



SIERRA LEONE



Enhancing
reproductive health
and rights towards
sustainable development

Annual REPORT

2018



Front cover © UNFPA Sierra Leone

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CONTENTS

Message from the Country Representative	04
2018 at a glance	05
Chapter 1 – Improving the quality of maternal health services	08
Chapter 2 – Increasing access to family planning services	14
Chapter 3 – Enabling young people to reach their full potential	16
Chapter 4 – Preventing gender-based violence and harmful practices	20
Chapter 5 – Supporting data for development	26
Chapter 6 – Collaborative partnerships	30
Publications in 2018	32

M e s s a g e

from the Country Representative

We are pleased to present the 2018 annual report of UNFPA Sierra Leone, 'Enhancing reproductive health rights towards sustainable development' We had a very exciting year and our work has been greatly enabled by strong partnerships with donors from the Governments of Canada, Ireland, Japan and the United Kingdom. The report highlights our efforts towards achieving the three transformative goals of zero maternal deaths, zero unmet need for family planning, and zero violence and harmful practices against women and girls.

In the area of women's health, providing fistula surgery and reintegration of clients was an important focus for a devastating condition which is highly preventable and treatable. With funds from UK aid and in collaboration with the Ministry of Health and Sanitation, UNFPA completed the construction and equipping of five community health centres, and a new and expanded maternity wing at the Makeni Regional Hospital.

We worked on expanding contraceptive options and building awareness about family planning as a human right. In addition to procuring routine methods, in collaboration with the Ministry of Health and Sanitation and the Clinton Health Access Initiative, we introduced a new contraceptive method, the Levoplant Implant. The Levoplant, which has a three-year lifespan, will increase the contraceptive options available for women in the country. To mark World Population Day and raise awareness of family planning, we took to the streets of Freetown with our partners, including the Minister of Youth Affairs and the British High Commissioner, in a convoy of kekes and floats, blasting out jingles advocating for family planning and distributing flyers to the public.

In partnership with the Matei Initiative Empowerment Program for Sustainable Development and Women in Crisis, girls who were excluded from schooling because of pregnancies related to child marriage were reintegrated into school and others were given income-generating skills. This exemplary project was funded by the Government of Canada and was part of UNFPA and UNICEF's Global Programme to Accelerate Action to End Child Marriage.

Youth unemployment remains a serious challenge for Sierra Leone, and UNFPA's pivotal work in tackling this crisis focused on assisting the Ministry of Youth Affairs in implementing the first ever National Youth Service scheme, a programme that provides young graduates with opportunities to obtain the necessary skills and work experience needed for employment.

To round off the year, in December, UNFPA supported the launch of the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage 2018–2022 by the President of Sierra Leone, Julius Maada Bio, at the inauguration of the First Lady's Hands Off Our Girls Campaign. The First Ladies of six other African countries participated in the campaign launch as well as 197 paramount chiefs and their wives. All the chiefs signed Memorandums of Understanding marking their commitment to ending child marriage.

The six chapters of this report present the major areas of UNFPA intervention and action towards achieving our three major goals. We still have a great deal of ground to cover, as the challenges are immense, but the tangible difference in the lives of women, girls and youth around the country is there to see. It has had a transformative effect on Sierra Leonean society and inspires us every day.

2018 at a glance

Empowering youth

580

mentor and teachers
trained on facilitation of
life skills

200

National Youth Service
volunteers recruited,
orientated and deployed
with contributions from
UNFPA

360

healthcare workers trained
to provide adolescent
and youth friendly health
services

640

dignity kits distributed to
women and girls in need

6,420

marginalized adolescent girls
reached with key life skills





Ending maternal deaths



1,906

maternal deaths averted

82%

of maternal deaths investigated

107

midwives graduated

90

midwives trained in preceptorship

40

health care providers trained in Emergency Obstetric and Newborn Care

1082

community health workers trained to enhance prompt death notification from communities

392

women and girls screened for obstetric fistula

188

surgical repairs performed on fistula clients

6

community health centres rehabilitated and constructed

Ending unmet need for family planning



82,400

unsafe abortions averted

188,128

adolescents reached with family planning services

233,932

unintended pregnancies averted

417,793

Couple Years Protection generated

273,646

new users of modern contraceptives

540,262

clients reached with family planning services and information

401

service providers trained in the provision of family planning methods

Ending gender-based violence and harmful practices against women and girls

56

Memorandums of Understanding signed across six districts to eliminate harmful practices including early and forced child marriage

4,238

girls received prevention and protection services related to early and forced child marriage

60

boys clubs established to equip them with information relating to sexual reproductive health, gender-based violence and other harmful practices

Chapter 1

Improving the quality of maternal health services

Strengthening health systems

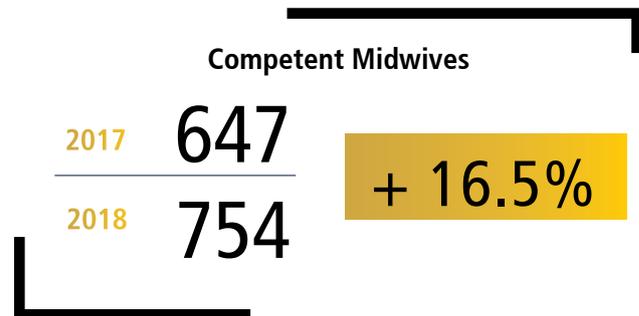
A strong health system in any country needs skilled staff, sufficient funds, quality information, regular supplies, reliable transport for referrals, effective communications and broad guidance on functioning, from the Government. Strengthening health systems means addressing key constraints in each of these areas. The health system in Sierra Leone has faced many challenges over the years but the Government has adapted a variety of approaches to tackle these challenges.

Sierra Leone has one of the highest maternal mortality ratios (MMR) in the world, and some of the highest newborn and under-five mortality rates worldwide. In response to the unacceptably high maternal and newborn mortality rates in Sierra Leone, in 2018, UNFPA supported the Government in implementing key interventions to strengthen health systems aimed at saving the lives of newborns, adolescents and women.

Training midwives

Midwives remain a critical cadre in the delivery of quality maternal and newborn care and contribute to the reduction of maternal morbidity and mortality. Since 2010, UNFPA has supported the training of midwives in Sierra Leone. In 2018, through DFID's Saving Lives Programme, UNFPA supported the Government in training 163 new student midwives who enrolled in three midwifery schools located in Bo, Makeni

and Freetown. Ninety midwives from all the three midwifery schools underwent and completed preceptorship training. During the same period, 107 midwives graduated from two midwifery schools. As a result of UNFPA's support, **the number of competent midwives in the country increased from 647 in 2017 to 754 at the end of 2018, a 16.5 percentage increase.** In 2018, 47 UNFPA-supported midwives were deployed to various health facilities in the country to provide quality maternal and newborn care.



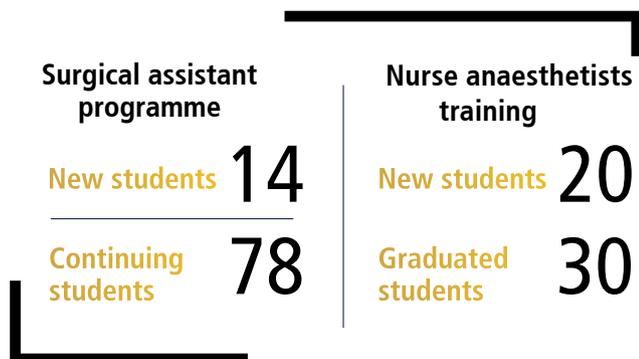
Training surgical assistants and nurse anaesthetists

To address the continued shortage of trained anaesthetists and obstetricians in Sierra Leone, UNFPA has continued to support task-shifting for the training of surgical assistants and nurse anaesthetists to support the provision of comprehensive emergency obstetric and newborn care (CEmONC).

In 2018, UNFPA supported 14 new students and 78 continuing students in the surgical assistant programme delivered through the NGO CapaCare.

Sixteen students graduated from the three-year programme and have been deployed to various hospitals in the country to provide critically required surgical services, including caesarean sections. Continuous professional development courses were also conducted for 31 surgical providers in hospitals in Bo, Makeni and Masanga. In addition, five doctors received training in abdominal surgery skills and a further five doctors on EmONC. To improve the quality of maternal, newborn and child health services provided in hospitals, 60 supportive supervision visits to trainee surgical assistants and graduates located in 17 partner hospitals and community health centres were conducted through CapaCare, a non-governmental organisation.

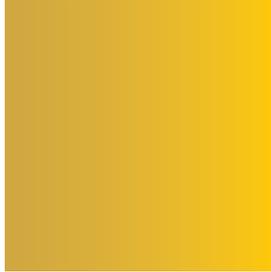
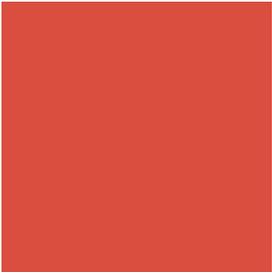
To enable the availability of anaesthetic services for CEmONC and improve the quality of services provided, UNFPA continued to support the training of nurse anaesthetists. In 2018, **30 students supported by UNFPA graduated from the 18-month programme while 20 new students were enrolled.** The graduated nurse anaesthetists have all been deployed to district hospitals to support the provision of CEmONC services.



Delivering emergency obstetric and newborn care services

With funds from UK aid and in collaboration with the Ministry of Health and Sanitation, UNFPA rehabilitated, as well as constructed and equipped, five community health centres and one hospital. Three community health centres located in Sahn Malen, Koindu and Gandorhun were rehabilitated and two community health centres located at Tombowala and Makali were newly constructed. A new and expanded maternity wing was constructed at the Makeni Regional Hospital. These infrastructural interventions and supply of medical equipment has enhanced the quality of EmONC services provided in these districts.

In partnership with Doctors with Africa CUAMM, UNFPA supported the delivery of quality CEmONC services in four district hospitals: Bonthe Government Hospital, Bo Government Hospital, Makeni Government Hospital and the Princess Christian Maternity Hospital (the only referral hospital for obstetric emergencies in the country). In 2018, with this support, 9,730 women and girls directly benefited from interventions to manage direct obstetric complications, 3,017 of which were caesarean sections. The interventions resulted in a reduction of direct obstetric case fatality rates from 3.0 per cent in 2017 to 1.43 per cent in 2018. All maternal deaths which occurred in these hospitals were audited, the results recorded and the recommendations used to strengthen the quality of care in these facilities. Fifty service providers from CEmONC and Basic Emergency Obstetric and Newborn Care (BEmONC) facilities were supported with a mentorship programme conducted by regional consultant obstetrician gynaecologists and midwives. The mentorship programmes enhanced the clinical skills of the mentees in recognizing, treating and collecting data on major direct obstetric complications.





UNFPA supported the Ministry of Health and Sanitation in 2017 in conducting a rapid assessment of the status of EmONC services in the country, and also in reviewing progress and identifying gaps and needs in 173 EmONC facilities. In 2018, the EmONC needs assessment report was finalized and printed.

Strengthening maternal death surveillance and response

Investigating maternal deaths when they occur is one of the proven ways of strengthening quality of care of maternal health services and ensuring subsequent deaths are averted. In 2018, UNFPA supported the training and capacity-building of targeted professionals to strengthen the systematic notification of maternal deaths, as well as reviews and responses. A total of 84 officers consisting of 28 midwife investigators, 28 monitoring and evaluation officers and 28 civil registration and vital statistics officers were trained in maternal death surveillance and response processes and data collection, to enable them to undertake quality and in-depth investigations of maternal deaths in hospitals and in communities. To enhance prompt notification of maternal deaths from communities, 1,082 community health workers were trained and social autopsies piloted in two districts (Moyamba and Kambia). With UNFPA support, the Ministry of Health and Sanitation investigated 82 per cent of maternal deaths that occurred nationwide. The support has helped to improve accountability for maternal deaths both at community and health facility levels.

Improving obstetric fistula management and social integration

Women and girls living with fistula in Sierra Leone are among the most marginalized and neglected. UNFPA has been working towards eliminating fistula and supporting fistula survivors through a three-pronged strategy of prevention, treatment and social reintegration.

In 2018, UNFPA supported obstetric fistula and sexual reproductive health-related media sensitization through two NGOs, Aberdeen Women's Centre and Haikal. Both organizations utilized road shows, Information, Education and Communication (IEC) materials, radio announcements and community outreach events to spread messaging on fistula services and prevention. The main target audience for the combined media campaigns was the community, but others included health professionals such as community health workers, midwives, hospital matrons and doctors. **The messages reached 34,823 people across 11 of the 14 districts in the country.**

Surgical treatment of fistula clients in the country was conducted through dedicated fistula treatment camps at Aberdeen Women's Centre, which has a resident fistula surgeon. In 2018, 223 new cases were identified, of which 188 clients were successfully repaired through support from UNFPA. Additionally, UNFPA provided housing facilities for 65 post-surgery fistula clients at Haikal's facilities in Bo and Magbauraka. There, the clients received psychosocial counselling and training in basic livelihood skills such as soap making, tailoring, gara tie and dyeing, agriculture and weaving. As part of their rehabilitation and reintegration back into their communities, they also acquired skills in running a small business and learnt about managing savings.

UNFPA fistula camp in Freetown helps women

and girls regain their dignity

"When I became pregnant in December 2016, I never attended a health clinic," said 19-year-old Katimu Kanneh. "I drank traditional medicines supplied to me by traditional birth attendants in the community." Katimu's labour was difficult, and without adequate care, her baby was stillborn. And her pain didn't end there. "It was only after the delivery that I started leaking urine, and my life hasn't been the same since," she said.

The traumatic delivery had left her with obstetric fistula – a hole between the birth canal and bladder or rectum resulting from prolonged, obstructed labour in the absence of timely medical treatment. Often, this serious injury leaves women incontinent, unable to control their urine, faeces or both. *"Some people in the community have associated my condition with witchcraft,"* said Katimu. Ostracized by her community and her husband, she left her home in the Kailahun District's Malema chiefdom to seek treatment. *"For the last four months, my family have been unaware of my whereabouts,"* she said.

More than physical pain

Katimu's story of ostracism is an all too common one. *"The effects are much more than the physical pain,"* said Aminata Jalloh, an obstetric fistula supervisor at Aberdeen Women's Centre in Freetown. *"The condition often leaves them rejected by their husbands, stigmatized by their families and alienated by their communities."* Often, women are driven from their homes.

Obstetric fistula is entirely preventable with emergency obstetric care that enables women to deliver by caesarean section. Fistula is also treatable. With funding from UNFPA, the Aberdeen Women's Centre runs a two-week fistula camp providing free surgery and post-operative care to patients from all districts of Sierra Leone.

But Alie Kamara, the Centre's fistula programme officer, points out that the same stigma makes it quite challenging to get patients to come for screening. *"Many of them are not confident to leave their homes to get screened."*





Haikal, an NGO and UNFPA partner, has therefore mobilized previous fistula repair patients to serve as 'fistula champions' – living testimonies of what treatment can accomplish. The champions help identify women and girls living with fistula, encourage them to get screened and refer them for treatment.

Mending bodies and lives

Katimu, referred by Haikal, was one of 56 women and girls living with obstetric fistula who recently attended the camp. Before Katimu's healing could begin, though, she was in for yet more pain and shock: the screening revealed further damage sustained during her delivery. *"The doctors said I can no longer have babies because my uterus was removed without me knowing,"* Katimu said. To help her cope with the anguish, the centre provided her with psychosocial counselling.

It is not uncommon for the screening done prior to fistula treatment to identify other pelvic, uterine or vaginal conditions. *"When a client is screened for fistula, and you see how the condition has damaged their birth canal or bladder, you want to ensure you do your utmost to help them regain their dignity,"* said Aminata Jalloh. *"When I think of 19-year-old Katimu who can no longer give birth, it makes me realize I have an important role to play in helping these women recover, so they can truly live their lives."*

Treatment at the fistula camp goes beyond surgeries and post-operative medical care to include : counselling; wellness kits containing clothing, medicines and hygiene supplies; and even technical and vocational training and small grants to fund start-up enterprises. *"I can't wait to go home to reunite with my family and restart my life,"* said Katimu.

Chapter 2

Increasing accessibility of family planning services

Family planning is a key life-saving intervention for mothers and their children. UNFPA in Sierra Leone supports a holistic approach to family planning, from the procurement of commodities, to the training of providers and service delivery to reach women and adolescents on the largest scale possible.

Commodity security

UNFPA procured over \$2.2 million worth of contraceptive and reproductive health commodities in 2018 through funding from UK aid and the UNFPA Supplies programme. The UNFPA-supported Reproductive Health Commodity Security Committee provided regular support for coordination,

advocacy and resource mobilization as well as monitoring functions for the smooth implementation of activities. The 2018 UNFPA supplies survey indicates that UNFPA supported the availability of contraceptives at all government service delivery points, with over 96 per cent of facilities having at least three modern contraceptives in stock. Stockouts of commodities at peripheral points still remains a key challenge and UNFPA is helping the Government strengthen the supply chain.

In addition to the procurement of routine contraceptive commodities, the programme increased the method mix by introducing emerging contraceptives including Levoplant and Sayana Press (the subcutaneous depot medroxyprogesterone acetate).



401 midwives and nurses were trained in the provision of long-acting reversible contraceptives



65,000 units of Levoplant and 10,000 units of Sayana Press were imported in the country to increase the number of available contraceptives



240 trained family planning service providers were oriented on the insertion and removal of Levoplant



200 community health workers were trained to promote family planning and make referrals for new clients and existing clients in different communities

UNFPA imported 65,000 units of Levoplant and 10,000 units of Sayana Press which increased the number of available contraceptives in the country. UNFPA, in collaboration with the Ministry of Health and Sanitation, and the Clinton Health Access Initiative, systematically introduced these new commodities through orientation and awareness creation sessions for key stakeholders and capacity-building for service providers.

Capacity-building of family planning providers

In 2018, to strengthen service delivery, 401 service providers, predominantly midwives and nurses, were trained in the provision of long-acting reversible contraceptives, including postpartum intrauterine devices and short-term methods, with support from UK aid and the UNFPA Supplies programme.

To reduce missed opportunities for the provision of family planning services, UNFPA supported the development of a training curriculum for the introduction of postpartum family planning services in the country.

An additional 240 trained family planning service providers were oriented in the insertion and removal of Levoplant. All the trained service providers are currently using their acquired skills to provide quality family planning services in over 1,354 family planning service delivery points in the country.

Furthermore, with funding from the Ebola Multi Partner Trust Fund, UNFPA supported the training of **200 community health workers to promote family planning and make referrals for new and existing clients in different communities.** The services of the community health workers have enabled several hard-to-reach communities to gain access to modern contraceptives.

Expanding the reach of integrated family planning and sexual reproductive health services

UNFPA collaborates with the Government and NGOs to provide family planning services to women and girls, as well as adolescent boys and men, through static and outreach services. UNFPA supported two NGOs, Planned Parenthood Association of Sierra Leone and Marie Stopes Sierra Leone, in providing integrated sexual reproductive health services and family planning services to clients. Services provided through outreach and static delivery points included long-term and short-term family planning services, as well as treatment for sexually transmitted infections, antenatal care and postnatal services in 10 districts including Bo, Kenema, Kambia, Kailahun, Koinadugu, Moyamba, Port Loko, Pujehun, Western Area Urban and Western Area Rural.

Additionally, three national NGOs – Haikal, FINE Sierra Leone and Matei Initiative Empowerment Program for Sustainable Development (MATCOPS) – were supported in distributing non-prescription contraceptives (such as condoms) through six non-formal distribution channels.

In 2018, through the support for family planning services provided by UNFPA, the Couple Year of Protection was 417,793 (the estimated protection provided by contraceptive methods in a one-year period based on the volume of all contraceptives sold or distributed free of charge to clients in that period). **A total of 540,262 clients were provided with family planning services, out of which 188,126 were adolescents. Furthermore, 273,646 new acceptors, including 91,261 adolescents, were reached with family planning messages to increase their awareness and demand for family planning services.**

Chapter 3

Enabling young people to reach their full potential

National youth service

Sierra Leone has a population of 7,092,113, of which approximately 2.7 million are youth aged 15-35 years. According to the 2014 World Bank Sierra Leone Labour Force Survey, the unemployment rate is higher among youth than those aged 35 and above. A lack of skills and experience is cited as one of the main reasons for the high youth unemployment rate.

As a measure to reduce the high youth unemployment rate in the country, UNFPA supported the Ministry of Youth Affairs in implementing the National Youth Scheme. This scheme was designed to equip young graduates with the necessary skills and work experience to make them attractive to employers. UNFPA supported the launch of the National Youth Scheme which was officially launched by the Vice President in September 2018.

Technical and vocational education and training job fair

In April 2018, UNFPA, other UN agencies and the Technical and Vocational Education and Training Association of Sierra Leone organized the first job fair in Freetown for young graduates in the country. Over 500 young people attended. The job fair focused on bringing together job seekers who were at the time in secondary or vocational education, and potential future

employers. Throughout the day, workshops for participants were conducted on specific topics related to (soft) skills needed for the job market. UNFPA held a workshop entitled 'Empowering yourself for personal development' which was attended by 30 young people.

National youth week

In April 2018, UNFPA joined the Ministry of Youth Affairs and other partners in celebrating National Youth Week. **At the national launch, UNFPA held a symposium on sexual and reproductive health for youth and adolescents where condoms were distributed to over 500 young people.**





Improving access for girls to education and services

Ensuring adolescents are reached with sexual reproductive health and psychosocial information and services is essential for adolescents to transition successfully into adulthood. In 2018, UNFPA supported the Government of Sierra Leone and NGOs to establish the Girls' Access to Education and Services Project (GATES), with financial support from Irish Aid.

Through the GATES project, the Ministry of Basic and Senior Secondary Education has trained 160 non-formal education staff and 80 female youth mentors to facilitate sessions for out-of-school girls aged 10–17, using the 'I am somebody!' national life skills manual for adolescents.

Additionally, **200 career guidance counselling teachers were trained to prevent and respond to gender-based violence in their respective junior secondary schools, through awareness-raising activities and individual counselling sessions.** UNFPA supported 200 Ministry of Health and Sanitation health care workers in providing health talks at selected schools and centres on key topics such as puberty, menstruation and contraception, and referring students for follow-up services at their local youth-friendly health facilities. Seventy-five social workers from the Ministry of Social Welfare, Gender and Children's Affairs held sessions for vulnerable young people at UNFPA-supported community learning centres to build awareness of their rights so that they

could prevent and respond to gender-based violence. **A total of 2,182 out-of-school adolescent girls in community learning centres, and boys and girls from 196 junior secondary schools in six districts, benefited from the GATES intervention.**

Comprehensive sexuality education

Comprehensive Sexuality Education (CSE) is curriculum-based education that aims to equip children and young people with the knowledge, skills, attitudes and values that will enable them to make appropriate and healthy choices about their lives, in the context of their emotional, physical and social development.

In August 2018, UNFPA, with funds from the joint UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage, supported the Ministry of Basic and Senior Secondary Education to convene a National Stakeholders Workshop on Comprehensive Sexuality Education. The workshop was attended by a wide range of stakeholders including the Minister of Basic and Secondary Education, as well as the Canadian Minister of International Development and various government ministries. The workshop resulted in increased support for CSE and a plan to guide the next steps for the integration of CSE into the national curriculum. This workshop was a major milestone in moving CSE forward in the country.

Girls' Clubs in Bo enable out-of-school girls

to access education and training

Hawa Sannoh is a determined nineteen-year-old young woman. She is wearing a pair of trousers with the Nike slogan 'Just do it' written on one leg, that reflects precisely Hawa's outlook on life. As a participant in the National Life Skills Training Programme in Bo district, Hawa confidently stands in front of 60 other participants in Bo Teacher's Union building, presenting a session on goal setting, an activity she knows very well.

Hawa is taking part in one of four training sessions of the National Life Skills Manual, under the Girls' Access to Education and Services (GATES) project. This programme, spread over five days in September, is organized by the Ministry of Basic and Senior Secondary Education, and supported by the UNFPA with funding from Irish Aid. By attending the training, Hawa is taking her first step in becoming a mentor to 50 young girls aged 10-18 in her community in Kenema district.

In 2015, at the height of the Ebola crisis, like many of her peers, Hawa became pregnant. Having lost her father when she was just 12 years old, Hawa was fortunate to have a supportive mother who ensured she accessed antenatal care services during her pregnancy and delivered her baby girl in the local hospital. *"My mother encouraged me,"* she recalled. *"She said that this was not the end of my life. I was not the only person that had gone through this situation."*

With her mother's support, Hawa was able to attend the Levuma Kandu community learning centre programme (funded by UK aid and Irish Aid) which provides access to education and services for pregnant girls, who are not allowed to attend school in Sierra Leone.



"I didn't want to stay at home and not learn anything. When I went to the centre I learnt a lot, so when I went back to school it was easier for me to continue with my studies."

This experience led to the GATES mentorship training. When asked why Hawa was chosen, the training coordinator Vandi Musa said, *"Hawa had benefited from the GATES Project and she is a good example for every other girl in the community. She fell pregnant and left school for a year, but she returned to continue her education, and this determination shows other girls that you can always continue your education."*

The training brings together coordinators, facilitators and youth mentors from 40 community learning centres across the country to develop their facilitation skills and prepare them to deliver life skills sessions. The training sessions were conducted in four regions, with a total of 240 participants,



as a key part of the 80 girls' clubs which were launched in September 2018. The sessions cover topics such as sexual reproductive health information and referrals, menstruation, prevention of gender-based violence and response services, and teenage pregnancy and critical thinking skills.

Hawa now works at the Levuma Kandu community learning centre in Kenema which she once attended. Mentors are a key component of the girls' club model in the community learning centre. In a society like Sierra Leone where gender inequality has led to lower educational attainment among women, the majority of teachers in community learning centres are older males. As a younger female, Hawa along with Kadiatu, another female mentor, bring gender balance to the team. *"I enjoyed the training programme because it helped me to gain knowledge. I especially liked the facilitator because he was very good at teaching us how to mentor others, which provided me with key mentoring skills,"* explained Hawa.

She believes that as a young person, and especially as a young mother, she would be a good role model for young people in her community. *"I want to talk to my friends and tell them that if they have goals in life, they can go back to school and get educated,"* said Hawa. *"If an elder talks to them, they will most likely just ignore them. They are more likely to listen to me because I am in the same age group and I will encourage them."* About her future, Hawa said, *"I want to be educated so I can take care of my mother in her old age and my child."* Her personal goals already set, Hawa's professional aspiration is to become a nurse.

Chapter 4

Preventing gender-based violence and harmful practices



Ending child marriage

UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage recognizes that ending child marriage entails addressing the complex sociocultural and structural factors underpinning the practice. The joint programme targets different areas: adolescent girls; their social and economic environment, protection and service delivery; and actions at the national, regional and global level.

Social workers from the Ministry of Social Welfare, Gender and Children's Affairs held sessions for vulnerable young people at UNFPA-supported community learning centers to raise awareness of their rights to prevent and respond to gender-based violence. A total of 2,182 out-of-school adolescent girls in community learning centres and boys and girls from 196 junior secondary schools in six districts benefited from the GATES intervention.



Safe spaces

UNFPA supported and maintained 170 safe spaces reaching 4,238 adolescent girls in six districts across the country with life skills and livelihood skills. The girls helped to map the locations where they felt safe and obtained permission to use those spaces. In each safe space, a girls' club was formed comprising 25 to 30 girls placed into two age groups: 10–14 years and 15–19 years. Safe spaces are generally girls-only spaces, as public spaces are often inhabited largely by men and boys. Community halls, school classrooms, youth centres and even outdoor areas are often used as safe spaces. The UNFPA-supported national life skills 'I am somebody' manual was used for the facilitation of the sessions in the safe spaces.

A total of 160 socially excluded adolescent girls aged 10–19 were reintegrated from safe spaces and learning centres into formal education in two districts (Tonkolili and Koinadugu). With support from UNFPA and with funds from the Government of Canada, girls were supported in enrolling in school. This was achieved through community engagement with the school authorities and support from the Ministry of Basic and Senior Secondary Education.

The Ministry of Social Welfare, Gender and Children's Affairs, UNFPA, UNICEF, the Law Reform Commission and other partners worked together to harmonize the laws on child marriage in Sierra Leone. The Bill on the Prohibition of Child Marriage is now ready to be tabled in Parliament for enactment.



National Annual Girls' Camp

In December 2018, UNFPA supported a one-week-long National Annual Girls' Camp organized by the Ministry of Social Welfare, Gender and Children's Affairs, that brought together 100 in-school adolescent girls from around the country who had not benefited directly from the Global Programme on Ending Child marriage. UNFPA supported the facilitation of some sessions on gender-based violence and sexual and reproductive health for girls aged 10–19 years.

During the camp, girls studied the various modules and lessons in the National Life Skills Manual and participated in activity sessions designed to build self-confidence and promote critical thinking and reasoning skills to make informed choices, that would help them stay in school and complete their education. Trained counsellors from the School Guidance Counselling Department and healthcare workers from the local community health centres conducted counselling sessions and health checks, providing emotional and psychosocial support to the girls at the camp.

Engaging boys and men in interventions supporting women and girls

Recognizing the importance of involving men and boys in interventions supporting women and girls, UNFPA partnered with FINE-SL, a local NGO that works with boys and men, to set up support structures in 60 communities reaching **2,850 men and boys with messages on promoting sexual reproductive health and rights and GBV prevention**. The support structures include male advocacy peer educators and fathers' clubs and engaged community gatekeepers.

UNFPA, through FINE-SL Men Engage Network, facilitated the signing of 56 Memorandums of Understanding (MoU) by community gatekeepers, traditional and religious leaders. These MOUs emerged from the community-based dialogue

sessions on ending child marriage and other harmful practices, as one way of ensuring commitment that the dialogues led to a change in social norms.

The Sierra Leone Commercial Tricycles Association has a membership of over 3,200 keke drivers and over 90 percent of them are male. It is estimated that a keke driver transports at least 50 people per day including adolescent girls and women. UNFPA supported FINE-SL in engaging keke drivers in the Freetown Municipality to promote sexual and reproductive health, and to campaign against gender-based violence. Keke drivers were trained in sexual and reproductive health, rights promotion and gender-based violence prevention and response. Fifty kekes were branded with family planning stickers.



A total of 100 keke drivers and their spouses were targeted, sensitized on sexual and reproductive health, and gender-based violence, and became active advocates for change. Forty keke drivers were trained as trainers and classed as Keke Health Promoters. The Keke Health Promoters were equipped with condoms and megaphones with recorded messages on preventing gender-based violence, and on sexual and reproductive health. They used the message sessions to inform the public of the availability of free condoms in their kekes. As a result of this initiative, an MOU was signed with the Sierra Leone Commercial Tricycles Association for the promotion of family planning services.

First Lady's Hands Off Our Girls Campaign

In December 2018, Her Excellency, First Lady Fatima Bio officially launched her Hands Off Our Girls campaign with the theme 'Ending Child Marriage and Reducing Teenage Pregnancy to Empower Women'. The launch, which was partly sponsored by UNFPA, called for a common goal to ensure that child marriage, rape, teenage pregnancy and all forms of abuse against women and girls were completely eliminated. During the launch of the First Lady's campaign, her husband, the President of Sierra Leone, officially launched the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage. UNFPA supported the participation of 197 Paramount Chiefs and their wives at the launch and each Paramount Chief signed an MOU to end child marriage in their community.



Escaping child marriage

"According to our tradition, a girl should get married when she reaches puberty," said Zainab Binta Jalloh, a 23-year-old from Sierra Leone's Koinadugu District. She would know: she was married when she was 15 years old. Two years earlier, when she was only 13, a 45-year-old man approached her parents with a marriage proposal. *"He was rich, and he was using his wealth to influence my parents. My parents were pressuring me about him every day,"* she told UNFPA. But she was opposed to marrying so young. *"I always resisted them,"* she recalled.

A friend advised Zainab to join the Children's Forum Network, where she became part of the National Girls' Camp. The week-long empowerment camp, organized by the Office of the First Lady and UNFPA, teaches girls about their health and human rights. It also teaches them financial literacy, computer skills, CSE, advocacy and activism. The girls, selected from a wide range of backgrounds, also received support from a mentor. *"I learned from women who would become my role models through their inspirational stories,"* Zainab said. Still, when she returned home, her parents could not be persuaded that she would have more potential if she avoided child marriage. *"This time, my parents told me they would disown me if I continued to decline the marriage. I was left with no choice,"* she said. *"I married him."*

A nightmare unfolds

The marriage was a nightmare, said Zainab. Her husband was already married. *"Can you imagine he had another wife who is older than my mother? This had been unknown to my parents and me,"* she said. *"The older wife ensured I was isolated and assigned all the tasks in the home. I had no friends and I could not interact with the neighbours."* In the

evenings, she faced sexual violence from her husband. *"When he returned home from work at night, he would force himself on me,"* she recounted. Although her husband had promised to send her to school, he changed his tune after the wedding. *"You are here to pay for all the money your parents took from me so don't even think you are going back to school or to your parents,"* she remembers him telling her. *"You are here to satisfy my needs."*

Months later, she had another opportunity to attend the annual National Girls' Camp. This time, the lessons about human rights and girls' empowerment encouraged her to make a bold move. *"I decided I had to run away. I went to my elder brother [who lived] in another town and who was unaware of my marriage."* Her brother took her in and sent her back to school.

Empowering girls

Today, Zainab is a role model to others. She is outspoken about her experience, sharing her story with girls, activists and others, to help spark change. She is also in university, and has big dreams. *"I am currently enjoying life as a student,"* she told UNFPA. *"Someday I hope to save enough money to study to be a medical doctor."*

END

**Child marriage is a
human rights violation**



CHILD MARRIAGE

Chapter 5

Supporting data for development



National Population Policy

In 2018, UNFPA provided technical and financial assistance to the Ministry of Planning and Economic Development to develop the National Population Policy which was approved by cabinet.

Capacity-building to harness the demographic dividend

UNFPA provided technical and financial support for training staff in five government ministries, departments and agencies (Ministry of Health and Sanitation, Ministry of Planning and Economic Development, Ministry of Basic and Senior Secondary Education, the National Youth Commission and Statistics Sierra Leone). The training in the National Transfer Account methodology to achieve the Demographic Dividend took place in Accra (Ghana). The overall objective of the training was to provide national experts from Anglophone countries with the necessary capacities and tools to measure the demographic dividend through the national transfer accounts methods.

The training aimed to provide participants with an operational understanding of applying the demographic dividend concept and its meaning for sustainable development in Africa in line with the post-2030 agenda. At the end of the training, participants were able to develop consumption and income profiles using the 2011 Sierra Leone Integrated Household Survey data, and a draft country profile report on the demographic dividend in Sierra Leone was produced.

Increasing advocacy on ICPD

Working in partnership with the Sierra Leone Parliamentary Action Group on Population and Development, UNFPA equipped and refurbished the premises of the International Conference on Population and Development (ICPD) Advocacy Resource Centre for parliamentarians at the House of Parliament. The Centre received five computers and accessories,

to strengthen the capacity of parliamentarians to advocate for the passing of the Women's Health bill and the harmonization of the Child Marriage Law with UNFPA's mandate.

UNFPA supported the Ministry of Planning and Economic Development in producing the ICPD at twenty-five, Sierra Leone Country Review Report, as part of the Government's national accountability resulting from being a signatory to the Cairo 1994 ICPD Programme of Action. The report highlights the achievements and challenges in implementing the ICPD Programme of Action in Sierra Leone since Cairo, and feeds into the Africa Regional Review Report. The African Population Experts Committee was a subcommittee of the second Specialized Technical Committee on Health, Population and Drug Control (STC-HPDC) and the ministerial meeting was held in Accra (Ghana) in October. During the meeting, the Africa Regional Review Report was endorsed and the recommendations were accepted.

In October 2018, UNFPA launched its flagship State of World Population Report 2018 in Parliament to increase advocacy for ICPD with state and non-state actors.



UNFPA Sierra Leone launches new

State of World Population 2018 Report in Parliament

The global trend towards smaller families is a reflection of people making reproductive choices to have as few or as many children as they want, when they want. When people lack choice, it can have a long-term impact on fertility rates, often making them higher or lower than what most people desire, according to the new State of World Population 2018 Report, the Power of Choice: Reproductive Rights and the Demographic Transition, which was launched in Parliament by UNFPA, in collaboration with the Ministry of Planning and Economic Development, in Freetown on 19 October 2018.

The report stresses that family size is closely linked with reproductive rights, which, in turn, are tied to many other rights, including the right to adequate health, education and jobs. Where people can exercise their rights, they tend to thrive. Where these rights are stifled, people often fail to achieve their full potential, impeding economic and social progress.

UNFPA Representative Kim Eva Dickson said at the launch, *"This report is about global fertility trends, and it is also about choice – or lack of it – and what that means for women, for couples, and for countries' prospects for development."* She added, *"In Sierra Leone where the total fertility rate is 5.7 children per woman, we need to continue to extend the reach of reproductive health care services, improve quality and make sure everyone knows their reproductive rights and how to exercise them."*

When a woman has the power and means to prevent or delay a pregnancy, for example, she has more control over her health and can enter or stay in the paid labour force and realize her full economic potential.

The report found that no country can claim that all of its citizens enjoy reproductive rights at all times. Most couples cannot have the number of children they want because they either lack economic and social support to achieve their preferred family size, or the means to control their fertility. The unmet need for modern contraception prevents hundreds of millions of women from choosing smaller families.

Whilst delivering her keynote address, the Minister of Planning and Economic Development, Nabeela Tunis, said, *"This State of World Population Report calls on countries to confront their demographic challenges not through fewer choices, but rather by enhancing rights and choices."* She added, *"The Government is aware that investments in reproductive health ensure reproductive rights for all. If people are unable to access sexual reproductive health and family planning services, it threatens the development of our country."*





SWOP

The report classifies all countries in the world by the current dynamics of their populations' fertility. It makes specific recommendations for policies and programmes that would help each country increase reproductive choices.

To make freedom of choice a reality, the report says, countries can prioritize universal access to quality reproductive health care, including modern contraceptives; ensure better education, including age-appropriate sexuality education; advocate for a change in men's attitudes to be supportive of the rights and aspirations of women and girls; and make it easier for couples to have more children, if they wanted them, by enabling greater work-life balance through measures such as affordable child care.

Since the 1994 ICPD, reproductive health and rights have substantially improved around the world. People have more information about their reproductive rights and choices, and a greater capacity to claim their rights. "The historic transition to lower fertility," says the Report, "has emerged through people claiming their right to make choices about

their reproductive lives, and to have as few, or as many, children as they want, when they want."

Speaking at the event, Peter Sam-Kpakra, Development Secretary for the Ministry of Planning and Economic Development, said, "*Today's launch of the State of World Population Report provides a platform for increased awareness of our legislators and key stakeholders on reproductive choice issues and the policy and programme recommendations.*" He added, "*The launch aims to also provide an opportunity for honourable members to familiarize themselves with the key recommendations from the Addis Ababa Declaration on Population and Development review meeting which was recently held in Accra, Ghana.*"



Chapter 6

Collaborative partnerships

In 2018, the UNFPA Sierra Leone country programme focused on addressing its three transformative and people-centred results that will contribute to the achievement of the Sustainable Development Goals, in particular, to good health and well-being, the advancement of gender equality, and the empowerment of women and adolescent girls. To achieve these transformative results, there needs to be stronger partnerships and innovation, and the UNFPA country office should be able to engage in partnerships at all levels.

Donors

In 2018, UNFPA worked effectively in partnership with key donors from the Governments of Canada, Ireland, Japan and the United Kingdom in the implementation of the sixth country programme. Funding of **\$20,927,206** was available to the country office to accelerate progress in achieving the three transformative results.

Source of funding, 2018 (USD)

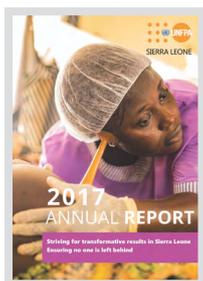
Canada	Ireland	Japan	Maternal Health Trust Fund	Obstetric Fistula Trust Fund
\$595,688	\$536,116	\$663,752	\$196,515	\$191,600
Reproductive Health Commodity Security Trust Fund	UK aid (DFID)	UNDP–Multi-Partner Trust Fund	UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage	UNFPA Core Funds:
\$394,548	\$16,213,608	\$656,245	\$42,974	\$2,284,926
Total: \$21,775,972				

Implementing partners

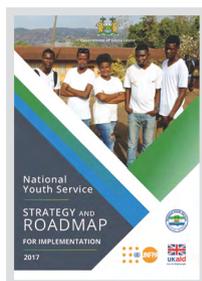
In 2018, UNFPA worked with 33 Implementing Partners (government ministries, departments, NGOs, civil society organizations and UN agencies) to deliver our programmes.

Government	National NGOs	International NGOs	UN Agencies
Ministry of Health and Sanitation	Planned Parenthood Association of Sierra Leone	CapaCare	UNAIDS
National School of Midwifery Freetown	Marie Stopes Sierra Leone	Doctors with Africa	UNICEF
Nurse Anaesthetists Training	Aberdeen Women Centre	Voluntary Service Overseas	UN Women
Office of the Chief Medical Officer	School of Midwifery Bo	Cordaid International	IOM
Directorate of Drugs and Medical Supplies	Health for All Coalition	World Hope International	
School of Midwifery Makeni	HAIKAL		
National Safe Blood Services	Women in Crisis Movement, Sierra Leone		
Ministry of Basic and Senior Secondary Education	Matei Initiative Empowerment		
Ministry of Social Welfare, Gender and Children's Affairs	Fambul Initiative Network Sierra Leone		
Ministry of Youth Affairs	Focus 1000		
National School and Adolescent Health Programme	4M Solutions		
Statistics Sierra Leone			
Ministry of Planning and Economic Development			

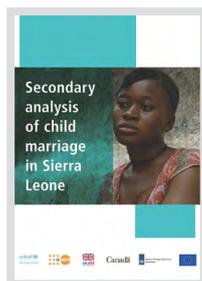
Publications in 2018



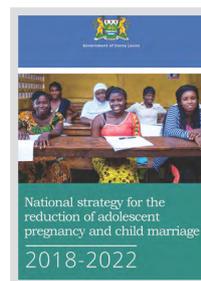
UNFPA Sierra Leone
Annual Report 2017



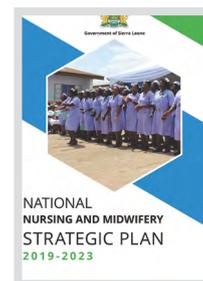
National Youth
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and Roadmap for
Implementation
2017



Secondary
Analysis of Child
Marriage in Sierra
Leone



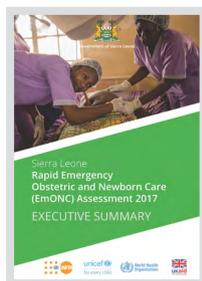
National Strategy
for the
Reduction of
Adolescent
Pregnancy and
Child Marriage



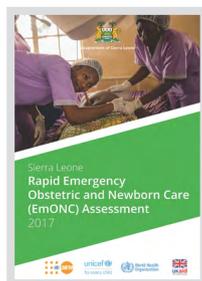
National Nursing
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Strategic Plan
2019 - 2023



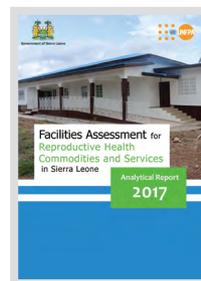
Report on the
Assessment
of Adolescent
and Young People
Friendly Health
Services Sierra
Leone



Sierra Leone
Rapid
Emergency
Obstetric and
Newborn Care
(EmONC)
Assessment 2017
Executive
Summary



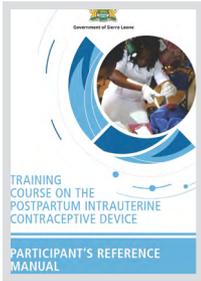
Sierra Leone
Rapid
Emergency
Obstetric and
Newborn Care
(EmONC)
Assessment 2017



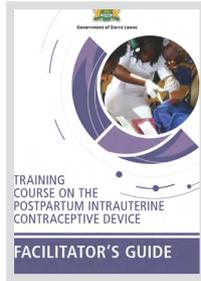
Facilities
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Situational
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2018



Training Course on the Postpartum Intrauterine Contraceptive Device Participant's Reference Manual



Training Course on the Postpartum Intrauterine Contraceptive Device – Facilitator's Guide



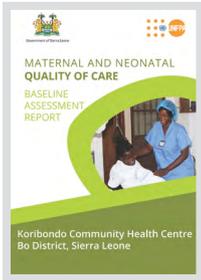
Training Manual for the Provision of Sayana Press Contraceptive



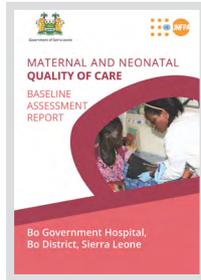
Sayana Press Checklist for Injection Practice



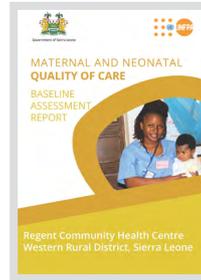
DMPA Reinjection Job Aid



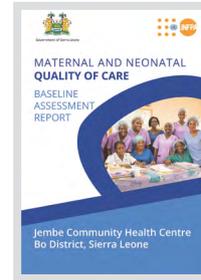
Maternal and Neonatal Quality of Care Baseline Assessment Report - Koribondo Community Health Centre



Maternal and Neonatal Quality of Care Baseline Assessment Report - Bo Government Hospital



Maternal and Neonatal Quality of Care Baseline Assessment Report - Regent Community Health Centre



Maternal and Neonatal Quality of Care Baseline Assessment Report - Jembe Community Health Centre





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