

# FREE HEALTH CARE INITIATIVE: UNFPA SUPPORT IN SIERRA LEONE

United Nations Population Fund  
Sierra Leone Country Office



FEBRUARY 2013

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## Our Mission

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

## ACKNOWLEDGEMENTS

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# TABLE OF CONTENT

<b>ACKNOWLEDGEMENTS</b> .....	<b>i</b>
<b>TABLE OF CONTENT</b> .....	<b>ii</b>
<b>LIST OF ACRONYMS AND ABBREVIATIONS</b> .....	<b>iv</b>
<b>EXECUTIVE SUMMARY</b> .....	<b>vi</b>
<b>INTRODUCTION</b> .....	<b>1</b>
<b>SECTION 1: BUILD-UP TO THE FREE HEALTH CARE LAUNCH</b> .....	<b>4</b>
<b>1.1: Assessment Tour of Sierra Leone by the President</b> .....	<b>5</b>
<b>1.2: Sierra Leone Chapter of CARMMA launch</b> .....	<b>5</b>
<b>1.3: UNFPA Interviews the President</b> .....	<b>7</b>
<b>SECTION 2: LOGISTICS AND SUFFICIENT SUPPLY OF DRUGS AND EQUIPMENT</b>	<b>9</b>
<b>2.1: The Global Programme to Enhance RH Commodity Security (GPRHCS)</b>	<b>9</b>
<b>2.2: Procurement of Drugs, Supplies and Equipment</b> .....	<b>9</b>
<b>2.3: Logistics and Supply Chain Management</b> .....	<b>10</b>
<b>SECTION 3: FACILITIES IMPROVEMENT</b> .....	<b>14</b>
<b>3.1 Support to the Solar Suitcase programme</b> .....	<b>15</b>
<b>3.2: Enhancing CEmOnC Facilities throughout the Country</b> .....	<b>17</b>
<b>3.3: Strengthening District Health Services</b> .....	<b>18</b>
<b>SECTION 4: INVESTMENT IN HUMAN RESOURCES FOR HEALTH</b> .....	<b>20</b>
<b>4.1: Training of Nurse Anaesthetists</b> .....	<b>20</b>
<b>4.2: Training of Midwives and Recruitment of Retired Midwives</b> .....	<b>21</b>
<b>4.3: Training of Obstetricians and Gynaecologists</b> .....	<b>22</b>
<b>4.4: Training of Specialist Paediatricians</b> .....	<b>23</b>
<b>4.5: Strengthening District Health Service Project - Human Resources</b>	<b>24</b>
<b>SECTION 5: STRENGTHENING OVERSIGHT, COORDINATION AND MANAGEMENT</b>	<b>27</b>
<b>5.2: Multisectoral Programme on the Sexual and Reproductive Health         of Adolescents and Young People</b> .....	<b>27</b>
<b>5.3: Scaling up Family Planning and the Sierra Leone Family Planning Week         (07-14 July 2012)</b> .....	<b>28</b>
<b>5.4: Key Messages on the International Day of the Girl Child         (11 October 2012) Key Day</b> .....	<b>30</b>

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<b>SECTION 6: COMMUNICATION OF THE POLICY AND DEMAND CREATION</b>	<b>32</b>
<b>6.1: Community Wellness Advocacy Groups (CAGs)</b> .....	<b>32</b>
<b>6.2: Male PENs (Male Peer-Educator Network)</b> .....	<b>34</b>
<b>6.3: Volunteer Peer Educators (VPEs) for Young People</b> .....	<b>35</b>
<b>6.4: Radio Drama - Saliwansai</b> .....	<b>36</b>
<b>6.5: Collaboration with Local Musicians</b> .....	<b>36</b>
<b>SECTION 7: CONCLUSION</b> .....	<b>38</b>

## LIST OF ACRONYMS AND ABBREVIATIONS

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<b>AfDB</b>	African Development Bank
<b>BEmOC</b>	Basic Emergency Obstetric Care
<b>CAG</b>	Community Wellness Advocacy Group
<b>CARMMA</b>	Campaign for Reducing Maternal Mortality and Morbidity
<b>CEmONC</b>	Comprehensive Emergency Obstetric and Newborn Care
<b>CHC</b>	Community Health Centre
<b>CHP</b>	Community Health Post
<b>CIDA</b>	Canadian International Development Agency
<b>CMS</b>	Central Medical Store
<b>DFID</b>	Department of Foreign International Development
<b>DMS</b>	District Medical Store
<b>EmOC</b>	Emergency Obstetric Care
<b>EU</b>	European Union
<b>FGM/C</b>	Female Genital Mutilation/Cutting
<b>FHCI</b>	Free Health Care initiative
<b>GBV</b>	Gender-Based Violence
<b>GPRHCS</b>	Global Programme on Reproductive Health Commodity Security
<b>HIV/AIDS</b>	Human Immuno-Deficiency Virus/Acquired Immuno-Deficiency Syndrome
<b>HDP</b>	Health Development Partners
<b>ICE/BCC</b>	Information, Communication and Education/Behaviour Change Communication
<b>ICPD</b>	International Conference on Population and Development
<b>MCHP</b>	Maternal and Child Health Post
<b>MDGs</b>	Millennium Development Goals
<b>MHTF</b>	Maternal Health Trust Fund
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MMR</b>	Maternal Mortality Ratio
<b>MOHS</b>	Ministry of Health and Sanitation
<b>MSWGCA</b>	Ministry of Social Welfare, Gender and Children's Affairs
<b>NGOs</b>	Non-Governmental Organizations
<b>PCMH</b>	Princess Christian Maternity Hospital
<b>PEN</b>	Male Peer Educators Network
<b>PHC</b>	Primary Health Care Complex

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<b>PHU</b>	Peripheral Health Unit
<b>PMC</b>	Population Media Center
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>PRSP</b>	Poverty Reduction Strategy Paper
<b>SBCU</b>	Special Baby Care Unit
<b>SLDHS</b>	Sierra Leone Demographic and Health Survey
<b>SRH</b>	Sexual and Reproductive Health
<b>STIs</b>	Sexually Transmitted Infections
<b>TBA</b> s	Traditional Birth Attendants
<b>TOT</b>	Training of Trainers
<b>UNFPA</b>	United Nations Population Fund
<b>UNJV</b>	United Nations Joint Vision
<b>VPE</b>	Volunteer Peer Educator
<b>WHO</b>	World Health Organisation
<b>Y.E.S.</b>	Youth, Empowered, Safe

## EXECUTIVE SUMMARY

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The Government of Sierra Leone placed significant weight on reproductive health, particularly on maternal health in the country's development agenda, when the President launched the five-year Poverty Reduction Strategy Paper called "Agenda for Change (2008-2012)," which gave priority to the reduction of maternal and child mortality. In light of the high rate of maternal and neonatal mortality of 857/100,000 and 36/1,000 respectively, on 27 April 2010, the Government launched the Free Health Care Initiative (FHCI) that enabled pregnant women, lactating mothers and children under five to access free-of-charge medical care and services. The Initiative was, in a way, a grand sum of Sierra Leone's efforts, as it addressed all dimensions related to reproductive health from quality service delivery to ensuring access and utilization through demand generation.

UNFPA Sierra Leone, with the mandate to accelerate progress on the ICPD agenda and the Millennium Development Goal 5, supports the Government in promoting sexual and reproductive health and rights in a comprehensive manner. In fact, UNFPA's role in preventing maternal mortality and morbidity, promoting sexual and reproductive health and rights and strengthening the overall health system in Sierra Leone intensified with the introduction of the Free Health Care Initiative.

This document summarizes UNFPA's support to the Free Health Care Initiative from the planning stage to the launching and operationalization. Main areas of UNFPA interventions include procurement and distribution of drugs and equipment, strengthening of the logistics system, improvement of CEmONC, capacity building of health related human resources, empowerment for effective and sustainable demand creation. This document attests UNFPA's role in promoting family planning, paying special attention to teenagers and young people and emphasizing the need to achieve gender equality. It also validates that UNFPA's interventions were carefully planned through using the result-based framework and placed strategically to ensure effectiveness and efficiency.

## INTRODUCTION

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Eleven years after the end of a protracted civil war, which destroyed the country's socio-economic infrastructure and human capacity, Sierra Leone has progressed from an emergency and transitional phase to development stage. The Government of Sierra Leone has demonstrated untiring effort to improve and strengthen governance, institutional capacity and socio-economic sectors so that the country can effectively rise above its development challenges. Together, with the support of its development partners, Sierra Leone has gradually gained political stability, consolidated peace, improved security and has demonstrated growing maturity in democracy as evidenced by the 2012 elections.

In post conflict settings, the designing and implementation of the development agenda poses significant challenges with the prioritization of specific areas of intervention. Considering the appallingly high rate of maternal mortality ratio of 2,000/100,000 live births in 2002 (MICS2) with under-five mortality rate of 286/1,000 immediately after the war, it was imperative that the Government of Sierra Leone prioritize its development agenda with a focus on health particularly reproductive health. Given that this is where UNFPA has its comparative advantage, UNFPA made concerted effort to support the Government in its agenda. The 2008 Sierra Leone Demographic and Health Survey (SLDHS) attests that the situation for pregnant women, mothers and neonates has dramatically improved (MMR: 857/100,000, neonatal mortality rate: 36/1,000) yet Sierra Leone is still categorized as one of the countries with worst reproductive health related indicators.

Fundamental to ensuring sexual and reproductive health is gender equality and women's empowerment. Socio-cultural barriers in Sierra Leone limit the level of women's economic autonomy and education, resulting in women's limited rights to exercise their reproductive rights. Ensuring women's access to reproductive health services is an essential part of promoting gender equality and vice versa especially for the achievement of the Millennium Development Goals (MDGs) 4 and 5.

It was against this background that the President Ernest Bai Koroma launched the Reproductive and Child Health Strategic Plan in 2008 with the aim of reducing maternal and child mortality by making reproductive and child health one of the pillar issues that requires priority attention. This Strategic Plan was in line with the Poverty Reduction Strategy Paper or Agenda for Change (2008-2012) that was introduced in the same year. Furthermore, Government placed emphasis on the quality of service delivery by

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launching the Health Sector Strategic Plan (2010-2015), by which the Government secures its effective interventions in providing quality emergency obstetric care and promoting family planning.

The Free Health Care Initiative (FHCI), introduced by President Koroma in April 2010, is an innovative initiative where pregnant women, lactating mothers and children under five can access free-of-charge medical care and services. The aim of this Initiative is to provide universal access to quality health care for the vulnerable groups. The Sierra Leonean Chapter of the Campaign for Reducing Maternal, New-born and Child Mortality (CARMMA) which was launched by the First Lady in March 2010 enhanced the political commitment at the highest level to address reproductive health rights and also set the stage for the launching of the FHCI.

UNFPA's role in preventing maternal mortality and morbidity, promoting sexual and reproductive health and rights and strengthening the overall health system in Sierra Leone was intensified and strengthened with the introduction of the FHCI. UNFPA being a strong supporter of the Government's FHC initiative, reinforced health infrastructure, enhanced health-related human resource capacity and promoted demand for, access to and use of reproductive health commodities in order to improve the utilization of services and reproductive health outcomes.

The Free Health Care Initiative focuses on the following six priority pillars as presented during the Sierra Leone Investment Conference in London in 2010:

- 1. Logistics, Drugs and Supplies**
- 2. Facilities Improvement**
- 3. Human Resources for Health,**
- 4. Strengthening Oversight, Coordination and Management**
- 5. Communication of the Policy.**
- 6. Monitoring and Evaluation**

Ensuring coherence and coordination with the national priorities, UNFPA supports the Government in a comprehensive manner by contributing to each of the above six priorities to ensure the successful implementation of the FHCI.

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This document therefore articulates how UNFPA has contributed to the Free Health Care Initiative in Sierra Leone by aligning its interventions with the six afore-mentioned pillars, thus providing a holistic package of support to the FHCI. UNFPA's all-inclusive, comprehensive interventions have been made possible, thanks to the financial contribution from UNFPA's own core-resources, including two thematic funds: the Global Programme on Reproductive Health Commodity Security (GPRHCS) and Maternal Health Trust Fund (MHTF) as well as support from the Department of Foreign International Development (DFID) of the United Kingdom, Canadian International Development Agency (CIDA), European Union (EU), Irish Aid, African Development Bank (AfDB) and the Multi-Donor Trust Fund (MDTF) under the UN Joint Vision (UNJV).

## SECTION 1: BUILD-UP TO THE FREE HEALTH CARE LAUNCH

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Under the leadership and coordination of the Government of Sierra Leone, all health development partners -MOHS, UN, Multilateral Donors, Bilateral Donors, NGOs and Civil Society Organizations – came together as the FHC Steering Group to provide guidance and make strategic decision on the implementation of the initiative. Technical Sub-Committees reporting to the Steering Group were also formed to provide technical inputs to the operationalization of the FHCI. Following Sub-Committees were put in place:

- Logistics, Drugs and Supplies
- Human Resources for Health
- Infrastructure
- Communication
- Finance
- Monitoring and Evaluation

Partners not only volunteered to support the government financially, but also committed their staff to participate in various sub-groups derived from six key pillars to strengthen the health system outlined in the National Health Sector Strategic Plan (NHSSP), which included Communication, Human Resource, Finance and Procurement and Supply Management Chain, Infrastructure as well as Monitoring and Evaluation. UNFPA Country Office strategically placed itself by assigning a focal person in each of these sub-committees and by regularly attending the FHCI Steering Group meetings chaired by the Chief Medical Officer.

Stakeholders brought in consultants to help the process according to their comparative advantages. For example, DFID brought consultants for financial management for payroll cleaning up and establishing a solid salary structure. Other activities of cooperation included the joint appraisal to the Reproductive and Child Health Strategic Plan, which was a forerunner to the Free Health Care Initiative and was strongly advocated for by most of the health development partners. The rehabilitation of the main referral and teaching hospital in Sierra Leone, The Princess Christian Maternity Hospital (PCMH), where the launching of FHCI took place, is a success story of high level collaboration among donors and health development partners, as it was funded by the Japanese government, DFID, Irish Aid and UNFPA. UNFPA, as the executing agency, ensured coordination and timely completion of the rehabilitation ahead of the FHC launch.

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## **1.1: ASSESSMENT TOUR OF SIERRA LEONE BY THE PRESIDENT**

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In preparation for the launch of the Free Health Care Initiative, His Excellency the President of the Republic of Sierra Leone Dr. Ernest Bai Koroma personally toured all District Hospitals and District Medical Stores. UNFPA was one of the four agencies that were invited to join the presidential assessment.

During these tours, the President assigned responsibilities to complete certain capital projects to district councils and health development partners. Such assignments included renovations or completion of the District Hospitals and District Medical Stores for readiness for the FHC launch. UNFPA ended these tours with its own pledged package of support to the FHC and has since demonstrated its commitment to implement this package as articulated in this document.

## **1.2: SIERRA LEONE CHAPTER OF CARMMA LAUNCH**

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Exactly one month before the launch of the Free Health Care Initiative, the First Lady of the Republic of Sierra Leone, Madam Sia Nyama Koroma, who is a resilient supporter and promoter of sexual and reproductive health and rights of women and girls, launched the Sierra Leone chapter of the Campaign for the Accelerated Reduction of Maternal Mortality in Africa (CARMMA) on 27 March 2010. Commitment to the provision of quality health services and efforts to reduce maternal, new-born and child mortality in the country was clearly demonstrated at the highest level. UNFPA supported the Ministry of Health and Sanitation and the Office of the First Lady in coordinating the campaign events, mobilizing a wide selection of health development partners, health professionals from the public and private sectors and hundreds of pregnant women.

The CARMMA launch took place at the Princess Christian Maternal Hospital (PCMH) soon after its rehabilitation with support from UNFPA and development partners as listed earlier. The venue was strategically chosen as this CEmONC facility was going to be very meaningful for women and children of Sierra Leone once the FHC Initiative was launched. The FHC Initiative was, one month later, launched at the exact same hospital. The CARMMA launch was a momentous occasion as it served as a platform to the FHC Initiative that the President was steering.



**Women marching during CARMMA launch in Freetown**

On the day of launching of CARMMA, over 300 pregnant women marched from the central city to the hospital, together with doctors, nurses, medical students, representatives from the Government, UN agencies, civil society organizations and NGOs, carrying messages like "No, No, No, Pregnant Women Should Not Die!." They marched for the universal access to quality reproductive

health services and against the high rate of maternal mortality in the country.

CARMMA focuses on the repositioning of family planning as a key strategy in reducing maternal mortality, as well as promotion of institutional delivery by skilled birth attendants in an environment that facilitates safe delivery. Related key messages of CARMMA have addressed the promotion of ante-natal care, prevention of teenage pregnancies and early marriages, male involvement in reducing maternal mortality, combating HIV/AIDS, improving nutrition, prevention of malaria in pregnant women, promoting gender equality, women's sexual and reproductive rights and choices as well as quality of care. This event undoubtedly demonstrated the zeal of the Government in protecting and promoting the sexual and reproductive health and rights of women and safe motherhood.

UNFPA provided technical expertise to the Government to facilitate the repositioning of family planning, mainstreaming male engagement as well as the partnership with traditional and religious leaders and community as a whole. The CARMMA launching was a national response to maternal health needs and the success of this event strengthened the alliance of the Government, international community, UN Agencies and NGOs. Since its launch, the campaign has been taken to all districts through high level advocacy events championed by the First Lady and community advocacy by communities and civil society.

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### 1.3: UNFPA INTERVIEWS THE PRESIDENT <sup>1</sup>

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**Q. You have initiated the first step towards health care reform in Sierra Leone - free health care for pregnant women and children under five. What has inspired you to make this a priority?**

*I have derived my inspiration from this set of people because they constitute a very high percentage of the total population. They are the ones who use medical services the most. They frequent our hospitals and I believe they are the most vulnerable group; that is why I have singled them out as the group that we should address first in terms of providing free services.*

**Q. The Ministry of Health and Sanitation has worked closely with Government stakeholders and development partners, using the Strategic Health Plan as a guiding document to set priority interventions. What are the priorities that guided you to launch this free health service?**

*Our priority has been to substantially increase our financing of the health sector, because we believe that targets have been set. For instance, we have to adhere to the Abuja Declaration and to be quite honest, we have not been doing so. This is one of the areas where we are intervening. Another area of intervention is the provision of sufficient drugs and equipment. Now, for this programme to succeed, we have to ensure that drugs are made available at all of our health centres and that the equipment required to treat the people who qualify for this programme is available, because if we don't have the necessary drugs and equipment, then it will make nonsense of the whole programme.*

*We also know that for the programme to succeed we have to increase the number of health workers and we need to keep them motivated. We have to train them well because there is going to be a surge in the number of people who come for treatment. We need to ensure we have the commensurate number of health workers who are well equipped, in terms of expertise and motivation, to do the work. Over and above this, we have to ensure that we coordinate our activities within the health sector because it is only when these are effectively coordinated, including coordinating and monitoring the supply system that our interventions will succeed overall.*

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<sup>1</sup>The interview was conducted by Ms. Isa Blyden on behalf of UNFPA

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**Q. Can the beneficiaries go to any hospital to get treated for free?**

*For now, we will limit our activities to Government hospitals. However, the Government is in talks with faith-based organizations so that we can map out a strategy on how can add to the provision of this service.*

**Q. The state of the roads in the districts makes health care inaccessible for the more remote communities, where reproductive health issues tend to be very high. What are being taken to improve the roads or to construct roads to the more remote villages?**

*We know this matter will limit service provision. This is why we are trying to connect the main communities to each other and especially connect them to the district headquarters, where the referral hospitals are located. A lot of work is required in this respect but I can assure you that we are looking at it from a holistic point of view. That is why road infrastructure development is part of the overall programme.*

**Q. Does this also apply to the upgrading or renovating of the health facilities that have been in disrepair since the end of the war?**

*Yes, it does. I am happy that I undertook a visit to our hospitals, because it gave me an opportunity to do a first-hand assessment of them. We have just constructed three new hospitals, and a good number of the existing hospitals need rehabilitation. But as a start to the programme, we have ensured that the basics are provided. We can now be sure that we have what it takes to launch the programme. A process has begun to rehabilitate at least six hospitals, and we will continue until most of the hospitals are able to serve the purpose for which they were intended.*

**Q. CARMMA, the campaign to reduce maternal death rates, which in Sierra Leone is a very high 857 deaths per 100,000 births, was launched by her Excellency, Madam Sia Koroma. Did this campaign enhance publicity for the launch of your free health care service initiative?**

*This has been the main publicity behind the free health care service programme. We will encourage her to do more of that kind of publicity and also encourage other groups to join a nationwide publicity campaign. We need to ensure that the message reaches the people.*

*Let me seize this opportunity to thank UNFPA for the support provided to us during the preparatory work for the programme, for supporting us throughout our inspections and for providing great support almost immediately. We look forward to working with you.*

## **SECTION 2: LOGISTICS AND SUFFICIENT SUPPLY OF DRUGS AND EQUIPMENT**

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Availability of needed drugs and equipment is indispensable for the provision of quality health care and services and this was and continues to be critical for the success of the FHCI. This Section covers the support provided by UNFPA to logistics/supply chain management and distribution of drugs and equipment.

### **2.1: THE GLOBAL PROGRAMME TO ENHANCE RH COMMODITY SECURITY (GPRHCS)**

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UNFPA supports the Government in ensuring reproductive health commodities security through its Global Programme to Enhance Reproductive Health Commodity Security (GPRHCS). The programme specifically aims at assisting national action and efforts in ensuring access to a reliable supply of reproductive health life-saving drugs, contraceptives, medicine and equipment for family planning, HIV/STI prevention and maternal health services through mainstreaming national policies, plans, budget and establishing sustainable solutions. The ultimate goal of this Global Programme is reproductive health commodity security (RHCS), which is achieved when all individuals can obtain and use affordable, quality reproductive health supplies of their choice whenever they need them. RHCS is a pivotal aspect of the national drive towards achieving MDGs and ICPD Programme of Action. Sierra Leone started receiving GPRHCS funding in 2008. Initially, the funding framework was not large since Sierra Leone was considered as a Stream 2 country, but since the country was selected as a priority country in 2009, the Programme expanded to its full-scale operation<sup>2</sup> in 2010, just as the FHCI kicked off. This enabled UNFPA to provide optimum support to the procurement and supply chain management.

### **2.2: PROCUREMENT OF DRUGS, SUPPLIES AND EQUIPMENT**

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UNFPA has procured reproductive health drugs in support of the FHCI including life-saving essential drugs and contraceptives to the value of approximately 7.5 million and this includes \$5million through the GPRHCS programme and US \$2.5 million through support from the African Development Bank (AfDB). The ultimate goal of the FHCI is to reduce maternal and child mortality and morbidity by removing the user fee barrier, making available and accessible RH life- saving drugs like oxytocin that play a

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<sup>2</sup> GPRHCS divide countries into three Streams. Stream 1 provides multi-year funding to 12 countries. The fund ensures the enhancement of national policy and a supply of health commodities. Stream 2 fund supports initiatives to strengthen targeted elements of RHCS. Stream 3 is emergency funding for RH commodities in countries facing stock-outs or those facing humanitarian situation. Sierra Leone is categorised as a Stream 1 country.

key role in saving lives by stopping bleeding during delivery. The continuous availability and accessibility of contraceptives for lactating mothers also prevents unplanned and unwanted pregnancies which often result in maternal and child mortality and morbidity. To this end and in support of the FHCI, UNFPA has procured and will continue to procure to meet the contraceptives requirement of Sierra Leone.

In addition to the procurement of RH/FP drugs for the FHCI, UNFPA procured equipment for maternity wards for all the 13 districts through the UN Joint Programme that was funded by DFID and Irish Aid. With support from the AfDB, UNFPA procured equipment worth US \$1.03 million for the 27 newly refurbished health facilities comprising of 21 PHUs, one Primary Health Complex and 5 District Hospital maternity wards in Bonthe, Bo, Kenema, Tonkolili and Port Loko Districts.

### 2.3: LOGISTICS AND SUPPLY CHAIN MANAGEMENT

In Sierra Leone, UNFPA supported MOHS in the establishment of the RHCS Committee tasked to monitor implementation of the Reproductive Health Commodity Security Strategic Plan (2007-2011). The Committee meets regularly and discusses issues pertaining to procurement and logistics Management Information System (LMIS) of RH Commodities, strategies to increase demand and access to SRH services, including family planning and EmONC. Reproductive health commodities consist of equipment, pharmaceuticals and supplies for maternal and new born care and services, prevention, diagnosis and management of reproductive tract infections and sexually transmitted infections (STIs) as well as contraceptive supplies, including male and

female condoms. Following an educational tour by Sierra Leone (Ministry of Health and Sanitation, UNFPA and UNICEF) to Madagascar in August 2011, UNFPA Sierra Leone upgraded the CHANNEL software, modifying it to incorporate Sierra Leone's Reports Request and Issue Voucher (RRIV) forms to ensure entry of consumption



data from PHUs, use of a user name and password, all this in an effort to domesticate the software. This has enabled the Central Medical Store (CMS) to generate monthly consumption data in over 60 % of the districts.

As a way of implementing commitments made during the pre-FHC tours of District Hospitals and District Medical Stores (DMS) with the President of Sierra Leone, UNFPA finalized the refurbishment of two DMS in Kono and Koinadugu and equipped 12 DMS with all the required furniture, ICT equipment, refrigeration and generators in order to ensure proper storage function of FHC commodities. In an effort to strengthen distribution, UNFPA procured and handed over to the MOHS three haulage trucks, four pick-ups and twenty-six (26) motorbikes so that drugs are efficiently and effectively distributed from the Central Medical Stores (CMS) to DMS and from the DMS to Peripheral Health Units (PHUs).

During the run up to the launch of the FHC the CHANNEL was adopted by Sierra Leone as the national e-LMIS software for all drugs. UNFPA, in cooperation with other development partners, has continued to upgrade CHANNEL, for continued effectiveness and efficiency of inventory control and management. Various trainings were organized on the use of CHANNEL after the installation. Twenty-four (24) Health



**Equipped District Medical Store**

programme managers, logisticians, pharmacists and M&E Officers were trained as CHANNEL Trainers (TOT) aimed at building capacity of logisticians and health workers at central and district level. As a result, 60 District Medical Officers, Hospital Superintendents and Civil Society District Monitors of Health Commodities were trained in the use of CHANNEL through various cascade trainings.

With the CHANNEL training and equipping of the medical stores, all FHC drugs to be dispensed in Sierra Leone were recorded and continue to be recorded in CHANNEL which is now being utilised in all the 13 Districts of Sierra Leone for all drugs including non-RH drugs. In addition to trainings on the software itself, training on result-based management (RBM) has been organized and the participants benefitted from the

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module on planning and management of RH drugs, monitoring and accountability on the use of drugs. Additionally, UNFPA supports thirteen (13) District CHANNEL Operators with expertise in IT. These operators ensure logistic data entry, generation of reports and maintenance of the CHANNEL computers and accessories. A core CHANNEL team based at the CMS analyses and consolidates district reports using different analysis criteria and the analysed data is presented (e.g. per District, per drug, per PHU or any other criteria as need be). This data is used for decision-making purposes especially in forecasting and strategic planning.

UNFPA also partnered with a civil society organization, the Health for All Coalition, to assist the Government in monitoring the use of health commodities for enhanced accountability. Prior to the launch of the Free Health Care Initiative, the Government was struggling with the issue of drug leakages, which affected greatly the availability of necessary drugs and equipment. The Health for All Coalition (HFAC) monitors clearing, storage, distribution and use of health commodities to ensure availability at service delivery points. Health for All Coalition works in partnership with the Anti-Corruption Commission and the Sierra Leone Police, to investigate cases and take appropriate action against the suspects. This has worked as deterrence for possible abuse and corruption. As a result, there has been a substantial reduction in pilferage, and accountability in the use of health commodities has been strengthened. Signed CHANNEL-generated reports have also helped to increase accountability at all levels of the supply chain.

The most notable achievement related to RHCS is the Ministry of Health and Sanitation's allocation of a budget (Le. 700 million (approx. \$161,000 USD) specifically for the procurement of RH commodities, including contraceptives for the year 2012. This was made possible through the concerted efforts of civil society organisations particularly HFAC and development partners. Though the amount is not extremely large, it is a commendable step in the right direction.

In an effort to strengthen the Government's accountability in the management of health commodities, UNFPA supported the Ministry of Health and Sanitation in installing the CCTV system at the Central Medical Store. The system is connected directly to the Office of the Minister of Health and Sanitation for monitoring the activities in CMS. The installation of CCTV has also functioned as deterrence to theft, resulting in the enhancement of transparency and accountability.

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The table below summarises key achievements in the area of procurement, logistics and the supply management system:

**Main Results Achieved under Logistics, Supply of Drugs and Equipment:**

- ❖ Procurement of RH life-saving drugs and 100% of contraceptives needed to support the FHCI.
- ❖ MOHS allocated for the first time in the history of Sierra Leone, a budget specifically for procuring RH commodities.
- ❖ 2 District Medical Stores were refurbished and 12 District Medical Stores are fully equipped with necessary equipment and furniture as well as the cold chain.
- ❖ 3 haulage trucks, 4 pick-ups and 26 motorbikes were handed over to the Government to ensure proper and effective distribution of health commodities from CMS to DMS and for the collection of data from the PHUs to the District for entry into CHANNEL.
- ❖ The CHANNEL, logistics management information system, was adopted as the national logistics management system. Various trainings have been given for the utilisation of it.
- ❖ Enhanced accountability system and reduction of drug-theft cases both at CMS and DMS due to the strengthened monitoring system through the partnership with the Civil Society Organisation and the installation of the CCTV system at CMS

## SECTION 3: FACILITIES IMPROVEMENT

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Providing quality health care and services can only be attained when health infrastructure is enhanced. Realizing the importance of health infrastructure, the FHC Steering Group decided to add “Facilities Improvement” as a separate and additional priority pillar to the initial 5 priority pillars that were presented during the Sierra Leone Investment Conference held in London in 2010.

Availability of Emergency Obstetric and New-born Care is central to reducing maternal and neonatal mortality. This is due to the fact that major causes of maternal mortality such as haemorrhage, sepsis, hypertensive disorders, obstructed labours amongst other causes, can be treated with trained human resources at appropriate, well-equipped health facilities. According to the UN Guidelines for Monitoring the Availability and Use of Obstetric Services, there should be four Basic Emergency Obstetric Care (BEmOC) facilities and one Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) facility per 500,000 population.<sup>3</sup> Contextualising the Guidelines for Sierra Leone, it would mean that at least all 12 District Hospitals need to provide CEmONC and 65 Peripheral Health Units (PHUs) should be upgraded to provide BEmOC. However, due to skewed distribution of the population, the Ministry of Health and Sanitation has concluded that, in order to effectively provide EmOC to people of Sierra Leone, 170 PHUs need to be strengthened so as to ensure the live-saving component of maternity care throughout the country.

UNFPA supported the Government of Sierra Leone by refurbishing health facilities and also by upgrading these facilities to BEmOC and CEmONC centres. In addition to strengthening maternity wards in District Hospitals, UNFPA has supported the rehabilitation and extension of the Rokupa Hospital and extension of the maternity ward, establishment of antenatal and gynaecological clinics in Freetown. UNFPA has contributed to capacity development related to management of district hospitals and maintenance of these facilities and enhanced knowledge on data management as explained thoroughly in the previous Section.

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<sup>3</sup> UN Guidelines for Monitoring the Availability and Use of Obstetric Services developed by WHO, UNFPA and UNICEF. These Guidelines were revised in 2009.

### 3.1 SUPPORT TO THE SOLAR SUITCASE PROGRAMME

The absence of electricity, especially for labour rooms, operating theatres and PHUs has been a major bottleneck to the implementation of the FREE health Care as it made it difficult to deliver critical services at night: especially complicated night time deliveries and many lives were lost. In January 2012 the

Friends of PCMH coordinated by retired midwife, Isha Daramy Kabia invited the We

Care Solar organization through the Ministry of Health and Sanitation, to showcase their solar suitcases in Sierra Leone. UNFPA was quick to see the potential in saving lives through the use of solar suitcases that can be used for deliveries at night, charge cell phones to call for ambulances, provide foetal scope to monitor the baby's heart-beat. UNFPA supported the We Care Solar team to

Clinic	Town	District
Magbil	Lunsar	Port Loko District
Nar Sarah	Kabala	Koinadugu
Poturu	Poturu	Pujehun
Ngalu	Ngalu	Bo
Mapotolon	Mapotolon	Kambia
Binkolo	Binkolo	Bombali
Mile 91	Mile 91	Tonkolili

transport the initial 7 solar suitcase (donated by We Care Solar) from Lungi to the districts, train a small core team in installation and maintenance, and to install the solar suitcase in the following PHUs that had been identified by the Ministry of Health and Sanitation.

It was important to assess the effectiveness of the donated 7 solar suitcases before scaling up the programme. Hence, a team made up of MOHS staff, Isha Daramy-Kabia and UNFPA carried out an assessment of the 7 PHUs that were using the solar suitcases. Key findings of the assessment mission are summarized in the table:

Key Area	Findings
<b>Functionality of the solar suitcases</b>	All the units installed in the seven facilities were in excellent functional state. Instances where the units were kept on throughout the night were recounted. The service providers were satisfied with the intensity of the light. The Solar Suitcase has opened a new world to them! The unit at Mapotolon has a defect on one of the outlets for the universal charger outlet.
<b>Staff knowledge of use and maintenance of the solar suitcase</b>	The staff maintained a register/ record for routine inspection. The observations were maintained and correctly entered in 5 clinics while at two facilities the service providers were not regular in recording the observations. Overall there were no serious errors omissions or commission.
<b>Re-enforcement of basic maintenance rules for the solar suitcases.</b>	The general knowledge of how to maintain the suitcase was excellent. Some units were beginning to gather dust. The staff members were encouraged to wipe off the dust once or twice a week. The team leader in each facility was encouraged to teach all the team members how to interpret the indicator lights so that appropriate action could be carried out as need arose. The solar suitcase was described to be user friendly.
<b>Assess the usefulness and any short term impact of the solar suitcase.</b>	Service providers in the facilities where the solar suitcases have been installed were very happy with the new innovation. There is improved capacity to perform deliveries at night, Improved client confidence and reduced client cost (they don't have to purchase kerosene or batteries to visit the facility anymore, The light was reported to have reduced the number of mosquitoes in the lit rooms making the staff and patients more comfortable at night. Clinics are reporting an increase in the number of deliveries in the night although there are no absolute figures available at the moment to validate the assertion.



Isha checks the solar with the clinic

Following encouraging results from the solar suitcase assessment mission, UNFPA procured 40 more solar suitcases soon to be installed in 40 PHUs that will again be identified by the MOHS.

### 3.2: ENHANCING CEMONC FACILITIES THROUGHOUT THE COUNTRY

Realizing the significance of availability and accessibility to the CEmONC to save lives of mothers and children, UNFPA supported the Ministry of Health and Sanitation and refurbished six (6) CEmONC centres in six Districts, namely, in Koinadugu, Kailahun, Moyamba, Pujehun, Kono and the Western Area. One of the notable achievements in the Western Area is the finalization of the rehabilitation and refurbishment of PCMH ahead of the launch of the FHCI because the hospital was able to accommodate the huge increase of women and children who sought free services after the FHC launch. UNFPA supported the rehabilitation and refurbishment of the Mattru Jong hospital, moving it from a dilapidated state towards making the hospital a centre of excellence in partnership with the Office of the First Lady. Also of significance were the establishment of Antenatal and Gynaecological Clinic in the Princess Christian Maternity Hospital (PCMH) and establishment of the Special Baby Care Unit (SBCU) at the Ola During Hospital, which has contributed immensely to saving the lives of neonates. Water reticulation and solar was provided for a number of hospitals including Kono, PCMH, Rokupa, Pujehun and Moyamba to facilitate the provision of CEmONC services. UNFPA supports infrastructure not only by providing civil works but also ensuring the placement of necessary medical equipment and instruments as well as addressing hospital management issues.

### 3.3: STRENGTHENING DISTRICT HEALTH SERVICES

Since 2008, through the implementation of the African Development Bank (AfDB) funded *Strengthening District Health Service Project*, UNFPA has supported the MOHS in rehabilitation and construction of extended maternity wards at 5 referral District Hospitals, refurbished 21 PHUs and 1 Community Health Centre (CHC) Complex in Bo, Kenema, Tonkolili, Port Loko and Bonthe and assisted in operationalization of these health facilities. In addition to civil work, UNFPA equipped these facilities with necessary medical instruments and drugs as well as ambulances, bicycles, utility vehicles for drug distribution and motorbikes that are essential to the well-functioning of health facilities.

Facilities refurbished through Strengthening District Health Services Project						
District	Maternity Ward	CHC*	CHP**	MCHP***	PHC Complex	Total
Bo	1	-	3	-	1	5
Bonthe	1	3	1	-	-	5
Kenema	1	1	4	-	-	6
Port Loko	1	1	3	-	-	5
Tonkolili	1	3	1	1	-	6
<b>Total</b>	1	8	12	1	1	27

\* CHC: Community Health Centre, \*\*CHP: Community Health Post, \*\*\*MCHP: Maternal and Child Health Post, PHC Complex: Primary Health Care Complex

Strengthening District Health Services Project offered a whole package - it did not only perform civil work and equipment but also provided various categories of trainings to health service providers. This aspect of the Project is further discussed in the next Section.

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A summary of key achievements in the area of Facilities improvement:

**Main Results Achieved under Facilities Improvement:**

- ❖ Finalization of the rehabilitation and refurbishment of PCMH fast tracked ahead of the FHC launch enabling the FHC to be launched in the PCMH grounds.
- ❖ Rehabilitation of the whole of the Mattru Jong hospital, including maternity wing, theatre and paediatric ward
- ❖ Rokupa Hospital rehabilitated and the maternity ward extended and equipped.
- ❖ Water reticulation and solar power installed in Mattru Jong, Kono, Kailahun, Rokupa, PCMH, Kambia and Moyamba hospitals.
- ❖ Following installation of initial 7 donated solar suitcases, 40 additional solar suitcases were procured for BEmONC centers and support provided for installation
- ❖ 6 CEmONC facilities in Koinadugu, Kailahun, Pujehun, Kono, Moyamba and the Western Area have been refurbished and equipped with necessary equipment and instruments.
- ❖ An Antenatal and Gynaecological Clinic has been established at the Princess Christian Maternity Hospital.
- ❖ The country's very first unit for neonates, Special Baby Care Unit, has been established at the PCMH Hospital.
- ❖ Maternity Wards have been established at 5 District Hospitals, 21 PHUs providing BEmOC services and 1 Community Health Centre have been refurbished in Bo, Bonthe, Kenema, Port Loko and Tonkolili.

## SECTION 4: INVESTMENT IN HUMAN RESOURCES FOR HEALTH

UNFPA is fully in line with World Health Organization (WHO) in ensuring "skilled care at every birth." According to the Free Health Care Initiative's priority interventions, the Government pays particular attention to investing in human resources for health. UNFPA, aligning with the target of the Government, maintains projects and programmes that empower health service providers so as to ensure quality maternal and neonatal care services to avoid unnecessary complications that may lead to deaths. UNFPA supports various capacity development trainings both in medical and management fields that will contribute to the well- functioning of health facilities to save lives of women, girls and neonates.

### 4.1: TRAINING OF NURSE ANAESTHETISTS

Training of nurse anaesthetists is significant as it enables the performance of caesarean section and this aspect has become even more critical following the launch of the FHCI as increased numbers of women with complications were presented at health centres and hospitals. UNFPA initiated the training of nurse anaesthetists with the aim of enhancing the operation of CEmONC facilities by securing timely performance of needed surgery throughout the country. Safe anaesthesia is a pre-condition to safe caesarean section and since there was inadequate number of anaesthetists in Sierra Leone, UNFPA had to intervene in this area.



Graduation Ceremony of Nurse Anaesthetists in Freetown, Sierra Leone in 2010

UNFPA initially recruited a consultant (Professor of Anaesthesia) to work with two existing Sierra Leonean physician anaesthetists to train 20 midwives per year. UNFPA strategically selected midwives already working for District Hospitals to enrol in this training so that those fully trained midwives who become nurse anaesthetists continue to work as midwives for normal deliveries, but

under obstetric emergency situations, they can perform anaesthesia to enable necessary surgical interventions to ensure safe motherhood. At the end of the training, each nurse anaesthetist is provided with anaesthetist kits and deployed to District Hospitals in their respective regions.

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UNFPA conducts regular monitoring and supervisory visits to these nurse anaesthetists to see if quality care is being provided. Such visits also serve as opportunities to solve challenges they may be facing. To date, District Hospitals convey positive feedback on the role of nurse anaesthetists to MOHS. Both the Chief Nursing Officer and the Chief Medical Officer fully recognise the significance of placing nurse anaesthetists in CEmONC facilities and have pledged the support of MOHS to this project. There is a need to recruit a trainer who can give training of trainers (TOTs) so that the trained midwives could pass on their skills and knowledge.

#### **4.2: TRAINING OF MIDWIVES AND RECRUITMENT OF RETIRED MIDWIVES**

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With an expected influx of pregnant and lactating women seeking health services and care following the launch of the Free Health Care Initiative, the Government realised the need to strengthen the capacity of health facilities to be able to provide women and children with quality skills. UNFPA approached this situation with both short-term and long-term strategies.

For a short term swift solution, UNFPA supported the recruitment of 24 retired midwives for an initial period of two years that has now been extended for another year. Most of these midwives were placed in Peripheral Health Units in the provincial areas and contribute greatly to quality obstetric and neonatal care in hard-to-reach places. This was an attempt not to leave any gaps in the provision of services in the country and to strengthen the capacity of young midwives through mentoring by experienced midwives.

For a long-term and sustainable solution, from 2010 UNFPA supported the increase of midwifery students at the National School of Midwifery. This support was further enhanced in 2012 when UNFPA provided full scholarships to 78 trainee midwives at both the Makeni and Western Area campuses of the National School of Midwifery. These trainee midwives will for the first time be bonded for the period of three years, to work for the public health facilities in the provinces upon graduation. Most of these trainee midwives will be deployed to PHUs where there is a clear shortage of skilled birth attendants. In order to ensure geographic distribution and retention of skilled birth attendants, UNFPA advocated for and supported the bonding system, which would allow the Government to ensure quality services throughout the country. The first batch of bonded midwives is expected to graduate in 2013.

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Moreover, UNFPA supported MOHS in promoting family planning services with pre-service and in-service midwives. UNFPA successfully convinced the National Midwifery School to incorporate family planning services in their curricula. Additionally, seventy-five (75) practicing midwives and community health officers from the 13 Districts were trained on long-term family service method, such as insertion/removal of IUD and Implant.

### **4.3: TRAINING OF OBSTETRICIANS AND GYNAECOLOGISTS**

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As a part of enhancing quality health system, UNFPA refurbished the Princess Christian Maternity Hospital (PCMH) (see Section 3 for further details). In addition to the renovation, UNFPA hired two Obstetricians and Gynaecologists to support PCMH in providing additional clinical services soon after the launch of the FHCs.

The crucial task of these consultant Obstetricians and Gynaecologists was to provide specialised clinical services at the tertiary CEmONC facility and main teaching and referral hospital (PCMH), which accounts for about 40% of all institutional deliveries in the country. The consultant Obstetricians and Gynaecologists revived and organised scheduled antenatal care, gynaecological clinics, family planning counselling and services and provided a clear guidance on the duty roster for teams. They also provided formal teaching sessions to medical students, interns and medical officers on obstetric and gynaecological care and services. They frequently organised sessions on operation theatres to the staff members and provided a clear guidance on the duty roster for teams.

In addition to the provision of clinical services and capacity building of health service providers at PCMH, the Obstetricians and Gynaecologists supported the Ministry of Health and Sanitation in establishing a Post-Graduate Training Programme for Obstetricians and Gynaecologist. This is based on the explicit need in building human resources with specialised expertise. Training local graduates in critical specialist services will go a long way in building sustainable human resources and addressing the critical shortage of specialist service providers in the country.

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Placing two additional consultant Obstetricians and Gynaecologists at PCMH at the start of the FHCI helped to strengthen human resource capacity in the provision of clinical services and to effectively deal with the influx of women who presented at PCMH. More than 5000 deliveries per year have taken place at the Princess Christian Maternity Hospital, which is approximately 400% increase compared to the years before the inception of Free Health Care Initiative. In addition, there has been 1.5% increase in the performance of caesarean section and the case fatality rate has reduced from 7% in 2009 to 2.5% in 2012. The presence of a total of 3 Obstetricians and Gynaecologists at PCMH, supported by UNFPA, also helped to gradually improve the overall running and management of the hospital, ensuring that drugs, equipment and supplies were made available as and when needed.

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#### **4.4: TRAINING OF PAEDIATRICIANS**

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UNFPA works to ensure maternal and neonatal care and services, primarily through the provision of skilled attendance at birth. On realizing that the care and services for neonates that need special care was not available in the country, UNFPA with funding support from AfDB under SDHSP invested in addressing this gap. In Sierra Leone, there was no Paediatric Nurse as such and there were only two Specialist Paediatricians to over 1 million children visiting the hospitals. This gap affects significantly the quality of care given to children, including neonates. The health of neonates had not drawn too much attention, as the primary focuses were placed on maternal and child health. The majority of neonates' illness can only be managed at hospital level due to the need for specific equipment such as incubators, and specialized paediatric expertise.

According to the monthly data report of the Ola During Children's Hospital in Freetown, neonatal mortality contributes to approximately 40% of under-five mortality. As long as neonatal and infant deaths continue, it is likely that mothers will resume pregnancy without appropriate spacing as they would not see the need to use family planning services soon after losing a neonate or child. This is due to the cultural significance attached to motherhood and rearing of children in Sierra Leone. It is evident that pregnancy without appropriate spacing can be dangerous as it may lead to obstetric complications, such as maternal anaemia, postpartum haemorrhage among others. Ensuring the survival of neonates helps to promote the use of Family Planning services and hence avoid complications and maternal deaths.



Realising such a significant correlation between maternal mortality and prenatal and child health care, UNFPA took the initiative in hiring a consultant Paediatrician, with support from the AfDB, to improve the health system for neonates in Sierra Leone. Working closely with the Ministry of Health and Sanitation, UNFPA supported the refurbishment and

expansion of the Unit for neonates, successfully establishing a Special Baby Care Unit (SBCU) with 44 beds and other equipment at the Ola During Children's Hospital in 2011. The consultant Paediatrician played a cardinal role in the Unit, providing clinical oversight and training medical students, nurses and doctors in the care of premature babies and neonates with critical illness.

In addition to a functional Unit specifically for neonates, UNFPA helps strengthening the human resources for Paediatricians and Paediatric Nurses. To ensure that, with support from the AfDB, UNFPA assisted in the development of a curriculum for training Registered Nurses to become Paediatric Nurses. Currently, seven (7) Registered Nurses are undergoing the training and they are expected to receive Diplomas on Paediatric Nursing and Management in 2013.

The Paediatrician consultant also frequently travelled to the five (5) District Hospitals supported by AfDB for providing capacity building trainings to nurses stationed in rural areas. So far, 127 Registered Nurses have been trained on Childcare Management and Infection Control. Though more needs to be done in the area of neonatal care, UNFPA's strategic approach in linking maternal mortality and neonates mortality and the focus on neonates care have been well appreciated by the Government.

#### **4.5: STRENGTHENING DISTRICT HEALTH SERVICE PROJECT - HUMAN RESOURCES**

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A variety of medically focussed trainings were provided to health service providers under the Strengthening District Health Service Project, supported by the AfDB. More than sixty (60) health service providers have benefitted from these trainings on specialised knowledge on disease control and prevention, nurse tutoring, pre-operative and critical care nursing, nutrition and dietetics, obstetrics and gynaecology,

reproductive health, paediatric nursing management. The Project selected the most effective courses for health service providers in and outside of Sierra Leone.

In addition to medically focussed trainings, health service providers have benefitted from management and operations trainings from the SDHS Project. Six (6) Monitoring and Evaluation (M&E) Officers were trained in M&E in Kenya. One Counterpart Implementation and Procurement Specialist was trained in RBM and Implementation and Performance Indicators in Montreal, Canada. Fifty-one (51) Community Health Officers and two Medical Doctors were trained in basic surgery. Five (5) District Medical Officers and one Planner from MOHS were trained in health system management in South Africa. Seventy-five (75) health staff were trained in epidemiology and health planning in Ghana. Fifty (50) Sierra Leonean personnel in health sector and private sector were trained in various maintenance skills. Those trained are expected to extend quality service to District Hospitals and PHUs for maintenance. Nine students completed a certificate course in laboratory technology in Ghana. Thirty (30) Health Officers completed a course in epidemiology and district health management in Ghana.

Below is a summary of the number of health staff that was trained in different areas in tertiary institutions within the region, including in Sierra Leone.

<b>Medically Focused Trainings provided through Strengthening District Health Service Project</b>			<b>Management-Focused Trainings provided through Strengthening District Health Service Project</b>	
<b>Area of Training</b>	<b>Location</b>	<b># Trained</b>	<b>Area of Training</b>	<b># Trained</b>
MA in Public Health with specialization in Disease Control and Prevention and Health Informatics	School of Public Health University of Ghana	20	Monitoring and Evaluation Result-Based Management and Implementation and Performance Indicators	6
Nurse Tutor's Course	University College Ibadan, Nigeria	12	Basic Surgery	51
Peri-operative and Critical Care Nursing Course	University of Ghana	9	Health System Management Epidemiology and Health Planning	75
MA in Nutrition and Dietetics	Njala University Sierra Leone	20	Laboratory Technology Epidemiology and District Health Management	30
Post-graduate training in Obstetrics and Gynaecology	Ghana	2	Maintenance skills	50
MA in Reproductive Health	University of Malawi	2		
Diploma in Paediatric Nursing Management	University of Benin	2		

\*\* Maintenance skills include brick laying, plumbing, carpentry, refrigeration and electrical maintenance that are essential in running health facilities

The table below summarises key achievements in the area of investment in human resources:

❖ **Main Results Achieved under Investment in Human Resources for Health:**

- ❖ Ninety-nine (99) nurse anesthetists have been trained and are placed in all District Hospitals to support life-saving services of EmOC.
- ❖ Twelve (12) Districts Hospitals and the Western Area are fully upgraded to provide CEmONC.
- ❖ Twenty-four (24) retired midwives who have expertise and experience are deployed to 10 Districts (Bo, Kenema, Kailahun, Kabala, Moyamba, Tonkolili Bombali, Kambia, Kono and the Western Area) in Sierra Leone.
- ❖ The two campuses of the National Midwifery School are fully operational and in 2013, 78 trainee midwives are expected to graduate, who then will be bonded to work in public health facilities in the Provinces for three years.
- ❖ 75 in-service midwives were trained on insertion/removal of IUD/Implant and are providing these services in 13 Districts.
- ❖ More than 5000 deliveries/yr have taken place at the Princess Christian Maternity Hospital, which is approx. 400% increase compared to the years before the inception of Free Health Care Initiative.
- ❖ At PCMH, there is 1.5% increase in the performance of caesarean section. The case fatality rate has reduced from 7% in 2009 to 2.5% in 2012.
- ❖ A new post-graduate training programme for obstetrician and gynaecologist has been established at PCMH. This programme has provided the Part I course for 9 students.
- ❖ The country's first Special Baby Care Unit has been established with 44 beds and various medical equipment such as incubators at the Ola During Children's Hospital, reducing the institutional neonatal mortality rate.
- ❖ A new Training Programme on Promoting Registered Nurses as Paediatric Nurses has been established in 2012. 8 registered nurses will be receiving diplomas in Paediatric Nursing and Management in 2013. Additionally, 127 Registered Nurses in District Hospitals have been trained on Childcare Management and Infection Control.
- ❖ More than 60 health service providers have received specialised training on disease control and prevention, nurse tutoring, peri-operative and critical care nursing, nutrition and dietetics, obstetrics and gynaecology, reproductive health and paediatric nursing management.
- ❖ More than 200 persons received training on M&E, Result-Based Management and Implementation and Performance Indicators, basic surgery, epidemiology and health planning and various maintenance (maintenance of buildings) skills.

## **SECTION 5: STRENGTHENING OVERSIGHT, COORDINATION AND MANAGEMENT**

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Strengthened oversight, coordination and management were manifested at different levels during the build-up to the launch of the FHCI. Under the leadership and oversight of the MOHS, all players in the health sector worked in unison, in a coordinated manner towards one goal, the success of the FHCI.

Since pregnant women and lactating mothers were target beneficiaries, all development partners harmonized and made concerted efforts to promote sexual and reproductive health. UNFPA, as part of the Health Development Partner (HDP) Group in Sierra Leone, proactively shared and continue to share information, invite partners to attend events and seminars. The issue of coordination and harmonization, however, is not only limited to development partners but is relevant at intervention level. For example, there is a strong polarization of work among the different line Ministries. Coordination has been one of the weakest links in development efforts of Sierra Leone. Supporting coordination of inter-ministerial interventions as well as bringing all stakeholders together for a common cause has been one of UNFPA's strength in contributing to the FHCI. A few examples are summarised below.

### **5.2: MULTISECTORAL PROGRAMME ON THE SEXUAL AND REPRODUCTIVE HEALTH OF ADOLESCENTS AND YOUNG PEOPLE**

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One of UNFPA's significant contributions to the Free Health Care Initiative in terms of intervention level of coordination and management is taking a lead role in advocating for and establishing the "Multisectoral Programme on the Sexual and Reproductive Health for Adolescents and Young people." The Programme was initiated based on the belief that the issue of sexual and reproductive health of adolescent and young people is not only a health issue but also relates to various factors such as education, gender disparities, economic stand and environment as well as other social factors. Due to the complexity of the issue, UNFPA engaged line ministries to work harmoniously with one another to attain the same goal - that is, holistic development of adolescents and young people.

As the saying goes, "Prevention is better than cure," and similarly, one of the effective ways to ensure success of the FHCI, is to engage in preventive interventions that address Adolescent Sexual and Reproductive Health (ASRH) issues, such as unwanted/unplanned pregnancies, preventable complications in pregnancy or during delivery. With a high teenage pregnancy rate (28%), UNFPA pays particular attention to the sexual and reproductive health of adolescents and young people as a cost effective

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way to support the FHCI. To this end, UNFPA Sierra Leone mobilized partners in the development sector to develop and launch the "Multisectoral Programme on the Sexual and Reproductive Health for Adolescents and Young people" in February 2012. This Multisectoral Programme brings together 5 line ministries: Ministry of Health and Sanitation, Ministry of Social Welfare, Gender and Children's Affairs, Ministry of Youth and Sport and Ministry of Education, Science and Technology and a fifth Coordinating Ministry, the Ministry of Finance and Economic Development, NGOs and civil society organizations, UN agencies and institutions such as Youth Commission and National HIV/AIDS Secretariat and the Office of the First Lady to ensure coordinated and harmonized interventions to promote adolescent sexual and reproductive health and rights.

The motto for this programme is "Young, Empowered and Safe" - hence the programme has come to be known as the "Y.E.S. Salone" Programme. The Y.E.S. Salone Programme ensures the involvement of young people in the design, coordination and implementation of the programme - which is the key to its success. Y.E.S. Salone Programme combines all adolescent and youth related projects in one Annual Programme and closely monitors the progress in every sphere of intervention. Information, Education and Behavioural Change communication are key in the Y.E.S. Salone programme because it is significant to target young populations in order to shape the correct attitudes and behaviours during that tender age.

As part of this endeavour, UNFPA supported the Strategic Planning Unit of the President's Office to develop a comprehensive National Strategy to Address Teenage Pregnancy, which is central to the Y.E.S. Salone Programme. UNFPA Sierra Leone's proactive intervention in promoting adolescent sexual and reproductive health and rights is visible in Sierra Leone and its success will have a direct positive impact on the success of the FHCI in the short, medium and long term.

### **5.3: SCALING UP FAMILY PLANNING AND THE SIERRA LEONE FAMILY PLANNING WEEK (07-14 JULY 2012)**

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The ultimate goal of the FHCI is to reduce maternal and child mortality and morbidity and taking into account the limited financial and human resources for health as well as inadequate infrastructure, Family Planning provides the most cost effective way to achieve the FHCI goals, while we continue investing in strengthening the health system. Hence the provision of Family Planning services is a critical component of the

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FHCI in the short term (e.g. lactating mothers need to use contraceptives in order for them to space their children) and in the medium to long term, to prevent too frequent, too many and too early or late (in age) pregnancies and related complications.

Following the CARMMA launch in 2010, UNFPA intensified its Family Planning advocacy interventions through various partners including the Office of the First Lady. It also supported the MOHS to strengthen its role in the provision of Family Planning services in order to match the demand created by the advocates. To this end, UNFPA hired a Family Planning Specialist to support the MOHS. At the same time, the provision of outreach FP services by NGOs, for example Marie Stopes Sierra Leone scaled up.

UNFPA supported MOHS in organizing the very first Family Planning Week in Sierra Leone from 07 to 14 July 2012. The event was planned to coincide with the London Global Summit on Family Planning to show Sierra Leone's commitment to prioritise family planning as a strategy to reduce maternal and neonatal mortality and to promote sexual and reproductive health and rights. UNFPA co-chaired all the preparatory meetings and acted as a focal point of coordination of the Week.

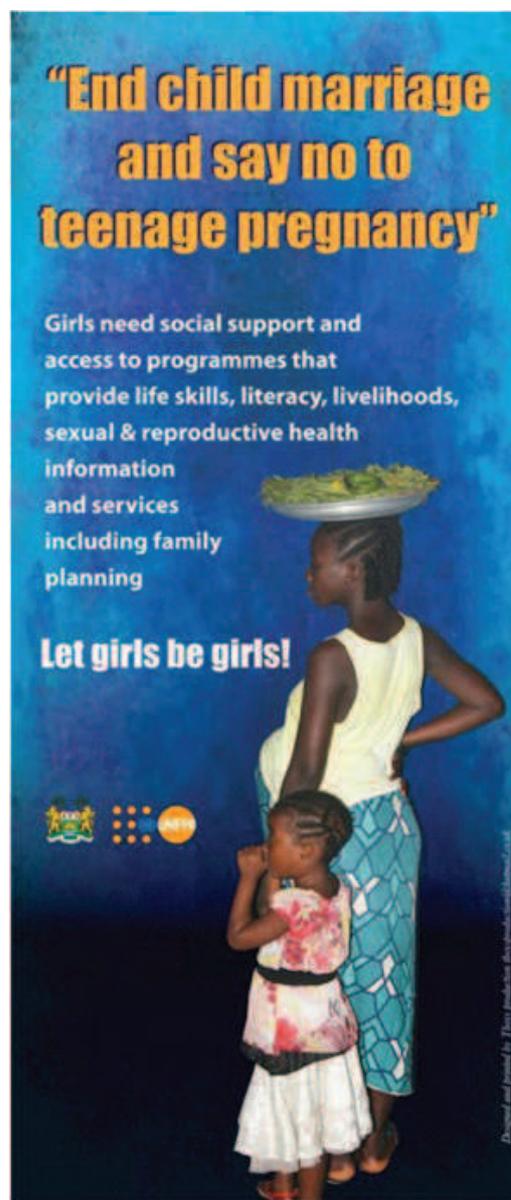
The Family Planning week mobilized development partners in the health sector and was opened by a "March for Choice," followed by a ceremony with all the stakeholders, including the representatives of the Government, traditional and religious leaders, health service providers, donor communities, UN agencies and civil society actors. Outreach FP services were provided throughout the country and both women and men benefitted from this. The event in Freetown gathered more than 900 people and more than 3,000 people were mobilised in the provinces, all marching for "choice" and advocating for Family Planning. This was a major shift from the past when mentioning family planning was almost taboo.

The Family Planning Week was supported by various media coverage, including TV and radio discussions on family planning, jingles in four different languages through 15 radio stations covering the whole country. Through the media campaign, FP messages reached out to more than half of the population in the country. A total of 86,000 beneficiaries received family planning services during this week. This grand event was made possible with close cooperation of the Government, UN Agencies, NGOs and civil society partners.

## 5.4: KEY MESSAGES ON THE INTERNATIONAL DAY OF THE GIRL CHILD (11 OCTOBER 2012) KEY DAY

The majority of sexually active girls aged 15–19 in developing countries are married. Sierra Leone is no exception. Child marriage remains a fact of life in many parts of the country. . In Sierra Leone, there is high teenage pregnancy rate – 34% of all pregnancies occur among adolescents aged 15-19 years and over 30% of adolescents aged 15-19 years are already married or in a union.

Given that these are the main target of the free health care initiative, UNFPA Sierra Leone supported the Ministry of Social Welfare, Gender and Children's Affairs in partnership with Plan International, UN Women, UNICEF, Restless Development and other stakeholders to organize and coordinate the celebration event of the International Day of the Girl Child on 11 October 2012. The International Day of the Girl Child served to recognize girls as a population that face difficult challenges, including gender violence, early marriage, child labour, and discrimination at work. It was an opportunity to reflect on action taken, progress achieved and areas where more specific action was needed for girls.



The event mobilised all the partners on adolescent reproductive health and rights and gathered approximately 700 teenagers. The Day was observed with reaffirmation of commitment to promote adolescent reproductive health and rights by all the stakeholders and strong commitment of teenage girls to say NO! to early marriage/pregnancy and Yes! to continued education.

Skit on the consequences of teenage pregnancy and early marriage, benefit of education, speech by a Sierra Leonean role model and performance by a local musician who appealed to parents to let young girls continue their education to have

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economic autonomy and to young girls to continue pursuing education brightened/climaxed the celebration. Family Planning services, including counselling and distribution of reproductive health commodities, were also provided at the celebration, enabling these teenage girls to access friendly reproductive health services.

#### **Main Results Achieved under Coordination and Management:**

- ❖ Multisectoral Programme on Adolescent and Youth Reproductive Health was launched in February 2012, ensuring the coordination commitment of five (5) lined Ministries and other development partners.
- ❖ Sierra Leone Family Planning Week was installed in July 2012, reaffirming and up-scaling the commitment to reposition family planning both from the Government and the people. More than 3,500 people were mobilized for a "March for Choice" and 86,000 beneficiaries received family planning services throughout the country during the week.
- ❖ Key messages against early marriage and teenage pregnancy during commemoration of the International Day of the Girl Child were conveyed throughout the country through radio and TV messages

## **SECTION 6: COMMUNICATION OF THE POLICY AND DEMAND CREATION**

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Previous sections thoroughly explain how UNFPA contribute to the provision of quality health care and services. Section 6 looks at UNFPA's intervention in awareness raising and sensitisation of the general public so that the target populations do make the most of the Free Health Care Initiative.

In Sierra Leone where socio-cultural beliefs and practices persist, many women still tend to prefer delivery with traditional birth attendants rather than with skilled birth attendants at health facilities. According to the 2008 Demographic and Health Survey, only 25% of Births were delivered in health facilities and only 42% of women were assisted by a skilled provider including nurse aides. In terms of maternal health care, pregnant women who received antenatal care from a skilled provider is 87%, but postnatal check-up less than four hours after delivery remains very low at 38%. This evidently indicates that more needs to be done to educate and raise awareness of the general public to make use of FHCI.

UNFPA uses effective communication strategies to promote behaviour change and improve health seeking behaviour. Through the community mobilization programme, "Community Wellness Advocacy Groups (CAGs)" and "Male Network/PEN Centres" with the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) and Ministry of Health and Sanitation (MOHS), UNFPA engages women and men in rural communities directly and encourage them to make use of the Free Health Care Initiative. UNFPA partnered with the Restless Development and through its "Volunteer Peer Educators Programme," the needs of young people, including teenagers, are addressed by young people using an innovative and friendly approach. UNFPA works closely with local media by airing radio drama that addresses the issue of sexual and reproductive health and by collaborating with local musicians who pass the message to a wide range of population in the country.

### **6.1: COMMUNITY WELLNESS ADVOCACY GROUPS (CAGS)**

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The community empowerment programme aims to sensitise rural communities and facilitate their improvement in health seeking behaviour (i.e. encourage the utilisation of the Free Health Care Initiatives) by Community Action Groups that are comprised of transformed Traditional Birth Attendants (TBAs) and transformed Female Genital Mutilation/Circumcision Practitioners (Soweis). The CAGs are transformed into advocates for institutional delivery, family planning, gender equality and they denounce practices such as early marriage, teenage pregnancy and gender-based violence. They

are empowered with knowledge on Sexual and Reproductive Health and Rights and act as social change agents in their respective communities and contribute to reducing maternal mortality, preventing violence against women and girls and empowering women and men on sexual and reproductive health and rights. UNFPA supported the Ministry of Social Welfare, Gender and Children's Affairs and the Ministry of Health and Sanitation from the inception of the programme and continues to extend support to the CAGs programme.



**A Community Wellness Advocate is explaining family planning method to Community people**

The CAGs sensitise and educate their local communities on various issues such as institutional delivery, antenatal and postnatal care, significance of family planning and proper spacing, HIV/AIDs, danger signs of obstetric complication, fistula among other issues. The Groups conduct various outreach activities, such as mobilizing and referring pregnant women for antenatal care, accompanying women

and girls for reproductive health services including family planning services and making sure that women benefit from the Free Health Care Initiative.

What is unique about the CAGs is the commitment of each community as a whole. The CAGs programme ensures the involvement of men as well as traditional, religious and local leaders. By securing support of these community leaders, the CAGs function effectively. For example, many communities have implemented bi-laws on institutional delivery thanks to the strong and continuous support of traditional leaders. They also play a pivotal role in sensitising and educating their own communities on the benefit of utilising free health care services, complementing the work of the CAGs.



**Traditional and Religious Leaders are mobilised at one of CAGs' sensitisation sessions**

The CAGs programme was initially piloted in Bombali and Bo District in August 2010 with consolidated support from the United Nations Joint Vision Programme in Sierra Leone. Today, it is being implemented in nine (9) Districts: 24 communities in the

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Western Rural Area, 15 chiefdoms in Bo, 11 chiefdoms in Bonthe, 13 chiefdoms in Bombali, 11 chiefdoms in Koinadugu, 11 chiefdoms in Tonkolili districts and newly trained 12 chiefdoms in Pujehun, 16 chiefdoms in Kenema and 7 chiefdoms in Kambia, covering 120 groups nationwide so far. On average, each community wellness advocate makes 50 referrals per quarter. Approximately 170,000 referrals on family planning were made during 2011. This number is estimated to increase to 240,000 for 2012 on referrals for ante-/post-natal care, institutional delivery, family planning and other SRH services.

On 13 July 2012, the Minister of Social Welfare, Gender and Children's Affairs officially launched the programme on the Community Wellness Advocacy Groups in Freetown. The launch was chaired by the Minister of Social Welfare, Gender and Children's Affairs, with the presence of 1,135 community wellness advocates from nine (9) Districts of Sierra Leone, with the representatives from Ministry of Health and Sanitation, traditional and religious leaders, partner agencies and NGOs.

During the launching, Minister handed certificates of appreciation in recognition of the great work of CAGs. These empowered women confidently demonstrated their work on how they sensitise rural communities, how they refer community members to health facilities and how they engage adolescents and young people. The launching served as a forum where the Government and UNFPA reaffirmed its commitment to support CAGs and a forum where each community advocate committed to reducing maternal and neonatal mortality and morbidity and to eliminating GBV. In addition, "A Guide for Establishing Community Wellness Advocacy Groups," was officially launched during the launch of the programme.

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## **6.2: MALE PENS (MALE PEER-EDUCATOR NETWORK)**

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Male Peer Educator Networks PENS are quite similar to CAGs. PENS are men-to-men initiatives where men are enlightened and educated by their peers. Just like CAGs, the members of PENS are trained on gender-based violence and sexual and reproductive health and rights issues so that "men as partners" can contribute to healthy partnerships with women that will ultimately lead to the promotion of women's reproductive health and facilitate their access to the Free Health Care (FHC) services. Since the inception of this programme in June 2012, 2 PEN Centres were established in Bo and Bombali, hosting 150 and 110 members respectively.

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PEN members hold sessions with men and boys in their respective communities and sensitise them with correct information on sexual and reproductive health and rights, including family planning and the benefits of encouraging and supporting their wives and daughters to access FHC. They also serve as role models who strongly oppose GBV and as good husbands/fathers, encourage others to help their wives, daughters and mothers. PENs have developed their own theme songs that they use for outreach activities and also contextualised male-specific messages to promote gender equality and sexual and reproductive health and rights. The IEC/BCC materials that they developed include men's support to women's antenatal care, institutional delivery, family planning, Prevention of Mother-To-Child Transmission (PMTCT) of HIV and prevention of GBV.

PEN is an effective way forward in promoting gender equality and reproductive health issues, as partnering with men is the only way we could ensure sustainability. PENs also have easier access to traditional and religious leaders, as the majority of them are men in Sierra Leone. Though the PENS are still in their infancy, PENs in Bo and Bombali have already reached out to a notable number of men and boys.

### **6.3: VOLUNTEER PEER EDUCATORS (VPES) FOR YOUNG PEOPLE**

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A different approach is needed to address adolescent sexual and reproductive health within the framework of FHCI as adolescent and young people have different mind-set, behaviour and attitude from adults. With this in mind, UNFPA partnered with Restless Development, a youth-led organisation for adolescents and young people. 120 Volunteer Peer Educators (VPEs) were trained and placed in rural communities to act as peer community educators for adolescent sexual and reproductive health issues. VPEs can respond to the needs of adolescent and young people in a friendly manner and without prejudices, which encourages adolescents and young people to ask for services without hesitation.

VPEs approach both in-school and out-of-school young people. Like CAGs, VPEs carry referral slips during their outreach activities.

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## 6.4: RADIO DRAMA - SALIWANSAI

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UNFPA Sierra Leone partnered with the Population Media Centre (PMC) and strategically utilises the radio, the most popular media medium in Sierra Leone, to convey messages related to sexual and reproductive health and rights within the context of FHCI for positive behaviour change. PMC airs a radio drama "Saliwansai" on national and regional radio. The radio drama addresses issues surrounding sexual and reproductive health taboos, biases and provides correct information and the way forward. UNFPA mobilised partners and, with all the technical knowledge surrounding sexual and reproductive health and rights, came up with messages that could be used for the drama script so that the content is technically sound. 60 episodes have already been aired with approximately 275,000 regular listeners. UNFPA closely follows up and monitors this radio drama to ensure that the content does not mislead the general public and the strategic messages are well captured in the episodes.

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## 6.5: COLLABORATION WITH LOCAL MUSICIANS

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The literacy rate among women remains very low at 29% against 49% of men (2004 Population and Housing Census). In addition, 47% of women aged 6 to 29 never attends school and 71% of teenage mothers are illiterate (UNFPA Teenage Pregnancy Study 2011). Against this background, songs and skits are the most popular forms of advocacy in Sierra Leone.

### Phrases from the UNFPA SL Supported Songs to promote the use of FHI services

- \* **"Pikin Nor For Born Pikin" (A Child Should Not Bear a Child)**
- \* **"No! No! No! Pregnant Women Should Not Die!"**
- \* **"Combra Tye u Ojar for Mek u Gal Pikin Larn" (Parents, invest in your girl child by sending her to school)**

UNFPA has collaborated with various local musicians and have developed various songs and jingles on issues such as the promotion of access to FHCI, reduction of maternal mortality, promotion of family planning, gender equality, teenage pregnancy and population. UNFPA provides technical advice to these musicians so that the messages in songs are technically sound. These songs and jingles are aired by national and regional radio, TV and are introduced to communities during the outreach activities conducted by CAGs and PENS. The table below summarises key achievements in the area of communication of the policy and demand creation:

### **Main Results Achieved under Demand Creation Intervention:**

- ❖ 1,135 Traditional Births Attendants, 260 male PEN members, 120 VPEs were trained on the knowledge of Gender and Sexual and Reproductive Health and Rights, including family planning, institutional delivery, ante/postnatal care, STIs amongst other issues.
- ❖ Referrals to health facilities made by CAGs/VPEs in rural communities for ante/post-natal care, institutional delivery, family planning, STI check-up, HIV/AIDS counseling in 120 communities/chiefdoms covering 9 Districts. For example, approximately 170,000 referrals on FP services were made by CAGs in 2011 and the estimated number of 240,000 referrals will be made for ante-/post-natal care, institutional delivery, FP services and other SRH services in 2012.
- ❖ Increased number of deliveries have taken place at health facilities and reduced number of reports on maternal deaths in communities where CAGs were established.
- ❖ Reduced number of reports on maternal deaths in communities where CAGs are established.
- ❖ Increased number of bye-laws that promote institutional delivery and prohibit GBV are implemented in communities.
- ❖ Radio drama, jingles and songs with SRH/Gender messages reached half the population

## SECTION 7: CONCLUSION

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The Government of Sierra Leone plans to conduct Demographic and Health Survey (DHS) next year and Population and Housing Census in 2014. The real results of UNFPA Sierra Leone's interventions will be visible when the results of the DHS and Census will be published. The introduction of the Free Health Care Initiative in 2010 was a milestone in the course of sexual and reproductive health and rights in Sierra Leone.

UNFPA Sierra Leone contributed enormously to the process of drafting the third generation of the Poverty Reduction Strategy Paper (PRSP: 2013-2017) called "Agenda for Prosperity." Just like UNFPA supported the Government in repositioning the Reproductive Health issues in priority agenda, UNFPA successfully advocated for and convinced the Government and all the development partners in prioritising Family Planning as part of health strategy. Inclusion of family planning in national agenda will surely contribute to the reduction of unwanted pregnancies, improvement of the quality of life, promotion of gender equality and, most significantly, the reduction of maternal mortality and morbidity

UNFPA Sierra Leone will continue aligning its intervention with government priorities within the context of FHCI and will contribute to achieving universal access to sexual and reproductive health, promote reproductive rights, reduce maternal mortality and accelerate progress on the ICPD agenda and MDG5.



**UNFPA Sierra Leone**  
**7B Sharon Street, Wilberforce,**  
**Freetown, Sierra Leone.**  
**Tel: +232 79 327330**  
**Email: [registry-sl@unfpa.org](mailto:registry-sl@unfpa.org)**