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UNITED NATIONS POPULATION FUND

Final country programme document for Sierra Leone

Proposed indicative UNFPA assistance:	$18.8 million: $3.2 million from regular resources and $15.6 million through co-financing modalities and/or other, including regular, resources.
Programme period:	Two years (2013-2014)
Cycle of assistance:	Fifth
Category per decision 2007/42:	A

Proposed indicative assistance (in millions of $):

Strategic Plan Outcome Area	Regular resources	Other	Total
Maternal and newborn health	0.8	2.1	2.9
Family planning	0.2	5.4	5.6
Gender equality and reproductive rights	0.3	1.6	1.9
Young people's sexual and reproductive health and sexuality education	0.4	1.5	1.9
Data availability and analysis	1.2	5.0	6.2
Programme coordination and assistance	0.3	0.0	0.3
Total	3.2	15.6	18.8

I. Situation analysis

1. During the conclusion of the civil war in Sierra Leone, poverty reduction strategies contributed to progress in the areas of peace consolidation, economic recovery and development. However, inadequate infrastructure, the emigration of skilled workers, and a lack of financial resources have constrained the economy, which is growing at an annual rate of 7 per cent. Approximately 70 per cent of the population lives below the poverty line.

2. The population was 6.1 million in 2011, with 63 per cent of the population living in rural areas. The annual population growth rate was 1.8 per cent. Approximately 26 per cent of the population is 10-24 years of age. The total fertility rate decreased from 6.3 children per woman in 1985 to 5.1 in 2008. Later childbearing and the increased enrolment and retention of girls in school contributed to this decrease.

3. A strengthening of the health system led to a decline in maternal mortality, from 1,800 maternal deaths per 100,000 live births in 2005 to 857 in 2008. Teenage childbearing contributes to 40 per cent of maternal deaths. The Caesarean section rate rose from 0.9 per cent in 2008 to 2.5 per cent in 2010 due to the removal of user charges for pregnant women. However, the prevalence rate for Caesarean sections is still well below the standard rate of 5-15 per cent.

4. Many trained health personnel emigrated over the last 17 years. The skilled birth attendance rate is 42 per cent. Poor health infrastructure, inadequate human resources, insufficient supplies of safe blood and a lack of funding have hindered the provision of emergency obstetric and newborn care.

5. Unsafe abortions account for 13 per cent of all maternal deaths, and reproductive health cancers and obstetric fistula are a major concern. During a six-year period, the main national fistula centre repaired approximately 1,600 fistulas.

6. Sociocultural barriers, including the need for spousal approval for family planning and the preference for large families, impede contraceptive use. Although the contraceptive prevalence rate increased from approximately 3 per cent in 2002 to 8 per cent in 2008, the unmet need for family planning services remains high (28 per cent). Among those health facilities offering at least three modern contraceptive methods, most are located in urban areas, where only 37 per cent of the population lives. Reproductive health commodity security is a challenge, due to limited capacity in logistics management.

7. Although women constitute 52 per cent of the population, gender inequality is prevalent. Women are often relegated to roles that negatively affect their status, their reproductive health and their ability to exercise their rights. Gender-based violence is a serious challenge. The prevalence rate of female genital cutting is 92-95 per cent.

8. The prevalence of teenage pregnancy is 34 per cent. By the time they are 18 years old, 69 per cent of women are mothers and are unable to continue in school. The HIV prevalence rate among people aged 15-24 is approximately 1.2 per cent; 57 per cent of those infected in this age group are female. The use of condoms among young people aged 15-24 is low (29.2 per cent among males, and 12.2 per cent among females).

9. The availability of high-quality socio-economic and demographic statistics is low, due to the decade of civil war, which decimated human resources and destroyed databases, statistical capacity, facilities, equipment, materials and institutional memory. There are gaps in the availablity of dissaggregated data for all development sectors, including health.

II. Past cooperation and lessons learned

10. UNFPA helped the Government to expand access to reproductive health services, especially in rural areas. The previous

programme rehabilitated and equipped seven of 18 hospitals, 15 primary health units and nine clinics for sexually transmitted infections. In addition to supplying commodities, the programme provided in-service training for skilled birth attendants and providers of family planning services. UNFPA also provided support for audits of maternal deaths, as well as for the sensitization of 262 local chiefs to empower communities to institute by-laws to discourage home deliveries. However, there are still gaps in skilled birth attendance and emergency obstetric and neonatal care.

11. UNFPA supported the development and implementation of strategic plans for reproductive health commodity security and behaviour change communication. It also supported advocacy efforts encouraging the allocation of resources in the national health budget. By supporting mass-media and community-based approaches, the programme helped to increase the demand for family planning. Such efforts resulted in an increase in new acceptors, from 540,000 in 2010 to 595,000 in 2011. There is still a need for community-based approaches to increase the demand for family planning in rural areas.

12. In the area of gender, UNFPA strengthened the capacity of the Government by supporting: (a) the development of a strategic and action plan; (b) the drafting of a sexual offence bill; and (c) the empowerment of 74 communities to prevent gender-based violence and promote maternal health. Gender-based violence remains a major challenge.

13. UNFPA helped the Government to: (a) develop a strategic plan for youth; (b) renovate youth-friendly centres; (c) provide contraceptives and life-saving reproductive health drugs to health centres; and (d) develop the multisectoral youth and adolescent programme. Despite these efforts, teenage pregnancy is high, HIV remains a threat, and the number of youth-friendly centres is inadequate.

14. UNFPA funded the secondary analysis of the 2004 population and housing census, the revision of the population policy, and data-collection activities, including surveys on health, contraceptive and reproductive health drugs, and gender. UNFPA helped to strengthen the capacity of Statistics Sierra Leone and of the 19 local councils in the areas of data collection, analysis, management and utilization. There is a need for current data, as data from the 2004 population and housing census and 2008 demographic and health survey are now obsolete.

15. UNFPA enhanced programme implementation by: (a) collaborating with the Government, non-governmental organizations and civil society groups with support from the African Development Bank, European Union, Irish Aid, the Government of Japan, the Government of Spain, and the United Kingdom Department for International Development; and (b) collaborating with other United Nations organizations in the ‘delivering as one’ initiative.

16. Lessons learned from the last programme evaluation include: (a) establishing strategic linkages among programme components improves the efficiency and effectiveness of programme delivery; (b) an integrated approach to addressing issues related to gender, family planning and reproductive health and rights enhances community awareness and understanding of the interrelationships among these issues; (c) strengthening data systems at central and decentralized levels increases the amount, quality and use of data for informed decision-making; and (d) strong national leadership and partnerships with donors enhance programme ownership and promote cost-sharing. These lessons were incorporated into the formulation of the programme.

III. Proposed programme

17. The goals of the programme are to: (a) contribute to the achievement of universal access to sexual and reproductive health; (b) promote reproductive rights; and (c) reduce maternal mortality and morbidity. The programme will seek to promote an understanding of population dynamics, human rights and gender equality. UNFPA and the Government designed the programme to empower and improve the lives of underserved populations, especially women and young people.

18. The programme is aligned with two pillars of the Government's proposed Agenda for Prosperity: Pillar 1, Strengthening the enabling environment; and Pillar 3, Accelerating the Millennium Development Goals for human development. The programme is also aligned with the Programme of Action of the International Conference on Population and Development and the Millennium Development Goals. It contributes to three of the seven clusters of the Transitional United Nations Joint Vision for Sierra Leone, 2013-2014: (a) support for good governance; (b) social protection, child protection, gender and human rights; and (c) health and nutrition.

19. The programme has five outcomes, implemented through an integrated approach. It builds on synergies across all the outcomes and related outputs for greater impact and cost-effectiveness.

Maternal and newborn health

20. Output 1: Strengthened national capacity to implement comprehensive midwifery programmes. To achieve this output, the programme will promote deliveries in health facilities. Activities will include support for: (a) two national midwifery schools; and (b) the training of nurse anaesthetists.

21. Output 2: Strengthened national capacity for emergency obstetric and newborn care. Strengthening the health system and building partnerships will be key strategies. Interventions will support: (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.

22. Output 3: Enhanced national capacity to prevent and treat obstetric fistula and to promote the social reintegration of former patients. To achieve this output, the programme will sensitize communities and raise awareness of obstetric fistula. Activities will include support to prevent and treat obstetric fistula and to promote the social reintegration of obstetric fistula patients.

Family planning

23. Output 1: Strengthened national systems for reproductive health commodity security. To achieve this output, the programme will utilize a capacity-building strategy. Activities will include: (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.

Gender equality and reproductive rights

24. Output 1: Strengthened national capacity to address gender-based violence and provide high-quality services, including in

humanitarian settings. To achieve this output, the programme will support advocacy efforts and policy dialogue. Interventions will include: (a) support to survivors of gender-based violence; and (b) the empowerment of community wellness advocacy groups through efforts to increase technical skills and knowledge.

Young people's sexual and reproductive health and sexuality education

25. Output 1: Improved programming for essential sexual and reproductive health services for marginalized adolescents and young people. To achieve this output, the programme will promote multisectoral partnerships in programming. The programme will support: (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.

Data availability and analysis

26. 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. To achieve this output, the programme will support advocacy efforts and policy dialogues and will strengthen partnerships. Activities will include support to: (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.

IV. Programme management, monitoring and evaluation

27. National execution continues to be the preferred implementation arrangement for UNFPA. UNFPA will carefully select implementing partners, based on their ability to deliver high-quality programmes. UNFPA will also continuously monitor its partners' performance and periodically adjust implementation arrangements, as necessary. The country office will ensure that the appropriate risk analysis is performed in conformity with the harmonized approach to cash transfers.

28. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme activities, especially life-saving measures, to better respond to emerging issues.

29. The country office includes staff funded from the UNFPA institutional budget who perform management and development-effectiveness functions. UNFPA will allocate programme resources for staff who provide technical and programme expertise, as well as associated support, to implement the programme.

30. The UNFPA country office in Sierra Leone will require a chief technical adviser to support the conduct of the demographic and health survey and the national population and housing census. The Africa regional office, UNFPA headquarters units, external experts and South-South cooperation programmes will provide additional programme and technical support.

RESULTS AND RESOURCES FRAMEWORK FOR SIERRA LEONE

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
National development priority or goal: Agenda for Prosperity Pillar 3: accelerating the Millennium Development Goals for human development, transforming a population trapped by poor education, poor health care and nutrition, and chronic hunger **United Nations Joint Vision Cluster 6**: health and nutrition **Cluster Outcome 6.2**: improved maternal and child health/free health care initiative				
Maternal and newborn health Outcome indicators: • Maternal mortality ratio Baseline: 857 maternal deaths per 100,000 live births (2008); Target: 600 (2014) • Neonatal mortality rate Baseline: 36 deaths/1,000 live births (2008); Target: 30 (2014)	Output 1: Strengthened national capacity to implement comprehensive midwifery programmes	Output indicator: Number of midwives trained with UNFPA support Baseline: 100 midwives (2011); Target: 300 (2014)	Ministry of Health and Sanitation; National School of Midwifery	$2.9 million ($0.8 million from regular resources; $2.1 million from other resources)
	Output 2: Strengthened national capacity for emergency obstetric and newborn care	Output indicator: Number of emergency obstetric and neonatal care facilities upgraded Baseline: 5 (2011); Target: 10 (2014)	Ministry of Health and Sanitation; civil society organizations	
	Output 3: Enhanced national capacity to prevent and treat obstetric fistula and promote the social reintegration of former patients	Output indicator: Number of women treated for fistula through UNFPA support Baseline: 220 (2011); Target: 300 (2014)	Ministry of Health and Sanitation; civil society organizations	
Family planning Outcome indicator: Contraceptive prevalence rate Baseline: 8% (2008); Target: 30% (2014)	Output 1: Strengthened national systems for reproductive health commodity security	Output indicator: Percentage of service delivery points with no stock-outs of contraceptives within the last six months Baseline: 42.4% (2010); Target: 80% (2014)	Ministry of Health and Sanitation; civil society organizations	$5.6 million ($0.2 million from regular resources; $5.4 million from other resources)
United Nations Joint Vision Cluster 4: social protection, child protection, gender and human rights **Cluster outcome 4.1**: increased capacity of formal and informal institutions to protect human rights				
Gender equality and reproductive rights Outcome indicator: Number of rights-based and gender-responsive frameworks (policies, programmes and legislation) developed and implemented Baseline: 7 (2011); Target: 10 (2014)	Output 1: Strengthened national capacity to address gender-based violence and provide high-quality services, including in humanitarian settings	Output indicators: • Number of UNFPA-supported organizations developing responses, including policies and programmatic responses, to gender-based violence, including female genital cutting Baseline: 7 (2011); Target: 10 (2014) • Number of UNFPA-supported communities and chiefdoms engaging men and boys in efforts to promote gender equality Baseline: 74 (2011); Target: 149 (2014)	Family support units of the Sierra Leone Police; Ministry of Social Welfare, Gender and Children's Affairs; United Nations Entity for Gender Equality and the Empowerment of women; civil society organizations	$1.9 million ($0.3 million from regular resources; $1.6 million from other resources)

National development priority or goal: Agenda for Prosperity Pillar 3: accelerating Millennium Development Goals to promote human development and transform a population trapped by poor education, poor health care and nutrition and chronic hunger **United Nations Joint Vision Cluster 6**: health and nutrition **Cluster outcome 6.2**: improved maternal and child health/free health-care initiative **Cluster outcome 6.5**: reduced HIV prevalence				
Young people's sexual and reproductive health and sexuality education Outcome indicators: • Condom use among young people (percentage in the age group 15-24 who used a condom during last sexual intercourse) Baseline: 20.7% (2008); Target: 30% (2014) • Percentage of young people aged 15-24 with accurate knowledge about HIV prevention Baseline: 54% (2008); Target: 65% (2014)	Output 1: Improved programming for essential sexual and reproductive health services for marginalized adolescents and young people	Output indicator: Number of community-led organizations or networks supported by UNFPA to engage in programmes addressing HIV and the sexual and reproductive health needs of young people and sex workers Baseline: 6 (2011); Target: 12 (2014)	National AIDS Secretariat; Ministries of: Health and Sanitation; and Youth and Sports Civil society organizations; communities	$1.9 million ($0.4 million from regular resources and $1.5 million from other resources)
National development priority or goal: Agenda for Prosperity Pillar 1: strengthening the enabling environment **United Nations Joint Vision Cluster 1**: support to good governance **Cluster outcome 1.3**: strengthened capacity for central planning and monitoring and evaluation				
Data availability and analysis Outcome indicator: Disaggregated and integrated database for policy formulation, development planning and management Baseline: none (2011); Target: integrated management information system database available (2014)	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	Output indicator: Number of ministries, local councils and other organizations that UNFPA has supported in the area of capacity development to produce and disseminate data from censuses, surveys and other statistical sources Baseline: 74 (2011); Target: 88 (2014)	Government ministries, departments and agencies; Statistics Sierra Leone; University of Sierra Leone United Nations country team Civil society organizations	$6.2 million ($1.2 million from regular resources and $5 million from other resources) _____ Programme coordination and assistance: $0.3 million from regular resources