


From Recovery to Sustainable Development

Moving Beyond Ebola



**ANNUAL REPORT
2016**





**Delivering a world where
every pregnancy is wanted,
every childbirth is safe,
and every young person's
potential is fulfilled.**

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ACKNOWLEDGEMENTS

UNFPA Sierra Leone wishes to acknowledge its partnerships with the Government of Sierra Leone, donors and other UN agencies, in advancing the International Conference on Population and Development Programme of Action.

Special gratitude is extended to our national and implementing partners for their collaboration and support in championing reproductive health issues.

“Towards a deepened collaboration”

We acknowledge, with gratitude, the multi-donor support received in 2016 towards strengthening health systems in general, sexual and reproductive health services in particular, as well as data and programming for adolescent and youth - particularly adolescent girls. In particular, we thank the Governments of Canada, Ireland, Japan and the United Kingdom for their generous funding. We also thank the Japanese International Cooperation Agency and the World Bank for their partnership and financial support.

Sincere appreciation is also extended to the Sierra Leone UN Country Team, particularly to our sister agencies (UNAIDS, UNDP, UNICEF, UNWOMEN and WHO) with whom we implemented joint programmes, for making it possible to form stronger and healthier partnerships in order to promote family planning, maternal, newborn and child health, and prevent teenage pregnancy and all forms of gender-based violence.

These partners include ministries, departments and agencies of the Government of Sierra Leone, international and national non-governmental organisations, community-based organisations, faith-based organisations and civil society organisations.

Finally, we would like to take the opportunity to acknowledge the beneficiaries themselves – thousands of women, young people and children across the country whose lives were saved and transformed and who remain resilient in the face of adversity.

We look forward to continuing these productive collaborations now and in the future.

MESSAGE FROM THE REPRESENTATIVE

Last year was a period of transition and stabilisation for us, as we transitioned from responding to the deadliest outbreak of Ebola in human history to rebuilding Sierra Leone's ravaged health care systems. I took over the Country Office leadership from Dr Bannet Ndyabangi and continued this change in focus from an emergency response to high quality, efficient service delivery.



This annual report highlights some of our achievements, challenges and lessons learned as we moved beyond Ebola to a period of recovery and resilience building.

We worked together with our implementing partners to strengthen support to the Government of Sierra Leone. We intensified our investments in human resources for health and delivering life-saving reproductive health services and interventions. We continued our mobilisation of communities for the protection and empowerment of women, girls and young people.

Our belief is that adolescent girls must be empowered if we are to achieve the Sustainable

Development Goals (SDGs). With our support, communities were encouraged to take action to protect the rights of women and girls. We established hundreds of girls clubs and safe spaces, and partnered with the Justice Sector to develop laws that will criminalise child marriage.

UNFPA's work strengthened the Government's capacity to develop and implement youth and women-friendly evidence-based policies. We provided technical support to statistics Sierra Leone to analyse the 2015 Population and Housing Census data, which was launched by His Excellency President Dr Ernest Bai Koroma in December 2016. This data will provide information for the country's development needs as we work towards the achievement of the Demographic Dividend.

We are proud of these achievements and are grateful to our donors and partners for their support. UNFPA will continue to find new and innovative ways to empower and promote the rights of women and girls, to ensure that every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.

We look forward to working with the Government of Sierra Leone and our partners in 2017 to build on these achievements and reach even greater heights as we work to empower the women and girls of Sierra Leone.

Dr Kim Eva Dickson
UNFPA Representative



Because everyone counts





2016 AT A GLANCE

FEBRUARY

An Era of Transition: Saying Goodbye

Dr Bannet Ndyanabangi bids farewell as UNFPA Representative in Sierra Leone.

MARCH-APRIL

An Era of Transition: Holding Fort

Dr Sennen Hounton comes in as Officer-in-Charge.

MAY

An Era of Transition: Looking Ahead

Dr Kim Eva Dickson assumes duty as Country Representative.

JUNE

Reaching Out: South-to-South Collaboration

UNFPA Sierra Leone joins pivotal regional meeting to discuss South-to-South collaboration and strengthen partnerships with China.

JULY

World Population Day: Focusing on the Girl Child

Sierra Leone joins the world in recognising the need to invest in the adolescent girl.

AUGUST

Ending Child Marriage: Launch of the Campaign

Sierra Leone becomes the fifteenth African country to launch African Union's Campaign to End Child Marriage.

SEPTEMBER

Saving Lives: Reaching Women and Girls at the Last Mile

UNFPA continues working with implementing partners in support of the Government of Sierra Leone's goal of providing outreach reproductive health services.

OCTOBER

The Girl at 10 years: Launch of the State of the World's Population Report

With the focus on the girl at 10, UNFPA reaffirms its commitment to achieving the SDGs by 2030 and keeping the girl child at the centre of programming.

NOVEMBER

Advocacy for Sexual and Reproductive Health: Parliamentarians from Overseas

Members of the UK All-Party Parliamentary Group (APPG) on reproductive health and family planning travel to Sierra Leone for a study tour.

DECEMBER

Launch of the Results of the 2015 Population and Housing Census

His Excellency President Dr Ernest Bai Koroma launches the official results of the 2015 PHC.

OUR RESULTS



Obstetric fistula clients
successfully repaired



Obstetric fistula clients
screened



Pregnant adolescents
provided with psycho-
social counseling



Boys clubs established



Adolescent & Youth-
Friendly Health Services
established



Health workers trained



New family planning
acceptors



Girls empowered with
social and life skills

EXECUTIVE SUMMARY

2016 was a pivotal year for UNFPA's Sierra Leone Country Office. In the first half of the year, a new Country Representative brought a change in leadership; there was realignment from the Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs), and a shift from Ebola response to recovery.

The year saw the culmination of many months of hard work by UNFPA staff and the Government of Sierra Leone who remain committed to intensifying efforts in addressing key barriers to sexual and reproductive health and rights for women and young people across the country.

This Annual Report outlines some of the key accomplishments of UNFPA in Sierra Leone and summarises the work achieved by its team in supporting the Presidential Priority targets of the 10-24 month post-Ebola recovery plan.

Building upon the experience gained and progress made by the Sierra Leone Government and UNFPA's partners, this report provides a summary of the Country Office's contributions in implementing its current programmes. These programmes were designed to support recovery from the Ebola crisis and put the country once more on the path of long-term sustainable development.

The Annual Report is focused on progress and achievements related to the following key areas:

DELIVERING SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Supporting the Government of Sierra Leone to deliver sexual and reproductive health services, including family planning. We focused on reaching the most vulnerable and delivering contraceptives to the last mile.

INCREASING HUMAN RESOURCES FOR HEALTH

Training different categories of health workers (midwives, nurse anaesthetists and community health workers) to strengthen human resources for maternal, neonatal and adolescent health. In addition to building human resource capacity, UNFPA also facilitated the rehabilitation of several health facilities, equipping them with life-saving drugs and commodities.

MOBILISING AND EMPOWERING COMMUNITIES

Working to ensure that the rights of adolescent

girls and women are protected, giving them access to information and services that will improve their health and well-being. As part of our overall implementation for 2016, we supported partners to mobilise communities; empower girls and women; encourage men and boys to seek healthy behaviours; increase demand for family planning; and reduce gender-based violence. In addition, in partnership with other UN agencies, Government, NGOs, and the Office of the First Lady, we provided a platform for girls to be empowered through life skills education, creation of safe spaces and camps.

PARTNERSHIP, RESOURCE MOBILISATION AND STAFFING

Continuing to partner with national implementing partners, non-governmental organisations, community-based organisations and Government. In addition, UNFPA Country Office undertook targeted resource mobilisation drives which resulted in sustained funding throughout 2016, even though the Ebola Epidemic emergency had ended.



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CHAPTER ONE

DELIVERING SEXUAL & REPRODUCTIVE HEALTH SERVICES

FAMILY PLANNING SERVICE DELIVERY

Reaching The Last Mile

Through our implementing partners, the Planned Parenthood Association Sierra Leone (PPASL) and Marie Stopes Sierra Leone (MSSL), UNFPA provided family planning, maternal and reproductive health services to women and adolescent girls in underserved communities in five districts: Bo, Kenema, Kambia, Pujehun and Kailahun. Family planning (FP) services reached a total of 327,374 new acceptors. Integrated maternal health services, including the screening and management of sexually transmitted infections (STIs), HIV testing and counselling, antenatal and postnatal services, were provided to 4,212 beneficiaries.

Community outreach activities allowed thousands of beneficiaries to benefit from FP services. Marie Stopes operated three outreach teams in Pujehun, Kailahun and Kambia districts, providing choice and improving the accessibility of FP services in underserved communities. Twenty community-based motivators, an outreach coordinator, a medical compliance officer, a demand creation officer, two nurses and a driver supported each team. The teams lived in the communities to provide round-the-clock services to residents.

Figure 1: Number of Contraceptives Distributed by MSSL and PPASL

CONTRACEPTIVES	MSSL	PPASL
Male condoms	94,048	40,599
Female condoms	15,739	
Implants	3,721	527
Copper IUDs	3,679	
Pills	31,552	14,707
Pills (emergency contraception)	913	
Depo-Provera	10,379	3,960

Community Wellness Advocates

Through the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA), UNFPA supported 520 community wellness advocates (CAGs) to promote the uptake of sexual and reproductive health (SRH) services and FP in communities. The CAGs referred 50,773 women and adolescent girls for various SRH services in four districts: Bonthé, Pujehun, Kono and Kailahun. To further strengthen community mobilisation on SRH issues, MSWGCA trained an additional 210 CAGs in Bombali and Tonkolili districts to provide SRH and gender-based violence (GBV) information. We also strengthened their data collection and reporting skills.

Figure 2: Community Wellness Advocates Referrals for Health Services

DISTRICTS	NO OF REFERRALS
Bonthé	15,776
Pujehun	4,795
Kono	22,885
Kailahun	7,317
Total	50,773

Supply Chain Management - Contraceptive Forecasting & Procurement

UNFPA ensures the availability of reproductive health commodities in Sierra Leone through its Global Programme on Reproductive Commodity Security (GPRHCS). With our support, MOHS/ National Pharmaceutical and Procurement Unit (NPPU) conducted a quantification, forecasting and budgeting exercise for contraceptive procurement in 2017. We procured approximately USD 950,000 worth of contraceptives and reproductive health commodities in 2016 for the MOHS/ NPPU – more than 95 per cent of public sector supply of the country's contraceptive needs for one year. We continued to advocate for increased financial allocation and government commitment to supporting the procurement and distribution of reproductive health commodities. We also strengthened their data collection and reporting skills.

Table 1. Family Planning & Reproductive Health Commodities Procured in 2016

METHODS	TOTAL UNITS
Male Condom – Pieces	7,500
Female Condom – Pieces	35,000
Intra Uterine Device (IUD)	5,500
Injectable Syringe	276,400
Injectable Noristerat (Norethisterone enantate)	10,000
Injectable Depo-Provera / Depot medroxyprogesterone acetate (DMPA)	266,400
ORAL Combined Contraceptive Pills (Levonorgestrel 0.15mg + ethinylestradiol 0.03mg)	409,323
ORAL progestogen-only contraceptive Pills	90,000
Jadelle (levonorgestrel) Implants	56,500
Oral Emergency Contraception Pills (Levonorgestrel 0.75 mg, tablets)	21,600
Oral Emergency Contraception Pills (Levonorgestrel 1.5 mg, tablets)	73,360
Misoprostol tablets	12,000
Calcium Gluconate 100mg/ml injection in 10ml ampoule	1,500
Oxytocin 10 I.U./ml injection in 1ml ampoule	2,000
Magnesium Sulphate 500mg/ml injection in 10ml ampoule	2,500

Stock Monitoring

UNFPA supported Health for All Coalition to monitor Free Health Care Initiative (FHCI) drugs, logistics and resources through daily monitoring visits and quarterly spot checks at health facilities. The monitoring visits also involved supporting the restocking of essential FP drugs and commodities at service delivery points.

Sierra Leone experienced stocks outs of FP commodities and essential maternal drugs in clinics and at peripheral health units (PHUs) due to NPPU reforms. These reforms resulted in these commodities being left out during quarterly distributions of other FHCI drugs. As a mitigation measure, UNFPA provided financial support to MOHS for distribution of contraceptives as required. Other key bottlenecks to the supply system were: delays in arrival of shipments, limited central coordination between the RH/FP programme and the Central Medical Stores, and the 'push' approach to commodity distribution of quantities, which assumes standardised distribution across facility types, leading to stock outs and overstocking in some areas.

A newly introduced tool 'UNFPA Shipment Tracker' helped track all in-transit shipments for proper planning at the country level. This included the timely preparation of documents for government endorsement and warehouse space clearance for incoming commodities.

We also provided technical assistance to develop a distribution plan which followed a needs-based rather than a supply-led approach. It included sufficient buffer stock planning to reduce risk for stock-outs, deficit stock or even surplus stock at administrative and service delivery levels.

PROMOTING MATERNAL HEALTH

Ending Fistula

UNFPA supported our implementing partners Aberdeen Women's Centre and Haikal to provide prevention services, fistula treatment and social reintegration for women affected by obstetric fistula. In 2016, 399 women were screened for fistula and 171 received life-changing treatment. In addition to providing screening and surgery, UNFPA supported local capacity building for fistula treatment and prevention through training of health care providers. We also conducted campaigns to raise awareness in communities about fistula and other reproductive health issues, engaging members of the public as stakeholders.

Clients received dignity kits upon discharge from the health care facility and were reintegrated into their communities through rehabilitation programmes. These included livelihood skills training and psychosocial counselling. In 2016, 77 fistula survivors were successfully reintegrated into their communities after receiving livelihood skills training and start-up capital.

Freedom From Fistula: Banished to a Cowshed

Name: Adama Saw
Town: Marila, Guinea

Adama was banished to live in a cow shed by her husband after she suffered obstetric fistula. She had been happily married with three children, working as a subsistence and commercial farmer in a small village in Guinea, before the fistula developed.

She suffered the fistula after she went into labour for three days and could not deliver her fourth baby. She was finally taken to hospital for an emergency caesarean but it was too late and the baby was stillborn. The next morning, Adama realised she was incontinent - constantly leaking urine. She became unstable and distressed as her situation worsened. Her husband thought it best to isolate her and moved her to a woreh (where cows are reared).

Adama suffered emotional and physical abuse living in the woreh - and was provided with little or no food and water. She was emaciated. She was saved when a woman from Sierra Leone, visited to purchase a cow. She spotted Adama and asked about her condition.

When she realised Adama suffered from fistula, she told her about the Aberdeen Women's Centre. Adama immediately sent for her brother in Sierra Leone, then she and her husband took her to the centre. Adama's operation was successful. Now she looks forward to a bright future and is eager to be reunited with her children.



Freedom From Fistula: : Hiding in the Bush

Name: Delba Jawara
Town: Kabala

Delba spent six years hiding in the bush after a traumatic birth left her incontinent. Her boyfriend abandoned her and she would only come home at night, ashamed by her condition. The former farmer was born in Kabala Town, Koinadugu, in a small village called Foreya. She was living with her mother, a single parent, when she became pregnant.

After a full term pregnancy, she went into labour but after five days of trying, she could not deliver. The baby was forced out and, in the process, died. The next morning, Delba realised that she was leaking urine. This continued to get worse for days and Delba became distressed, as no one was able to suggest a remedy.

"I cried all day and night," Delba remembered. Her boyfriend left her and she started to isolate herself from others. She would hide herself in the bushes during the day and return home at night. This continued for six years until one

morning Delba's aunt came from Freetown to visit the family. She told them about a centre in Freetown where Delba's problem could hopefully be fixed - the Aberdeen Women's Centre (AWC). She took her to the big hospital in Kabala town, for referral to Freetown. The screening team from AWC went up to Kabala and took Delba to Freetown. On her arrival, she was excited to discover she was not the only one with such an illness. Delba went through the surgical procedure and her fistula has been repaired. She has an overwhelming feeling of gratitude for the staff at AWC and now has great hope for the future.



IMPROVING HEALTH FACILITIES INFRASTRUCTURE

UNFPA has been working with the Government of Sierra Leone to rehabilitate health facilities to improve the quality and availability of emergency obstetric and neonatal care (EmONC) services. UNFPA provided infrastructural rehabilitation, solar electrification and medical equipment. The construction of new Primary Health Care (PHC) facilities in Batkanu, Mabonto and Gbangbatoke, in Bombali, Tonkolili and Moyamba districts, was initiated with support from the Japanese International Cooperation Agency (JICA). In addition, the rehabilitation of clinics in Kalangba, Sumbuya, Joru

and Regent and one hospital in Port Loko district were initiated, with support from the Government of Japan (GOJ). Furthermore, 15 Basic Emergency Obstetric and Neonatal Care (BEmONC) facilities were upgraded to be adolescent and youth-friendly, through the construction of separate waiting rooms which give young people privacy with Irish Aid support.

In addition, as part of the DFID Saving Lives Programme (SLP), UNFPA conducted systematic assessments of 29 health facilities from September to October 2016. This determined the main gaps in

the provision of quality EmONC services. Its goal was to find what infrastructure was needed to provide a basic package of EmONC and Adolescent and Youth-Friendly (AYF) services. It also assessed the human resource and training gaps and the basic equipment and supplies needed for the provision of quality EmONC/AYF services.



Table 2. Project Health Facilities Assessed Under The DFID Saving Lives Project

DISTRICTS	NAME OF EmONC FACILITY	CATCHMENT POPULATION SERVED	ACCESSIBILITY BY ROAD
Bo	Koribondo	6,754	
	Ngalu CHC	3,936	
Bombali	Binkolo CHC		
	Makeni Regional Hospital Maternity Unit	2,502,805	
Bonthe	Yoni	-	
	Gambia	-	
Kailahun	Daru CHC	17,288	
	Koindu CHC	16,165	
Kambia	Bamoi Munu CHC	1,084	
	Kambia Government Hospital Maternity Unit	38,269	
	Kukuna CHC	15,860	
	Largo CHC	11,192	
	Mambolo CHC	2,002	
	Tombowala CHC	12,248	
Kenema	Levuma CHC	11,461	
Koinadugu	Sinkunia CHC	7,943	
Kono	Gandorhun CHC	15,887	
	Kombayendeh CHC	9,010	
Moyamba	Shenge CHC	6,300	
Port Loko	Masiaka CHC	10,316	
	Patifu CHC	9,203	
Pujehun	Gbodapi	-	
	Malen	-	
Tonkolili	Makali CHC	4,640	
	Masingbi CHC	10,486	
Western Area	Goderich CHC	15,454	
	Hastings CHC	23,150	
	Rokupa Hospital Maternity Unit	24,984	
	Ross Road CHC	33,100	



Tarmac road throughout

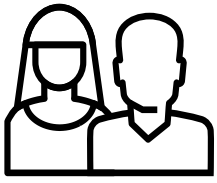


Tarmac and laterite



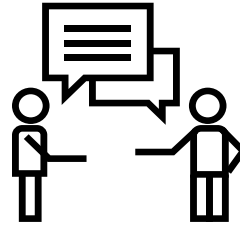
Inaccessible by road during the rainy season

Overview of Results of the SLP Facilities Assessment



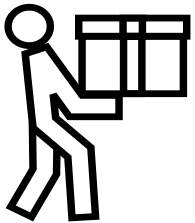
Human Resources

All facilities were understaffed except three (two community health centres and one hospital were overstaffed but had fewer staff linked to maternity as a proportion of the total number of staff).



Training

Majority of the health personnel were trained in infection prevention control. Medical officers and public health assistants had the lowest proportion trained in any course.



Equipment

Equipment needed was mainly sharps disposal boxes. Sangofix (for giving blood) was most frequently requested by the hospitals.



Infrastructure

All health centres required some form of rehabilitation and/or construction of facilities, as well as waste management facilities. Four health facilities required a new building, and majority of the health centres required new staff quarters.



PROVIDING HEALTH & PSYCHOSOCIAL SUPPORT SERVICES TO PREGNANT SCHOOL GIRLS

The adverse effect of Ebola on the health and education sectors was particularly detrimental to adolescents. The outbreak drew attention to the already high rates of teenage pregnancy in Sierra Leone. A Rapid Assessment of Pregnant Adolescent Girls conducted by UNFPA and the Government of Sierra Leone in 2015 revealed that an estimated 18,119 adolescent girls aged 19 and below became pregnant during the Ebola epidemic.

At the end of the Ebola epidemic, visibly pregnant girls were prohibited from attending formal school and special modalities were introduced to enable them to continue their education. UNICEF and other donor partners supported the Ministry of Education, Science and Technology to establish 330 learning centres in all 14 districts of the country. UNFPA, with funding from Irish Aid, supported the Ministry of Health and Sanitation (MOHS) and the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) to reach pregnant and lactating

adolescent mothers in the learning centres with a comprehensive package of health and psychosocial support. The total number of girls enrolled at the learning centres between October 2015 and August 2016 was 14,500. Of this number, 11,144 were successfully re-enrolled in school to continue their education.

Health and social workers visited the girls at the learning centres and encouraged them to seek antenatal, delivery, postnatal and FP services, as well as any other health service required. The legal service institution, Legal Access through Women Yearning for Equality, Rights and Social Justice (LAWYERS), was also engaged to provide legal services for cases of gender-based violence.

UNFPA supported the training of 810 health care providers and 100 social workers to provide health and psychosocial services to adolescent girls to complement the education services.

Pregnant School Girls Reached With Health & Psychosocial Support Services

14,500

girls were enrolled at the learning centres between October 2015 and August 2016.

5,849

estimated adolescent deliveries were recorded in Peripheral Health Units near learning centres.

4,677

estimated girls across the country were provided with psychosocial counselling services and 326 survivors received legal advice.

1,444

girls were reintegrated into formal schools by October 2016.

23.8%
Use of
condom

A post-assessment conducted by UNFPA indicated that the use of a condom during last sexual intercourse increased from 10.7% of girls during the pre-test to 23.8%.

38.3%
Contraceptive
use

Reported contraceptive use increased significantly over the intervention period. About 13.9% of girls reported that they used a contraceptive before sex at pre-test; this increased to 38.3% of girls during the post-test.



2

CHAPTER TWO

INCREASING HUMAN RESOURCES FOR HEALTH

SKILLED CARE DURING LABOUR & DELIVERY

Training

UNFPA's commitment to ensuring a strengthened maternal and child health sector in Sierra Leone required substantial investments to support midwives, surgical assistants and nurse anaesthetists to provide EmONC to women and girls.

Midwives

The lack of skilled birth attendants during labour and delivery is a major cause of Sierra Leone's high maternal and infant mortality rates. Presently, only 44 per cent of births are attended by a nurse or midwife (DHS 2013).

UNFPA has been working to increase the availability of skilled birth attendants through the training, deployment and retention of midwives, and the reinforcement of quality midwifery education. We provide support for full tuition scholarships, midwifery school uniforms, teaching equipment, infection prevention and control (IPC) materials and monthly subsistence stipends.

In 2016, 121 midwives graduated from the two midwifery schools in Freetown and Makeni, increasing the number of midwives in the country from 374 at the end of 2015 to 495 by the end of 2016. In addition, UNFPA provided support to

improve classroom facilities by procuring new classroom furniture and stationery, and installing Internet services at the Midwifery School in Freetown. More than 150 midwives signed binding agreements with MOHS that committed them to providing public sector midwifery services for a minimum of three years after graduation. The bonding of midwives is an innovative approach introduced by UNFPA as a means of improving retention rates among midwives and increasing access to maternal health services in rural areas.

We supported midwifery education by promoting clinical placements of students in various health facilities for on-the-job training. To ensure quality and relevant practical training, we worked in partnership with MOHS to give 70 state enrolled community health nurses (SECHNs) and midwives from four districts clinical mentoring by trained tutors for four weeks. Thirty midwifery preceptors were also trained to provide guidance to students during clinical placements.





Recently Qualified Midwives Express Appreciation



"I am very happy and glad with the present support given to the school. The allowances have personally helped me in the payment of transport to lectures and work and for the purchase of the midwifery textbooks I need for my course. To all that are involved in making me realize my dreams and aspiration to become a professional midwife, I am grateful. I am proud to be a midwife." – **Regina Manya Kondeh, National School of Midwifery.**

"We had models and equipment in our skill lab that were donated by UNFPA. This helped a great deal in improving our skills and making us pass our practical exams so that we could become good midwives today. I am grateful for the support rendered to the improvement of the quality of the training for midwives." – **Sia Schenks, recently qualified midwife.**

"I received allowances in the form of a monthly stipend which helped me to have a stress-free learning period. UNFPA also provided uniforms and surgical scrubs for lectures and practicals and during clinical placements in the wards and hospitals. This support assisted me greatly as it helped me to manage my meagre finances as a student with limited salary. I have successfully completed my course and graduate soon. Had it not been for the support of UNFPA, I would not have been able to make it to this stage as a newly-trained midwife." – **Diana Sondofu, recently qualified midwife.**

Nurse Anaesthetists

UNFPA supported the training of 21 nurse anaesthetists to provide anaesthesia services at facilities that provide CEmONC services. Nurses trained in delivery of anaesthetics can administer anaesthesia in the absence of medical doctors.

Community Health Officers

Through our implementing partner Capacare, we supported 37 CHOs to receive surgical training to diversify their skill sets and allow them to task-shift. Fourteen health service providers graduated from the programme in 2016, and are currently providing EmONC services at various facilities around the country. The project is expected to double the surgical capacity of service providers within three years.

Furthermore, UNFPA is playing a role in the revision of the service scheme and act governing CHOs, with regards to their proper regulation, retention and career development. The act has been tabled twice in parliament and is awaiting final approval.

Capacity Building

Emergency Obstetric Care

- 121 service providers from 13 BEmONC and CEmONC facilities were trained in competency-based EmONC services.
- District Health Management Team DHMTs in all 14 districts and staff from 19 CEmONC facilities received training on maternal death surveillance and response (MDSR). The training included 67 monitoring and evaluation (M&E) officers, district health sisters and district surveillance officers.
- UNFPA also supported the training of 14 master trainers on Helping Mothers Survive and Helping Babies Breathe modules (HMS/HBB), who in turn trained 23 midwives from 14 districts to become midwifery champions.

Family Planning Training

Training was given to 440 service providers on the provision of Long Acting Reversible Family Planning Methods (LARM): 323 were trained in insertion and removal of implants and IUDs. This number included 132 Maternal and Child Health Aides (MCHAs) who received training as part of task-shifting, to increase FP uptake in rural communities.

Adolescent & Youth Friendly Services Training

Sierra Leone's young people have high rates of teenage pregnancy and early sexual debut. One major gap identified for this group was the lack of access to adolescent-friendly health services. To meet this gap, the MOHS, with support from UNFPA, provided in-service training for health care workers, giving a standardised training package on the provision of adolescent-friendly health services.

In 2016, with support from UNFPA, 695 health care workers received this training. Of this number, 275 trained using a 5-day curriculum and 420 on a compressed 2-day training.





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CHAPTER THREE

MOBILIZING & EMPOWERING COMMUNITIES

EMPOWERING ADOLESCENT GIRLS & YOUNG WOMEN

Adolescent Girls Symposium

To commemorate the International Day of the Girl Child, UNFPA organised a symposium for pregnant and breastfeeding adolescent girls. The aim of the event was to give them an opportunity to make inputs into programmes affecting their lives. About 70 girls as well as 20 adolescent boys held discussions with representatives from the Ministry of Education, Science and Technology and UNFPA, highlighting the challenges they face re-entering the formal school system. They also received counselling, psychosocial support and information on SRH and 'gender-based violence'.

Annual National Girls' Camp

We supported the Office of the First Lady to organise and implement the third annual National Girls Camp which had the theme: "Young, Empowered and Safe". The camp took place between 15 to 22 December 2016 in Tonkolili district with 120 girls aged 10 to 19 years from all fourteen districts. The goal was to empower adolescent girls with valuable social and life skills, educate them on their rights and responsibilities, and equip them with the knowledge and tools to fulfill their potentials. Participants included in-school and out-of-school girls, girls with disabilities, orphans, Ebola survivors and girls from disadvantaged backgrounds.

The camp included a variety of activities designed to strengthen critical reasoning and logical thinking skills, cultivate leadership qualities, boost healthy emotional, physical and psychological development, and promote positive morals and patriotism.

The highlight of the camp was a visit to the Bumbuna dam, Sierra Leone's first hydroelectric dam, where participants learned about the science behind hydroelectricity.

Previous camps resulted in the establishment of ELI Africa, an organisation formed by National Girls Camp alumni, with the goal of promoting adolescent voices and conducting advocacy on issues affecting young people.

FAMILY PLANNING DEMAND CREATION

UNFPA previously supported the MoHS Health Education subdivision to rebroadcast a radio drama series 'Saliwansai', which promotes family planning and addresses SRH issues including teenage pregnancy. The series was rebroadcast across four radio stations twice a day in 2016. The series had been developed in partnership with the Population Media Centre as part of family planning demand creation. We also supported Health Education to develop an eight-episode family planning TV series targeting young people. UNFPA's implementing partner Aberdeen Women's Centre sensitised communities in the Western Area on SRH and family planning issues through television discussions, radio jingles, interviews and announcements which were aired in eight Sierra Leonean languages. The Centre also conducted roadshows in market places, roundabouts and other public areas.

The Planned Parenthood Association established four volunteer clubs in Bo and Kenema that reached more than 9,000 young people with SRH and family planning information.



GENDER-BASED VIOLENCE PREVENTION & LIVELIHOOD SKILLS TRAINING

UNFPA supported the Women in Crisis Movement (WICM) to enroll GBV survivors in two training centres to acquire livelihood skills in various vocations for self-reliance. In 2016, 170 young women and adolescent girls graduated in various skills from the WICM centres in Kono and Kailahun and were provided with start-up kits to enhance their livelihood for sustainable living in their communities.

Outreach programmes were conducted to raise awareness on GBV and harmful traditional practices and reached more than 200 community stakeholders in five communities in Kono district. About 70 marginalised adolescent girls benefitted from assets building programmes aimed at averting early marriage and teenage pregnancy.

With UNFPA's support, more than 200 safe spaces were established in four districts. About 1,800 adolescent girls were provided with knowledge and information on GBV prevention, skills building and SRH issues. UNFPA's implementing partner Matei Multipurpose Cooperative Society (MATCOPS) provided 1,100 adolescent girls in Koinadugu and Tonkolili districts with basic literacy, livelihood skills and psychosocial support.



ENGAGING MEN & YOUNG BOYS

UNFPA's implementing partner FINE Sierra Leone (SL) uses male engagement strategies to promote women's health and empowerment. Through their Husband Schools, PaMama and Youth-LAB programmes, FINE SL engages men and boys as key stakeholders in addressing GBV, harmful traditional practices such as female genital mutilation (FGM) and child marriage and maternal health issues.

Stakeholders are robustly engaged through consultative meetings, trainings, and community meetings, with the view of helping them lead their own communities towards the necessary change. The engagement of communities and stakeholders culminated in the following:

- 48 community memoranda of understanding (MOUs) signed committing community leaders to protect adolescent girls from harmful traditional practices.
- 240 community board members identified and trained in adolescent SRH, GBV prevention and child protection issues.
- 48 community-based policy stakeholders' advocacy meetings were conducted in 48 communities aimed at creating safe spaces for adolescent girls and prevention of violence against women and girls, GBV and harmful practices.

Male Advocacy Peer Educators (MAPEs) facilitate awareness-raising dialogues within their communities to highlight the role of men and boys in creating safe spaces for women and girls. Twenty-four MAPE groups, comprising 25 men each, were established in 48 communities in Western Area and Port Loko. MAPEs sensitised communities on SRH issues, teenage pregnancy, retention of the girl child in school and the role of men and boys in creating protection networks for girls at the household level.

The Husband School, which provides a platform for men to raise awareness and discuss reproductive health and related issues such as masculinity, harmful traditional beliefs and practices such as FGM, early and forced marriage and teenage pregnancy reduction strategies were another key intervention.

Husband School sessions create opportunities for open discussion amongst men on women and girls reproductive health challenges and identify solutions. Through the Husband Schools:

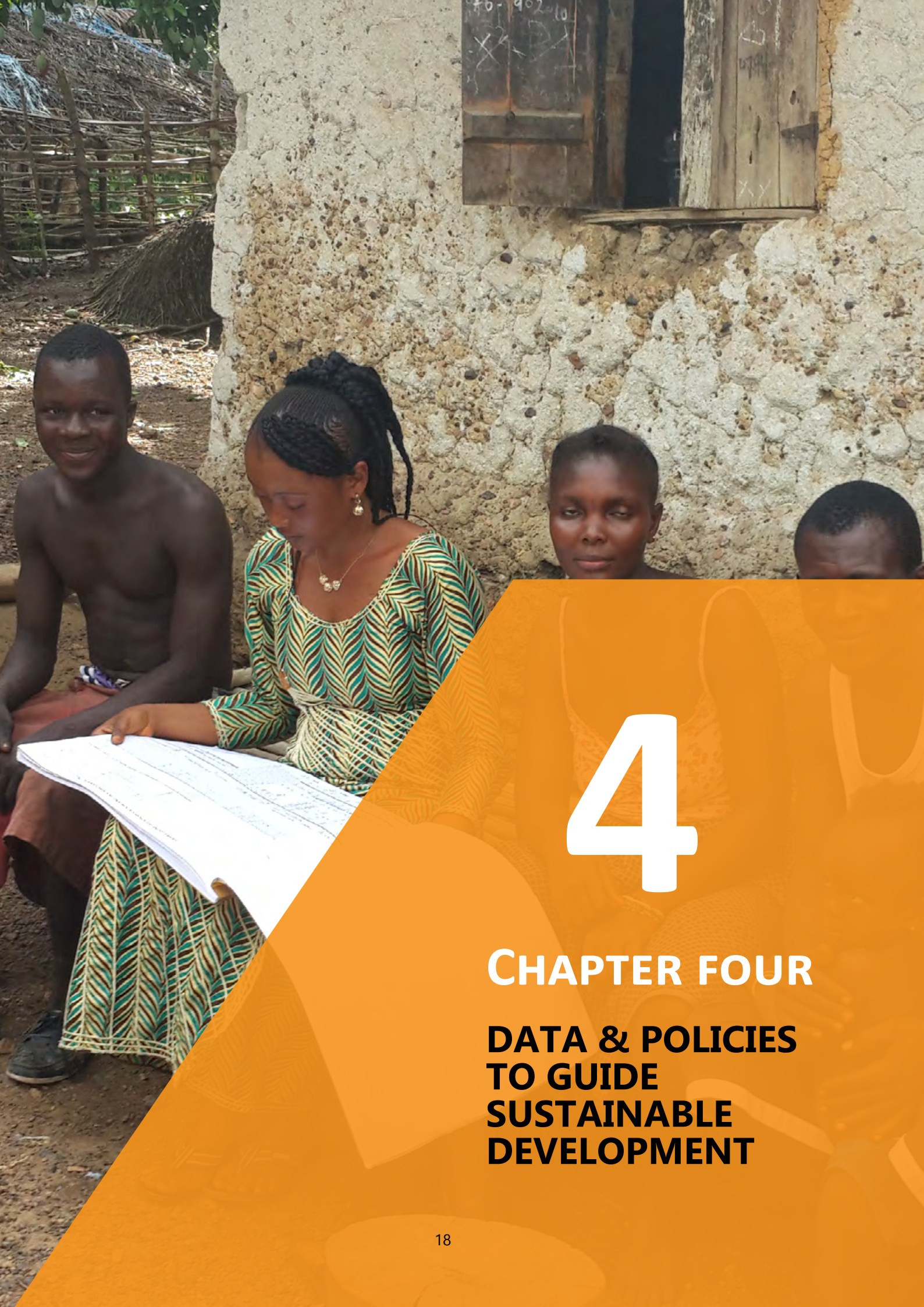
- 211 men were referred for STI treatment.
- 383 husbands and their spouses were referred for FP options for the first time.
- 986 men accompanied their pregnant spouses to access antenatal care services.
- 289 men accompanied their lactating spouses to attend postnatal care services.
- 306 men were reached with SRH information including FP through Husband Schools in 10 locations.
- 4 GBV cases were recorded in Port Loko, 2 cases of FGM, 1 sexual offence and 1 physical assault.
- 960 in-school and 960 out-of-school boys were trained (1,920) on the role of boys in creating safe-spaces for girls and reduction of teenage pregnancy, sexual harassment in and out of school, and on appropriate GBV referral pathways.
- 96 Boys Clubs were established in 48 communities where adolescent boys can access reproductive health information and services. These empower them to make informed SRH choices and decisions which contribute to reducing teenage pregnancy.

Out-of-School Boys Club Stops Child Marriage

Members of an out-of-school boys club successfully prevented a 13-year-old schoolgirl from being forced into marriage. The boys, from the Dibia Chiefdom Out-of-School Boys Club, knew that Isatu Bangura had recently written the National Primary School Examination in her school in Gbinti - where she scored an aggregate 166. So they reported the intended marriage, due to take place in Romansh Village, Port Loko district, to FINE Male Advocacy Peer Educators, who promptly took the matter to the Family Support Unit (FSU).

Isatu's family had attempted to falsify a birth certificate making her 18 years old, so that she could be given to her proposed husband. The nurse who issued the falsified birth certificate has now been invited by the FSU for questioning. Partners who collaborated with FINE to challenge the issue of child marriage include the MSWGCA, the FSU, the Port Loko District Council, the Centre for Democracy and Human Rights and the Paramount Chief.





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CHAPTER FOUR

DATA & POLICIES TO GUIDE SUSTAINABLE DEVELOPMENT

VALIDATION OF THE NATIONAL POPULATION POLICY

Sierra Leone's first National Population Policy was developed in 1988 and approved by the Government in 1991. However, the decade-long civil war that started shortly afterwards prevented implementation of the policy. Now at a time of stability and peace, UNFPA supported MOFED in reviewing and updating the revised National Population Policy. In addition to making the document more accurate, relevant and user-friendly, the update also incorporated emerging issues on women's health, large-scale internal migration and new frameworks such as the SDGs.

ACTIONS TO END CHILD MARRIAGE

The African Union's Campaign to End Child Marriage (CECM) was first launched in May 2014 in Addis Ababa, Ethiopia, and has since been adopted by 14 countries. In Sierra Leone, the CECM is being led by UNFPA, in partnership with the African Union, the Office of The First Lady, UNICEF, MSWGCA, government partners and donors. The campaign was officially launched on 17 August 2016 with the theme 'End Child Marriage for Sustainable Development in Sierra Leone', making Sierra Leone the fifteenth country to officially commit to ending child marriage.

In addition, UNFPA, development partners and civil society organisations have been pursuing the harmonisation of Sierra Leone's customary laws as a national priority and key strategy to ending child marriage.

Encompassed within the country's child protection laws, the Child Rights Act criminalises marriage to children under the age of 18 years - however the Customary Marriage Act permits such marriages if a child's parents give their consent. UNFPA worked closely with the Office of the First Lady and the Justice Sector Coordinating Office to form the sub-committee on the Abolition of Child Marriage to address this dissonance. The sub-committee engaged the Law Reform Commission to draft a new bill that will criminalise child marriage without exception.



THE 2015 POPULATION & HOUSING CENSUS

Census Tabulation

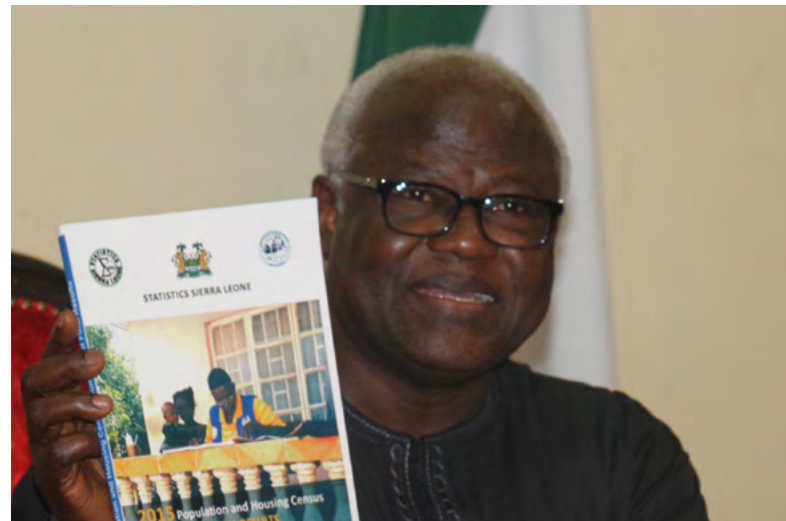
With UNFPA technical and financial support, Statistics Sierra Leone (SSL) organised the Census Tabulation workshop in Makeni from 19 to 25 June 2016. The workshop was attended by 34 participants drawn from the UN Country Team, civil society, universities of Sierra Leone-Fourah Bay College and Njala, political parties and the census technical committee (CTC) members. Six main thematic areas representing the overall results were discussed and agreed on: Socio-Demographic Characteristics and Migration; Housing Facilities; Ownership of Durables; Agriculture; Fertility, Mortality and Nuptiality and Ebola Socioeconomic Impacts. These tabulations were to be designed for producing statistics at all geographical levels - national, regional, district and locality. The workshop was conducted through a mix of expert presentations on the census questionnaire and codes, expected census database, census products and dissemination plan. Group work and presentations by thematic areas were followed by discussions. The workshop ended with the development and adoption of a dissemination plan and tabulation outlines. The outcome guided the writing of the tabulation programme used to generate the final results in December 2016.

Launch of Census Results

The launch of the report was the culmination of a three-year series of activities for the 2015 census process. With significant investment by the Government of Sierra Leone, UNFPA, DFID, Irish AiD and UNDP, a large volume of data was generated on the socioeconomic characteristics of the population, housing conditions and agricultural activities. For the first time, the census data included information on maternal mortality, adolescent health, disabilities and the socio-economic impacts of Ebola. It is envisioned that this new data will satisfy most of the country's data needs for development planning and management over the next ten years. Key stakeholders such as parliamentarians, educational institutions, international organisations, NGOs and the private sector will be better able to develop evidence-based, targeted interventions to reduce poverty.

Donors and observers have commended Sierra Leone on the finalisation of the census and in ensuring the entire process was in accordance with scientifically established and internationally recognised standards and procedures.

The census enumeration exercise took place from 5 to 19 December 2015 followed by a post-enumeration survey (PES) from 27 February to 4 March 2016. The PES provided an opportunity to review content and cover errors that could have been made during data collection. Matching, reconciliation and editing exercises were then completed to ensure accuracy of the data obtained.



His Excellency Dr Ernest Bai Koroma described the census report as the most authentic data the country has ever had, owing to the fact that the report completely adhered to international standards of transparency and accountability.
– Dr. Kim Eva Dickson.

To promote transparency and inclusiveness in the census process, a team consisting of university specialists, the UN country team, civil society, the CTC and representatives from the All Political Parties Association conducted data tabulation. The census provisional results were published on 31 March 2016.

2015 CENSUS KEY FINDINGS

More than 300 specific indicators that reflect the social and living conditions in Sierra Leone

7,092,113

TOTAL POPULATION



3.2%

POPULATION GROWTH



59%

RURAL POPULATION



55.6%

POPULATION AGED 15-64

EDUCATION



55.4%



60.0%



50.9%

EVER ATTENDED SCHOOL (3 YEARS+)

51.4%



59.4%



43.9%

LITERACY RATE (10 YEARS+)

HEALTH



76.4%

DELIVERY IN HEALTH FACILITIES



65.7%

BIRTH REGISTRATION 0-4 YEARS



54.0%

FULLY IMMUNISED 0-5 YEARS



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CHAPTER FIVE

PARTNERSHIPS, RESOURCE MOBILISATION & STAFFING

PARTNERSHIPS

In 2016, we worked with 16 implementing partners to deliver our programmes consisting of government departments and agencies as well as NGOs and CBOs.

Women's Reproductive Health Cluster

- Ministry of Health and Sanitation
- Marie Stopes Sierra Leone
- Planned Parenthood Association Sierra Leone
- Haikal Foundation
- Aberdeen Women's Centre
- CAPA CARE
- Health For All Coalition

Adolescents Youth & Gender

- Ministry of Youth Affairs
- Ministry of Health and Sanitation
- Ministry of Education
- Ministry of Social Welfare
- Office of the First Lady
- Women in Crisis Movement
- Mattie Multipurpose Initiative
- Restless Development
- Fambul Initiative Network
- Health For All Coalition

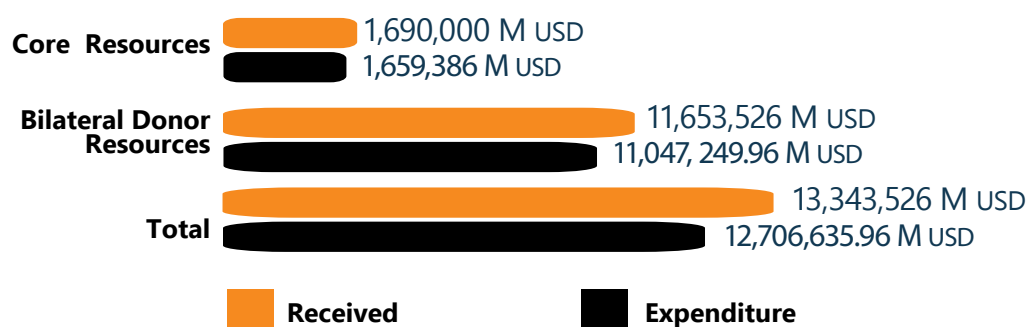
Population & Development

- Statistics Sierra Leone
- Ministry of Finance and Economic Development
- Health For All Coalition



RESOURCE MOBILISATION

UNFPA Sierra Leone had a total expenditure of over **USD 13M**. Apart from the agency's core resources, the following development partners contributed to the year's income; UKAid, Irish Aid, Canada, Japan, World Bank and UNDP.



2016 Bilateral Resources Mobilised

DONORS	AMOUNT RECEIVED
CIDA	2%
IRISH AID	16%
JAPAN	13%
JICA	4%
UZJ10	3%
UJZ18	0%
WORLD BANK	13%
SMALL CONTRIBUTIONS (3FPBF)	0%
THEMATIC TRUST FUND	6%
UNDP	1%
UNITED KINGDOM	42%
UNICEF	0%
TOTAL	100%



COUNTRY OFFICE STAFFING

The Sierra Leone Country Office was staffed with 41 personnel; 31 national staff and 10 international staff.

Staff By Category

National Staff on Individual Contracts	5%
International Staff on Temporary Appointments	7%
International Staff on Fixed Term Contracts	15%
National Staff on Service Contracts	17%
National Staff on Fixed Term Contracts	56%

Source: Global staffing scale 2016



New Staff Welcomed In 2016 Included:

1. Country Representative: Dr Kim Eva Dickson
2. JICA Project Coordinator: Micheal Amara
3. Country Midwife Adviser: Margaret Mannah Macathy
4. SLP Facilities Project Coordinator: Tina Davies



We Bade Farewell To Staff:

1. Country Representative: Dr. Bannet Ndyanabangi
2. Technical Specialist: Philippe Lust Bianchi
3. H6 Project Coordinator: Salma Babu
4. 4 Drivers and 4 Mano River Midwives
5. Midwifery Adviser: Louise Nordstrom
6. Communications Officer: Mustapha Sesay
7. Communications Associate: Melvin Foray
8. Ebola MDSR Surveillance Advisor: Dr. James Mugume





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