, Immunization, and Nutrition.

[9] UNFPA strategy places emphasizes that the specific needs of adolescents and young people should be taken into account in all activities implemented to achieve the other outcomes of the country programme.

75. This cluster will, therefore, support the establishment of an enabling environment for the delivery of a comprehensive package of services for adolescents and young people, addressing their needs and specificities, support the access to comprehensive SRH information to in-school and out-of-school youths, increase participation of young people to SRHR policies and programmes and specifically focus its intervention on vulnerable adolescents and young people.

76. Hence, the third outcome of Country Programme that addresses the above issues is defined as: ***"Improved access to SRH services and sexuality education for young people (including adolescents)"***. This outcome will be achieved through the following key output:
Output 5: **Improved programming for essential sexuality and reproductive health services to marginalised adolescents and young people.**

77. As outlined in the CPD, the main strategy is a multi-sectoral partnership in programming, and the key interventions are to support: (a) integration of adolescents' and young people's sexual and reproductive health services into primary health care; (b) sexual and reproductive health life-skills and peer-education for in- and out-of-school youths; (c) building capacity in the provision and management of youth-friendly services; (d) youth participation in relevant policy and programme development, implementation and monitoring. In order to implement this CPD strategy and interventions, the country programme has, in turn, identified the following five specific strategies and related activities to achieve the above output.

78. The first strategy is to ensure the establishment of an appropriate legal and policy environment, protecting adolescents and young people SRHR. The activities will include support to: (a) technical assistance to all members of the Multisectoral Programme, particularly government Ministries, and assist in its coordination; (b) advocacy efforts for enactment and enforcement of relevant policies through bi-laws and regulations.

79. The second strategy is to ensure the availability of a comprehensive package of services for adolescents and young people that addresses their needs and specificities. The activities will include support to: (a) pre-service training of health service providers (including midwives) on provision of adolescent and youth-friendly services; (b) in-service training of health service providers on provision of adolescent and youth-friendly services; (c) providing technical and material assistance to partners (both public and private) in providing adolescent and youth-friendly services.

80. The third strategy to achieve the above-mentioned output aims at integrating gender and SRH issues into education programs to appropriately address adolescents and young people's needs. This will be done through: (a) support to the review and adoption of a national curriculum integrating AYP SRHR and Gender roles; (b) contribution to the efforts to harmonize training materials and non-formal education methods for out-of-school youths.

81. The fourth strategy will focus on enhancing the mobilization of communities and youth leadership on issues related to adolescents and young people's SRH. This will be done within the integrated women's reproductive health and gender frameworks for addressing SRHR issues in the programme. The following activities will be undertaken: (a) support partners for

community mobilization activities on gender equality and AYP SRH; (b) support initiatives of inter-generational dialogue with parents and other concerned adults (including traditional and religious leaders, decision-makers, teachers and social workers); (c) provide technical and material assistance to the Youth Commission, youth-led organizations and youth networks.

82. The fifth and last strategy is targeting specifically the development of programmes reaching, engaging and supporting most-at-risk adolescents and young people. The activities in support of this strategy include: (a) support advocacy for specific programmes to protect girl-children from discrimination; (b) support the conduct of a participatory mapping of most-at-risk vulnerable adolescent and youth sub-populations in Sierra Leone; (c) support discussions of partners of the Multisectoral Programme on the design of specific programmes aimed at supporting identified most-at-risk vulnerable groups.

III. CROSS-CUTTING ISSUES

83. Cross-cutting issues are outlined under the fourth and fifth components or outcomes of the country programme. These include Gender Equality and Reproductive Rights; and Data Availability and Analysis, respectively. The other cross-cutting issues which address the needs of all components of the country programme are: Monitoring and Evaluation; and Communication and Advocacy.

Gender Equality and Reproductive Rights:

84. Gender interventions will continue to address issues of inequality and discrimination, empowerment of women and girls, promotion of policies that address women's issues, including the mobilization of communities and national and traditional leaders to promote women and girls' SRHR, GBV prevention and support to victims and survivors.

85. Thus, the fourth outcome of the country programme is defined as: ***"Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy"***. This outcome will be achieved through the following key output:

Output 6: Strengthened national capacity for addressing gender-based violence and provision of quality services, including in humanitarian settings.

86. The key strategy to achieve this output is community-level advocacy and policy dialogue on the promotion of maternal health, SRHR, GBV prevention and response to victims/survivors. The activities include support to: (a) survivors of gender-based violence with basic needs, psychosocial services, legal counselling, including representation in court and (b) expansion and empowerment of Community Wellness Advocacy Groups with technical skills and knowledge to undertake awareness raising/sensitization campaigns; other groups include "Change Agents" such as Peer Educators Networks (PENs), Soweis, Traditional and Religious Leaders (TRLs); (c) capacity building and empowerment of the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA),NGOs, CBOs to implement policies and programmes.

(b) Data Availability and Analysis:

87. This component will address the data needs of both clusters for use in governance, planning and programme monitoring and evaluation, and reporting at all levels. It will focus on developing a disaggregated gender-sensitive database in the Integrated Management Information System (IMIS); the conduct of the 2013 Demographic and Health Survey and 2014 Population and Housing Census. It will continue to build institutional capacities for the integration of population and development dynamics into sectoral policies and programmes, particularly in the Ministry of Finance and Economic Development.

88. Thus data issues will be addressed under the fifth outcome of the country Programme, and it is defined as: ***"Population dynamics and its interlinkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies"***. This outcome will be achieved through the following output:

Output 7: Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and sexual and reproductive health, including in humanitarian settings.

89. The strategy for achieving this output is advocacy, policy dialogue, strengthening partnerships and institutional capacity building. The key activities include support to: (a) the second Demographic and Health Survey in 2013 and the Fifth National Population and Housing Census in 2014; (b) capacity building of key sector ministries and local councils in data collection, analysis and use, and reporting (c) the implementation of the National Population Policy.

PART V: PARTNERSHIP STRATEGY

90. UNFPA will intensify efforts to strengthen strategic partnerships with the Government, through technical and financial support to MoFED, MoHS, MSWGCA, MEST and MYES. UNFPA will continue collaboration with NGOs and CBOs working on various aspects of the programme based on their comparative advantages. In the spirit of "Delivery as One (DAO)" and integration, UNFPA will engage with other UN agencies for better coordination and harmonization of UN programmes in the country.

91. UNFPA will support M&E capacity of partners to improve on both qualitative and quantitative programme results reporting. Moreover, in order to address the entrenched and diverse socio-cultural and economic challenges in the communities, traditional and religious leaders will be engaged for the sustainability of all interventions in the communities.

92. This country programme will focus its intervention on the conduct of the Demographic and Health Survey and National Population and Housing Census to provide a comprehensive set of data to support decision-making, programme formulation and progress review.

93. To improve the sexual and reproductive health of adolescents and young people, the UNFPA Sierra Leone country office, will continue to support the implementation of the "The

Multi-sectoral Programme on Adolescent and Youth Sexual and Reproductive Health". This multisectoral program brings together under a single framework the priority actions for all relevant partners with the goal to improve the sexual and reproductive health of adolescents and young people.

94. UNFPA will continue to work with UN agencies and development partners to advocate for the release of the allocated funds and engage parliamentarians and civil society to advocate for increased Government allocation for Health.

PART VI: PROGRAMME MANAGEMENT

95. The country programme will be implemented by relevant government Ministries, Departments and Agencies (MDAs), Non-Governmental, Community-Based Organizations, and Civil Society Organizations (CSOs). The criteria for selecting implementing agencies will be based on their sound project management systems, including financial management, institutional and technical capacities, past experience in implementing related activities, comparative advantage and potential to contribute to the country programme outcomes and outputs. Implementers will carry out activities within the set guidelines and put in place mechanisms to jointly monitor and report on results of activities and use of resources.

96. The Ministry of Finance and Economic Development will be the leading government institution with overall responsibility to coordinate the implementation of the programme. Other ministries that will play key role in programme implementation include the Ministry of Health and Sanitation; the Ministry of Education, Science and Technology, the Ministry of Youth Employment and Sports; and the Ministry of Social Welfare, Gender and Children's Affairs, as well as with support from NGOs, CBOs, Community/Traditional and Religious Leaders.

Implementation arrangements

97. The programme will strengthen and support the National Execution Modality (NEX) through capacity building (training, logistical support etc.) for implementing partners and relevant national institutions. This is to ensure programme ownership and sustainability. Due to the limited timeframe and financial resources, project activities are prioritized for implementation in selected districts, with a possibility for rollout in other districts on a needs basis.

98. As government's priority, the programme will emphasize decentralized implementation and joint programming, planning, monitoring and evaluation with the Government and other United Nations organizations. Programme management will be based on the principles of results-based management, using the country programme results and resources framework.

99. UNFPA will collaborate with bilateral and multilateral partners in implementing the programme. This will include (a) UN Agencies/ UN Thematic Groups (b) Development Partners (b) conducting the Demographic and Health Survey (2013) and the National Population and Housing Census (2014) with other UN Agencies and donors; and (d)

collaboration on the implementation of the Multisectoral Programme for Adolescents and Youths.

100. Implementing agencies will report to UNFPA according to an agreed format with copies to the designated coordinating national institutions and Agencies.

Annual planning

101. The Government of Sierra Leone and partners will review UNFPA's support to the country at the end of every year and the programme cycle and prepare a plan for another cycle of programme implementation.

102. Implementing partners will develop Annual Work Plans (AWP) which will be submitted to UNFPA for approval on a yearly basis. This will be the key implementation modality of the country programme.

103. Each selected agency will be required to submit the AWP to be discussed by all interested parties on the basis of guidelines provided by UNFPA and in case of joint programmes on the agreed guidelines of joint programme partners.

104. In collaboration with UNFPA, the Programme Component Manager (PCM) in the Ministry of Finance and Economic Development will work with other PCMs in MOHS, MSWGCA, and Programme Managers in MEST, MYES to convene quarterly and annual meetings for implementers to review status of implementation, achievements, challenges faced and recommendations based on the Results and Resources framework.

105. Regular field monitoring visits to the project sites will be conducted based on the AWP and progress report made available at review meetings. In instances where there are common interests among UN agencies such as strengthening capacities for data collection and analysis and HIV/AIDS, joint programming, monitoring and annual reviews will be held to assess progress within the framework of the DiPs.

106. The AWP and the FACE forms will form the basis for cash transfer from UNFPA to the implementing partners. Depending on the risk level of the IP and factors, the cash transfer process will involve the following: (i) Direct Cash Transfer (DCT) directly provided to the Implementing Partner in the form of quarterly advances prior to the start of activities; (ii) Reimbursement to the IP on expenditures incurred in implementing approved activities with prior agreement before the start of the implementation and (iii) direct payments to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners.

107. When using the DCT modality, it is important that the implementing partner submit quarterly liquidations of expenditures for the previous quarters before a new advance is issued to avoid OFA balances. This may include writing a cheque back to UNFPA for unspent balances to ensure there is Zero OFA at end of each quarter. For Reimbursement modalities, a prior approval of activities with respective budgets is mandatory before incurring any

expenditure. UNFPA shall not be obligated to reimburse expenditure made by IPs over and above the authorized amounts. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded.

108. Cash transfer modalities, the size and frequency of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government Implementing Partner, and of an assessment of the financial management capacity of the non-UN Implementing Partner.

109. A qualified consultant, such as a public accounting firm, selected by UNCT/UNFPA may conduct such an assessment, in which the Implementing Partner shall participate. This process may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, assurance visits and audits.

Resource Mobilization and Communications Strategies

110. UNFPA regular resources will be complemented by the mobilization of additional resources to support the fifth country programme. Resource mobilization efforts will be executed within the framework of the 2013-2014 Resource Mobilisation Strategy that has been articulated by the Country Office. This will allow for the engagement of existing and new partners to fill the funding gap to create leverage in terms of the scope and depth of issues to be implemented. In order to intensify even further the resource mobilisation drive, a well-structured mechanism such as a Resource Mobilisation Committee will be put in place in the Country Office. This Committee will hold regular meetings to ensure effective mobilization of resources.

111. In addition, UNFPA will foster close collaboration with various multilateral and bilateral partners involved in Population and Development; Sexual, Reproductive and Neonatal Health and Rights; Gender, Culture and Human Rights. The partners will include UNCT, African Development Bank, the World Bank, the European Union, DFID, JICA, Irish Aid, GIZ and other funding agencies as may be possible.

112. To foster ownership, commitment and sustainability of programme implementation Government funding will continuously be required in the areas of personnel, annual counterpart funding, facilities and infrastructure. Contributions from Local communities will be encouraged for local initiatives and to raise additional resources for community programme implementation.

113. The Country Office will continue to expand and strengthen public-private partnerships through the existing channels in the Sierra Leone Business Forum and the Sierra Leone Chamber of Commerce. The involvement of the private sector will be enhanced through advocacy and dialogue opportunities, particularly during UNFPA-organized public programmes. Annex IV shows the Resource Mobilization Plan for the Country Office during the planned programme period.

114. To support the resource mobilization efforts, the CO will adopt an effective communications strategy to advocate for donor support towards meeting ICPD and MDGs commitments related to UNFPA's core areas, particularly women's SRHR, gender equality and youth empowerment. The strategy will provide support in raising awareness among development partners and donors about UNFPA's contributions to the Country's "Agenda for Prosperity" and advocate for resources to support its implementation within the framework of the management arrangements of the current CPAP. The strategy will also promote UNFPA's visibility as well as putting in place effective feedback and reporting mechanism to provide a systematic flow of information to donors about progress in programme implementation and key achievements.

Human Resources

115. In facilitating the national execution modality, human resource capacity will continue to be strengthened through training, recruitment and placing of people with the right competences in the requisite positions and detailing them to other institutions for hands-on-experiences.

116. The UNFPA country office consists of a Representative, an Assistant Representative, an International Operations Manager, National Programme Officers, including M&E and Communications Officers, Project Staff and Office Support Staff. Additional staff may be hired as necessary to strengthen project implementation. United Nations Volunteers and JPOs, National and international experts and consultants will assist the country office as needed. The UNFPA technical and advisory staff in ARO and SRO in Johannesburg and Dakar, Senegal, will provide technical support. It will also utilise South-South Cooperation through enhanced use of local capacities as a means to share best practices.

PART VII: MONITORING AND EVALUATION

117. The implementation of this 5th Country Programme will be monitored and evaluated as guided by the UNFPA procedures and guidelines, which integrates the harmonised monitoring tools such as Annual Work Plan, the CPAP tracking tools, the Standard Progress report and others. It will also be guided by the principles of Result-Based Management and aligned to the CPAP Results and Resources Framework. The CPAP M&E system will also be expected to contribute to the other M&E systems for tracking progress towards attainment of national development goals defined in the existing frameworks such as the PRSP III or Agenda for Prosperity.

118. The CPAP Results and Resources Framework (RRF) will be a core component of the Monitoring and Evaluation System of the 5th Country Programme. To the extent possible, participatory planning, monitoring and evaluation of programme interventions will be jointly conducted with UNFPA, other UN agencies and the implementing partners. The CPAP RRF contains outcome and output indicators, baselines and targets, implementing partners and indicative resources per output.

119. The M&E system of this 5th Country Programme will rely heavily on data generated from the 2008 DHS, other national surveys, population census, annual routine and programme data. These various data sources will inform the Monitoring and Evaluation Framework of the

CPAP and the CPAP Planning and Tracking Tool. In this regard, UNFPA will work with partners to strengthen data collection and M&E capacities to meet the requirements of the CPAP implementing partners and other users.

120. The CPAP M&E Calendar is aligned with key strategic actions to be implemented under each CP output taking into account the other country programme frameworks, such as the PRSP III (Agenda for Prosperity) and other related processes. It therefore provides an overview of the main monitoring and evaluation activities to be undertaken in the course of the country programme cycle, including those related to programmes jointly funded with other United Nations Agencies and organizations. The monitoring of the expected outcome and outputs will be conducted through baseline information collected from the available national data sources, and from the routine statistical data collection sources.

121. Joint monitoring and supervisory visits including periodic field visits will be carried out to identify technical and operational strengths and weaknesses; identify technical issues for backstopping missions, share experiences, avoid duplication of interventions with other agencies in the same area. Information collected on each programme component implementation will be analysed, documented and shared with stakeholders at the CPAP Quarterly, mid-term and Annual Reviews meetings. These reviews will assist UNFPA to adjust or update its CPAP in terms of results and resources, where necessary. These reviews will also inform the formulation of other evolving UN Country Programmes and UNFPA Country Programme. Mid-term reviews and Final Evaluation of the 5th CP will also be conducted to provide strategic direction for the next Country Programme.

122. UNFPA will work with all implementing partners to monitor all activities supported by cash transfers. The implementing partners will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by the UNFPA. In this regard, IPs will facilitate: periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives; programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring; and special or scheduled audits.

123. Implementing Partners will be supported to participate in key national and international meetings to share their programme experiences. To enhance M&E skills of key personnel of the implementing partners, trainings will be conducted on: Development of M&E Plans; and M&E Information Use and Reporting. The CPAP Results and Resources Framework, the CPAP Planning and Tracking Tool, and M&E Calendar are attached as Annex I, II and III.

PART VIII: COMMITMENTS OF UNFPA

124. The Programme of Action (PoA) of the 1994 International Conference on Population and Development (ICPD) and the ICPD +10 Review provides the basis for UNFPA's commitment to the improvement of the quality of lives of the people of Sierra Leone, through assisting the Government to provide quality reproductive and neonatal health care services, address gender equality and violence, increase the availability of socio-demographic data, formulate effective population and development policies, adolescents and young people's sexual reproductive health and rights, and contribute to the reduction of HIV/AIDS in Sierra Leone.

125. A total of $18.8 million will be provided for the implementation of the country programme based on the requirements of the 5th Country Programme Document for Sierra Leone (2013-2014) as approved by the Executive Board of UNFPA/UNDP in June 2011. This will include an amount of $3.2 million that will be provided from UNFPA's regular resources subject to the availability of funds and $15.6 million mobilized from other sources through co-financing modalities. In view of this, resource mobilization efforts will be strengthened during the planned programme period. It should be noted that these resources are exclusive of other resources that will be mobilized to address emerging concerns especially in the area of reproductive health rights, RHCS, HIV/AIDS, gender equality and youth empowerment.

126. To address these concerns within the framework of the CPAP, the types of support to be provided by UNFPA to national counterpart (institutions in government and NGOs) will include, quarterly allocation of funds for implementation of programme activities; provision of vehicles and other equipment; rehabilitation of facilities; technical backstopping by UNFPA country office; provision of materials for strengthening resource and documentation centres; provision of internet access; provision of administration and coordination costs; and facilitating study tours, staff detailing, South-South Cooperation and meetings. Implementation of planned activities will be closely monitored in accordance with the agreed results-based management and the results and resources frameworks of the country programme.

PART IX: GOVERNMENT COMMITMENTS

127. The Government of Sierra Leone will provide the necessary policy guidelines and enabling environment for the implementation of the country programme. Also Government will provide financial and logistic support through the provision of office space for the Project Support Units (PSUs) in various line ministries; payment of remuneration to staff, payments of utility bills and contribute to the maintenance and operations cost of equipment. The total cost of these provisions is estimated at Le 500,000,000 per year.

128. Also, Government will provide support to the enhancement of the human resources needs of the programme by facilitating the recruitment, deployment or redeployment of the requisite personnel in the various PSUs and the building of their technical competencies. Since government staff working in the PSUs will be taking on additional tasks and responsibilities, which are crucial for the success of the country programme and in view of the salary levels in the public sector, the Government of Sierra Leone will encourage the payment of appropriate administrative and coordination costs to government employees serving as staff of PSUs. This is to ensure their time and commitment to the achievement of programme results.

129. Government will provide counterpart funding to all line ministries to complement donor funds provided for programme implementation. The quantum of these resources, which vary from one ministry or institution to the other, will be made definite during the preparation of annual budgets for a particular year. It is however estimated that total Government's counterpart budget allocation is estimated at Le250, 000,000 per year.

130. Through its programme execution and coordinating arms, the Government will take leadership in ensuring effective programme coordination and synergy within the existing

partnership and in promoting decentralized implementation of activities. Government will also facilitate the conduct of appropriate periodic quarterly review meetings, involving partners and stakeholders (including donors and NGOs), to chart the way forward on key concerns in programme component areas and to monitor progress made in the achievement of planned results.

131. Government will effectively collaborate with UNFPA in mobilizing resources from various sources to meet the financial needs of the country programme. Also, Government will ensure the sharing of information, the building of coalitions and strengthening of commitment to critical programme challenges.

PART X: OTHER PROVISIONS

132. This Country Programme Action Plan (CPAP) document supersedes all previous sub-programmes and/or CPAP documents signed between the Government of Sierra Leone (GoSL) and the United Nations Population Fund (UNFPA).

133. During programme implementation, it is envisaged that some occurrences may call for the revision and refocusing of planned programme strategies and activities to address emerging and new priorities. In this respect, it is agreed that the CPAP may be modified by mutual consent of both parties, that is, the Government of Sierra Leone and United Nations Population Fund.

134. Further to this it is stated here that, nothing in this CPAP shall in any way be construed to waive the protection of the Privileges and Immunities of United Nations Population Fund (UNFPA) in Sierra Leone, accorded it by the contents and substance of the United Nations Convention on Privileges and Immunities to which the Government of Sierra Leone is a signatory.

135. *IN WITNESS THEREOF the undersigned, being duly authorized, having signed this Country Programme Action Plan* on the date indicated in Freetown, Sierra Leone.

For the Government of Sierra Leone:

Signature: _____ Date: 22/1/13

Dr. Kelfala Marah
Minister of Finance and Economic Development

For the United Nations Population Fund (UNFPA):

Signature: _____ Date: 22/01/13

Mrs. Ratidzai Ndhlovu
UNFPA Country Representative

Annex I: Country Programme Action Plan Results and Resources Framework

Expected UN Transitional Joint Vision and Agenda for Prosperity Outcomes:
By 2014, the UNTJV aims at **"building on the peace dividend as the foundation for sustainable development";** this will support "**Accelerating MDGs for Human Development: transforming a population trapped by poor education, poor healthcare and nutrition chronic hunger"** (**Pillar 3**).
By 2017, the Agenda for Prosperity aims at "Accelerating Human Development, targeting further poverty reduction efforts through sustainable human capital improvement, access to basic services in health, education, water and sanitation, and related cross-cutting themes of population and HIV/AIDS".

UNDG Agency Programme Component	Expected Outcomes (Indicators, Baselines and Targets)	Expected Outputs	Output Indicators (Baselines and Targets)	Indicative Resources by Programme Component (*figures are for both regular and other resources*) (US$ million)		
				2013	**2014**	**Total**
Maternal and Newborn Health	***Increased access to and utilization of quality maternal and newborn health services.*** **<u>Outcome indicators:</u>** • Maternal mortality ratio. • Neonatal mortality rate. • Births attended by skilled personnel. • Percentage of Caesarean sections per 1,000 livebirths.	**Output 1:** Strengthened national capacity to implement comprehensive midwifery programmes.	Number of midwives trained with UNFPA support.	**Regular Resources**		
				0.12	0.08	**0.20**
				Other Resources		
				0.31	0.21	**0.52**
		Output 2: Strengthened national capacity for emergency obstetric and newborn care.	Number of emergency obstetric and neonatal care facilities upgraded.	**Regular Resources**		
				0.26	0.18	**0.44**
			Number of pregnant women tested positive for HIV.	**Other Resources**		
				0.69	0.46	**1.15**
		Output 3: Enhanced national capacity for prevention, treatment and social reintegration for obstetric fistula.	Number of women treated for fistula through UNFPA support.	**Regular Resources**		
				0.09	0.07	**0.16**
			Number of women treated for obstetric fistula and re-integrated through UNFPA support	**Other Resources**		
				0.25	0.17	**0.42**

Expected UN Transitional Joint Vision and Agenda for Prosperity Outcomes:
By 2014, the UNTJV aims at **"building on the peace dividend as the foundation for sustainable development";** this will support "**Accelerating MDGs for Human Development: transforming a population trapped by poor education, poor healthcare and nutrition chronic hunger"** (**Pillar 3**).
By 2017, the Agenda for Prosperity aims at "Accelerating Human Development, targeting further poverty reduction efforts through sustainable human capital improvement, access to basic services in health, education, water and sanitation, and related cross-cutting themes of population and HIV/AIDS".

UNDG Agency Programme Component	Expected Outcomes (Indicators, Baselines and Targets)	Expected Outputs	Output Indicators (Baselines and Targets)	Indicative Resources by Programme Component (*figures are for both regular and other resources*) (US$ million)		
				2013	**2014**	**Total**
Family Planning	***Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions.***	**Output 4:** Strengthened national systems for reproductive health commodity security.	Percentage of Service Delivery Points with no stock-outs of contraceptives within the last six months.	**Regular Resources**		
				0.07	0.05	**0.12**
			Percentage of SDPs offering at least 3 modern methods of contraception	**Other Resources**		
				1.94	1.30	**3.24**
	Outcome Indicators: • Contraceptive prevalence rate (% of women aged 15-49). • Adolescent birth rate. • Unmet need for family planning.	**Output 4.1** Improved knowledge and awareness of, and attitudes towards family planning among service providers and communities, including young people.	Percentage of females and males who know at least three modern methods of family planning.	**Regular Resources**		
				0.02	0.02	**0.04**
				Other Resources		
				0.64	0.44	**1.08**
		Output 4.2 Improved quality and accessibility of family planning information and services with a focus on adolescents and young people.	Percentage of women using a modern method of contraception at 6 weeks after child birth.	**Regular Resources**		
				0.02	0.02	**0.04**
				Other Resources		
				0.64	0.44	**1.08**
			Number of new acceptors of contraceptives.			

Expected UN Transitional Joint Vision and Agenda for Prosperity Outcomes:
By 2014, the UNTJV aims at **"building on the peace dividend as the foundation for sustainable development";** this will support "**Accelerating MDGs for Human Development: transforming a population trapped by poor education, poor healthcare and nutrition chronic hunger"** (**Pillar 3**).
By 2017, the Agenda for Prosperity aims at "Accelerating Human Development, targeting further poverty reduction efforts through sustainable human capital improvement, access to basic services in health, education, water and sanitation, and related cross-cutting themes of population and HIV/AIDS".

UNDG Agency Programme Component	**Expected Outcomes (Indicators, Baselines and Targets)**	**Expected Outputs**	**Output Indicators (Baselines and Targets)**	**Indicative Resources by Programme Component (*figures are for both regular and other resources*) (US$ million)**		
				2013	**2014**	**Total**
Young people's Sexual and Reproductive Health and Sexuality Education.	***Improved access to SRH services and sexuality education for young people (including adolescents).*** **<u>Outcome Indicators:</u>** • Condom use among young people (% in the age group 15-24 who used a condom at last sexual intercourse)**.** • Percentage of young people in the age group 15-24 with correct knowledge about HIV prevention.	**Output 5:** Improved programming for essential sexual and reproductive health services to marginalized adolescents and young people.	Number of communities (chiefdoms) supported by UNFPA to engage in programmes addressing HIV and sexual and reproductive health needs of young people and sex workers.	**Regular Resources**		
				0.18	0.12	**0.30**
				Other Resources		
				0.96	0.64	**1.60**
			Number of facilities that provide youth-friendly SRH services for adolescents and young people.			
			Number of young people that opted for HIV Counselling and Testing (HCT).			
			Number of institutions that provide SRH and sexuality education for young people.			
			Number of health-care providers who receive pre- and in-service training on AYSRH.			
Gender Equality and Reproductive Rights.	***Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy***. **<u>Outcome Indicators:</u>** Number of rights-based and gender-responsive frameworks (policies, programmes and legislations) developed and implemented.	**Output 6** Strengthened national capacity for addressing gender-based violence (GBV) and provision of quality services, including in humanitarian settings.	Number of organizations supported by UNFPA to develop gender-based violence, including female genital cutting, policy and programmatic responses.	**Regular Resources**		
				0.18	0.12	**0.30**
			Number of communities/chiefdoms supported by UNFPA to engage men and boys in promoting gender equality.	**Other Resources**		
				0.96	0.64	**1.60**

Expected UN Transitional Joint Vision and Agenda for Prosperity Outcomes:
By 2014, the UNTJV aims at **"building on the peace dividend as the foundation for sustainable development";** this will support "**Accelerating MDGs for Human Development: transforming a population trapped by poor education, poor healthcare and nutrition chronic hunger"** (**Pillar 3**).
By 2017, the Agenda for Prosperity aims at "Accelerating Human Development, targeting further poverty reduction efforts through sustainable human capital improvement, access to basic services in health, education, water and sanitation, and related cross-cutting themes of population and HIV/AIDS".

UNDG Agency Programme Component	**Expected Outcomes (Indicators, Baselines and Targets)**	**Expected Outputs**	**Output Indicators (Baselines and Targets)**	**Indicative Resources by Programme Component (*figures are for both regular and other resources*) (US$ million)**		
				2013	**2014**	**Total**
Gender Equality and Reproductive Rights. (Cont'd).			Number of GBV survivors/victims supported with basic needs, counselling and legal services..			
			Number of GBV cases reported and charged.			
Data Availability and Analysis.	***Improved data availability and analysis around population dynamics, sexual and reproductive health (including family planning) and gender equality.*** **<u>Outcome Indicators:</u>** Disaggregated and integrated database for policy formulation, development planning and management.	**Output 7:** Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and sexual and reproductive health, including in humanitarian settings.	Number of Ministries, Departments and Agencies, including Local Councils supported by UNFPA for capacity development to produce and disseminate census, survey and other statistical data.	**Regular Resources**		
				0.71	0.49	**1.2**
				Other Resources		
				1.5	3.5	**5.0**
			DHS 2013 conducted, including analytical reports.			
			Population and Housing Census 2014 conducted, and analytical reports produced.			
			National Population Policy Action Plan available.			
			Number of MDAs that integrate population dynamics into their sectoral plans and programmes.			

Annex II: The CPAP Planning and Tracking Tool

RESULTS	INDICATOR	MOV	RESPONSIBLE PARTY	BASELINE (Year)	TARGET (Year)
Maternal and Newborn Health Component					
CP Outcome ***Increased access to and utilization of quality maternal and newborn health services.***	Maternal mortality ratio.			***2008:*** *857/100,000 livebirths*	***2014:*** *600/100,000 livebirths.*
	Neonatal mortality rate.			***2008:*** *36/1,000livebirths;*	***2014:*** *30/1,000 livebirths*
	Births attended by skilled personnel.			***2008:*** *42 skilled personnel*	***2014:*** *TBD*
	Percentage of Caesarean sections per 1,000 livebirths.			***2011:*** *1.8%*	***2014:*** *3%*
Output 1: Strengthened national capacity to implement comprehensive midwifery programmes.	Number of midwives trained with UNFPA support. Additional Indicators (JKK/JPS/HB)			***2011:*** *100 midwives*	***2014:*** *300 midwives*
Output 2: Strengthened national capacity for emergency obstetric and newborn care.	Number of emergency obstetric and neonatal care facilities upgraded.			***2011:*** *5 facilities*	***2014:*** *10 facilities*
	Number of pregnant women tested positive for HIV.			***2011:*** *(TBD- NAN)*	***2014:*** *(NAN).*
Output 3: Enhanced national capacity for prevention, treatment	Number of women treated for fistula through UNFPA support.			***2011:*** *220 women*	***2014:*** *300 women*

and social reintegration for obstetric fistula.	Number of women treated for obstetric fistula and re-integrated through UNFPA support.			***TBD: (JKK)***	*TBD: (JKK)*
Family Planning					
CP Outcome ***Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions.***	• Contraceptive prevalence rate (% of women aged 15-49).			***2008****: 8%*	***2014:*** *30%*
	• Adolescent birth rate.			***2008:*** 146/1,000 livebirths	***2014:*** 114/1,00 0 livebirths
	• Unmet need for family planning.			***2008:*** 28%	***2014:*** TBD (HB)
Output 4: Strengthened national systems for reproductive health commodity security.	• Percentage of Service Delivery Points with no stock-outs of contraceptives within the last six months.			***2011:*** *35.4%*	***2014:*** *80%*
	Percentage of SDPs offering at least 3 modern methods of contraception.			***2011:*** *80.5%*	***2014:*** *100%*
Output 4.1 Improved knowledge and awareness of, and attitudes towards family planning among service providers and communities, including young people.	• Percentage of females and males who know at least three modern methods of family planning.			***2012:*** (TBD from baseline survey).	***2014***: 5% increase from baseline
Output 4.2 Improved quality and accessibility of family planning information and services with a focus on adolescents and young people.	% of women using a modern method of contraception at 6 weeks after child birth.			***Baseline:*** (To check with DPI for clearance on indicator JKK/HB)	***Target:*** (To check with DPI for clearance on indicator JKK/HB)
	• Number of new acceptors of contraceptives.			***Baseline: (JKK/HB)***	***Target: (JKK/HB)***

RESULTS	INDICATOR	MOV	RESPONSIBLE PARTY	BASELINE (Year)	TARGET (Year)
Young People's Sexual and Reproductive Health and Sexuality Education Component					
CP Outcome ***Improved access to SRH services and sexuality education for young people (including adolescents).***	Condom use among young people (% in the age group 15-24 who used a condom at last sexual intercourse)**.**			***2008:*** *20.7%.*	***2014:*** *30%*
	Percentage of young people in the age group 15-24 with correct knowledge about HIV prevention.			***2008:*** *54%.*	***2014:*** *65%*
Output 5: Improved programming for essential sexual and reproductive health services to marginalized adolescents and young people.	Number of communities/chiefdoms supported by UNFPA to engage in programmes addressing HIV and sexual and reproductive health needs of young people and sex workers.	Annual programme Implementation Reports.	MOHS, MSWGCA, MYES, MEST, NAYCOM, NAS, RD, MSSL, PPASL	***2011:*** *12 chiefdoms*	***2014:*** *50Chiefdoms*
	Number of facilities that provide youth-friendly SRH services for adolescents and young people.	MOHS/RH/SH Division Annual Progress Report	MOHS/RH/SH	***2011:*** *3 facilities*	***2014****:* *50 Facilities*
	Number of young people that opted for HIV Counselling and Testing (HCT).	NAS Annual Reports, Programme Implementation Reports	NAS/NACP	***2011:*** *226,000*	***2014:*** *800,000*
	Number of communities/chiefdoms where formal and/or non-formal SRH and sexuality education is provided to young people.	Annual programme Implementation reports	MOHS, MSWGCA, MYES, MEST, NAYCOM, NAS, RD, PPASL.	***2011: 20*** *Chiefdoms*	***2014:*** *75 Chiefdoms.*
	Number of health-care providers who receive pre- and in-service training on AYSRH	MOHS/RH/SH Division Annual Progress Report	MOHS/RH/SH	***2011: None***	***2014: 2 000***
Gender Equality and Reproductive Rights Component					

RESULTS	INDICATOR	MOV	RESPONSIBLE PARTY	BASELINE (Year)	TARGET (Year)
CP Outcome ***Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy***.	Number of rights-based and gender-responsive frameworks (policies, programmes and legislations) developed and implemented.			***2011:*** *7 frameworks.*	***2014:*** *10 frameworks.*
Output 6 Strengthened national capacity for addressing gender-based violence (GBV) and provision of quality services, including in humanitarian settings.	Number of organizations supported by UNFPA to develop gender-based violence, including female genital cutting, policy and programmatic responses.			***2011:*** *7 organizations*	***2014:*** *10 organizations*
	Number of communities/chiefdoms supported by UNFPA to engage men and boys in promoting gender equality.			***2011:*** ***74*** *communities*	***2014:*** *149 communities*
	Number of GBV survivors/victims supported with basic needs, counselling and legal services.			***2012:*** *907 survivors/victims*	***2014:*** *3,707 survivors/ victims.*
	Number of GBV cases reported and charged.			**2012:** 5,064 cases reported; 786 charged.	**2014:** Of 5,064 already reported, 1,430 cases expected to be charged.
Data Availability and Analysis Component					
CP Outcome ***Improved data availability and analysis around population dynamics, sexual and reproductive health (including family planning) and gender equality.***	Disaggregated and integrated database for policy formulation, development planning and management.			***2012:*** *IMIS Sever installed and tested.*	***2014:*** *Functional Integrated Management Information System database (IMIS) and accessible worldwide web.*

Output 1: Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and sexual and reproductive health, including in humanitarian settings.	Number of Ministries, Departments and Agencies (inlcuding Local Councils) supported by UNFPA for capacity development to produce and disseminate census, survey and other statistical data.			***2012:*** *MDAs=08* *Local Councils=0*	***2014:*** *88* *MDAs = 12* *Local Councils=19*
	Completed DHS 2013 Report.			***2012:*** Preparatory activities on-going.	***2013:*** DHS 2013 conducted, including analytical reports.
	2014 Population and Housing Census conducted, and analytical reports produced.			***2012:*** Preparatory activities on-going.	***2014:*** Population and Housing Census 2014 conducted and analytical reports produced.
	National Population Policy Action Plan available.			***2012:*** National Population Action Plan unavailable.	***2014:*** Action Plan for and National Population Policy available.
	Number of MDAs that integrate population dynamics into their sectoral plans and programmes.			***2011: TBD (ALS)***	***2014: TBD (ALS)***

Annex III: The CPAP Monitoring and Evaluation Calendar

		Year 1 (2013)	Year 2 (2014)
M&E ACTIVITIES[10]	**SURVEYS / STUDIES**	**Youth Cluster** **Activity 1:** Study on disadvantaged girls and vulnerable youth groups. **Focus:** Adolescents and youth **Partners:** UNFPA, Population Council **Time:** Q2-3 **Activity 2**: KAPB Survey on AYP SRH behaviour **Focus:** AYP SRH **Partners**: MOHS (**RHD)**,UNFPA, DHMTs, UNICEF, WHO, SSL **Time:** Q4 **Activity 3:** Baseline surveys on CPAP 2013-14 Indicators. **Focus:** data on AYSRH and MNH **Partners:** MoHS, MYES, MEST, IPS, SSL **Time:** Q1 **Activity 3:** DHS Survey **Focus:** Demographic & Health Data **Partners:** UNFPA, MOHS, EU, DFID, UNICEF, WHO & GOSL. **Time:** Six months (March – August).	**Activity 1:** Assessment of health facilities providing AYF services **Focus:** Adolescents and youth **Partners:** MOHS, UNFPA, RD **Time:** Q3-4
	MONITORING SYSTEMS	**Activity 1**. Joint monitoring and supervision of AYSRH and MNH programmes. **Focus**: AYSRH and MNH interventions **Partners**: MOHS, (RHD),UNFPA, DHMTs, UNICEF, WHO, LG, Community **Time**: Quarterly	**Activity 1**. Joint monitoring and supervision of AYSRH and MNH programmes. **Focus**: AYSRH and MNH interventions **Partners**: MOHS, (RHD),UNFPA, DHMTs, UNICEF, WHO, LG, Community **Time**: Quarterly.

[10] For each activity listed, it is suggested that the following data be included in the calendar: short name of M&E activity; focus vis-à-vis UNDAF/CP outcomes; agencies/partners responsible; timing.

		Year 1 (2013)	Year 2 (2014)
	EVALUATIONS		**Activity 1:** CP Programme Evaluation **Focus:** Mid Term Programme Evaluation **Partners:** UNFPA, GOSL, Other Implementing Partners **Time:** Quarter 1
	REVIEWS	**Activity 1**: Quarterly review meetings **Focus**: CP Programme performance **Partners**: UNFPA, All Implementing Partners **Time**: Quarterly	**Activity 1**: Quarterly review meetings **Focus**: CP Programme performance **Partners**: UNFPA, All Implementing Partners **Time**: Quarterly
	SUPPORT ACTIVITIES	**Activity1**: Technical support services **Focu**s: Programme components **Partners**: Implementing partners), UNFPA **Time:** When necessary **Activity 2:** Field visit to program sites **Focus:** All programme areas **Partners:** Implementing partners , UNFPA **Time:** Continuous	**Activity1:** Technical support services **Focus:** Programme components **Partners**: Implementing partners), UNFPA **Time**: When necessary **Activity 2:** Field visit to program sites **Focus:** All programme areas **Partners:** Implementing partners , UNFPA **Time:** Continuous
PLANNING REFERENCES[11]	**TRANSITIONAL UN JOINT VISION FINAL EVALUATION MILESTONES**	**Activity 1:** Joint UN Inter Agency Meeting **Focus:** Annual review of UNTJV **Partners:** All UN Agencies **Time:** Quarter 4	**Activity 1:** Joint UN Inter Agency Meeting **Focus:** Midterm review of UNDAF **Partners:** All UN Agencies **Time:** Quarter 2
	M&E CAPACITY-BUILDING	**Activity:** M&E Training **Focus:** Developing M&E Plans **Partners:** All implementing partners **Time:** [s] Quarter 1	**Activity:** M&E Training **Focus:** M&E Information use and Reporting **Partners:** All implementing Partners **Time:** Quarter 2

[11] This section of the calendar includes a range of activities, events or milestones that UNFPA considers significant for its monitoring and evaluation activities.

		Year 1 (2013)	Year 2 (2014)
	USE OF INFORMATION	**Activity 1:** Programme Reports **Focus:** Country Programme implementation **Partners:** GOSL, NGOs, All Implementing Partners, UNFPA CO **Time**: Quarterly and annually **Activity 2:** Participate in National International conferences **Focus:** Networking, consensus building, enhanced decision making and Information sharing on Country situation, **Partners:** GOSL, UN System, Donor Partners, NGOs and others agencies **Time**: As per scheduled conferences	**Activity 1:** Programme Reports **Focus:** Country Programme implementation **Partners:** GOSL, NGOs, All Implementing Partners, UNFPA CO **Time**: Quarterly and annually **Activity 2:** Participate in National International conferences **Focus:** Networking, consensus building, enhanced decision making and Information sharing on Country situation, **Partners:** GOSL, UN System, Donor Partners, NGOs and others agencies **Time**: As per scheduled conferences
	PARTNER ACTIVITIES	**Activity 1**: Partnership with the M&E Department of Directorate of Information and planning - MOHS, and SSL to generate comprehensive RH services data **Focus**: RH data collection **Partners**: MOHS, SSL, MSWGCA **Time**: January – December 2008.	

Annex IV Resource Mobilization Plan

UNFPA Sierra Leone 5th Country Programme (2013-2014)					
CP Outputs	**Proposed Donor**	**Amount**	**Required Action**	**Focal Point**	**Duration**
MATERNAL AND NEWBORN HEALTH					
Output 1: Strengthened national capacity to implement comprehensive midwifery programmes Activity (a): National midwifery school; (b): training of nurse anaesthetist	EU, CIDA (H4+)	2.1 mill USD	Proposal to be revisited	PS	2013-2014
Output 2: Strengthened national capacity for emergency obstetric and newborn care Activity (a): Training skilled birth attendants for both basic and comprehensive emergency obstetric care and neonatal care in a conducive working environment; (b) implementing the behaviour change communication strategic plan; (c) strengthening the health-service referral system; and (d) prepositioning reproductive health kits for emergency preparedness and response.	AfDB, EU		Proposal to be revisited	TO	2013-2014
Output 3: Enhanced national capacity to prevent and treat obstetric fistula and to promote the social reintegration of former patients. Activity (a): Support to prevent and treat obstetric fistula and to promote the social reintegration of obstetric fistula patients	TF Fistula		Follow-up with HQ in charge of TF	JKK	2013-2014
FAMILY PLANNING					
Output 1: Strengthened national systems for reproductive health commodity security Activity (a): procuring reproductive health commodities and supporting an effective logistics management system, using CHANNEL computer software; (b) training government personnel in procurement and logistics management and contraceptive technology; (c) supporting community-based interventions, including those promoting male involvement in family planning; and (d) supporting comprehensive condom programming	GPRHCS, DFID	5.4 mill USD	Follow-up with GPRHCS discussion Follow-up with a donor	SH	2013-2014
GENDER EQUALITY AND REPRODUCTIVE RIGHTS					
Output 1: Strengthened national capacity to address gender-based violence and provide high-quality services, including in humanitarian settings Activity (a): support to survivors of gender-based violence; and (b) the empowerment of community	MDTF, IrishAid	1.6 mill USD	Write a proposal Follow-up with a	IK	2013-2014

wellness advocacy groups through efforts to increase technical skills and knowledge			donor		
YOUNG PEOPLE'S SEXUAL AND REPRODUCTIVE HEALTH AND SEXUALITY EDUCATION					
Output 1: Improved programming for essential sexual and reproductive health services for marginalized adolescents and young people Activity: (a) the integration of sexual and reproductive health services for adolescents and young people into primary health care; (b) the provision of life-skills training and peer education to promote sexual and reproductive health for in-school and out-of-school youth; (c) capacity-building to provide and manage youth-friendly services; and (d) youth participation in policy and programme development, implementation and monitoring	DFID, MDTF	1.5 mill USD	Proposal to be revisited	MAD	2013-2014
DATA AVAILABILITY AND ANALYSIS					
Output 1: Enhanced national capacity to produce, utilize and disseminate high-quality statistical data on population dynamics, youth, gender equality and sexual and reproductive health, including in humanitarian settings Activity: (a) the second demographic and health survey in 2013 and the fifth national population and housing census in 2014; (b) the capacity-building of key sectoral ministries and local councils in data collection, analysis and use; and (c) the implementation of the national population policy	World Bank, GIZ, DFID, MDTF	5 mill USD	Follow-up with donors	ALS	2013-2014