

2020 ANNUAL REPORT

Ensuring Rights and Choices for All
During the COVID-19 Pandemic



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United Nations Population Fund (UNFPA), the United Nations reproductive health and rights agency, is a principal actor and advocate that works to improve the health and well-being of all Sierra Leoneans, especially women and girls.

Guided by the United Nations Sustainable Development Goals, UNFPA works to deliver its mandate as an international development agency that promotes the right of every woman, man and child to enjoy a life of good health and equal opportunity and contribute to the 2030 Agenda for sustainable development.

In Sierra Leone, we are working to end preventable maternal deaths, end the unmet need for family planning, and end violence and harmful practices against women and girls. We work to ensure that no one is left behind and those furthest behind are reached first.





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ABBREVIATIONS

EmONC	Emergency obstetric and newborn care
FGM	Female Genital Mutilation
GBV	Gender-based violence
IPC	Infection prevention and control
MAPE	Male Advocacy Peer Educator
MMR	Maternal mortality ratio
MoHS	Ministry of Health and Sanitation
MPDSR	Maternal and Perinatal Death Surveillance and Response
NGO	Non-governmental organization
PCMH	Princess Christian Maternity Hospital
QI	Quality Improvement
QMP	Quality Management Programme
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SACHO	Surgical Assistant Community Health Officers
SLDHS	Sierra Leone Demographic and Health Survey

2020 AT A GLANCE - KEY RESULTS



Ending preventable maternal deaths

1197

Midwives graduated

1179

Maternal deaths averted

260

Suspected obstetric fistula cases screened

218

Service providers trained in emergency obstetric and newborn care

129

Surgical repairs performed on obstetric fistula clients

110

Maternal deaths investigated



78

Preceptors and faculty staff orientated in preceptorship guidelines

30

Nurse Anaesthetist/ Anaesthetic Technicians graduated

12

Surgical Assistant Community Health Officers who completed the three-year training programme

4

Health facilities supported by UNFPA to meet emergency obstetric and newborn care standards



Ending unmet need for family planning

912,691

Couple Years of Protection generated

171,851

New users of modern contraceptives

159,002

Unintended pregnancies averted

100%

Proportion of district medical stores who have received all the needed contraceptives and life-saving maternal health medicines to reach their maximum stock levels (based on availability at central medical store)

80%

Proportion of family planning commodities procured in line with the national forecast



Adolescents and youth

1000

Back-to-school kits distributed to vulnerable adolescent girls

300

Youth Council Leaders trained in gender-based violence (GBV) and family planning services referral pathways

110

Life skills radio programmes aired nationwide for young people aged 9–19 years

16

National Secretariat for the Reduction of Teenage Pregnancy Youth Advisory Panelists supported to advocate against adolescent pregnancy, child marriage and GBV in their districts



Gender and women's empowerment

25,643

Dignity kits distributed to vulnerable women and girls

1958

Survivors of GBV provided with services (medical, psychosocial counselling or legal services)

60

Male advocacy peer educators trained in ending child marriage, as well as reporting on violations and harmful practices at the community level

2

Institutions (Ministry of Gender and Children's Affairs and Rainbo Initiative) supported to report GBV



EXECUTIVE SUMMARY

2020 was a year like no other. It was a year that tested us in the face of a once-in-a-century global health crisis.

The COVID-19 pandemic showed us just how vital UNFPA's mandate is around the world and in Sierra Leone because all too often when crisis strikes, it is women and girls who are mostly affected.

Our work as a public health and social development organisation throughout 2020 was deemed essential by the women, girls and others we serve. Together with our partners and in solidarity with communities, our efforts ensured that life-saving sexual and reproductive health services continued, that contraceptives and other supplies were delivered, even to the last mile; that women and girls were safe from harm and that survivors of violence received the care and support they needed. We recognise that no one is immune from the pandemic's effects and those we serve, the poorest, the most vulnerable women and girls, are suffering tremendously and bearing the brunt.

In 2020, UNFPA in Sierra Leone was committed to keeping a human rights approach ahead and centre of our mandate to ensure the success of our vital initiatives so we can deliver our three transformative results. These aspiring results are zero preventable maternal deaths, zero unmet need for family planning and zero gender-based violence and against women and girls.

Achieving our three transformative results will bring the benefits of universal health coverage that leaves no one behind; no woman dying whilst giving birth; family planning to every woman and young person who wants it; and no woman or girl subjected to gender-based violence and other harmful practices such as child marriage and female genital mutilation.

We recognise that COVID-19 is increasing inequalities, but going forward we will adapt, innovate and continue to nurture existing partnerships to accelerate progress. Through population data, we will help identify and reach those furthest behind. We will remain committed to enhancing midwifery skills and improving maternal health services.

COVID-19 and its consequences may be with us for a while longer but as a country office, we will keep exploring opportunities for transformation, new partnerships and new ways of working to improve women's lives. We will continue to highlight the increased risks facing women, adolescent girls and other marginalised groups because we remain committed to advocacy and action.

There has never been a better time for UNFPA to generate advocacy and action to defy practices that harm women and girls and undermine equality. Together with our partners, we commit to doing everything we can to achieve gender equality and sexual and reproductive justice, and advance policies that prioritise bodily autonomy and human rights for all people in Sierra Leone.

CHAPTER 1

Ending preventable maternal deaths

Every maternal death, regardless of the cause and place of death, is unacceptable to the family and to society at large. Despite a reduction of almost 40 per cent in the maternal mortality ratio (MMR) from 1,165 per 100,000 live births in 2013 to 717 per 100,000 live births in 2019,¹ Sierra Leone still remains one of the countries with the highest MMR in the world. A report published in 2019, analysing maternal mortality trends from 2000 to 2017, ranks Sierra Leone as one of the three countries with the highest MMR out of 186 countries reported globally.²

Most maternal deaths are preventable if life-saving preventive and therapeutic interventions are provided in a timely manner. Even when pregnancy-related complications do not result in death, some women are left with lifelong debilitating conditions such as obstetric fistula. In 2020, UNFPA provided technical and financial support to the MoHS and non-governmental organizations (NGOs) such as Doctors with Africa (CUAMM), Aberdeen Women's Centre, Haikal Foundation, and CapaCare to implement interventions to prevent maternal deaths, manage childbirth complications and ensure accountability for every death that occurred, whilst implementing corrective measures to prevent recurrence through the Maternal and Perinatal Death Surveillance and Response Framework.

1. Sierra Leone Demographic and Health Survey 2019.

2. World Health Organization, 2019.

Strengthening EmONC services



Strengthening the quality of obstetric services is key to addressing maternal mortality. Data from the 2017, 2018, and 2019 Maternal Death Surveillance and Response reports show that more than 80 per cent of maternal deaths occur at health facilities, of which 75 per cent occur at government hospitals. To improve availability of quality specialized emergency obstetrics and newborn care (EmONC) services, UNFPA with funding from UK aid provided technical and financial support to three referral hospitals – Princess Christian Maternity Hospital (PCMH), Bo Government Hospital, and Makeni Government Hospital – to meet the internationally accepted minimum standards measured by the nine signal functions.

The three hospitals are among five hospitals which contribute to the highest number of maternal deaths, with PCMH being the highest. To achieve this, 218 health care providers had competency-based training in various aspects of EmONC which included Uterine Balloon Tamponade for management of postpartum haemorrhage triaging of obstetric emergencies, correct use of the partograph, basic ultrasound scanning, aseptic techniques, assisted vaginal delivery and other aspects of quality of care. Additional support included the establishment of high dependency units at two of the hospitals to care for critically ill pregnant and postpartum women, equipping the facilities with emergency care equipment such as cardiac monitors, oxygen concentrators, foetal scopes, maintenance of infrastructure and equipment, and secondment of obstetricians and midwives to provide specialized services.

Sustaining quality sexual and reproductive health services

To improve quality of care, UNFPA with funding from UK aid, collaborated with the Quality Management Programme (QMP) of the MoHS and the Institute for Healthcare Improvement to strengthen the quality of care in maternal, newborn and child health in Sierra Leone. To achieve this, 30 directors and managers from the MoHS were trained in management of large-scale Quality Improvement (QI) programmes; 40 staff from the QMP and learning districts were trained in leading and facilitating QI to be certified as QI coaches; and 110 service providers from selected health facilities were trained in QI in maternal, newborn and child health. Participants were provided with knowledge and skills on QI tools and methodologies and supported to initiate QI projects to improve Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) service delivery in the various facilities. Quality improvement mini-projects were initiated by health care providers at the three aforementioned referral hospitals on targeted topics such as the correct use of the partograph, monitoring critically ill patients, management of hypertension in pregnancy, prevention of surgical wound infection and other key topics.

To support the delivery of quality integrated sexual and reproductive health (SRH) services, UNFPA, with funding from the Government of China, supported the MoHS in establishing Reproductive Health Centres in five health facilities (King Harman Maternal and Child Hospital, Makeni Government Hospital, Murray Town Community Health Centre, Laka Ogoo Community Health Centre and Regent Community Health Centre). These centres will serve as comprehensive units to provide SRH services including family planning, cervical cancer screening and surgical repair treatment, sexual gender-based violence (GBV) management, sexually transmitted infections management and HIV counselling and testing. The MoHS was supported by UNFPA in developing guidelines for the establishment of the Reproductive Health Centres to enable more such centres to be established by other partners.

Human resources for health

To deliver quality EmONC services, a skilled health workforce is critical. UNFPA supports the training of midwives at three midwifery schools (National School of Midwifery, Freetown; School of Midwifery Makeni; School of Midwifery, Bo) to improve the availability of skilled birth attendants in the country. To improve the availability of emergency surgery, UNFPA, with funding from UK aid, and in collaboration with the NGO Capacare, supported the task-shifting of emergency surgery to community health assistants who received training as surgical assistants. Additionally, UNFPA supports the Government's efforts to increase the availability of anaesthetic services by training nurses and community health assistants.

In 2020, 158 midwives graduated from the three midwifery schools, bringing the total of midwives produced since 2010 to 1,145 (an increase of 16 per cent from the 2019 total of 987 midwives). Thirty nurse anaesthetists and anaesthetic technicians graduated from the anaesthetic training programme, bringing their combined total to 234 since the programme's inception in 2003. Twelve surgical assistants graduated from the three-year training programme and were deployed to various hospitals for housemanship.

Strengthening the quality of clinical practice for midwifery students

To improve the quality of clinical practice during midwifery training, a preceptorship policy and implementation guidelines were finalized and launched with funding from UK aid. Seventy-eight preceptors and faculty members from the three midwifery schools were oriented on the guidelines. This was followed by an assessment of 45 preceptorship sites to document their suitability for midwifery students' clinical practice and to identify gaps to be addressed, to inform future programming. In addition, five midwifery tutors were supported in receiving bachelor's and master's degrees, to raise the standard of their teaching.



Providing care and support to obstetric fistula survivors

Sierra Leone is one of 50 countries participating in the global campaign to end obstetric fistula which was launched in 2003. Each participating country focuses on three key areas, namely, fistula prevention, treatment, and rehabilitation and social reintegration. In 2020, UNFPA, with funding from the Government of Iceland, worked with the NGOs Haikal Foundation and Aberdeen Women's Centre to conduct community mobilization activities in selected communities. Such activities included awareness-raising through leaflets, posters, community dialogue meetings, radio jingles and radio discussions with fistula survivors as champions of fistula case identification and prevention.

The capacity of 30 community action group members was built to enable them to conduct effective community sensitization on fistula prevention, treatment, and reintegration in communities by informing them that fistula is preventable when childbirth is conducted in a timely manner by skilled providers at designated health facilities. Two hundred and sixty women were screened for suspected obstetric fistula and some were found to have other medical conditions. Of these women, 129 had surgery to repair their fistula and restore their dignity. Thirty-one fistula survivors received livelihood skills (soap making, tailoring, gara tie and dying, weaving, needlework, agriculture and adult literacy/numeracy lessons) as part of their rehabilitation and reintegration. They also received wellness kits consisting of hygiene products such as sanitary pads, a soap and other needed toiletries.

Ensuring accountability for maternal deaths

UNFPA's contribution to the Maternal and Perinatal Death Surveillance and Response (MPDSR) system in Sierra Leone has led to improvements in notification, review, reporting and response processes. In 2020, UNFPA, with funding from UK aid, supported a review of 51 per cent of the 110 maternal deaths that occurred at the three supported referral hospitals. UNFPA also contributed to the development of the 2019 MPDSR report which provided details on the maternal deaths that occurred in 2019 and made recommendations to improve the quality of care.

Continuity of sexual and reproductive health services during the COVID-19 pandemic

In responding to the COVID-19 pandemic, UNFPA drew lessons from various studies from the Ebola epidemic in 2015. The studies revealed increased maternal mortality and morbidity, increased cases of GBV and increased unplanned pregnancies among young people resulting from reduced utilization of maternal health and family services. These issues occurred as a result of the closure of some health facilities due to the overwhelmed health system, and reduced utilization of services by women for fear of contracting Ebola from the health workers. During the COVID-19 pandemic in 2020, UNFPA facilitated the continuity of sexual and reproductive health services by providing targeted support to selected health facilities and modifying the mode of programme delivery. With funding from UK aid, and through the NGO CUAMM, COVID-19 isolation facilities were created at UNFPA-supported hospitals and equipped to facilitate screening for COVID-19. Personal protective equipment and infection prevention supplies were provided to targeted hospitals, community health centres and implementing partners. Doctors, midwives and other selected health care workers were trained in infection prevention and control (IPC) practices.

In the wake of the COVID-19 pandemic, UNFPA supported a rapid assessment to determine the continuity of reproductive health services in selected health facilities. Following this, five facilities (King Harman Maternal and Child Health Hospital, Aberdeen Women's Centre, Regent Community Health Centre, Ross Road Community Health Centre and Waterloo Community Health Centre) were supported in carrying out IPC and MNCH quality improvement activities as part of the recommendations of the assessment.

Whilst complying with the Government's COVID-19 management guidelines on inter-district movements and large gatherings, UNFPA and implementing partners embarked on innovative approaches to programme implementation. Fistula surgeries were suspended from April to September and only resumed in October with ramped up days of surgery. Virtual lessons for midwifery students led to the completion of midwifery training during the year. COVID-19 messages were integrated into community sensitization activities for fistula which led to the achievement of planned community sensitization activities despite the cancellation of community gatherings during the pandemic. Implementation of on-the-job training for health workers, as opposed to classroom/hotel-based trainings, led to more workers reached with targeted skills trainings than planned. With funding from the Government of Iceland, three thousand mama and baby packs were distributed to women who delivered in health facilities to encourage institutional deliveries.

With technical leadership from UNFPA, and in collaboration with the MoHS and other United Nations agencies, and with funding from UK aid, a 13-bed specialized COVID-19 treatment centre was established and handed over to the Government on 28 May 2020.





UNFPA IMPLEMENTS NUMEROUS MEASURES AT BO GOVERNMENT HOSPITAL TO IMPROVE OBSTETRIC CARE SERVICES

BO, Sierra Leone - The Bo Government Hospital is a busy health facility which provides vital services to pregnant women on a daily basis. Serving over a million people, the facility is the only referral hospital in the southern province that caters to Pujehun, Bonthe and Moyamba districts.

Sierra Leone has one of the world's highest MMRs. The 2015 SLDHS indicates that maternal deaths accounted for 36 per cent of all deaths of women aged 15–49 years.

Bo Hospital shares a major challenge that affects the health sector throughout the country, which is the inadequate number of qualified and skilled health personnel, particularly skilled birth attendants who are critical to the prevention of maternal deaths. This is in addition to inadequate infrastructure and critical equipment.

With financial support from UK aid through the Foreign, Commonwealth and Development Office's (FCDO) Saving Lives in Sierra Leone Programme, UNFPA works with Doctors with Africa CUAMM to support the Bo Government Hospital in improving quality obstetric services to reduce maternal and newborn mortality. Such measures include the extension and refurbishment of the labour ward and the establishment of a dedicated maternal High Dependency Unit to address obstetric emergencies.

The In-Charge of the hospital's HDU, Christiana Elliot, explained that with the new monitors, oxygen concentrators and different equipment supplied by UNFPA to the High Dependency Unit in May 2020, there has been a decrease in the number of maternal deaths in the hospital.

At 27 years of age, Modupeh Cole who is a mother to three, is one of several new mothers to have benefited from UNFPA support to the Bo Government Hospital. On 28 September 2020, after a caesarean section, she delivered healthy twins in the maternal ward of the hospital, renovated by UNFPA.

Modupeh said she remains thankful for the service she received at the hospital. "It was a difficult situation for me because when I arrived at the hospital, I had no money. However, an emergency operation was carried out and I thankfully didn't have to pay," explained Modupeh joyfully.



CHAPTER 2

Ending unmet need for family planning

Improving access to family planning helps women and couples achieve their desired family size, reduces unintended and high risk pregnancies, increases birth intervals and improves child health outcomes. Family planning also improves quality of life and increases economic growth. In Sierra Leone, there has been a steady decline over time in the average number of children that a woman bears in her lifetime. On average, in 2008 women had 5.1 children, 4.9 children in 2013 and 4.2 children in 2019. The percentage of teenagers (15–19) who have given birth or are pregnant with their first child decreased from 28 per cent in 2013 to 21 per cent in 2019.

Early childbearing is still common in Sierra Leone and in 2019, the median age at first birth among women aged 25–49 was 19.5 years. Twenty-five per cent of women and girls of reproductive age who want to plan their families do not have access to modern family planning services. The proportion of demand satisfied for family planning remains low at 46 per cent.

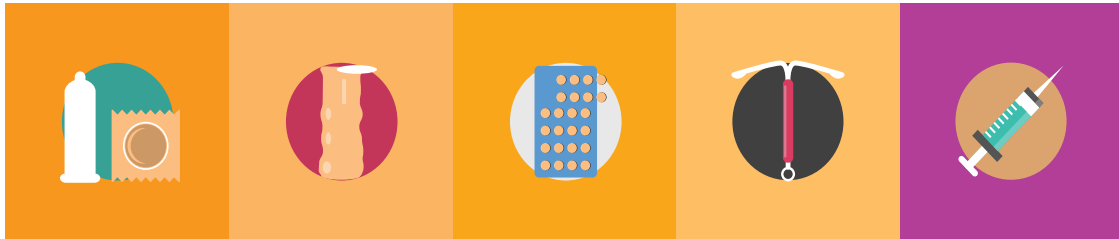
Strengthening national systems for commodity security

UNFPA's family planning support focuses primarily on getting quality assured contraceptives to women and girls and strengthening the systems to make this happen. In 2020, UNFPA provided substantive technical assistance in strengthening the existing national coordination platforms for family planning and commodity security with funds from the UNFPA Supplies Programme. A notable result of this is the enhanced capacity of the Government to manage processes for the determination of reproductive health commodities needs, with participation of key national and subnational stakeholders using up-to-date data. This resulted in multiyear forecasts and a comprehensive supply plan, which served to secure funding and place procurement orders in advance. Such an intervention was even more critical in the context of the global pandemic which was characterized by global supply chain disruptions and extended lead times.

In July 2020, the MoHS directed the National Medical Supplies Agency to take over the procurement, warehousing and distribution of drugs and medical supplies. With funding from UK aid through the Saving Lives in Sierra Leone programme, UNFPA provided technical support to the Ministry in the development of the first phase of a National Integrated Health Supply Strategy. The strategy once completed will provide guidance and direction on investments to realize an efficient and sustainable supply chain management system.

Increasing availability and choice of family planning supplies

In 2020, UNFPA implemented the last mile assurance process to provide visibility and assurance regarding safeguarding, management and use for intended purpose of UNFPA-donated supplies, after their handover to implementing partners. The ultimate goal of the process is to provide reliable evidence on whether or not supplies effectively reached the designated service delivery points where beneficiaries can access them, often referred to as the last mile. As a result, issues were identified, a remediation plan devised and corrective measures taken to minimize both fraud, misuse and delivery risks.



Improving visibility and accountability at the last mile

In 2020, with funding from UNFPA Supplies and UK aid, UNFPA supplied a wide range of quality-assured long-acting, short-term and emergency contraceptives estimated to protect 912,691 couples for a period of one year. The predominant source of modern contraceptive methods in Sierra Leone is the public sector, covering 80 per cent of all users; hence it is the major recipient of these supplies. Planned Parenthood Association of Sierra Leone and Marie Stopes Sierra Leone also received UNFPA-donated contraceptives. These implementing partners employ various channels including private facilities, static clinics and outreach services to reach clients in urban, rural and hard to reach locations. Employing various family planning service channels has the potential to reduce barriers to access.

The contraceptive dynamics in Sierra Leone has significantly changed in recent years. Even though the injectable contraceptive remains the most preferred method, the number of clients using long-acting reversible contraceptives, particularly implants, has shown a dramatic increase. In 2013, 18 per cent of women used implants compared to 34 per cent in 2019. UNFPA supplied two options of implantable contraceptives with varying length of protection, with funding from UNFPA Supplies and UK aid.

In 2020, public sector facility level stock-out rates for all contraceptive methods (except for condoms) remained below 10 per cent. With funding from UNFPA Supplies and UK aid, a total of 435,486 clients were provided with family planning services and information during the year through public health facilities. Among these, 171,851 were new acceptors of which 47,609 (27.7 per cent) were adolescents aged 10 years to 19 years old. These supplies and services are estimated to have averted 159,002 unintended pregnancies, 56,007 unsafe abortions and 1,179 maternal deaths.

Ensuring continuity of family planning services during COVID-19

In April 2020, with funding from UK aid, UNFPA supported the Government both financially and technically in an ad-hoc distribution aimed to preposition contraceptives and life-saving maternal health medicines to all district medical stores, one step closer to facilities, as part of the COVID-19 preparedness. The contraceptives distributed were estimated to protect over 117,000 clients. Based on a rapid facility readiness assessment, a total of nine UNFPA-supported hospitals and community health centres were supplied with personal protective equipment to ensure continuity of essential reproductive health services, including family planning.

According to the 2019 SLDHS, 98 per cent of married women and 99 per cent of men knew of at least one modern contraception method. Despite this level of awareness, many tend to harbour misconceptions or possess superficial information about contraceptives issues. In 2020, this situation was further compromised due to COVID-19 as communities got exposed to biased information which discouraged facility visits. In 2020, to address misinformation, UNFPA, with funding from Irish Aid and in partnership with the telecommunications company Africell, created numerous messages on family planning, maternal health, GBV and COVID-19.

CHAPTER 3

Adolescents and youth engagement

Keeping girls in school and providing opportunities in the midst of COVID-19

UNFPA works to ensure that young people are provided with opportunities and skills to reach their full potential. This includes supporting the Government to keep girls in school and ensuring that vulnerable young people are equipped with key life skills to thrive. In March 2020, the Government of Sierra Leone made the decision to close schools in order to slow the spread of COVID-19 in the country. The closure also applied to government operated community learning centres.

In 2020, UNFPA continued to co-chair the Ministry of Basic and Senior Secondary Education's Reproductive Health Taskforce along with the Chief Education Officer. The taskforce aimed to review and develop policy on pregnant girls' access to education and their rights in schools; identify bottlenecks to adolescents' access to education; plan for the development of a Comprehensive Sexuality Education curriculum and guidelines for all schools; and consider resource mobilization to support the roll-out of recommendations and interventions from the taskforce.

Informed by the recommendations of the Reproductive Health Taskforce, the Minister of Basic and Senior Secondary Education overturned the ban on pregnant adolescent girls attending school. In order to support the reintegration of pregnant adolescents and adolescent mothers into formal education, UNFPA, Purposeful, Irish Aid, UK's Foreign, Commonwealth and Development Office and other development partners, supported the Ministry of Basic and Senior Secondary Education in drafting a Radical Inclusion Policy.

This policy not only outlines the necessary steps to successfully reintegrate pregnant adolescents and adolescent mothers into schools, but also sets forth key interventions for other vulnerable populations identified by the Reproductive Health Taskforce, such as students with disabilities.





Comprehensive sexuality education

Comprehensive sexuality education is a rights-based and gender-focused approach to sexuality education, whether in school or out of school. It goes beyond information, helping young people to explore and nurture positive values regarding their sexual and reproductive health. In March 2020, the Reproductive Health Taskforce finalized a Comprehensive Sexuality Education road map. This road map outlined the necessary steps to roll out an integration of comprehensive sexuality education into the curriculum. UNFPA, with funding from Irish Aid and the Global Programme to End Child Marriage, has supported the Ministry of Basic and Senior Secondary Education in integrating comprehensive sexuality education into the Basic Education Curriculum framework and into the syllabi of five key subjects: social studies, integrated sciences, religious and morality education, home economics and physical health education.

Supporting girls in continuing their learning during the pandemic

Radio teaching programme

Equipped with learning from the Ebola outbreak, UNFPA worked with the Government of Sierra Leone to mitigate the negative effects of school closures. In order to ensure that vulnerable and marginalized adolescents were provided with essential life skills information during the COVID-19 pandemic, UNFPA worked with the Ministry of Basic and Senior Secondary Education and the Teaching Service Commission to record and air life skills radio lessons. With funding from Irish Aid, these lessons, entitled 'I am Somebody', were largely based on content from the national life skills manual of the same name. Age appropriate information was devised and the lessons were split into two categories: for young people aged 9–13 and aged 14–19. Each life skill lesson was facilitated by teachers from the Teaching Service Commission. Every lesson included contributions from adolescent girls and boys, making the lessons appealing to young people.

Furthermore, staff from the Ministry of Gender and Children's Affairs and the National Secretariat for the Reduction of Teenage Pregnancy joined specific lessons as expert guests. In total, 99 lessons based on the national life skills manual were produced and aired between April 2020 and December 2020. In addition to material from 'I am Somebody', UNFPA also supported the production of 11 lessons based on content adapted from the BRAC Readers Series. These lessons took the form of radio dramas with question and answer sessions.

To ensure vulnerable and marginalized girls had access to the life skills radio lessons, UNFPA worked with the national NGO Women in Crisis Movement, to distribute 2,000 radios to identified girls. All 110 episodes of the radio lessons were uploaded to a podcast hosting platform and are available to be streamed and downloaded on all major podcast services, such as Spotify and Apple Podcasts.

Distribution of back-to-school kits

A 2016 UNICEF Out of School Study found that additional costs of education were a major barrier to vulnerable and marginalized adolescents accessing education. Whilst the COVID-19 pandemic interrupted livelihoods and created further economic instability, a greater number of adolescent girls were at risk of not being able to re-enter school due to additional costs such as uniforms, pens and exercise books. With funding from Irish Aid, UNFPA responded to this issue by working with Women in Crisis Movement to procure and distribute back-to-school kits. Each kit contained a uniform, a school bag, five exercise books, a mathematical set, pencils, pens and a plastic file. These back-to-school kits were distributed to vulnerable girls across the districts of Port Loko, Kambia and Pujehun, allowing 1,000 adolescent girls to return to school with dignity.

Strengthening coordination of efforts to end adolescent pregnancy and child marriage

As the capacity of the Government of Sierra Leone to implement priority areas of the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage. In 2020, with funding from Irish Aid, UNFPA continued to support the National Secretariat for the Reduction of Teenage Pregnancy. Sixteen youth advisory panelists, including two young women with disabilities, were supported to conduct advocacy activities in their districts. Throughout the COVID-19 pandemic, the Youth Advisory Panel continued to contribute to the work of the National Secretariat for the Reduction of Teenage Pregnancy. For example, panelists ensured that the Secretariat's communications efforts and materials were youth friendly. Furthermore, one of the panelists with a disability participated in a series of four radio discussion programmes dealing with issues relating to adolescent pregnancy and child marriage in the context of COVID-19. These programmes were aired nationally during August and September.

In November 2020, UNFPA supported the National Secretariat for the Reduction of Teenage Pregnancy to hold a mid-term review of the National Strategy for the Reduction of Adolescent Pregnancy. The mid-term review allowed stakeholders to acknowledge several examples of good practice which can be built upon; identified how challenges faced can be mitigated; and understand how a changing context has affected implementation. The mid-term review report will be finalized in early 2021 and will be a valuable resource to build upon lessons learned and strengthen implementation of the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage.

Empowering youth as leaders in their communities

Sierra Leone has a young population, with 80 per cent of the total population aged 35 and under (2015 Census). UNFPA recognizes the core role of youth in the future development of the country. As such, UNFPA supported 300 youth councillors with training in preventing GBV, sexual reproductive health and COVID-19 over the course of 2020. The training sessions were held in all 16 districts of Sierra Leone, and offered presentations and engaging lessons in these areas. The youth councillors also led 300 follow-up sensitization events in their communities to disseminate the messages widely. During the year, UNFPA also supported the National Youth Service Youth Corpers, with two Corpers being placed in the UNFPA country office.



YOUTH CHAMPION BREAKING BARRIERS FOR DISABILITY



FREETOWN, Sierra Leone – In 2019, UNFPA supported the National Secretariat for the Reduction of Teenage Pregnancy in establishing a youth advisory panel consisting of 16 youth champions passionate about reducing teenage pregnancy and ending child marriage. Funded by Irish Aid, the youth advisory panel is tasked with advising the Government on the gaps preventing adolescents from accessing sexual and reproductive health services and information. UNFPA met up with Salimatu, one of the disabled youth advisory panel members, whose life experiences and sheer passion to be a role model illustrates why she was chosen as a panel member.

When Salimatu from Moyamba district was just four, she was treated at a local hospital for a high fever which left her mobility impaired and required her to use crutches. "At the time, members in my community called me an 'evil child' who had been cursed by witchcraft, upon seeing my weakened leg," recalled Salimatu with a brave smile. At eight, Salimatu moved to Freetown where

she lived with her adoptive father in a rented house. However, when she was 15 years old, she was hit with another tragedy, the passing of her father. It left Salimatu homeless and unable to continue her studies.

Challenging times

"It was very challenging for me at this time," explained Salimatu. "I had challenges with accommodation, I couldn't afford to pay my school fees and wasn't able to sit my exams." She found a derelict building in the heart of the capital, Freetown, where she lived with over 120 other disabled men and women. There, she met a man who agreed to financially support her studies in exchange for sexual favours. With no knowledge of family planning, Salimatu became pregnant at the age of 16.

Salimatu is one among the 28 per cent of adolescents aged 15 to 19 who have begun childbearing in Sierra Leone. They are at a high risk of maternal mortality and morbidity: 47 per cent of female deaths amongst adolescents are maternal deaths. One in six women aged 20–49 are married by the age of 15.

Teenage mother

After giving birth to a baby girl, Salimatu started begging on the streets to pay for food and to look after her daughter. After saving enough money to buy supplies, Salimatu began selling sweets and chocolates to local pedestrians for seven years.

At 23, she pursued funding for the education she desperately wanted to continue, and was granted 400,000 Leones by a local disability foundation and 500,000 Leones by an online gaming company. Two years later, Salimatu graduated with a certificate from a secretarial course.

Singing to promote awareness

In 2013, Salimatu completed a three-month internship at OneFamilyPeople, an organization that provides impact-oriented services for persons with disabilities, their families and their communities. Wowed by her singing talents, the staff at OneFamilyPeople helped Salimatu establish The Great Walpoleans Band, which delivers advocacy messages on disability rights through their songs. "At OneFamilyPeople, I learned that disabled people are important in society and that we can participate at all levels," said Salimatu. "Before I didn't think I was important. But now through my singing, people know what I'm fighting to achieve."

As the lead singer in the band of 24 people, including able-bodied and disabled members, Salimatu has travelled to districts across the country, raising awareness on issues dear to her heart such as reducing teenage pregnancy and ending child marriage. Now Salimatu works as a Field Officer at OneFamilyPeople, providing outreach services such as life skills to adolescents aged 12–18 years in deprived communities in Western Freetown Urban. "I work in areas where there is not much knowledge of sexual and reproductive health and rights and information in the communities," explained Salimatu. "I work in partnership with various community stakeholders including, parents, religious leaders, the police, nurses and others to collectively address the issues faced by young people, especially girls."

Youth champion

In July 2019, recognizing Salimatu's passion and drive, her manager informed her about the call for applications for people with disabilities for the UNFPA Youth Advisory Panel. Salimatu submitted her application, was interviewed, and a month later notified that she was successful.

In September 2019, she participated in a five-day orientation training with other newly recruited Youth Advisory Panel members. "The training made me understand that disability is not inability," she said. "I found the training on leadership, gender and communications very important. Because when you go out into the communities and work with young people, both parties need to understand each other. If I'm able to communicate, then I'm able to become a leader."

Salimatu now attends high-level multi-sectoral meetings chaired by the National Secretariat for the Reduction of Teenage Pregnancy to advise Government ministries and its partners. She has worked closely with the National Secretariat to revise their communication strategy; organized community meetings in Western Area Urban; counselled adolescent girls on the importance of staying in school during the holidays and helped organize a sexual and reproductive health community event for around 80 adolescent boys and girls.

Looking ahead

Now living with her ten-year-old daughter in her own private residence, Salimatu has big dreams for the future. "I really want to develop different structures for adolescent groups such as Girls Clubs to be held on Saturdays. At these clubs, girls could learn about managing money, being healthy, being confident, assertive and valuing themselves as girls. I also want to work with primary and secondary schools to engage adolescents on sexual and reproductive health and rights." We have no doubt that she will achieve her set goals. With her drive and commitment, she is an inspiration to everyone she meets.



CHAPTER 4

Ending gender-based violence and harmful practices

GBV is a serious and urgent concern. An estimated 61 per cent of women aged 15–49 have experienced physical violence since age 15, according to the 2019 SLDHS. With the onset of the COVID-19 pandemic, it was feared that the rates of GBV, which were already unacceptably high in Sierra Leone, would be exacerbated.

Ensuring the availability of gender-based violence prevention and response services

UNFPA supported the Ministry of Gender and Children's Affairs to develop the first ever National Male Involvement Strategy for the Prevention of Sexual and Gender-Based Violence in Sierra Leone. The strategy was launched by His Excellency, the President of the Republic of Sierra Leone on International Women's Day in March 2020. The strategy seeks to accelerate the prevention of GBV by encouraging the participation of men and boys as change agents and champions of women's and girls' rights.

UNFPA also worked with development partners responding to the COVID-19 pandemic to update the Psychological First Aid Manual for the COVID-19 context. A new module was added to this version called 'Women and girls affected by corona virus disease'. The manual was finalized and printed with technical and financial inputs from UNFPA and Irish Aid. Six hundred copies of the manual were printed and handed over to the Ministry of Social Welfare who led the roll-out of training of trainers and district level trainings in collaboration with UNICEF and NGOs.

Increasing the demand for sexual and reproductive health and gender-based violence services

The UNICEF-UNFPA Global Programme on Ending Child Marriage entered its second phase in 2020. A core component of this programme is working with men and boys to change attitudes, end harmful practices and support sexual and reproductive health and GBV services. By recognizing men and boys as part of the solution, the programme strives for changes in social norms.

UNFPA supported the national NGO Fambul Initiative Network for Equality Sierra Leone in orientating the Male Advocacy Peer Educator (MAPE) network. The network engages respected men in the community to promote ending child marriage in their communities. These MAPEs also increase demand for sexual and reproductive health and GBV services by discussing the referral pathways and the importance of ending harmful practices. The orientation trainings were held in three project district towns, Kambia, Koinadugu and Pujehun, reaching a total of 60 MAPEs. With support from UNFPA, the trained MAPEs were provided with monitoring tools to help with community awareness-raising programmes and to also ensure the safety and protection of adolescent girls. Awareness-raising events were held in their own communities, amplifying the messages. As peers, living in the communities in which they are promoting their messages, they also act as focal points within the community to end child marriage, report violations, and promote sexual and reproductive health and GBV services.

Providing survivor-centred gender-based violence response services



In April 2020, The Ministry of Gender and Children's Affairs, with the support of UNFPA and other partners, established a GBV 116 toll-free hotline to provide counselling and referral services to survivors of GBV. UNFPA ensures the availability of free counselling and clinical services to GBV survivors through the Government of Sierra Leone and the national NGO Rainbo Initiative, with funding from Irish Aid. These centres offer a comprehensive package of services of medical treatment, legal services and psychosocial support to both male and female survivors of GBV. In 2020, UNFPA-supported Rainbo Centres provided services to 1,426 survivors of GBV. Twelve of the survivors were people living with disabilities.

Furthermore, in 2020, UNFPA Sierra Leone supported the Government of Sierra Leone in establishing and operating Government One-Stop Centres, with the generous support of Irish Aid and the Government of China. The Government One-Stop Centres offer a comprehensive package of services including family planning commodities to survivors of GBV, and have reached 532 survivors.

Reaching vulnerable girls and women with dignity kits

UNFPA has been supporting the Government of Sierra Leone in coordinating and implementing an integrated humanitarian preparedness response to the COVID-19 pandemic. A key part of the response has been the provision of dignity kits containing sanitizers and masks to vulnerable groups. This was done in partnership with key partners, Irish Aid, the Government and other NGOs and youth groups. In 2020, UNFPA disseminated 26,724 dignity kits to vulnerable groups including adolescent girls and girls with disabilities.

Risk communications and community engagement

In 2020, with support from Irish Aid, the Global Programme to End Child Marriage and core funds, UNFPA conducted a campaign to ensure that people were aware of the continuity of GBV, family planning and maternal health services throughout the pandemic. Messaging on keeping safe during the coronavirus pandemic were included. The campaign was first rolled out in Freetown through radio, pre-recorded calls, SMS and social media platforms. The telephone calls and SMS targeted all 645,000 active Africell subscribers in Freetown with messages on these thematic areas. The SMS messaging campaign was then rolled out nationally in September, targeting all 3.9 million subscribers on the Africell network in Sierra Leone. Radio jingles with key messages on maternal health, family planning and GBV were aired on 16 radio stations nationwide at strategic points throughout the year as part of the '16 days of activism against gender-based violence' and other themes.

BY ESCAPING FEMALE GENITAL MUTILATION, I WAS ABLE TO HELP OTHERS - FATMATA'S STORY



SIERRA LEONE, Sierra Leone - As one of 10 children, Fatmata Kamassie endured her parents' separation when she was a child. "We lived in Koidu town but our life was so challenging because we could barely afford food to eat," said Fatmata. When Fatmata was 10, she and her family moved to Bamba village, in Kono district, in search of better economic opportunities. "My aunt wasn't happy with my mum's decision to move. She convinced my mum that I needed to return to Kono and stay with her, since I was bright and needed to be educated," said Fatmata.

Now 21, Fatmata said that growing up she personally experienced sexual harassment, physical violence and pressure to be initiated into the Bondo society (an all-female secret society). The Bondo initiations included Female Genital Mutilation (FGM), which is considered a rite of passage and a training ground to prepare young girls for adulthood. "I came from a cultural background that believes if a girl is not cut, she will grow up without bearing children," revealed Fatmata.

FGM is a practice that involves altering or injuring the female genitalia for non-medical reasons, and is internationally recognized as a human rights violation. Globally, it is estimated that some 200 million girls and women today have undergone some form of FGM. According to the 2019 SLDHS, 83 per cent of women aged 15–49 have undergone FGM.

In 2016, when Fatmata was 17 years old, she attended a National Girls' Camp organized by the former First Lady, Sia Koroma, and supported by the UNFPA. The camp provided girls aged 10–19 with information about their rights and responsibilities, equipped them with knowledge on life skills and also encouraged social activism among them. "The UNFPA facilitator at the time told us that no one should force us to undergo FGM or any other form of gender-based violence, and that we have the right to say no, even if we are children," explained Fatmata.

Three years after attending the National Girls' Camp, Fatmata's aunt again "Was forcing me to get cut. I refused to stay silent and I asked people to intervene," said Fatmata.

As the only girl in her community to have not undergone FGM, Fatmata's friends and neighbours teased her continuously. Her aunt also became hostile towards her because Fatmata had asked outsiders to get involved. When she realized that her relatives kept on pressuring her about being cut, she ran away from home and travelled to Freetown, Sierra Leone's capital.

Whilst in Freetown, Fatmata lived with an older sister. "I survived by helping my sister to sell yogurt and bottled water," she said. Sixteen months later, Fatmata became an advocate against FGM and the co-founder of Uncut Gems Sierra Leone, a girls' advocacy group that works on ending the practice of FGM and other forms of GBV against women and girls in Kono District. She is also a member of Karo Kura Youth Advisory Panel at the NGO Purposeful which is involved in supporting youth-led groups in receiving funding through a participatory grant making scheme.

Being fully committed to the cause, Fatmata is also a member of the Youth Advisory Panel established by the National Secretariat for the Reduction of Teenage Pregnancy with funding from Irish Aid and supported by UNFPA. The youth advisory panel aims to empower young people, especially girls, by encouraging them and people in their communities to invest in girls' education as a way to improve the lives of both the girls and their communities.

"Working as a Youth Champion in the district of Kono, I advocate for youth empowerment and participation in decision-making processes at all levels. I organize community outreach programmes such as community engagements, meetings and mentorship for girls, informing them about how best to protect and prevent them from being victims of teenage pregnancy, child marriage, and how to report cases of domestic violence, bullying, sexual harassment among other issues," explained Fatmata.

"I chose to go back home to Kono with my work because I had escaped trying to avoid being cut, and there was no one in my community to support me. I had to come to Freetown to get the support I needed and I returned to Kono to give support to other girls," added Fatmata. She had broken barriers for herself and other girls by including young people's voices on national policies relating to teenage pregnancy, FGM and child marriage.

Inspired by her own struggle to keep on improving, Fatmata is convinced that through her advocacy against FGM and other forms of GBV, she will make a lasting impact on her society. "I have been campaigning against gender-based violence through various social media platforms. There are girls who never knew about the adverse effects of FGM, but are now equipped with vital information through my advocacy. I have people who have been cut now asking to join my advocacy group against FGM."

"I am proud to be a girl. I believe in the spirit of change and love for humanity. I will work towards stopping all forms of recrimination and to empower girls to speak out with confidence whenever they are faced with any form of violence," said Fatmata proudly. "To any girl under threat of being cut, I would tell them, say no to FGM!"



CHAPTER 5

Partnerships and resources

Donors

UNFPA in 2020 received critical financial and non-financial support from generous donors in the implementation of our seventh country programme and in our response efforts to COVID-19. We are grateful to the Governments of China, Iceland, Ireland, Sierra Leone and the United Kingdom for their continued commitment to supporting our mandate to achieve the three transformative goals for the empowerment, rights and well-being of girls and women in Sierra Leone.

Resources and source of funds (USD)

 8,335,629 Resources mobilization		China	Iceland
		270,325	596,200
Ireland	Sierra Leone	United Kingdom	Bill & Melinda Gates Foundation
747,926	168,034	433,464	21,600
Joint Programme— UNFPA Administrative Agent	Multi-donor	Thematic Trust Fund Multi-donor	United Nations Children's Fund
5,552,459	20,927	412,305	112,389

Appreciating our partners for their support in 2020



Government of Iceland



Implementing partners

In 2020, UNFPA worked with 16 key implementing partners (government ministries and departments, national and international NGOs, civil society organizations, development partners and UN agencies) to implement our seventh country programme. The implementing partners provided crucial technical support in advocacy, service provision and capacity-building in the areas of maternal health, obstetric fistula, family planning, adolescents and youth, GBV and other harmful practices, national statistics and humanitarian assistance.



Government

Ministry of Health and Sanitation

Ministry of Youth Affairs

Statistics Sierra Leone

Ministry of Finance

Directorate of Nursing and Midwifery

Ministry of Basic and Senior Secondary Education

Office of the First Lady

Ministry of Gender and Children's Affairs

Office of the Chief Medical Officer



National NGO

Aberdeen Women's Centre

Haikal Foundation
Sierra Leone

Rainbo Initiative

Women in Crisis
Movement Sierra Leone

Fambul Initiative
Network – Sierra Leone



International NGO

Capacare

Doctors with Africa
(CUAMM)

JOINT UNITED NATIONS—34 MILITARY HOSPITAL COVID-19 TREATMENT CENTRE COMMISSIONED



Freetown, Sierra Leone – The United Nations in Sierra Leone has successfully constructed and handed over a specialized COVID-19 treatment centre at the 34 Military Hospital to the Government of Sierra Leone as part of the United Nations support to the national COVID-19 efforts. The 13-bed treatment centre, which was commissioned on 28 May 2020 by the United Nations and the Government of Sierra Leone, represents shared efforts between the United Nations agencies in Sierra Leone, national authorities and the 34 Military Hospital.

UNFPA provided the overall coordination, technical leadership and funding for the construction of the specialized treatment centre, with the construction alone costing approximately USD\$ 120,000. The United Nations Development Programme (UNDP) led the way in developing a Memorandum of Understanding with the 34 Military Hospital; World Food Programme (WFP) provided technical leadership in the design and on-the-ground execution of the project, and also provided the huge 'Rubb Hall' tent under which the facility was constructed; The World Health Organization (WHO) provided technical guidance to ensure adherence to quality standards; and the Health Manager of the United Nations Joint Medical Services provided on-site technical support throughout the process.

In his statement at the commissioning, the United Nations Resident Coordinator, Sunil Saigal said, "This treatment centre is just one part of the United Nations support to the COVID-19 preparedness and response efforts in Sierra Leone. In addition to the public health response, we are also supporting, together with many other partners, food and nutrition, water and sanitation and socio-economic recovery. The last part covers work in many different sectors to help mitigate the negative impact of the pandemic and to allow society to recover from the pandemic to build back better."

Further, Sunil Saigal added, "While we are still refining our figures, we initially estimate the collective United Nations Response at over USD\$150 million. This amount includes activities and resources within the existing United Nations Sustainable Development Cooperation Framework, which we have been able to rapidly realign, as well as funding being requested under the COVID-19 Global Humanitarian Response Plan."

Speaking at the event, the Country Director of DFID, Kobi Bentley, remarked that, "DFID is pleased to have played a role in establishing this treatment centre here at Military 34 hospital. As the world faces the unprecedented challenge of coronavirus, we must work together. In addition to over £760 million of UK aid made available to global response instruments, including £10 million to UNFPA, the UK continues to support the Sierra Leonean health system. We will help to maintain vital health services and to tackle coronavirus through the Saving Lives in Sierra Leone programme and our partnership with the Government of Sierra Leone and the UN. The UK stands with Sierra Leone in these difficult times."

CHAPTER 6

Data for development

The primary objective of the 2019 SLDHS is to provide up-to-date estimates of basic demographic and health indicators. Specifically, the survey collects information on fertility; awareness and use of family planning methods; breastfeeding practice; nutritional status of women and children; maternal and child health; adult and childhood mortality; women's empowerment; domestic violence; FGM; prevalence, awareness and behaviour related to HIV/AIDS and other sexually transmitted infections; and other health-related issues such as smoking.

The information collected through the 2019 SLDHS is intended to assist policymakers and programme managers in evaluating and designing programmes and strategies for improving the health of the country's population.

The SLDHS is conducted every five years in Sierra Leone. The first survey was conducted in 2008 and the second in 2013. The 2019 SLDHS is the third survey in Sierra Leone since 2008. A nationally representative sample of 13,399 households were interviewed. The SLDHS was implemented by Stats SL, the national statistics office. Funding was provided by USAID, Global Fund, UK aid, UNFPA Sierra Leone, UNICEF Sierra Leone, World Bank and WHO Sierra Leone.

Maternal health care

The maternal mortality ratio in Sierra Leone is **717 deaths per 100,000** live births for the seven-year period before the survey (with a confidence interval of 562–873).

79% of women aged 15–49 attend 4+ antenatal care visits

44% had their first antenatal care visit in the first trimester



More than 8 in 10 births are delivered in a health facility



Health facility deliveries have increased from 25% in 2008 to 83% in 2018.

83% of births are delivered in a health facility and 16% at home.

Fertility and family planning



Fertility has declined from 5.1 children per woman in 2008 to **4.2** children in 2019.



21%

The contraceptive prevalence rate for married women aged 15–49.



The use of some method of family planning by married women has increased from **8%** in 2008.



1 in 5 married women aged 15–49 use some method of family planning.

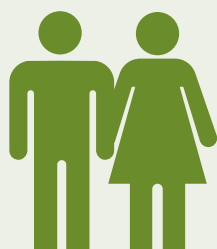
46%

Total demand for family planning among married women

24% of married women have an unmet need for family planning.

21% of women aged 15–19 have started childbearing (i.e., they have already had a birth or are pregnant with their first child).

Gender-based violence



61% of women aged 15–49 have experienced physical violence since age 15.

61% of ever-married women aged 15–49 have experienced spousal violence whether physical, sexual or emotional by their husband or partner.

The most common perpetrator of physical violence against ever-married women is a current husband/partner (**72%**).



50% have experienced recent spousal violence within the past year.

Female genital mutilation



The prevalence of FGM has decreased from 91% in 2008 to **83%** in 2019.



76%
Urban



89%
Rural

Education



41% of women and 57% of men aged 15–49 have secondary education,

4% of women and 8% of men have higher education.





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