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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Sierra Leone**

Proposed UNFPA assistance: \$9.4 million: \$4.2 million from regular resources and \$5.2 million through co-financing modalities and/or other, including regular, resources

Programme period: Three years (2008-2010)

Cycle of assistance: Fourth

Category per decision 2005/13: A

Proposed assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health	2.9	4.2	7.1
Population and development	1.0	1.0	2.0
Programme coordination and assistance	0.3	-	0.3
Total	4.2	5.2	9.4

## **I. Situation analysis**

1. Since the end of civil war in 2002, Sierra Leone has made progress in recovery, development and peace. An interim poverty reduction strategy paper (2002-2004), the national recovery strategy, and the poverty reduction strategy paper (2005-2007) addressed post-war development; the resettlement of refugees and internally displaced persons; and the reintegration of ex-combatants into communities. Although macroeconomic performance has improved, progress has been constrained by a brain drain, poor infrastructure, and a lack of financial resources and employment opportunities. About 70 per cent of the population lived below the poverty line in 2006.

2. The population was nearly 5 million in 2004, with an annual growth rate of 1.8 per cent. The literacy rate among persons aged 10 years and older was 39 per cent. The total fertility rate decreased from 6.3 children per woman in 1985 to 6.1 children per woman in 2004. Cultural factors contribute to the low contraceptive prevalence rate (4.3 per cent). The few health facilities that offer family planning services are mainly in urban areas. About 43 per cent of the population is younger than 14, and nearly 55 per cent of 15- to 24-year-olds are unemployed or economically inactive. Educational and employment policies and programmes to address the needs of youth are under way.

3. In 2004, life expectancy was 47.5 years for men and 49.4 years for women. Infant mortality dropped from 220 deaths per 1,000 live births in 1974 to 115 deaths per 1,000 live births in 2005. The maternal mortality ratio increased from 700 deaths per 100,000 live births in the 1990s to 1,800 deaths per 100,000 live births in 2006, due to poor access to maternal and child health services and a lack of reproductive health commodity security. Skilled attendants are present at only 10 per cent of births. A poor health infrastructure, inadequate human resources and a lack of safe blood supplies have hindered the provision of emergency obstetric care. Only 0.21 per cent of the national budget is allocated to reproductive health.

4. Sierra Leone lags behind in achieving the Millennium Development Goal related to halting the spread of HIV/AIDS. HIV prevalence has increased, from 0.9 per cent in 2002 to 1.6 per cent for females and 1.5 per cent for males (2005). Among 15- to 24-year-olds, 3.8 per cent are infected. A 2002 survey showed low knowledge of HIV/AIDS. Only 10.2 per cent of males and 6.5 per cent of females reported that they used a condom during their last sexual encounter. Contributing factors to the HIV prevalence rate include: (a) high poverty levels; (b) an increase in commercial sex work; (c) low condom use; (d) insufficient knowledge of risk factors; and (e) a lack of youth-friendly reproductive health services.

5. Gender inequality exists at all levels of society, and gender-based violence is common. Women, girls and marginalized groups suffer from inadequate legal provisions, discriminatory customary laws and harmful practices. Sixty-two per cent of women aged 15-45 years are married before age 18. Although Sierra Leone is a signatory to most international instruments on gender, policies to advance women and mainstream gender issues have yet to be implemented.

## **II. Past cooperation and lessons learned**

6. UNFPA cooperation began in 1972. UNFPA supported: (a) the establishment of a population coordination unit; (b) the expansion of family planning services; (c) the 1985 census; and (d) the integration of population and family life education into schools. However, the civil war undermined many of the programme achievements.

7. During the war, UNFPA redirected its assistance to humanitarian support, providing: (a) emergency reproductive health services to people affected by the war, including refugees, internally displaced persons and commercial sex workers; and (b) counselling, information and education on population and reproductive health to students both in and out of school. The third county programme (2004-2007) focused on humanitarian assistance, peace-building and reconstruction.

8. In the area of population and development, UNFPA supported: (a) the 2004 population and housing census; (b) data for development planning; (c) the development of indicators to monitor the poverty reduction strategy paper and the Millennium Development Goals; (d) electoral constituency demarcation and voter registration; and (e) specialized training to improve the coordination of the national population programme.

9. In the area of reproductive health, the programme trained health workers, including doctors, nurses and nurse-anaesthetists in emergency obstetric care, ultrasonography and contraceptive technology. It provided livelihood training, counselling and information on reproductive health to approximately 2,500 ex-combatants and war-affected women and girls. The programme rehabilitated seven district maternity wards, and increased access to skilled birth attendance through the use of community ambulances in seven project districts. It helped the Government to formulate a national reproductive health policy, protocols and manuals as well as a contraceptive commodity security plan. UNFPA also helped to integrate population and family life education into the school curriculum.

10. UNFPA, with support from the African Development Bank, carried out HIV/AIDS prevention measures and promoted gender concerns among refugees, internally displaced persons and host populations in the Mano River Union countries and Côte d'Ivoire. The programme also supported condom programming and behaviour change communication for uniformed personnel serving with the United Nations. In addition, it helped to document gender-based violence, and to integrate a gender-based violence component into training for the country's uniformed services.

11. Programme implementation was enhanced through: (a) collaboration with the Government, the European Union and other United Nations organizations; (b) the establishment of an expanded United Nations theme group on HIV/AIDS; (c) increased political stability; (d) local advocacy groups, including networks of religious leaders, women ministers and parliamentarians; (e) increased

awareness of the Millennium Development Goals; and (f) the development of national policies and strategies on reproductive health, HIV/AIDS, youth, and poverty.

12. The post-conflict environment, characterized by inadequate institutional, human and financial capacity, constrained programme implementation and increased reliance on international donors. Lessons learned included: (a) information-sharing promotes coordination and strengthens the monitoring of programme results; (b) agriculture, skills-training and income-generating activities are useful entry points for reproductive health and HIV prevention; and (c) strong government leadership and partnership with donors and those who implement the programme can enhance programme ownership and promote cost-sharing.

### III. Proposed programme

13. The Government, with the participation of UNFPA, other United Nations organizations, non-governmental organizations (NGOs) and community-based organizations, formulated the proposed programme. The goal of the programme is to contribute to the consolidation of peace, sustained democratic governance and reduced poverty through improved maternal health, HIV/AIDS prevention and increased availability of sociodemographic data.

14. The programme is aligned with national priorities, the UNFPA multi-year funding framework, the Programme of Action of the International Conference on Population and Development and the Millennium Development Goals. It contributes to three of five priority areas of the 2008-2010 United Nations Development Assistance Framework (UNDAF): (a) governance and human rights; (b) maternal health and child health care; and (c) prevention, treatment, care and support services and the reduction of stigma and discrimination associated with HIV/AIDS, tuberculosis and related diseases.

15. The programme has two components: (a) reproductive health, with a focus on maternal health and HIV/AIDS prevention in seven districts; and (b)

population and development, with gender and youth as cross-cutting issues.

### *Reproductive health component*

16. This component will contribute to UNDAF outcomes 3 and 5, which focus on reducing maternal mortality and preventing HIV. The outcome of this component is: increased access to and utilization of reproductive health information and services and reduced risk of HIV infections and sexually transmitted infections among young people, women and vulnerable groups. This outcome will be achieved through four outputs.

17. Output 1: Improved access to skilled birth attendants and reproductive health information and services, with an emphasis on family planning, emergency obstetric care, neonatal care and HIV prevention. UNFPA will: (a) support the refurbishment of health facilities; (b) provide equipment; (c) support the adoption of standards; (d) provide in-service training for skilled birth attendants and family planning providers in partnership with the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO); (e) strengthen the integration of HIV and reproductive health into multisectoral initiatives to support the Maputo Plan of Action; and (f) improve the referral system.

18. Output 2: Communities and national leaders are mobilized to promote reproductive rights and gender equality, reduce gender-based violence and support survivors of gender-based violence. This will be achieved by: (a) advocating the implementation of the national strategic plan on gender and the Convention on the Elimination of All Forms of Discrimination against Women; (b) advocating the establishment of accountability mechanisms to ratify and implement protocols and treaties on human rights, especially those relating to women and youth; (c) increasing interventions through social mobilization and behaviour change communication activities; (d) strengthening partnerships with community leaders, chiefs, NGOs, community-based organizations, women ministers and parliamentarians; (e) advocating an increase in girls' enrolment in school; (f) intensifying efforts to

develop and disseminate information on family planning and maternal health; and (g) training law enforcement agents on gender-based violence.

19. Output 3: Youth-friendly services and peer education networks are expanded to promote responsible sexual and reproductive health behaviour and to prevent sexually transmitted infections and HIV. This will involve: (a) peer-education skills training for young men and women; (b) capacity-building for providing youth-friendly services; (c) supporting youth participation in policy and programme development, implementation and monitoring; and (d) consolidating and scaling up population and family life education for in- and out-of-school youth.

20. Output 4: Improved availability and choice, at all levels of the health system, of high-quality reproductive health commodities, including male and female condoms. This will be achieved by: (a) advocating the implementation of a national plan for reproductive health commodity security; (b) providing contraceptive supplies to prevent stock-outs; (c) supporting systems for reproductive health commodity distribution; (d) strengthening partnerships with communities and development partners; (e) supporting male and female condom programming; and (f) supporting disaster preparedness for reproductive health commodities.

### *Population and development component*

21. This component will contribute to UNDAF outcome 1 through the following country programme outcome: transparent and accountable democratic governance is promoted through capacity-building and an expanded database. This country programme outcome has two outputs.

22. Output 1: Expanded database for gender-sensitive population and reproductive health data for use in governance, planning and programme monitoring at national and subnational levels. UNFPA will support: (a) the first national demographic and health survey; (b) the establishment of an integrated database to generate indicators for planning and monitoring the poverty reduction strategy paper, the Millennium

Development Goals and related development frameworks; (c) capacity-building for Statistics Sierra Leone (central statistical office); (d) baseline and operations research studies on population, reproductive health and gender programmes; and (e) knowledge-sharing on population and reproductive health data to plan and monitor programmes.

23. Output 2: Strengthened technical and institutional capacities within key ministries and civil society organizations to integrate population and gender concerns into development plans and programmes.

This will be achieved by: (a) building the capacity of government ministries and agencies at central and district levels to use population data for planning and monitoring; (b) strengthening the capacity of the National Population Secretariat to coordinate population programmes; (c) improving the skills of staff in government agencies and in national implementing partners in gender mainstreaming and analysis; and (d) strengthening the capacity of the Institute for Population Studies to provide training.

#### **IV. Programme management, monitoring and evaluation**

24. The Ministry of Development and Economic Planning will coordinate the implementation of the programme in collaboration with the Ministry of Health and Sanitation; the Ministry of Education; and the Ministry of Social Welfare, Gender and Children's Affairs, with support from NGOs. The programme will use the national execution modality. Although activities will be carried out in seven districts, the programme will provide comprehensive reproductive health services in two model districts.

25. The programme will emphasize decentralized implementation and joint monitoring and evaluation by 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. UNFPA and the Government will undertake monitoring and evaluation in accordance with the UNDAF, the UNFPA monitoring and evaluation plan, the Millennium Development Goals and national monitoring frameworks.

26. UNFPA will collaborate with bilateral and multilateral partners in implementing the programme. This will include: (a) collaboration with UNICEF and WHO on the safe blood initiative and on developing a strategic plan for maternal and child health, in line with the Maputo Plan of Action; (b) conducting a demographic and health survey with UNDP and other international donors; and (c) supporting the national HIV/AIDS programme with the Joint United Nations Programme on HIV/AIDS (UNAIDS); and (d) participating with neighbouring countries in the Mano River Union Initiative on HIV/AIDS to reduce infections among refugees, internally displaced populations and host populations.

27. The UNFPA country office consists of a representative, an assistant representative, an operations manager and support staff. UNFPA will hire a national programme officer (for reproductive health) to fill the post that is currently vacant. UNFPA will recruit project personnel to strengthen project implementation and will also make use of United Nations volunteers. National and international experts will assist the country office as needed. The UNFPA country technical services team in Addis Ababa, Ethiopia, and Dakar, Senegal, will provide technical support.

## RESULTS AND RESOURCES FRAMEWORK FOR SIERRA LEONE

<b>National priority:</b> promoting human development <b>UNDAF outcome 3:</b> by 2010, health for children under five years of age and health for women of childbearing age will have improved and child mortality and maternal mortality rates will have been reduced <b>UNDAF outcome 5:</b> by 2010, there is increased access to HIV prevention, treatment, care and support services, and significant reduction of stigma and discrimination				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	<p><b>Outcome:</b> Increased access to and utilization of reproductive health information and services and reduced risk of HIV infections and sexually transmitted infections among young people, women and vulnerable groups</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Maternal mortality ratio reduced by 5% by 2010</li> <li>• Percentage of deliveries that occur in emergency obstetric and neonatal care facilities increased from 7.2% to 14% in project districts</li> <li>• Contraceptive prevalence rate increased from 4.2% to 7% by 2010</li> <li>• HIV infection rate reduced from 3.8% to 3.5% among young people</li> <li>• Condom use among young people increased from 12% to 30%</li> </ul> <p><b>Baseline:</b> Demographic and health survey; behavioural risk survey</p>	<p><b>Output 1:</b> Improved access to skilled birth attendants and reproductive health information and services, with an emphasis on family planning, emergency obstetric care, neonatal care and HIV prevention</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• 50% increase in number of health facilities offering reproductive health services</li> <li>• 60% increase in number of primary health units providing at least three modern family planning methods</li> <li>• By 2010, increase in the proportion of births with skilled birth attendants from 10% to 25% in project districts</li> </ul> <p><b>Baseline:</b> Ministry of Health reports; facility provision assessment reports; programme implementation reports</p> <p><b>Output 2:</b> Communities and national leaders are mobilized to promote reproductive rights and gender equality, reduce gender-based violence and support survivors of gender-based violence</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• 40 community leaders promote the prevention of gender-based violence and treatment for the victims of such violence</li> <li>• 20 institutions provide information on family planning, gender-based violence and reproductive rights</li> </ul> <p><b>Baseline:</b> Ministry of Health reports; programme implementation reports; police reports</p> <p><b>Output 3:</b> Youth-friendly services and peer education networks are expanded to promote responsible sexual and reproductive health behaviour and to prevent sexually transmitted infections and HIV</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• 14 institutions provide livelihood and life-skills education within reproductive health services</li> <li>• Increase in percentage of primary and secondary schools providing family life and peer education from 8% to 40%</li> <li>• 100% of non-formal educational institutions provide behaviour change communication to students</li> </ul> <p><b>Baseline:</b> Programme reports from implementing partners</p> <p><b>Output 4:</b> Improved availability and choice, at all levels of the health system, of high-quality reproductive health commodities, including male and female condoms</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• 40% increase in the number of male and female condoms sold or distributed</li> <li>• 15% increase in the number of condom delivery points in project districts</li> <li>• 50% reduction in frequency of stock-outs for reproductive health commodities</li> </ul> <p><b>Baseline:</b> Ministry of Health condom provision report; programme implementation report</p>	<p>Ministry of Health and Sanitation; UNAIDS; UNICEF; WHO; Office of the United Nations High Commissioner for Refugees; Department for International Development (DFID) of the United Kingdom; European Commission; Irish Aid; Marie Stopes Society of Sierra Leone; Local NGOs</p> <p>Ministry of Health and Sanitation; Ministry of Social Welfare, Gender and Children's Affairs; United Nations Development Fund for Women; International Rescue Committee; Sierra Leone police force; Local NGOs</p> <p>Ministry of Education, Science and Technology; Ministry of Youth and Sports; UNDP; United Nations Industrial Development Organization; Planned Parenthood Association of Sierra Leone; Local NGOs</p> <p>Ministry of Health and Sanitation; National AIDS Secretariat; WHO; UNAIDS; DFID; CARE; NGOs</p>	<p>\$7.1 million (\$2.9 million from regular resources and \$4.2 million from other sources)</p>

National priority: good governance, security and peace-building				
UNDAF outcome 1: by 2010, governance and human rights practices have been advanced at all levels, and enforcement mechanisms are in place				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p><u>Outcome:</u> Transparent and accountable democratic governance is promoted through capacity-building and an expanded database</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>Number of institutions strengthened to provide high-quality, gender-sensitive population and reproductive health information and services</li> </ul> <p><u>Baseline:</u> annual programme reports</p> <ul style="list-style-type: none"> <li>Number of data sets provided for programme formulation and good governance</li> </ul> <p><u>Baseline:</u> annual programme reports</p>	<p><u>Output 1:</u> Expanded database for gender-sensitive population and reproductive health data for use in governance, planning and programme monitoring at national and subnational levels</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>Sectoral databases disaggregated by gender in key development sectors</li> <li>At least 10 proactive initiatives taken by decision makers, religious and community leaders on population, gender and reproductive health policies and programmes</li> <li>Functional service centre for data users established at Statistics Sierra Leone (central statistical office)</li> <li>Secondary analyses of demographic health survey data and baseline researches undertaken</li> </ul> <p><u>Baseline:</u> programme research reports; thematic reports; media alliance reports</p> <p><u>Output 2:</u> Strengthened technical and institutional capacities within key ministries and civil society organizations to integrate population and gender concerns into development plans and programmes</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>10 national institutions and 13 district councils with skilled staff in population and gender mainstreaming</li> </ul> <p><u>Baseline:</u> component programme reports</p> <ul style="list-style-type: none"> <li>Updated and approved national population policy and programmes</li> </ul> <p><u>Baseline:</u> Component programme reports</p>	<p>Ministry of Development and Economic Planning; Statistics Sierra Leone; UNDP; European Union; DFID; World Bank; Irish Aid; NGOs</p> <p>Ministries of: Development and Economic Planning; Health and Sanitation; and Social Welfare, Gender and Children's Affairs; Statistics Sierra Leone; UNDP; European Commission; DFID; World Bank; NGOs</p>	<p>\$2 million (\$1 million from regular resources and \$1 million from other sources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.3 million from regular resources</p>