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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Sierra Leone**

Proposed indicative UNFPA assistance:	\$34.6 million: \$6.0 million from regular resources and \$28.6 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Four years (2020-2023)
Cycle of assistance:	Seventh
Category per decision 2013/31:	Red

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	3.7	16.1	19.8
Outcome 2	Adolescents and youth	0.9	10.4	11.3
Outcome 3	Gender equality and women's empowerment	0.7	2.1	2.8
Programme coordination and assistance		0.7	0.0	0.7
<b>Total</b>		<b>6.0</b>	<b>28.6</b>	<b>34.6</b>

## I. Programme rationale

1. The population of Sierra Leone is estimated at 7.1 million (49.2 per cent male and 50.8 per cent female), with a growth rate of 3.2 per cent per annum (census 2015). The population is generally young, with 40.8 per cent aged below 15 years.
2. Maternal mortality in Sierra Leone is among the highest in the world. According to the World Health Organization's (WHO) estimates from 1990 to 2015, there was a decline from 2,630 to 1,360 deaths per 100,000 live births – which is still unacceptably high. The main causes of death are postpartum haemorrhage and unsafe abortions. The 2017 emergency obstetric and neonatal care (EmONC) assessment report reveals that most institutional maternal deaths result from poor quality of care, with 41 per cent of total facilities missing one or two basic EmONC signal functions. It revealed gaps in the coverage of basic EmONC facilities in nine out of 14 districts.
3. The demographic and health survey (DHS 2013) shows that 60 per cent of births are attended by skilled health personnel, however districts are below 40 per cent (Koinadugu:33 per cent; Moyamba: 36.4 per cent and Tonkolili: 37.8 per cent). Critical shortages in skilled health workforce are prevalent, with staffing gaps for higher-skilled cadres such as doctors, specialist nurses, and midwives. The 2017 EmONC assessment revealed that the country required a weighted total of 716 midwives, but only 477 were available in government facilities with a deficit of 33 per cent.
4. The total fertility rate is high at 4.9 children per woman (DHS 2013). While the use of modern contraceptive methods amongst married women has doubled from seven per cent in 2008 to 16 per cent in 2013 (DHS 2008, 2013), the rate is low, with three districts, Kambia, Koinadugu and Moyamba below 10 per cent. The unmet need for family planning is high at 25 per cent for women of reproductive age and even higher among adolescents at 31 per cent.
5. The 2017 UNFPA supplies report shows that 26.1 per cent of service delivery points reported stock-outs of at least one modern contraceptive method due to irregular distribution and poor logistics management system.
6. The rates of adolescent pregnancy are high with 28 per cent of girls aged 15-19 having begun child bearing while 38.9 per cent of women aged 20-24 married before age 18 (DHS 2013). The rate of teenage pregnancy is highest in Pujehun (48 per cent); Kailahun (36.8 per cent); and Moyamba (36.8 per cent). Child marriage rates are highest in Koinadugu (57.7 per cent); Kambia (52.3 per cent); and Pujehun (52.2 per cent).
7. A major consequence of child marriage and adolescent pregnancy is high maternal mortality and morbidity, including obstetric fistula. Anecdotal evidence indicates the number of obstetric fistula cases are as high as 2,496 based on initial modelling projections.
8. Prevalence of HIV is estimated to be 1.5 per cent, the same rate since 2008, and is higher among women at 1.7 per cent (DHS 2013). Prevalence varies by location, and is particularly high in Western area districts (rural 3.4 per cent and urban 2.5 per cent).
9. Gender-based violence is prevalent with 57 per cent of women aged 15-49 ever having experienced physical or sexual violence (DHS 2013). Female genital mutilation (FGM) is also prevalent with 90 per cent of women aged 15-49 affected, which is among the highest rates in the sub-region. The northern region has the highest prevalence of 96 per cent whereas the western region has the lowest at 76 per cent (DHS 2013). Challenges remain in the implementation of policies and frameworks for the protection of women and girls particularly in the adoption of a national anti FGM strategy.
10. Despite improvements in strengthening the national statistical system, high quality data collection, analysis and use is still a challenge, particularly at the decentralized district levels. There remains a compelling need to strengthen data collection and management.
11. Sierra Leone has experienced several humanitarian crises including Ebola virus disease outbreak, flash floods and landslides resulting in displacement of people and deaths. These unfortunate occurrences placed huge burdens on an already overstretched and weak health system, and thus required a robust humanitarian action plan.

12. Key achievements of the sixth country programme include: three hospitals and 12 community health centres constructed and equipped for delivery of EmONC services. Four referral hospitals, equipped to provide high-quality comprehensive EmONC services, led to a reduction of direct obstetric case fatality rate from 3 per cent in 2017 to 1.4 per cent in 2018. Also, pre-service training of health care providers was provided, including 466 midwives, 45 surgical assistant community health officers, and 99 nurse anaesthetists. Obstetric fistula surgical treatment for 646 women and social reintegration for 560 women was also provided, in addition to service training for 1,295 health care workers on adolescent-friendly services and 1,421 service providers on long and short term family planning methods; signed 62 memoranda of understanding with gatekeepers in 120 communities to commit to the abandonment of female genital mutilation; supported the training and remuneration of over 5,000 Ebola response workers who traced over 100,000 Ebola contacts contributing to the eradication of Ebola; supported the development of a national strategy for the reduction of adolescent pregnancy and child marriage; reached 27,250 marginalized girls with life skills training; supported the 2013 DHS further analysis and the 2015 census; and provided reproductive health and gender-based violence response services to 2,037 women and 2,960 young people affected by the mudslide.

13. Main lessons learned include: (a) strengthening emergency preparedness and response systems to address emerging humanitarian crises mitigates the consequences on vulnerable populations; (b) community engagement is critical for improving programme ownership and impact; (c) reducing the vulnerabilities and empowerment of women and girls requires community-based interventions to address their sexual reproductive health needs, and (d) for impact and efficiency gains, it is important to focus certain interventions on selected districts or regions based on evidence.

## II. Programme priorities and partnerships

14. The proposed programme is linked to national priorities in the new national development plan 2019-2023, which has the overarching theme, education for development. Particularly, cluster 1 on human capital development (healthcare improvement); cluster 5 on empowering women; and cluster 6 on youth entrepreneurship: employment and empowerment. It is also aligned with United Nations Development Assistance Framework (UNDAF) priorities: outcome 3- access to basic services and outcome 4- protection and empowerment of the most vulnerable, particularly women, adolescents, youth and persons with disabilities.

15. The priorities mainly focus on Sustainable Development Goals 3 and 5, while addressing three outcomes of the UNFPA strategic plan (2018-2021). The fourth, population dynamics, is mainstreamed throughout the country programme document to ensure that data needs are considered in all outcomes, and evidence is generated and used to strengthen national programmes. The programme aims to contribute to achieving the three transformative results of UNFPA strategic plan: ending preventable maternal deaths, unmet need for family planning and gender-based violence, including in humanitarian settings.

16. The programme will have national coverage for policy planning, guidelines development, family planning supplies and services in addition to data for development. Maternal health, gender, adolescent and youth interventions, will be focused in districts with the worst indicators, with the programmes implemented in an integrated and coordinated manner. UNFPA will work with government and partners to ensure value for money in programme delivery with a focus of improving quality of care, as well as promoting equity and equality.

17. The programme will build on, and consolidate, the gains from the previous programme to maximize impact under three outcomes.

### A. Outcome 1: Sexual and reproductive health

18. *Output 1: National health system strengthened to provide high-quality, integrated sexual and reproductive health and family planning services, including in humanitarian settings.* Key strategies include: (a) establishing regional centres of excellence for maternal and newborn care, and supporting the scaling-up of quality improvement and assurance processes for maternal and newborn services; (b) supporting the establishment of a network of comprehensive and basic emergency obstetric and newborn care (EmONC) facilities linked with a referral system; (c) supporting the establishment of EmONC monitoring systems; (d) strengthening maternal

death surveillance and response at national and district levels; (e) supporting interventions for obstetric fistula prevention and management; (f) advocating for budgetary allocation and release of funds by government in support of contraceptive and reproductive health commodity procurement; (g) galvanizing multi-stakeholder support and partnerships for the implementation of the family planning costed implementation plan (2018-2022) and the reproductive health commodity security strategy; (h) supporting the provision of high quality integrated rights-based family planning, adolescent and youth friendly sexual and reproductive health services including HIV; (i) strengthening procurement and improvements in the national supply chain management system to assure delivery to the last mile and reduce stock-outs; (j) providing sexual and reproductive health services in humanitarian settings; (k) supporting the production and use of evidence-based data for decision making on sexual and reproductive health; and (l) strengthening human resources for health capacity through the training, mentoring and preceptorship of midwives, nurse anaesthetists, surgical assistants and community health officers.

19. *Output 2: Communities especially women and girls have increased abilities to demand sexual reproductive health, family planning and gender-based violence response services.* The key strategies are: (a) fostering socio-cultural and behaviour change strategies to create demand for family planning, sexual reproductive health services and gender-based violence response services, especially among young people; (b) using technologies to create demand for family planning and sexual reproductive health services (SRH) among adolescents and young people; (c) strengthening capacity of community-based organizations to create demand for SRH, family planning and gender-based violence response services; (d) mobilizing and empowering communities to raise awareness and demand for SRH, family planning and gender-based violence response services.

## **B. Outcome 2: Adolescents and youth**

20. *Output 1: Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights and well-being, including in humanitarian settings.* Key strategies include: (a) conducting advocacy for policies that address adolescent and youth health and well-being and child marriage; (b) building capacity for implementation of comprehensive sexuality education and life skills for in- and out-of-school adolescents and young people; (c) supporting the empowerment of young people, particularly adolescent girls to have skills and capabilities to make informed choices in relation to their sexual and reproductive health and rights and HIV prevention; (d) strengthening systems and partnerships to generate and use evidence on adolescents and youth to contribute to harnessing the demographic dividend; and (e) building capacity for implementation of the national youth service.

## **C. Outcome 3: Gender and women's empowerment**

21. *Output 1: Government, human rights organizations, civil society organizations and communities have improved capacities to promote gender equality, prevent and respond to gender-based violence and other harmful practices, including in humanitarian settings.* Key strategies are: (a) supporting development of policy, legal and accountability frameworks for gender equality; (b) building capacity of national institutions and civil society to prevent gender-based violence and eliminate harmful practices such as child marriage and female genital mutilation; (c) supporting the provision of services and strengthening referral mechanisms to respond to victims and survivors of gender-based violence; (d) engaging communities and networks, particularly men and boys to promote empowerment of women and to address gender-based violence, harmful practices and promote women's empowerment; (e) producing and using disaggregated data on gender including gender-based violence and other harmful practices.

## **III. Programme and risk management**

22. This country programme document outlines the contributions of UNFPA to national results and serves as the primary unit of accountability to the executive board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures manual and the internal control framework.

23. The programme will be implemented mainly using the national execution modality of UNFPA under the coordinating authority of the Ministry of Planning and Economic Development. UNFPA will strengthen the capacity of the ministry to ensure effective and efficient coordination of the programme and collaborate with government and stakeholders for risk reduction, improved accountability and transparency.

24. To mitigate risks associated with national execution, the harmonized approach to cash transfer framework will be utilized. Implementing partners will be selected based on their strategic relevance and ability to deliver high-quality interventions. The country office will conduct frequent spot checks, review meetings, monitoring, and periodic refresher training for implementing partners on results-based management.

25. The country office will seek technical support from the regional office, headquarters and other units as needed. An integrated resource mobilization strategy will be developed to leverage additional resources. To promote integration and programme synergy, UNFPA will work with other United Nations organizations to implement the UNDAF and joint programmes on maternal health, adolescent health and child marriage. External expertise and South-South cooperation initiatives will provide additional programme and technical support.

26. UNFPA will regularly evaluate operational, socio-political and fraud risks associated with the programme, and will implement a risk mitigation plan. In situations of humanitarian emergencies, risks will be reassigned to government or non-governmental partners. Funds will be re-programmed to respond to emerging issues within our mandate. The resource mobilization and communication strategies will be reviewed periodically to reflect current realities and ensure adequate funding, visibility and accountability.

27. A human resource realignment plan is being implemented taking into consideration the human resource capacity needs of the seventh country programme. The country office will allocate programme resources for staff capacity development in technical and programme management expertise.

#### **IV. Monitoring and evaluation**

28. UNFPA and partners will develop and implement a robust monitoring and evaluation system aligned with the national and UNDAF monitoring and evaluation frameworks. There will be mid-year and annual review meetings to assess progress of programme implementation and results achieved during each year of the programme cycle.

29. The country office will establish a unit under the overall supervision of the representative that will be responsible for quality assurance.

30. Joint monitoring will be undertaken by UNFPA, the Ministry of Planning and Economic Development and stakeholders to measure achievements and ensure transparency, accountability and ownership. Programme achievements will be reported to the government to ensure they are captured into national reporting systems.

31. UNFPA will collaborate with other United Nations organizations to strengthen national data collection systems and generate data for monitoring of programme and Sustainable Development Goals indicators.

32. Finally, the programme will conduct a midterm review to assess overall progress midway of implementation; and a final evaluation to measure impact, efficiency, effectiveness, sustainability and other evaluation criteria.

## Results and resources framework for Sierra Leone (2020-2023)

<p><b>National priority:</b> Human capital development- healthcare improvement; Empowering women, children, adolescents and persons with disabilities; Youth employment, sports and migration.</p> <p><b>UNDAF outcome 3:</b> Access to basic services: By 2023, the population of Sierra Leone, particularly the most disadvantaged and vulnerable, will benefit from increased and more equitable access to and utilization of quality education, healthcare, social protection, energy and water, sanitation, and hygiene services, including during emergencies.</p> <p><b>Indicators:</b> Proportion of births attended by skilled health personnel; <i>Baseline: 59.7%; Target: 78%</i></p> <p><b>UNDAF outcome 4:</b> Protection and empowerment of the most vulnerable, particularly women, adolescents, youth and persons living with disabilities:</p> <p>By 2023, more of the most vulnerable groups, particularly women, adolescents (especially girls), youth and persons living with disabilities are empowered and benefit from increased opportunities to claim their rights and contribute to the socio-economic fabric of society, in a protective and inclusive environment.</p> <p><b>Indicators:</b> Percentage of women aged 20-24 years who have experienced child marriage before the age of 18; <i>Baseline: 29.9%; Target: 24%</i></p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p><b>Outcome 1: Sexual and reproductive health:</b></p> <p><b>Outcome indicator(s):</b></p> <ul style="list-style-type: none"> <li>Proportion of births attended by skilled health personnel <i>Baseline: 61.3% Target: 70%</i></li> <li>Unmet need for family planning <i>Baseline: 25%; Target: 19%</i></li> </ul>	<p><b>Output 1:</b> National health system strengthened to provide high-quality, integrated sexual and reproductive health and family planning services, including in humanitarian settings.</p>	<ul style="list-style-type: none"> <li>Number of health facilities supported to provide emergency obstetric and newborn care, as per international recommended minimum standards <i>Baseline: 0; Target: 6</i></li> <li>Number of obstetrical fistula cases repaired with support from UNFPA (surgery, catheterization/probe placement) <i>Baseline: 0 Target: 600</i></li> <li>Number of health care providers graduated with support from UNFPA (cumulative) <i>Baseline: midwives: 0 surgical assistants 0, nurse anaesthetists 0. Target: midwives 422, surgical assistants. 35, nurse anaesthetics 40.</i></li> <li>Percentage of service delivery points with no stock-out of at least three modern contraceptive methods during the last 3 months <i>Baseline: 74% Target: 90%</i></li> </ul>	Ministry of health and sanitation; Aberdeen Women's Centre; Marie Stopes Society of Sierra Leone; Aberdeen Women's Centre; Haikal; Planned Parenthood Association of Sierra Leone; UNICEF; WHO; UNAIDS	\$19.8 million (\$3.7 million regular resources and \$16.1 million other resources)
	<p><b>Output 2:</b> Communities especially women and girls have increased abilities to demand SRH, family planning and gender-based violence response services.</p>	<ul style="list-style-type: none"> <li>Number of community-based organizations supported for demand generation <i>Baseline: 0; Target: 100</i></li> </ul>	Ministry of Youth Affairs; Ministry of Social Welfare, Gender and Children's Affairs, Women in Crisis Movement; Fine-Sierra Leone	
<p><b>Outcome 2: Adolescents and youth</b></p> <p><b>Outcome indicator(s):</b></p> <ul style="list-style-type: none"> <li>Adolescents and youth (including marginalized) are engaged in the formulation of national sexual and reproductive health policies.</li> </ul>	<p><b>Output 1:</b> Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights and well-being, including in humanitarian settings.</p>	<ul style="list-style-type: none"> <li>Number of marginalized girls that are reached by life skills programmes that build their health, social and economic assets <i>Baseline: 0 Target: 16,000</i></li> <li>Number of schools in which the comprehensive sexuality education</li> </ul>	Ministry of Basic and Senior Secondary Education; Ministry of Health and Sanitation; Ministry of Youth Affairs; National Youth Commission; Ministry of Higher Ministry of Youth Affairs; Social Ministry of Welfare, Gender and	\$11.3 million (\$0.9 million from regular resources and \$10.4 million from other resources)

<p><b>National priority:</b> Human capital development- healthcare improvement; Empowering women, children, adolescents and persons with disabilities; Youth employment, sports and migration.</p> <p><b>UNDAF outcome 3:</b> Access to basic services: By 2023, the population of Sierra Leone, particularly the most disadvantaged and vulnerable, will benefit from increased and more equitable access to and utilization of quality education, healthcare, social protection, energy and water, sanitation, and hygiene services, including during emergencies.</p> <p><b>Indicators:</b> Proportion of births attended by skill health personnel; <i>Baseline: 59.7%; Target: 78%</i></p> <p><b>UNDAF outcome 4:</b> Protection and empowerment of the most vulnerable, particularly women, adolescents, youth and persons living with disabilities: By 2023, more of the most vulnerable groups, particularly women, adolescents (especially girls), youth and persons living with disabilities are empowered and benefit from increased opportunities to claim their rights and contribute to the socio-economic fabric of society, in a protective and inclusive environment.</p> <p><b>Indicators:</b> Percentage of women aged 20-24 years who have experienced child marriage before the age of 18; <i>Baseline: 29.9%; Target: 24%</i></p>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<i>Baseline: Yes; Target: Yes</i>		<p>curriculum is implemented. <i>Baseline: 0; Target: 300</i></p> <ul style="list-style-type: none"> <li>A functional national demographic observatory for tracking progress on the demographic dividend in place <i>Baseline: No; Target: Yes</i></li> </ul>	Children's Affairs; Health and Sanitation; Basic and Senior Secondary Education; Higher and Technical Education; Women in Crisis Movement; Fine-Sierra Leone; UNICEF; WHO; UNESCO	
<p><b>Outcome 3: Gender and women's empowerment.</b></p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> <li>Percentage of ever-married women age 15-49 who have experienced any form of emotional and/or physical and/or sexual violence in the 12 months preceding the survey, committed by their husbands/partners. <i>Baseline (DHS 2013): 33.9%; Target: 28%</i></li> </ul>	<p><u>Output 1:</u> Government, human rights organizations, civil society organizations and communities have improved capacities to promote gender equality, and to prevent and respond to gender-based violence and other harmful practices, including in humanitarian settings.</p>	<ul style="list-style-type: none"> <li>Number of national strategies and frameworks to advance gender equality and reproductive rights developed with support from UNFPA <i>Baseline (2018): 0; Target: 5</i></li> <li>Number of victims/survivors of gender-based violence provided with comprehensive package of services. <i>Baseline: 0; Target: 2,515</i></li> <li>Number of institutions with capacity to report on gender-based violence. <i>Baseline (2018): 0; Target: 3</i></li> <li>Number of communities reporting abandonment of harmful practices. <i>Baseline: 0; Target: 100</i></li> </ul>	Ministry of Youth Affairs; Social Welfare, Gender and Children's Affairs; Health and Sanitation; Basic and Senior Secondary Education; Higher and Technical Education; National Youth Commission; Human Rights Commission; Sierra Leone Police; Women in Crisis Movement; Fine-Sierra Leone; Rainbow Initiative; UNICEF; UN-Women;	\$2.8 million (\$0.7 million from regular resources and \$2.1 million from other resources)