Striving for transformative results in Sierra Leone
Ensuring no one is left behind
UNFPA

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

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Ensuring rights and choices for all
Executive summary

In line with the global UNFPA Strategic Plan 2018–2021, UNFPA Sierra Leone has focused its work on achieving three transformative results: ending maternal deaths, ending the unmet need for family planning and ending gender-based violence and harmful practices against women and girls. This annual report outlines our key achievements in 2017 ensuring reproductive health and rights of women and young people remained at the heart of development, amidst persistent challenges and humanitarian emergencies.

In 2017, UNFPA Sierra Leone remained a committed partner to the Government of Sierra Leone through the implementation of the UNFPA Sierra Leone sixth Country Programme Document. Guided by the principles of ‘leaving no one behind and ‘reaching the furthest behind’, UNFPA remains the leading agency that expands the possibilities for women and young people to lead healthy sexual and reproductive lives in Sierra Leone.

UNFPA envisages meeting the Sustainable Development Goals by working in partnership with Government, other UN agencies, civil society organizations, faith-based organizations and non-governmental organizations, to make a significant difference in the lives of millions of Sierra Leoneans, especially those marginalized, forgotten and voiceless.

Every year in Sierra Leone, thousands of women lose their lives whilst trying to give birth; deaths which could be averted. UNFPA recognizes that addressing all the causes of maternal mortality is essential for delivering the Sustainable Development Goals and ending maternal deaths in the country. Last year, with generous funding from the Governments of Canada, Ireland, Japan and the United Kingdom, UNFPA helped significantly strengthen the health system in the country, focusing on building a skilled workforce to combat maternal deaths and reduce maternal morbidity.

Some of our key achievements were investments in building a skilled workforce, particularly nurse anaesthetists, surgical assistants, community health officers and midwives. Efforts to improve obstetric care included investing in health infrastructure and equipment to achieve universal coverage of reproductive health services. In 2017, with funds from the Japan International Cooperation Agency and the Government of Japan, UNFPA equipped and rehabilitated one hospital and seven community health centres. Also during the year, work commenced on the construction and rehabilitation of three hospitals and five community health centres with funds from UK aid through the Saving Lives Programme.

To improve maternal care, UNFPA partnered with the World Health Organization to support the Government in investigating every death through the maternal death surveillance and response (MDSR). Key health professionals were trained in establishing systematic notifications, reviews and responses to maternal deaths.

In 2017, UNFPA continued its work as the primary agency supporting national obstetric fistula interventions. One of the most debilitating pregnancy-related disabilities that is almost entirely preventable, and the result of socio-economic and gender inequalities, obstetric fistula affects the poorest and most vulnerable members of society. UNFPA provided support to strengthen outreach and prevention mechanisms, provide surgical treatments, and rehabilitate and reintegrate those affected, as well as reinforce strategic partnerships.

As the only organization to provide over 95 percent of family planning commodities in Sierra Leone, UNFPA works to end the unmet need for family planning.
The benefits of family planning are not just improved maternal and child health, but increased education and empowerment of women, more financially secure families and stronger national economies. In 2017, our interventions involved capacity-building to provide rights-based family planning services, and improve family planning service delivery, commodity security, logistics management and demand generation.

Addressing gender-based violence is crucial for advancing gender equality and the empowerment of women and girls. In 2017, UNFPA’s interventions on gender-based violence focused on advocacy, psychosocial support, referrals for legal and health services, and income-generating and vocational skills training for survivors. Through the Women’s Empowerment Programme, 120 adolescent and young women who were survivors of gender-based violence were trained in livelihood skills for self-reliance.

Sierra Leone ranks 18 among countries with the highest prevalence of child marriage. UNFPA is the leading United Nations entity working to end such harmful practices. Last year, efforts to eliminate child marriage included the implementation of the joint UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage, and harmonizing the laws on child marriage. In addition, UNFPA created 160 safe spaces for at-risk girls aged 10–19 in districts where child marriage is most prevalent, and provided a variety of trainings to young girls and service providers. Other key interventions included support to the National Girls’ Camp, support for livelihoods, capacity-building training, and the development of life skills manuals. UNFPA provided technical assistance for the development of the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage 2018–2022.

UNFPA worked with the Government to develop the National Roadmap to implement the National Youth Scheme to increase the employability of young graduates. This was part of our efforts to help harness the country’s demographic dividend through four pillars, namely: health and well-being; education and skills development; rights, governance and youth; and employment and entrepreneurship. We will continue to invest and empower adolescents and youth, especially adolescent girls, to enable them to exercise their rights.

In August 2017, the country faced a devastating landslide and subsequent flooding affecting thousands of people in the surrounding areas. UNFPA led in coordinating interventions for sexual and reproductive health and preventing gender-based violence. Key activities included the distribution of dignity kits, emergency reproductive health kits, and mama and baby kits; support to pregnant women to access quality maternal health services; training community health workers and temporary camp staff; and collecting data to inform humanitarian responses. UNFPA remains committed to enhancing collaboration in emergency preparedness and response.

UNFPA works to strengthen national capacity to generate reliable data and information for national development planning. In 2017, UNFPA supported Statistics Sierra Leone in a series of activities to disseminate the 2015 Population and Housing Census results which included technical assistance in the production of thematic census reports and a national analytical report.

Whilst we are proud of our achievements, which indicate real progress, we fully recognize that much more work needs to be done. We are committed to building on the progress made by continuing to support capacity-building and the implementation of comprehensive and essential reproductive health services. To strengthen national ownership and capacity, UNFPA in Sierra Leone will continue to contribute substantially to the implementation of the 2030 Agenda and the Sustainable Development Goals.
In 2017, with the value-added contributions of our partners and donors, UNFPA brought transformative changes to the lives of tens of thousands of adolescents, young people and women, as highlighted in these key results:

**ENDING MATERNAL DEATHS**

- **88%** of reported maternal deaths investigated

- **151** midwives graduated
- **70** midwife trainers trained in preceptorship
- **240** health service providers trained in Emergency Obstetric and Newborn Care
- **121** surgical repairs performed on fistula clients to restore their quality of life and dignity
- **7** community health centres and one district hospital and rehabilitated to provide quality Emergency Obstetric and Newborn Care
- **463** maternal deaths averted
2017 at a glance

ENDING UNMET NEED FOR FAMILY PLANNING

386,091 new users of modern contraceptives

372,066 couple Years Protection achieved

63,022 unintended pregnancies averted

59,622 young persons reached with family planning messages

12,016 pregnant women, adolescents and young people treated for other types of sexually transmitted infections

380 service providers trained in the provision of family planning methods
**2017 at a glance**

**ENDING VIOLENCE AND HARMFUL PRACTICES AGAINST WOMEN AND GIRLS**

- **7,333** vulnerable adolescent girls reached with life skills, health, psychosocial and economic training about child marriage, teenage pregnancy and other harmful practices, in UNFPA safe spaces.

- **613** gender-based violence cases referred for support and sexual and reproductive health services.

- **120** communities signed Memorandums of Understanding to end child marriage and other harmful practices.

**EMPOWERING YOUTH AND SUPPORTING THEIR EDUCATION AND EMPLOYMENT**

- **3,578** adolescents reached with sexual and reproductive health and family planning services and information.

- **542** healthcare workers trained in the life skills for youth empowerment.

- **240** healthcare workers trained in adolescent and youth friendly services.
Chapter 1
Ending maternal deaths

Every year in Sierra Leone, thousands of pregnant women lose their lives while giving birth. An overwhelming number of these maternal deaths in Sierra Leone are due to preventable factors. At the heart of our work, UNFPA aims to end preventable maternal deaths by supporting the Government in strengthening its skilled workforce, improving health facilities, monitoring data on maternal deaths, and addressing maternal morbidity.

1 in 17 bear a LIFETIME risk of dying during pregnancy and childbirth
Building a skilled workforce to combat maternal mortality

One in 17 women bear the lifetime risk of dying during pregnancy or childbirth.\(^1\) However, approximately 70 percent of these deaths could be averted if the country’s health workforce status (availability, distribution and competency) is strengthened. Similarly, to other low-income countries around the world, there is a shortage of specialists such as surgeons, obstetricians, anaesthetists, and midwives. The UNFPA country office supported the Government of Sierra Leone by investing resources and technical expertise for the training of healthcare providers, particularly nurse anaesthetists, surgical assistants, community health officers and midwives.

While anaesthetic services are critically required during obstetric emergencies, such specialization is severely lacking in the country. In an effort to improve the quality and availability of emergency surgical and obstetric care in Sierra Leone’s district hospitals, UNFPA supported 30 new students in the 18-month long National Nurse Anaesthetist Training Programme. UNFPA provided support for expert lecturers as well as subsistence allowances for the students. UNFPA supported task-shifting (defined by the World Health Organization [WHO], as a rational redistribution of tasks among health care workers to maximize efforts of the existing workforce for several tasks, including certain surgical procedures). This was facilitated by working with CapaCare to conduct a 3 year intensive training programme of community health officers and medical officers in emergency surgical and obstetric care.\(^1\) Graduates from CapaCare are deployed to hospitals across the country, which expands access to surgical care and increases the availability of trained providers to perform C-sections among many other life-saving interventions. The project is expected to double the surgical capacity of Sierra Leone during the current sixth country programme.

In February 2017, UNFPA headquarters’ Global Midwifery Coordinator helped the country office to review midwifery programming in Sierra Leone and devised a midwifery implementation plan for the country office. Among other things, midwifery tutors and other stakeholders learnt key life-saving skills through the introduction of e-learning into the curriculum.

A total of 151 midwives graduated in 2017; 91 from the National School of Midwifery in Freetown and 60 from the School of Midwifery in Makeni which was supported with funds from UK aid through the Saving Lives Programme. As a result, the number of competent midwives in the country increased from 496 at the end of 2016 to 647 in 2017.

\(^{1}\) CapaCare, Progress report, 2017
Improving health facilities and care for obstetric emergencies

UNFPA provided technical support to the Government of Sierra Leone during 2017 to address how to improve the treatment of obstetric emergencies. UNFPA, in partnership with Doctors with Africa (CUAMM), supported the delivery of quality Comprehensive Emergency Obstetric and Newborn Care (CEmONC) in three district hospitals: Bonthe Government Hospital, Bo Government Hospital and the Princess Christian Maternity Hospital, the only referral hospital for obstetric emergencies in the country. In 2017, 6,516 women and young girls directly benefited from these interventions and 6,691 potential maternal deaths were averted.

With financial support from the Government of Japan, JICA and UK aid, UNFPA has been working with the Government of Sierra Leone to rehabilitate health facilities to enhance the quality and availability of Emergency Obstetric and Neonatal Care (EmONC) services. UNFPA has completed infrastructure rehabilitation or reconstruction, solar electrification and equipping one CEmONC and seven Basic Emergency Obstetric and Newborn Care (BEmONC), with funding from the Government of Japan and JICA. Renovation and new construction are underway in three CEmONC and five BEmONC facilities, with funding from UK aid. UNFPA also procured medical equipment worth USD 400,000 to fully equip the rehabilitated facilities.

With the Multi-Partner Trust Fund, UNFPA supported the training of 40 master trainers in EmONC competency who in turn trained 240 EmONC service providers.

With the funding from UK aid through the Saving Lives Programme, UNFPA supported the Government of Sierra Leone in conducting a rapid assessment of the current status of EmONC services in the country, and to review progress and identify gaps and needs, in 173 EmONC facilities.
Reporting and responding to maternal deaths

Maternal death surveillance and response (MDSR) contributes to better information for action by promoting the routine identification and timely notification of maternal deaths, the review of maternal deaths and the implementation of processes to avert recurrences. In May 2017, UNFPA supported the launch of the 2016 MDSR Annual Report with the then President, Dr. Ernest Bai Koroma, who stated that the Government and partners were committed to saving women’s lives through substantive investments in health services and quality of care.

While maternal deaths are regarded as notifiable events in Sierra Leone, data from the 2016 MDSR Annual Report indicates that reporting was quite low. In 2017, UNFPA, with funds from UK aid through the Saving Lives Programme, supported the training and capacity-building of targeted professionals to strengthen systematic notification, as well as reviews and responses to maternal deaths. To enhance prompt notification of maternal deaths from communities, 359 community health workers were trained. A total of 28 midwives, two from each of the country’s 14 districts, were selected and trained as maternal death investigators to conduct verbal autopsies and investigations and complete maternal death reporting forms. The training enabled them to undertake detailed and quality investigations of maternal deaths at both hospital and community levels.

A national MDSR coordinator was supported by UNFPA to train 33 monitoring and evaluation officers in the accurate data entry of MDSR information, and in using the appropriate codes per the WHO guidelines on the 10th International Classification of Diseases (ICD-10). UNFPA also supported the printing and distribution of 2,828 MDSR data collection tools for the entire country and provided operational costs for trained midwife investigators to conduct the reviews and verbal autopsies.

UNFPA supported the management of district and hospital monthly MDSR committee meetings in all 14 districts in early 2017. The committee members reviewed the causes of maternal deaths and identified solutions to overcome bottlenecks within the health system to avert similar deaths in future. UNFPA also supported the members of the National MDSR Committee to implement supportive supervision and monitoring visits to Kenema, Tonkolili, Kono and Koinadugu districts.

In 2017, 487 maternal deaths were notified and 88 percent of them were investigated.

As the number of annual maternal deaths in the country ranges between 2,400 and 3,100, the current notification rate is about one fifth or less.

3 Sierra Leone MOHS Progress Report, 2017.
The construction and rehabilitation of five Basic Emergency, Obstetric and Neonatal Care (BEmONC) and three Comprehensive Emergency, Obstetric and Neonatal Care (CEmONC) health facilities will take place in eight districts: Kambia, Bombali, Tonkolili, Kailahun, Kono, Western Rural, Western Urban and Pujehun. The structural work will include the rehabilitation of maternity wards, staff quarters, community health centres and a maternity building.

According to Sally Taylor, Head of UK aid in Sierra Leone, “The £6m provided for the construction and rehabilitation of EmONC facilities across Sierra Leone demonstrates the UK’s continued commitment to partner with Government to improve health care for women and children and reduce maternal and under-five mortalities. These new facilities have the potential to deliver improved quality of obstetric and neonatal services with skilled health workers, reliable drugs and sustained and continued funding from Government.” The eight EmONC facilities are part of UK aid’s Saving Lives Programme in Sierra Leone that aims to save women’s and children’s lives by improving the quality, availability and accessibility of reproductive, maternal, newborn and child health services in the country.

UNFPA country representative Kim Eva Dickson stated, “UNFPA is pleased to be part of this initiative to construct health facilities which will provide services to women, children and men in dire need of health care.” She added, “UNFPA’s support is not only for the building of the structures, but we are also working with the Ministry of Health and Sanitation to equip the facilities and train health staff to provide high quality care in all of the facilities.” UNFPA’s support also includes improving access to family planning for women, training health care providers in emergency obstetric care, training midwives to monitor normal labour and prevent and manage the complications of labour and delivery, as well as scaling up the provision of comprehensive SRH information and services.

In his remarks, Dr Abu Bakarr Fofanah, the Honourable Minister of Health and Sanitation said, “The Ministry of Health and Sanitation appreciates the financial support from the British people and values the collaboration with UNFPA as the tripartite partnership embarks on this strategic project.” He added, “The construction of eight EmONC facilities, with financial support from UK aid, is one of the health sector’s contributions to the country’s overall effort in building back better after the devastating Ebola Virus Disease outbreak. The Ministry looks forward to successful implementation of the projects and to fully restore better health care services to the communities.”
Obstetric fistula is one of the most debilitating pregnancy-related disabilities that affects young girls and women who do not have access to quality maternal health services. This is the result of socio-economic and gender inequalities, and the failure of health-care systems to provide accessible, high-quality maternal health care during childbirth, and during emergency obstetric care in cases of complications. In 2017, the UNFPA country office worked in partnership with two non-governmental organizations (NGOs), Aberdeen Women’s Centre and Haikal, to seek out, treat, train, reintegrate and advocate for young girls and women suffering from obstetric fistula.

In 2017, the combined media campaign targeted a nationwide audience and reached approximately 11,000 individuals across 40 communities in 12 districts. Additionally, 36 road shows travelled across the Western area districts. Other efforts to disseminate integrated fistula and family planning messaging included the distribution of Information, Education, Communication/Behaviour Change Communication (IEC/BCC) materials, TV discussions, radio jingles, interviews and announcements in Sierra Leonian languages.

The key achievements of UNFPA’s fistula interventions include the screening of 318 potential fistula clients and the surgical repair of 121 confirmed fistula cases. Furthermore, UNFPA provided support for the rehabilitation and reintegration of 80 fistula clients who received psycho-social counselling and basic livelihood skills training in soap making, tailoring, gara tie and dyeing, agriculture and weaving.

They also acquired skills in running a small business and learnt about managing savings. In addition, each survivor received 1 million Leones (USD128) to embark on livelihood/income generating work in their respective communities.

To ensure that fistula programming in Sierra Leone remained sustainable, UNFPA intensified advocacy efforts and worked to strengthen strategic partnerships and government coordination. In October 2017, the Ministry of Health and Sanitation inaugurated the National Obstetric Fistula Committee (NOFC) with technical support from UNFPA. The committee involves key government ministries, development partners and NGOs. UNFPA also committed to providing ongoing support to the NOFC whose activities include designing and implementing the Islamic Development Bank multi-year ‘Coalition to Stop Obstetric Fistula’ project, conducting a national situation analysis and updating the expired National Obstetric Fistula Strategy.
BO, Sierra Leone, 7 December 2017 – Eighty women and girls between the ages of 15-52 stood in solidarity and with pride to receive their certificates as members of Haikal’s fifth graduating class on livelihood skills training for fistula survivors. The occasion marked the end of a dark and harrowing chapter in their lives: for many of the new graduates, fistula represented far more than a medical issue and their graduation ceremony represented for them a new lease on life.

In a powerful speech that moved many to tears, Yaewah Lahai, a 15-year-old fistula survivor from Kailahun District, spoke about the systemic disadvantages that lead women and girls like her to contend with the physical devastation of obstetric fistula. Having fully recovered, Yaewah spoke with unabashed confidence about how she was forced to marry a 65-year-old man as his fourth wife because her family could not afford the cost of her school fees: around 200,000 Leones (USD30). Yaewah became pregnant shortly after her marriage. Due the lack of skilled birth attendants in her community, Yaewah had no one to help her when she went into labour which became an agonizing process that lasted three days. Ultimately, Yaewah lost her baby during the process and because her pelvic tissues had been heavily compressed for such a long period of time, she developed obstetric fistula which left her body unable to withhold urine and fecal matter. Similar to many women and girls in her position, Yaewah was abandoned by her husband, relatives, friends and community and was forced into living in isolation. However, Yaewah spoke of how her story slowly turned to one of recovery and triumph, as she recalled the strength she gained through her treatment, therapy, rehabilitation and training courses, with the support of UNFPA.

UNFPA’s country representative, Dr. Kim Dickson, delivered the graduation’s keynote address which focused on preventing new cases by putting an end to early child marriage and the harmful traditional practice of female genital mutilation. “All women should have the right choose when they want to have a child, and how many children they want to have,” said Dr. Dickson, “A young girl’s body is not fully matured and it’s not equipped to carry a pregnancy which is what causes girls to develop fistula in the first place.”

Whilst Yaewah’s story was truly remarkable, the other 79 graduates had equally compelling stories. Executive Director of Haikal, Haja Hawa Turay, consistently referred to her new graduates as ‘champions’, as their road to recovery required lion-hearted determination. In addition to bearing the physical challenge of surgery, the women and girls had to undergo psychosocial counselling to mitigate other tragedies that they had experienced as well during the years of seclusion and isolation.
Chapter 2

Ending unmet need for family planning

The unmet need for family planning in Sierra Leone is estimated at 25 percent for all women, and as high as 30 percent among adolescents aged 15-19 years (SLDHS 2013). The total fertility rate is high and estimated at 4.9 children per woman. To achieve the transformative results to end the unmet need for family planning, the country office strengthened partnerships to provide sexual and reproductive health (SRH) and family planning services, supported the strengthening of supply chain systems, built capacity for the delivery of rights-based family planning services.

25% unmet need for family planning in Sierra Leone for all women

30% among adolescents aged 15-19 years

(SLDHS 2013)
Strengthening the supply chain system

While knowledge of contraception is widespread, the Contraceptive Prevalent Rate (CPR) is low, at 16 percent one of the lowest in the West and Central Africa region. **UNFPA continues to provide over 95 percent of family planning commodities in the country**, made possible with generous funding from the UNFPA Supplies programme and UK aid through the Saving Lives Programme. Commodities worth over USD2.9 million were procured and distributed to 1,354 government health facilities, Planned Parenthood Association of Sierra Leone, and Marie Stopes Sierra Leone. These include contraceptive implants (Levoplast and Jadelle), contraceptive injectables (Depo-provera and Noristerat), emergency contraceptive pills, combined oral contraceptive pills, progesterone only pills, male and female condoms, and subcutaneous Depo-Sayana Press.

The fragmented supply chain was one of the challenges highlighted in the 2017 mid-term evaluation of the UNFPA Supplies Programme. Others are: separate distribution for free health care, reproductive health, and family planning commodities causing delays in distribution and inefficiencies; irregular and unpredictable shipments to the warehouses and insufficient coordination among partners regarding support to the supply chain (planning, distribution and capacity-building). Additional challenges include limited funding, especially from the Government for commodity procurement, multiple supply chain systems that are not properly integrated, a flawed distribution system leading to severe stock-outs, and limited use of logistics management and information system data for programmatic activities. UNFPA also supported MoHS to conduct a Reproductive Health Supplies Survey which indicated that about 70.2 percent of service delivery points face stock-outs at different levels of service delivery all over the country, mostly caused by major bottlenecks in the supply chain system.

In 2017, UNFPA engaged in a number of activities to ensure the availability of reproductive health and family planning commodities, and commodity security in Sierra Leone. UNFPA supported the Department of Drugs and Medical Supplies (DDMS) with financial and technical support for commodity quantification, forecasting, ordering, capacity building and distribution. To inform better planning, UNFPA also supported the DDMS in inventory management, stock monitoring and tracking, and in the collation of logistics data. To improve the quality of the logistics management and information system in the country, UNFPA financially supported district information officers who manage the CHANNEL software used for commodity management at the national level in 13 districts. Additionally, UNFPA assisted in strengthening their skill set, and provided necessary equipment such as computers to enable them to analyse data and present the findings at the national level.

In addition, UNFPA supported the civil society organization Health for all Coalition to strengthen the advocacy and community monitoring of reproductive health commodities, logistics, and other resources required for the successful implementation of the Free Health Care Initiative in Sierra Leone. In 2017, 504 health facilities across the country were monitored by 174 chieftdom monitors to generate evidence-based data on the stock of reproductive health supplies. The data is used to inform the Directorate of Drugs and Medical Supply, and District Health Management Teams, to ensure health facilities reporting stock-outs are provided with supplies of reproductive health commodities.

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6 UNFPA Supplies Survey 2017

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**About 70.2% of service delivery points face stock-outs at different levels of service delivery all over the country, mostly caused by major bottlenecks in the supply chain.**
Family Planning 2020 Summit – London

In July 2017, the global London Family Planning 2020 Summit was held that called for countries to renew their commitment to expanding access to modern contraception to an additional 120 million women and girls, a goal set five years ago. From April to July 2017, UNFPA provided leadership to facilitate the preparation, in partnership with DFID, for the summit. UNFPA, in collaboration with the Ministry of Health and Sanitation, and partners, provided technical and secretariat support in drafting and finalizing the country’s family planning commitments for the 2020 summit. UNFPA also provided support to Government to provide briefings to senior government officials including the Ministers of Health and Sanitation and the Minister of Finance and Economic Planning, and other relevant stakeholders.

As part of the in-country preparations to sensitize policy makers and members of the public on the London commitments, and to galvanize broad stakeholder inputs into the commitments, UNFPA provided technical and financial support to the government by implementing a week-long series of activities for World Population Day. The activities included an inter-generational dialogue on family planning targeting young people, older people, faith-based groups and other key stakeholders; family planning/SRH community outreach services in Dwarzak community in Freetown (a deprived community); and a boat outreach service for the delivery of family planning services in riverine and hard-to-reach communities on Bonthe Island. UNFPA also organized the official launch of the 2017 World Population Day celebration, which included the provision of family planning and SRH through mobile services.

The World Population Day outreach activities reached:

- 793 clients with services and other family planning and sexual reproductive health messages; 559 of them were young people
- 416 clients received contraceptives out of which 349 were new acceptors
- 343 women and young people were screened and tested for STIs
- 67 implants were inserted
Training family planning providers

The training of programme personnel is essential as knowledgeable staff are key to ensuring that high-quality family planning services are effectively provided to the population. The broad goal of family planning training activities under the reproductive health and family planning programme, within the Ministry of Health and Sanitation, is to produce a core team of highly qualified professionals to manage and provide family planning and reproductive health services safely and efficiently, with ethical norms and a high quality of care.

In 2017, UNFPA’s support to the Government of Sierra Leone and other partners in the area of family planning aimed to enhance the service providers’ technical knowledge, professional proficiency and skills through competency-based hands-on training.

UNFPA provided technical support to the Government’s reproductive and family planning programme to develop a short-term family planning methods training curriculum using a competency-based approach. The training curriculum included the development of a service providers’ handbook and a trainers’ manual. A total of 520 training manuals and 1,530 service provider manuals were supplied to the Ministry of Health and Sanitation for distribution at training sessions.

The new training manuals were used by UNFPA in collaboration with the Ministry of Health and Sanitation to train 380 service providers in quality family planning services. A total of

- 240 service providers were trained in long-term family planning methods (implants and IUDs) in 11 districts (Bombali, Tonkolili, Koinadugu, Kambia, Port Loko, Kailahun, Kono, Bo, Pujehun Bontho and Western Area Rural).
- 140 service providers were also trained in short-term family planning methods (oral contraceptive pills, emergency contraceptive pills, contraceptive injectables, male and female condoms) in four districts (Bombali, Kenema, Bo and Moyamba).
Improving family planning service delivery

UNFPA collaborates with government and international NGOs the Planned Parenthood Association of Sierra Leone and Marie Stopes Sierra Leone, to provide family planning and SRH outreach services to marginalized women, girls and other vulnerable populations in hard-to-reach areas.

In addition, three national NGOs, Haikal, FINE-Sierra Leone and Matei Initiative Empowerment Program for Sustainable Development (MATCOPS), are supported to distribute contraceptives through non-formal distribution channels.

With UNFPA’s assistance, potential family planning clients received both long-term and short-term family planning services. They also received treatment for sexually transmitted infections, and information on the benefits of delivering their children at health clinics. Clients were also provided with integrated SRH outreach services in 10 supported districts (Western Area Urban, Western Area Rural, Kenema, Kambia, Pujehun, Moyamba, Kailahun, Bo, Port Loko and Koinadugu). UNFPA also supported the provision of family planning services in 1,354 government health facilities depending on their needs to provide quality family planning services. All of these facilities had different cadres of service providers who were trained in family planning and supplied with good quality contraceptive commodities.

In late 2017, UNFPA’s work resulted in the achievement of a combined Couple Year of Protection (the estimated protection provided by contraceptive methods in a one-year period) in both the public and private sector, of 372,066 people. A total of 386,091 new acceptors, and 59,662 adolescents and young people, were reached with family planning messages to increase their awareness and demand for family planning services.

50,364 key messages on family planning and maternal health were provided to women and young people to increase the demand for quality family planning services.

11,867 brochures and 40,000 posters were produced and distributed to target audiences.

96 community awareness sessions conducted.
PUJEHUN/BUEDU, Sierra Leone – When Aminata Kabba became pregnant last year, at 15 years of age, she had no idea how difficult her life would become. “Having a child at my age was a big mistake,” she said. Becoming a mother has disrupted her education and her life trajectory. “I don't work. I am a school dropout due to my pregnancy. I am not happy that my peers are in school while I am at home nursing a baby.” But her situation is all too common: Sierra Leone has one of the highest adolescent birth rates in the world, at 125 births per 1,000 girls aged 15-19.

Aminata said early motherhood had simply seemed normal in her village, Sembehun 17 in Pujehun District. Nearly half of the girls 15-19 years old in Pujehun were pregnant or had been pregnant, according to a 2013 survey. “When my two best friends got pregnant within a short interval, this influenced me to also start thinking of doing the same,” Aminata said. But in Sierra Leone, girls who are visibly pregnant are not allowed to attend school, a factor contributing to girls’ low school completion rates. Only about 35 percent of Sierra Leonean girls of secondary-school age are enrolled in secondary school, according to the 2016 State of World Population report.

These figures represent a major loss in girls’ opportunities and capabilities. Collectively, their communities and country miss out on the labour, income and ingenuity they might have provided had their full potential been realized. But Aminata has found an option that could help get her life, and the lives of many young girls, back on track: contraception.

“I had very little knowledge about contraception and the different kinds of contraceptives available,” explained Aminata. It was when her newborn fell sick and she visited her local health facility that she learned that Marie Stopes Sierra Leone and UNFPA were providing contraceptives. “I became moved by the talks they gave on family planning and the different methods,” she said.

After receiving counselling from a health worker, Aminata decided to get an intrauterine device, which can prevent pregnancy for years. If she is able to return to school, the contraceptive will help her reach her goal of becoming a nurse. “The staff encouraged me, and they talk to me regularly about going back to school because that is where my future lies,” she said.

Memunatu Fofanah, in Buedu, Kailahun District, had a similar experience. She also got pregnant at age 15 and dropped out of school. “The father of the baby abandoned me, and my aunt, with whom I was staying, drove me out of the house. I had to stay in the neighbourhood with friends,” she said. “After I gave birth in 2015, I had no income or support for my baby or myself from any family member.” But she received a little help from neighbours, and started selling fried cakes to make ends meet. Through sheer determination and hard work, Memunatu was able to return to school.

Still, she was concerned about her future. “My worry was how to prevent myself from [having] another pregnancy,” she said. Fortunately, “the opportunity came sooner than expected,” she said. She learned about a youth group, supported by UNFPA and the Planned Parenthood Association of Sierra Leone (PPASL) that helps vulnerable adolescent girls learn about SRH.

Through the programme, Memunatu learned how to prevent another pregnancy. She ended up getting a contraceptive implant at a mobile outreach event operated by PPASL, with support from UNFPA. During this time, she also became a peer educator, teaching other young men and women about their reproductive health and rights. Says Aminatu, who wants more people to understand the link between contraceptives and education, “My advice to my family members and friends is that family planning is the only thing that will keep us in school when we are sexually active.”

Teens in Sierra Leone turn to family planning

@ Marie Stopes Sierra Leone
Chapter 3
Ending violence and harmful practices against women and girls

Ending child marriage

One of UNFPA’s areas of focus in Sierra Leone in achieving gender justice and equality has been preventing forms of violence and social practices that violate the human rights and the health of women and girls.

In Sierra Leone, as in other countries in West and Central Africa, child marriage remains high. The elimination of child, early and forced marriage is one of the main targets towards achieving Sustainable Development Goal 5 on gender equality. Sierra Leone is one of 12 countries implementing the Joint UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage. Sierra Leone ranks as the 18th country with the highest prevalence of child marriage globally, with 38.9 percent of girls married before age 18 among 20-24 years, and 12.5 percent married before age 15 among 20-24 years (DHS, 2013).

Harmonizing contradictory laws on child rights

The 2007 Child Rights Act stipulates the age of marriage at 18 years, but The Registration of Customary Marriage Act 2007 states that a child under 18 years can marry with parental consent. Thus the two laws are contradictory and the latter contravenes the rights of a child. In 2017, UNFPA, UNICEF, the Law Reform Commission and other partners continued their work on the harmonization of these contradictory laws on child marriage. The advocacy included radio discussions and the validation of the report by community stakeholders from the districts. The result of this community engagement was consensus on a bill to be drafted on the total eradication of child marriage in Sierra Leone.
From January to June 2017, a refresher training was provided to 340 mentors and staff working in the programme on asset-building and life skills to support the girls. The girls were trained by the mentors on key life skills including: leadership, decision-making, critical thinking, SRH, psychosocial and economic empowerment. In July 2017, UNFPA conducted a second mapping exercise in four districts (Bonthe, Tonkolili, Koinadugu and Pujehun) to identify the most vulnerable girls. Approximately 4,420 at-risk girls were identified to be recruited for the Girls’ Clubs in four districts.

UNFPA built a cascading leadership model throughout the programme to nurture future leaders and ensure sustainability. In the programme, girls who are more interested in developing their skills, have higher levels of education, and show leadership potential are identified as mentors. They are trained to lead and mentor the girls in the clubs and are paid a small sum to raise awareness of the programme within their communities. In contrast to peer programmes, mentors are slightly older than the girls in the programme.

In 2017, with UNFPA support, approximately 7,333 adolescents received life skills education in established Girls’ Clubs. UNFPA created 160 safe spaces in districts where child marriage is most prevalent (Port Loko, Kambia, Bonthe, Tonkolili, Koinadugu and Pujehun). Each safe space includes a club with 25-30 girls who are placed into two age groups: 10-14 years and 15-19 years. Safe spaces generally are girls-only spaces, as public spaces are often inhabited largely by men and boys. Community halls, dedicated programme spaces, school classrooms and youth centres are often used as safe spaces. The girls helped to map the locations where they felt safe and obtained permission to use those spaces.

Supporting Girls’ Clubs

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Engaging boys and men

Recognizing the importance of involving men and boys in interventions supporting women and girls, UNFPA through FINE-SL MenEngage Network, an NGO, is delivering on its commitment through the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage in six key districts in Sierra Leone. Community stakeholders including paramount chiefs and town chiefs were mobilized in communities in Koinadugu, Tonkolili, Port Loko, Kambia, Pujehun and Bonthe districts. They participated in training and dialogue sessions to enhance their knowledge on the legal frameworks that protect women and girls. As a result of these interactions, 120 communities signed Memorandums of Understanding on the adolescent girls programme and the importance of ending child marriage and other harmful practices in Sierra Leone.

Ending gender-based violence

During 2017, UNFPA supported the NGO, Women in Crisis Movement, to provide services, which included psychosocial counselling, safe homes, and referrals for health, and legal services to survivors of gender-based violence. UNFPA enhanced the referral pathway for investigation by working with the police who operated by six Family Support Units in the Western area. Through the Women’s Empowerment Programme, 120 adolescent and young women who were survivors of gender-based violence were trained in livelihood skills for self-reliance. The programme aimed to provide the survivors with income-generating training in an effort to deter them from returning to the perpetrators – mostly their intimate partners whom they used to rely on financially. Ninety commercial sex workers were also recruited into the programme as most of them were affected by gender-based violence from their clients.
Partnering in the Community of Practice

In November 2017, UNFPA, as part of the Community of Practice on gender-based violence, actively supported the international 16 Days of Activism Against Gender-Based Violence campaign. Community of practice members included: UN Women, Christian Aid, European Union, DFID, Family Support Units, Handicap International, Plan International, Save the Children and UNICEF to name a few. The Community of Practice, in support of the global campaign, developed joint messages on gender-based violence, prevention and response which were disseminated to the general public through mobile phone text messaging and social media, and developed tools for recording and tracking incidences of gender-based violence.

UNFPA, with funds from UK aid, supported the Ministry of Social Welfare Gender and Children’s Affairs in coordinating the work of community wellness advocates, in partnership with the Ministry of Health and Sanitation, and working closely with the district medical teams at the district level. In 2017, community wellness advocates, who are former traditional birth attendants, based in Bombali and Tonkolili districts, received refresher training on SRH and gender-based violence. The refresher training built their ability to conduct outreach activities and home visits to mobilize pregnant women for antenatal care, institutional delivery and postnatal care. The training also raised their awareness of family planning, and the monitoring and reporting of gender-based violence cases. Community wellness advocates are operational in six districts (Bombali, Tonkolili, Bonthe, Pujehun, Kono and Kailahun), and have referred 51,025 women and girls to various SRH services, of which 331 were for gender-based violence services.
High-level global meeting on ending child marriage

UNFPA, the United Nations Population Fund, and key partners met at a two-day national High Level planning workshop to end child marriage and teenage pregnancy in Sierra Leone. Organized by the Office of the First Lady, the workshop gave partners an opportunity to contribute to the planning and preparation required to showcase Sierra Leone’s achievements and challenges for a regional High-Level Meeting on ending child marriage taking place in Dakar (Senegal).

The planning workshop enabled partners to share successes, challenges and opportunities to end child marriage and teenage pregnancy, as well as track the progress made so far. Partners included government stakeholders, UNICEF, UNFPA, UN Women, Save the Children, Plan, World Vision, civil society organizations and traditional, religious and community leaders.

Chairing the two-day High-Level planning workshop, First Lady Sia Nyama Koroma said, “Addressing the plight of children to realize their full potential and contribute towards sustainable development is significant. Sierra Leone needs to take urgent actions to change the grim stories and help achieve sustainable development goals.”

UNFPA and UNICEF are jointly implementing the Global Programme to Accelerate Action to End Child Marriage. The Global Programme approach recognises that ending child marriage will involve addressing complex socio-cultural and structural factors which contribute to child marriage over an extended period.

Said UNFPA Country Representative Dr. Kim Eva Dickson, “When girls marry early, they are more likely to drop out of school, be unemployed and experience violence and harassment. A delayed marriage greatly improves a girl's chances for a healthy and productive life.” Kim Dickson added, “The benefits of a later marriage go beyond the girl: her children, family, community and country experience better health, economic and social outcomes.”

In her remarks at the workshop, Deputy Minister of Social Welfare, Gender and Children’s Affairs Rugiatu Neneh Turay affirmed the role of girls’ education: “The government is committed to investing in girls’ education and supporting retention in primary, secondary and tertiary education; these have a multiplier effect in delaying marriages.”
UNFPA Sierra Leone's key interventions to empower adolescents and young people cover a range of services that include providing life skills to young people, youth-friendly health services and safe spaces and girls' camps. These measures are designed to support livelihoods and develop capacity, as well as to build personal knowledge and social environments that promote good health and personal safety.

As part of the efforts to reduce the high rates of teenage pregnancies in Sierra Leone, the Government, under the leadership of the National Secretariat for the Reduction of Teenage Pregnancy, UNFPA and UNICEF, with funding from UK aid and Irish Aid, provided technical assistance to develop a new strategy for the Reduction of Adolescent Pregnancy and Child Marriage 2018-2022.
According to the 2013 Sierra Leone Demographic and Health Survey, the adolescent birth rate is 125 births per 1,000 women age 15-19. A 2016 study commissioned by the National Secretariat for the Reduction of Teenage Pregnancy identified school dropout, illiteracy, and peer influence as contributing factors to teenage pregnancy in Sierra Leone. The study indicated that girls equipped with key life skills such as knowledge about the process of contraception and higher levels of relationship control were less likely to fall pregnant than their peers.

In 2017, with Irish Aid funding, UNFPA, UNICEF and Save the Children provided technical support to the National Secretariat for the Reduction of Teenage Pregnancy, to develop life skills manuals for young people aged 9–13 and for those aged 14 years and older. The life skills manuals were developed with the national cultural context in mind and lessons taught in the Krio Language and other languages. The life skills manuals contain information on sexual and reproductive health and other physical, intellectual, and psychological developmental issues. UNFPA supported the training of facilitators to cascade their knowledge to targeted service providers such as health care workers, teachers, non-governmental staff, social workers, peer educators and community health workers. Pre-training and post training test scores indicated that training was highly beneficial; the pre-test average score was 59 percent to the post-test average score of 73.3.

Launching the Demographic Dividend

The demographic dividend is the economic growth potential that can result in shifts in a population's age structure. A growth potential occurs when the working age population (15–64 years) is greater than the non-working age population. A demographic dividend can occur during a window of opportunity created by reductions in mortality, improvement in health care and increased economic productivity. Long-term investments in the health of adolescents and youth, including SRH, can help accelerate economic growth when combined with appropriate investments in education and economic planning.

In April 2017, the former President of Sierra Leone, launched the Demographic Dividend with UNFPA. The launch, which took place during National Youth Development Week, attracted a large number of government ministers, diplomats, media representatives and members of the public. The launch provided the Government of Sierra Leone with an opportunity to reaffirm its commitments to empower youth through the development of a roadmap. It also provided a platform for UNFPA and development partners to advocate for improved engagement with young people regardless of gender, religion, demographics and differing abilities, to empower them to contribute significantly to society.

In 2017, UNFPA supported the National Youth Secretariat under the Ministry of Youth Affairs to develop the National Roadmap for the implementation of the National Youth Service Scheme. The scheme aims to increase the employability of young graduates and provide them with work experience.

Assessment of adolescent and youth friendly health services

Early in 2017, UNFPA supported the National Adolescent and School Health Programme of the Ministry of Health and Sanitation to conduct a baseline assessment of Adolescent and Youth Friendly Health Services in 30 community health centres throughout the country. The main objective of the assessment was to determine the status of the structure, supplies staffing and services in selected healthcare facilities in order to implement quality improvement methodologies and processes in these facilities.

Key findings included the following: spaces for services for adolescents were either not available, or if available, were shared with family planning services or required further exploration. Key supplies for the provision of quality adolescent SRH services were not available in many of the assessed facilities, and only 66.7 percent of the facilities had at least one staff trained in adolescent and youth friendly health services. Family planning posters were the most common IEC/BCC materials in all the facilities. This indicated the need to invest in IEC/BCC targeting adolescents and youth. About one third of the facilities lacked an adolescent and youth friendly health services register. Completion of registers is generally poor.
These findings indicated that there is a dire need to invest in SRH and rights services and information to adolescents and youth, and the UNFPA will be working with the Ministry of Health and Sanitation and the Adolescent and School Health Programme, and other stakeholders, to address these findings.

**Training on adolescent and youth friendly services**

To improve service delivery to adolescents and young people, in 2017, 240 healthcare workers from six districts, including the Western Area (rural and urban) were trained in adolescent and youth friendly health service provision. Among the participants were nurses and midwives. Topics covered included family planning, sexually transmitted infections, teenage pregnancy, drug abuse and HIV.

The training aimed to provide health care workers with the right skills to provide health services to adolescents and young people in an effective and non-judgmental way. As a result of the training, an estimated 3,578 adolescents were reached with SRH and family planning services and information.
National Girls’ Camp

As part of UNFPA’s adolescents and youth programme, UNFPA supported the 2017 National Girls Camp, which was organized by the Office of the First Lady. The camp targeted girls aged 10–19, providing them with information on their rights and responsibilities, and equipping them with the knowledge and tools to fulfil their potential.

The 2017 National Girls Camp was held in Freetown, from 14–18 August 2017, themed ‘Young, Empowered and Safe’. The camp was officially launched by the First Lady of the Republic of Sierra Leone, Her Excellency Madam Sia Nyama Koroma, and marked the fourth girls’ camp supported by UNFPA. The week-long camp brought together 120 girls from all 16 districts in Sierra Leone. Participants included in-school and out-of-school girls, those with disabilities, orphans, Ebola survivors and girls from severely disadvantaged backgrounds.

With the use of a UNFPA-developed facilitators’ manual, learning sessions were conducted on advocacy and activism, leadership, SRH, gender-based violence, innovation, adolescent and health hygiene and public speaking. Practical learning sessions, some of which were facilitated by UNFPA, provided the girls with the opportunity to improve their critical thinking skills by developing solutions to real-life problems. Theoretical sessions were balanced with physical exercise, games, team-building exercises and fun activities such as dancing competitions, and a talent and fashion show. As a result of the camp, 120 girls were empowered through mentorship to build their self-confidence. Each year, former camp participants return as mentors and support the coordination of sessions and other activities.

In response to the recent floods and landslides and eager to assist in helping their country to recover from the disaster, a number of girls visited the affected community members in Pentagon and handed over personal donations of water, sanitary pads, hand sanitizers and soap to the chief for distribution to families. “We want to do our part,” said 10-year-old Malaika, a National Girls’ Camp participant. While in Pentagon, the girls interviewed affected community members and disseminated basic hygiene messages to pregnant women and lactating mothers. The women were encouraged to visit their local health facility to keep themselves and their babies healthy. The women interviewed have lost family members, friends, and for some, even their homes. The girls discovered that many of the women they spoke with were previously business women, but now, they have no means of an income. ‘Some of the women lost everything, now they have no way of supporting their families,” said 19-year-old Eunice, a National Girls’ Camp Marshall.

The National Girls’ Camp encourages social activism among adolescent girls. Its alumni established ELI Africa, an organization founded to promote adolescent voices and conduct advocacy on issues affecting young people. UNFPA has been a proud supporter of the National Girls’ Camp since its inception in 2014.
Chapter 5
Humanitarian response for emergencies

On the night of 13 August 2017, areas within Freetown, the capital of Sierra Leone, and its outskirts, experienced torrential rains and landslides that continued well into the morning of the 14th. The most severe landslides occurred on the capital's eastern edge, and in Regent and Lumley, where thousands of makeshift settlements are home to some of the capital's poorest communities. An estimated total of 502 people perished: 168 females, 174 males, 157 children and three unknown.⁸ Over 500 deaths were confirmed, and 810 people were missing, according to a report from the United Nations.

Data support for emergency responses

UNFPA supported the Government’s registration pillar to register all those affected by the disaster. Based on the verified data, there were an estimated 1,905 affected households and 7,379 affected persons (defined as a person who is a member of an affected household). 9

The Government of Sierra Leone established pillars by thematic area to ensure that all areas of the response were sufficiently covered. A registration pillar was formed to ensure there was appropriate documentation and data provision to support the tracking of affected populations. UNFPA and the World Food Programme provided support to the Ministry of Social Welfare, Gender and Children’s Affairs, which managed the pillar, to engage data analysts, collate and analyze registration data, conduct a comprehensive physical data verification exercise using electronic tablets, and develop a full report. UNFPA further supported the registration pillar to disaggregate available data to provide additional information on vulnerable populations including pregnant women, lactating mothers and adolescents.

Support for pregnant women to access quality maternal health services

UNFPA rapidly organized the identification and transportation of 146 pregnant women (93 percent of those affected and identified) from the affected communities and camps to a Planned Parenthood Association of Sierra Leone Sexual Reproductive Health Clinic for comprehensive antenatal checks, full laboratory investigations and ultrasound scans. With its partners, including the Planned Parenthood Association, Information sessions were held on the importance of antenatal care, adequate diet, prevention of malaria, tetanus complications and danger signs during pregnancy. All of the clients received a full complement of antenatal services and those who had medical conditions or illnesses were seen and treated.

UNFPA also developed a database of registered pregnant women including information on the due date of delivery, risks and complications, for follow up and monitoring. The total number of clients followed up by the end of 2017 was 120, of which 62 had already delivered with a skilled health care provider. UNFPA also distributed 146 ‘mama and baby kits’ to the pregnant women in affected areas and temporary camps. The kits contained essential items such as baby clothes, a baby bath, baby toiletries, a towel, nappies, socks and lappa (cloth wraps for mother and baby).

Preventing and responding to gender-based violence

“Trauma is a major issue for those affected,” said a September report of the WHO on the disaster. There are protection needs, as well, because the risk of gender-based violence increases in humanitarian settings. UNFPA supported the strengthening of the referral pathway for gender-based violence survivors in the affected communities and temporary camps through the establishment of protection desks. UNFPA trained 54 social workers, partners and Family Support Unit officers of the Sierra Leone Police, to man the six protection desks in affected communities. The family support units are attached to local police stations. UNFPA equipped the Family Support Unit officers and social workers with equipment, stationary and rainwear to enable them to carry out their community outreach visits and investigations. Gender-based violence cases which were reported at the protection desks in the temporary camps, were followed up and referred to the Rainbo Centre in Freetown, where clients received medical and psychosocial support. UNFPA procured necessary medicines and supplies for the clinical management of rape for distribution to the Rainbo Centre.

As a member of the Sierra Leone Community of Practice on gender-based violence, UNFPA hosted a meeting in September 2017 to discuss and strengthen the reporting tools for gender-based violence in the temporary camps. The tools cover individual incident cases and general case incident reports. The tools were successfully piloted and were regularly used by protection desk staff. The tools supported the documentation of gender-based violence cases in the temporary camps for follow up, and provision of comprehensive support for the survivors. Additionally, the tools were used for regular reporting to the Ministry of Social Welfare, Gender and Children’s Affairs, and for the Office of National Security.

Capacity-building in humanitarian emergencies

UNFPA facilitated a training session on the prevention of and response to gender-based violence in temporary shelters in September 2017. The session was part of an International Organization for Migration (IOM) course on camp coordination and camp management at Juba Barracks. The training was attended by 52 participants and focused on the camp life cycle, monitoring and standards, coordination with stakeholders, the humanitarian principle of ‘do no harm’ and the prevention and mitigation of gender-based violence.
Capacity building of community health workers

In collaboration with the Ministry of Health and Sanitation, UNFPA conducted orientation sessions for 192 community health workers focusing on SRH, family planning and adolescent SRH. The sessions were conducted in three areas, namely Cline Town, Black Hall Road (Western Urban district) and Waterloo (Western Rural district). After the orientation, the community health workers sensitized the affected communities about SRH issues (including adolescents) and the types of contraceptives available. They also distributed family planning brochures and condoms to people in the affected communities.

Coordination of the response

UNFPA actively participated in the humanitarian coordination mechanisms led by the Government, including co-leading the protection pillar where gender-based violence issues were addressed, and the registration pillar supporting data registration, data analysis and verification. UNFPA also contributed to SRH under the Health Pillar. In terms of recovery, UNFPA provided support to the Government and the United Nations country team in the development of a Recovery and Risk Management Action Plan. UNFPA also provided technical assistance for the integration of SRH and gender-based violence issues into the Social Sector and Disaster Risk Reduction Action Plan, as part of efforts to build the country’s resilience to respond to future disasters.
Regent, SIERRA LEONE- “At around 5 o’clock in the morning I left my house to go to the bakery. When I returned I saw the disaster occurring. I saw the rocks from the hill fly up into the air. When the rescue team pulled my brother out from the mud, they pulled out his unclothed corpse and some of his body parts,” explained eight-month pregnant Martha Kamara.

Martha, a 28-year-old mother from Motormeh Community in Regent, is a survivor of the floods and landslide which recently devastated 13 areas in Freetown, the capital of Sierra Leone. Whilst Martha managed to survive the landslide along with her daughters ages 9 and 5, she is in mourning for the death of her three-year-old daughter and her brother. Martha, who is pregnant with her fourth child, is now homeless and heartbroken.

In describing her reaction at the epicentre of the landslide, Martha explained how she stood there in shock, feeling helpless and unable to do anything, seeing her brother’s limbs being removed from the mud and not knowing the whereabouts of her three-year-old daughter. At one point, she collapsed and fell unconscious.

“Martha was scooped up by stationed soldiers and taken to the Regent Community Health Centre with her two remaining children,” said Aisha Conteh, the centre’s community health officer. “Martha was placed on an IV drip and received a full examination since she was eight months pregnant and as she was in a stressful state. After we ensured Martha received quality maternal health care, she was then discharged from the community health centre five hours later.”

Martha left the UNFPA-supported Regent Community Health Centre and travelled back to the disaster site to look for her daughter who was still missing. Unable to get through the cordoned area, which was manned by military soldiers, and coming to the realization that she may never see her daughter again, Martha and her two children walked to Saio Elementary School, which became a displacement site for survivors.

To ensure survivors had access to immediate health care services, the Regent CHC established a temporary health post, a day after the disaster occurred, on the grounds of the Saio Elementary School, managed by community health officers, Jenebah Sesay and Aisha Conteh.
In May 2017, Statistics Sierra Leone, the National Statistics Office, conducted four regional seminars to disseminate the results of the 2015 Population and Housing Census. The main goal of the seminars was to make the 2015 census results available to people in the regions and districts for better planning at the local level.

The participants were drawn from various government ministries, departments and agencies. Also, in attendance were paramount chiefs, local council authorities, civil society, media representatives, and regional staff from Statistics Sierra Leone. On average, about 90 participants attended each of the four regional seminars.
With technical assistance from UNFPA, and funding from Irish Aid and UK aid, 17 thematic reports and a national analytical report were produced between April and October 2017.

The thematic reports developed include:
- Agriculture
- Population Projections
- Housing Conditions
- Education and Literacy
- Nuptiality and Fertility
- Elderly Population
- Poverty and Durables
- Life Tables
- Migration and Urbanization
- Population Structure
- Population Distribution
- Gender
- Children
- Adolescents and Youth
- Economic Characteristics
- Disability
- Mortality
- Ebola Socio-Economic Impact
- Census Atlas of Sierra Leone

These thematic reports provided further analysis of the data from the census main report that had been released in December 2016. UNFPA also facilitated a thematic report review workshop in addition to publishing and printing all the reports in September 2017.

A series of activities were conducted to disseminate the census results to the general public. The first was a Key Stakeholders Meeting held on 5 December 2017 to kick-start the planned dissemination activities of the census reports. It also served as an opportunity to formally inform stakeholders of the census dissemination strategy and exhibit some of the thematic reports that had been produced, including other census-related visibility items. A list of stakeholders and data users was compiled and electronic copies of all the census reports were uploaded onto 200 USB sticks and disseminated to them. Thematic group meetings were undertaken for stakeholders to have more in-depth discussions on the findings and recommendations of the reports and to assess the policy implications for development interventions.

To make the 2015 census results available to the wider population, UNFPA erected 18 census billboards in all districts in the country. A short video on the key census findings was produced in English and Krio and broadcasted on national television three times a day for a week.
Donors
UNFPA has been in operation in Sierra Leone since 1971 and has established itself as a partner of choice for improving family planning and maternal health and empowering adolescents and youth. It has built strong relationships with both implementing partners and donors.

UNFPA has established strong partnerships with donors from the Governments of Canada, Ireland, Japan and the United Kingdom in the implementation of UNFPA Sierra Leone’s sixth country programme. In 2017, the UNFPA country office had USD 26 million available for its work towards accelerating progress towards universal access to SRH, including voluntary family planning and safe motherhood, through vital partnerships and generous funds granted by its donors. A list of donors is below.
<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Canada</td>
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<td>Irish Aid</td>
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<td>Japan</td>
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<td>JICA</td>
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<td>Multi Partner Trust Fund (MPTF)</td>
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<td>UNICEF</td>
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<td>UNFPA Global Programme on Reproductive Health Commodity Security (GPRHCS)</td>
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<td>UNFPA Humanitarian Fund</td>
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<td><strong>Grand Total</strong></td>
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Allocation by programme output 2017

- Integrated SRH services and humanitarian settings
- Marginalized adolescent girls and child marriage
- Modern contraceptives and family planning services
- Population data, planning and monitoring
- Preventing GBV and harmful practices, assurance and response
- Promoting reproductive rights and gender equality
- Quality maternal health and eMTCT services
- Sexuality education and ASRH friendly services
**Key partners**

In 2017, we worked with 23 implementing partners (government ministries, departments, NGOs and civil society organizations) to deliver our programmes.

<table>
<thead>
<tr>
<th>Government</th>
<th>National NGOs</th>
<th>International NGOs</th>
<th>UN Agencies</th>
</tr>
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<tr>
<td>Ministry of Education, Science, and Technology</td>
<td>Aberdeen Women's Centre</td>
<td>Marie Stopes Sierra Leone</td>
<td>International Organization for Migration</td>
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