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**UNFPA – Country programmes and related matters**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Sierra Leone**

Proposed indicative UNFPA assistance: \$38.2 million: \$11.7 million from regular resources and \$26.5 million through co-financing modalities and/or other, including regular resources.

Programme period: Five years (2015-2019)

Cycle of assistance: Sixth

Category per decision 2013/31: Red

Proposed indicative assistance (in millions \$):

Strategic plan outcome area		Regular resources	Other	Total
Outcome 1	Sexual and reproductive health	5.5	11.0	16.5
Outcome 2	Adolescents and youth	2.3	5.0	7.3
Outcome 3	Gender equality and women's empowerment	1.3	5.5	6.8
Outcome 4	Population dynamics	1.6	5.0	6.6
	Programme coordination and assistance	1.0	-	1.0
	Total	11.7	26.5	38.2

## **I. Situation analysis**

1. Since war ended in 2001, the economy of Sierra Leone has yet to generate enough employment, despite growing at an annual rate of 6.2 per cent. By 2014 the population is estimated to reach 6.3 million, mostly rural (52 per cent), with a population growth rate per annum of 1.9 per cent. About 52.9 per cent of the population lives below the poverty line. According to the Human Development Report 2013, the country is still near the bottom of the human development index (177 out of 187 countries in 2012).

2. The national demographic and health survey 2013 reported a reduction in the total fertility rate from 5.1 in 2008 to 4.9, an increase in the modern contraceptive prevalence rate from 7 to 16 per cent, and unmet need for family planning at 28 per cent with worst status in northern region. The maternal mortality ratio is high at 857 per 100,000 live births, according to the national demographic and health survey 2008, despite a reduction from the 2006 estimate of 1,300 deaths per 100,000 live births. While the Government has already developed a reproductive health policy, it needs further review to ensure it comprehensively addresses national needs, with measures put in place to ensure its implementation.

3. The provision of emergency obstetric and newborn care is hindered by inadequate infrastructure, supplies and equipment, limited skilled human resources and availability of essential and life-saving commodities.

4. Adolescents and youth (aged 10 to 35 as defined in national policy) constitute 55 per cent of the total population. The national demographic and health survey 2008 reported high teenage pregnancy and adolescent birth rates of 34 per cent and 146/1,000 live births, respectively, which contributes to 40 per cent of maternal deaths. Unsafe abortion contributes to 9 per cent of maternal deaths. Data show that 16 per cent of youth married before age 15, and 50 per cent before age 18.

5. HIV prevalence has stabilized at 1.5 per cent since 2005; the prevalence rate among females aged 15 to 24 is 1.4 per cent – three times higher than males (0.5 per cent) of this same age group. Condom use among youth aged 15 to 24 has declined from 29.2 per cent to 21 per cent for males and from 12.2 per cent to 5.9 per cent for females.

6. Gender inequality and gender-based violence are still highly prevalent. Institutional, legal and cultural barriers inhibit gender equality and women's empowerment. The national demographic and health survey 2013 indicated that female genital mutilation is still pervasive, with a prevalence rate of 98 per cent among women aged 45 to 49, and 74 per cent for girls aged 15 to 19.

7. Despite considerable improvement in data collection and reporting over the years, availability of disaggregated data is still a challenge to sound programme development and policy formulation.

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

8. Under the fifth country programme, 2013-2014, UNFPA supported the Government and collaborated with civil society organizations to promote high-quality sexual and reproductive health and rights, and to strengthen the overall health system in Sierra Leone, with the key goal of reducing maternal mortality and morbidity. This included developing various policies and strategies, training of health-care providers, upgrading service delivery points, creating demand and improving service utilization.

9. The availability of emergency obstetric and neonatal care is still inadequate, though improved from its 2008 level of three to five fully functioning comprehensive facilities. The number of basic emergency obstetric and neonatal care facilities increased from zero to eight since 2008. The number of midwives trained and deployed increased from 95 in 2011 to 247 in 2013 nationwide. Fistula prevalence is presumed to be very high. Comprehensive fistula programming has led to improved access to

treatment and reintegration from a very limited number to an annual average of 200 patients.

10. To revitalize family planning, UNFPA has strengthened partnerships and advocacy with government and development partners. It has supported the development of strategies, technical guidelines, and quality assurance systems and strengthened the logistics management system.

11. UNFPA successfully engaged civil society in monitoring the commodity supply chain, leading to significant reductions in pilferage and stockouts. There has also been increased availability of at least three modern contraceptive methods in more than 95 per cent of service-delivery points.

12. In support of young people's reproductive health and development, UNFPA advocated with the Government to expand adolescents' and young people's access to reproductive health services. It developed a multisectoral strategy and initiated implementation for the reduction of teenage pregnancy. The national demographic and health survey 2013 indicated improved utilization of services, with 55 per cent of women aged 20 to 34 delivering in facilities, modern contraceptive prevalence rate among 15 to 19 year old girls increasing from 5.9 per cent in 2008 to 7.8 per cent in 2013 and from 10 per cent to 13.6 per cent among 20 to 25 year olds.

13. UNFPA supported the establishment of 149 chiefdom-based community advocacy groups and male peer educator's networks to promote reproductive health and rights and prevent gender-based violence.

14. UNFPA supported the national demographic and health survey 2013, the 2014 census, and implementation of the action plan for the national population policy.

15. A key lesson learned from the fifth country programme, 2013-2014, review was the importance of government leadership, ownership, and involvement of civil society organizations in policy formulation,

programming and implementation. The Government introduced the free health-care initiative for children under five, lactating mothers and pregnant women in 2010, which was supported by all partners. It has led to increased institutional delivery from 25 to 56 per cent, delivery by skilled birth providers from 42 to 61 per cent and an increase in the contraceptive prevalence rate from 7 to 16 per cent, as reported in the national demographic and health survey 2013 against the 2008 reported figures. Building on this, UNFPA will continue to partner with the Government and civil society organizations to further invest in strengthening the health-care system to reduce maternal and neonatal mortality and morbidity.

### III. Proposed programme

16. The sixth country programme, 2015-2019, is aligned with: (a) the third poverty reduction strategy paper – agenda for prosperity, 2013-2018; (b) United Nations Development Assistance Framework, 2014-2019; and (c) UNFPA strategic plan, 2014-2017. The goal of the programme is to contribute to universal access to rights-based, gender-sensitive sexual and reproductive health information and services, including for adolescents and young people. The programme has four outcomes, implemented through an integrated approach, building on synergies across all outcomes and related outputs for greater impact and cost-effectiveness.

#### *Outcome 1: Sexual and reproductive health*

17. Output 1. Increased national capacity to deliver integrated sexual and reproductive health services, including in humanitarian settings. Key interventions will include the development and review of integrated sexual and reproductive health national policies, strategic plans, guidelines and action plans, including a humanitarian response plan at the national level.

18. Output 2. Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve high-quality family planning

services that are free of coercion, discrimination and violence. UNFPA will work to achieve this output by: (a) increasing knowledge of sexual and reproductive health issues; (b) using demand generation and behaviour change communication; (c) building capacity for commodity security and logistics management systems; (d) building human resource capacity to fulfill demand for family planning; and (e) integrating family planning into other sexual and reproductive health services.

19. Output 3. Increased national capacity to deliver comprehensive high-quality maternal health services, including ending mother to child transmission of HIV (eMTCT) services. UNFPA will work to achieve this output by: (a) strengthening health systems for the provision of high-quality emergency obstetric and newborn care, and human resources for health, including task shifting; (b) supply of commodities, and strengthening of logistics information systems; (c) supporting obstetric fistula prevention, treatment and social reintegration; and (d) integrating the management and prevention of sexually transmitted infections and HIV into sexual and reproductive health outlets, with a special focus on young girls.

*Outcome 2: Adolescents and youth*

20. Output 1. Increased national capacity to design and implement community and school-based comprehensive sexuality education programmes that promote human rights and gender equality. UNFPA will work to achieve this output by: (a) providing technical assistance to update national curricula, integrating sexual and reproductive health and gender; (b) mobilizing communities on gender equality and sexual and reproductive health, including inter-generational dialogue; (c) providing in-service training of health service providers, and increasing availability and access to sexual and reproductive health, including HIV-prevention information and services.

21. Output 2. Increased capacity of partners to design and implement comprehensive

programmes to reach marginalized adolescent girls, including those at risk of child marriage. UNFPA will work to achieve this output by: (a) providing technical, operational and financial support to the Government in implementing the national teenage pregnancy strategy; (b) engaging civil society to advocate for the protection of the girl child from discrimination; (c) undertaking programmes to improve adolescent girls' health, social and economic assets; (d) developing an evidence base of key indicators of adolescent health and development.

*Outcome 3: Gender equality and women's empowerment*

22. Output 1. Strengthened legislative frameworks and national protection systems for promoting reproductive rights, gender equality and addressing gender-based violence. UNFPA will work to achieve this output by: (a) advocating for gender and human rights-related policies and frameworks, and enforcement and implementation of existing laws; (b) fostering the establishment of accountability mechanisms to domesticate and implement protocols and treaties relating to women's human rights; and (c) strengthening the coordination and management capacity of partners.

23. Output 2. Increased capacity of organizations and communities to prevent gender-based violence and harmful practices, including female genital mutilation/cutting and provide delivery of multisectoral services for prevention care and impact mitigation, including in humanitarian settings. UNFPA will work to achieve this output by: (a) mobilizing communities to address harmful traditional practices; (b) building the capacity of institutions and civil society organizations to prevent gender-based violence and provide all types of support for survivors.

*Outcome 4: Population dynamics*

24. Output 1. Strengthened national capacity of the statistical system to collect, produce, analyse and disseminate high-quality

disaggregated population data for evidence informed planning and monitoring. UNFPA will work to achieve this output by: (a) conducting secondary analysis on the national demographic and health survey 2013; and (b) enhancing government capacity to generate, analyse and utilize age and sex disaggregated data, including the future national demographic and health survey 2018 and the 2014 census, for evidence-informed decision making and programming.

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

25. The national execution modality and harmonized approach to cash transfers, after appropriate risk analysis of implementing partners, remain the preferred mode of implementation. As in past country programmes, joint programming will be carried out under the United Nations Development Assistance Framework.

26. UNFPA and the Ministry of Finance and Economic Development, in collaboration with other development partners, will carry out quarterly and annual reviews of the programme, conduct field monitoring visits, and thematic programme evaluations. In the event of an emergency, UNFPA may, in consultation with the Government, reprogramme its activities, particularly life-saving measures, to better respond to emerging issues.

27. Staff will provide technical, operational and programme expertise to implement the programme. UNFPA will allocate resources for skills development of staff to strengthen management and development effectiveness.

28. UNFPA will finalize the resource mobilization plan for the new country programme, 2015-2019, focusing on results-based budgeting of outputs.

29. UNFPA will seek technical assistance in strategic programme areas from the regional office, headquarter, external experts and through South-South cooperation.

**RESULTS AND RESOURCES FRAMEWORK FOR SIERRA LEONE**

<b>National priority:</b> Accelerating the Millennium Development Goals for human development <b>UNDAF outcome:</b> Accelerating human development <b>Pillar Outcome 3:</b> Vulnerable populations (women, adolescent girls, children under five, people living with HIV) increase utilization of quality health services				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
<b>Sexual reproductive health services</b> (Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access)  <u>Outcome indicators:</u> <ul style="list-style-type: none"> <li>Contraceptive prevalence rate (modern method) Baseline: 16%; Target: 30%</li> <li>Percentage of live births attended by a skilled birth attendant Baseline: 62%; Target: 75%</li> </ul>	<u>Output 1:</u> Increased national capacity to deliver integrated sexual and reproductive health services, including in humanitarian settings	<ul style="list-style-type: none"> <li>Number of national plans, guidelines, protocols and standards for the delivery of high-quality sexual and reproductive health services, including humanitarian response plan incorporating minimum initial service package Baseline: 3; Target: 6</li> <li>Number of costed integrated national sexual and reproductive health action plan Baseline: 0; Target: 4</li> </ul>	Ministry of Health and Sanitation; Ministry of Youth	\$0.9 million (0.4 million from regular resources and 0.5 million from other resources)
	<u>Output 2:</u> Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve the quality of family planning services that are free of coercion, discrimination and violence	<ul style="list-style-type: none"> <li>Percentage of service delivery points offering at least three modern methods of contraceptives Baseline: 96.5%; Target: 100%</li> <li>Number of couple of years of protection provided with UNFPA support Baseline: 63,000; Target: 183,000</li> </ul>	Ministry of Health and Sanitation; civil society organizations	\$7.5 million (2.5 million from regular resources and 5.0 million from other resources)
	<u>Output 3:</u> Increased national capacity to deliver comprehensive high-quality maternal health services, including Ending Mother to Child Transmission of HIV (eMTCT) services	<ul style="list-style-type: none"> <li>Proportion of service delivery points covered by midwives Baseline: to be determined; Target: 22%</li> <li>Proportion of tertiary level facilities providing comprehensive emergency obstetric and neonatal care Baseline: 29% Target: 100%</li> <li>Proportion of facilities with integrated services Baseline: 57.6% Target: 70%</li> </ul>	Ministry of Health and Sanitation; civil society organizations	\$8.1 million (2.6 million from regular resources and 5.0 million from other resources)
<b>National priority:</b> Accelerating the Millennium Development Goals for human development <b>UNDAF outcomes:</b> (a) Accelerating human development and strengthening social protection; and (b) increasing utilization of quality health services by vulnerable populations, including girls' access to livelihoods, education and nutrition <b>Pillar Outcome 1/3:</b> increase utilization of quality health services by vulnerable populations including girls' access to livelihoods, education and nutrition				
<b>Adolescents and youth</b> (Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health) <u>Outcome indicator:</u> <ul style="list-style-type: none"> <li>Percentage of adolescent girls aged 15 to 19 who have been pregnant (age specific fertility rate 15 to 19) Baseline: 125/1,000 women aged 15 to 19;</li> </ul>	<u>Output 1:</u> Increased national capacity to design and implement community and school-based comprehensive sexuality education programmes that promote human rights and gender equality	<ul style="list-style-type: none"> <li>Number of national education guiding documents on comprehensive sexuality education Baseline: 0; Target: 2</li> <li>Number of service delivery points providing youth-friendly sexual and reproductive health services Baseline: 84 facilities; Target : 134</li> <li>Per cent of youth (aged 15 to 24) that reported condom use last time they had intercourse Baseline: 5.9 %; Target: 15 %</li> </ul>	Ministry of Youth; Ministry of Education; civil society organizations	\$5.3 million (1.7 million from regular resources and 3.6 million from other resources)
	<u>Output 2:</u> Increased capacity of partners to design and implement comprehensive programmes to reach marginalized	<ul style="list-style-type: none"> <li>Number of ministries with budget allocation for adolescent sexual and reproductive health</li> </ul>	Partners of the National Strategy for	\$2 million (0.6 million from regular

Target: 110/1,000 women aged 15 to 19	adolescent girls, including those at risk of child marriage	<ul style="list-style-type: none"> <li>• Baseline: 2; Target: 4</li> <li>• Number of young girls at risk of child marriage reached with improved health, social and economic asset-building programmes Baseline: 0; Target: 100</li> </ul>	the Reduction of Teenage Pregnancy	resources and 1.4 million from other resources)
<b>National priority:</b> Gender equality and women's empowerment <b>UNDAF outcomes:</b> (a) Gender equality and women's empowerment; and (b) women and children are safer and more empowered to prevent gender-based violence and harmful traditional practices <b>Pillar Outcome 1:</b> Women and children are safer and more empowered to prevent Gender Based Violence and harmful traditional practices				
<b>Gender equality and empowerment</b> (Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth)  <u>Outcome indicators:</u> <ul style="list-style-type: none"> <li>• Number of policies, frameworks and national action plans that integrate reproductive rights Baseline: 3; Target: 6</li> <li>• Number of action taken on all of the concluding comments of the Convention to Eliminate All Forms of Discrimination against Women recommendations from sixth reporting cycle Baseline: 0; Target: 5</li> </ul>	<u>Output 1:</u> Strengthened legislative frameworks and national protection systems for promoting reproductive rights, gender equality and addressing gender-based violence	<ul style="list-style-type: none"> <li>• Number of policy frameworks developed, revised and implemented to promote gender equality and reproductive health Baseline: 8; Target: 12</li> <li>• Number of 2014 concluding comments and recommendations from the Convention to Eliminate All Forms of Discrimination against Women implemented through UNFPA support Baseline: 0; Target: 5</li> </ul>	Ministry of Social Welfare	\$3.4 million (0.7 million from regular resources; and 2.7 million from other resources)
	<u>Output 2:</u> Increased capacity of organizations and communities to prevent gender-based violence and harmful practices, including female genital mutilation/cutting, and provide delivery of multisectoral services for prevention care and impact mitigation, including in humanitarian settings	<ul style="list-style-type: none"> <li>• Proportion of reported gender based violence cases that receive health and other social services Baseline: 20%; Target: 50%</li> <li>• Number of communities that declare the abandonment of female genital mutilation/cutting and other harmful practices</li> <li>• Baseline: 0; Target: 10</li> </ul>	Ministry of Social Welfare; Ministry of Health and Sanitation; civil society organizations	\$3.4 million (0.6 million from regular resources and 2.8 million from other resources)
<b>National priority:</b> (a) Accelerating human development <b>UNDAF outcome:</b> Support to good governance. <b>Pillar Outcome:</b> Central planning and monitoring and and evaluation capacity strengthened				
<b>Population dynamics</b> (Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality) <u>Outcome indicator:</u> <ul style="list-style-type: none"> <li>• Disaggregated data available for policy formulation, planning and management</li> <li>• Baseline: Census (2014); demographic and health survey 2013; Target: demographic and health survey 2018 conducted</li> </ul>	<u>Output 1:</u> Strengthened national capacity of the statistical system to collect produce, analyse and disseminate high-quality disaggregated population data for evidence-informed planning and monitoring	<ul style="list-style-type: none"> <li>• Number of national and sectoral plans that incorporate evidence-based disaggregated gender-sensitive data from 2014 census and the national demographic and health survey 2013 Baseline: 0; Target: 10</li> <li>• Population policy enacted and action plan implemented Baseline: draft policy and action plan available; Target: Policy finalized and enacted, action plan implemented</li> </ul>	Statistics Sierra Leone; government ministries; United Nations country team; civil society	\$6.6 million (1.6 million from regular resources and 5.0 million from other resources)  Programme coordination and assistance: \$1.0 million