Country Programme Action Plan
CPAP
(2015 - 2019)

Between

The Government of Sierra Leone

and

The United Nations Population Fund

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Acronyms

AfDB	African Development Bank
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care/Clinic
ARO	Africa Regional Office (UNFPA)
AWP	Annual Work Plan
AYFS	Adolescent and Youth-Friendly Services
AYP	Adolescent and Young People
AYSRH	Adolescent and Youth Sexual and Reproductive Health
BCC	Behavioural Change Communication
BEmONC	Basic Emergency Obstetric and Neonatal Care
CAGS	Community Advocacy/Wellness Groups
CBOs	Community-Based Organizations
CCP	Comprehensive Condom Programming
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CHANNEL	Software Logistics Management and Information System (LMIS)
CHOs	Community Health Officers
CIDA	Canada International Development Association
CO	Country Office (UNFPA)
CPAP	Country Program Action Plan
CPD	Country Programme Document
CSOs	Civil Society Organizations
DAO	Delivering as One
DCT	Direct Cash Transfer
DFID	Department for International Development (UK)
DHMTs	District Health Management Teams
DHS	Demographic and Health Survey
DiPS	Direct Programme Support
EmONC	Emergency Obstetric and Neonatal Care
EVD	Ebola Virus Disease
EU	European Union
FACE	Funds Authorization and Certificate of Expenditure
FGM/C	Female Genital Mutilation/Cutting
FP	Family Planning
FSU	Family Support Unit (of the Sierra Leone Police)
GBV	Gender-Based Violence
GOSL	Government of Sierra Leone
HFAC	Health for All Coalition
HIV	Human Immune Virus
ICPD	International Conference on Population and Development
IEC	Information, Education and Communication
IMIS	Integrated Management Information System
IMR	Infant Mortality Ratio

IPs	Implementing Partners
IUD	Intra Uterine Device
JICA	Japan International Cooperation Agency
JPOs	Junior Professional Officers
KAP	Knowledge, Attitude and Practice
LARM	Long Acting and Reversible Methods
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MAPDI	Media Alliance on Population and Development
MCH	Maternal and Child Health
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MDTF	Multi-Donor Trust Fund
MEST	Ministry of Education, Science and Technology
MICS	Multi Indicator Cluster Survey
MNH	Maternal and Neonatal Health
MOFED	Ministry of Finance and Economic Development
MOHS	Ministry of Health and Sanitation
MSS-SL	Marie Stopes Society of Sierra Leone
MSWGCA	Ministry of Social Welfare, Gender and Children's Affairs
MYES	Ministry of Youth, Employment and Sports
NAS	National Aids Secretariat
NaYCOM	National Youth Commission
NEWMAP	Network of Women Ministers and Parliamentarians
NEX	National Execution
NGO	Non-Governmental Organization
NIN	National Islamic Network
OFA	Operating Fund Account
PENs	Peer Educators Networks
POA	Program of Action
PPASL	Planned Parenthood Association, Sierra Leone
PRSP III	Agenda for Prosperity
PRSP	Poverty Reduction Strategy Paper
PSA	Population Situation Analysis
PSUs	Project Support Units
RD	Restless Development
RHCS	Reproductive Health Commodity Security
RHCS-SP	Reproductive Health Commodity Security Strategic Plan
RHD	Reproductive Health Division
RRF	Results and Resources Framework
SDPs	Service Delivery Points
SLPAGPD	Sierra Leone Parliamentary Action Group On Population and Development
SRH	Sexual and Reproductive Health
SRHR	Sexual Reproductive Health and Rights
SRO	(UNFPA) Sub-Regional Office
SSL	Statistics Sierra Leone

STIs	Sexually Transmitted Infections
TFR	Total Fertility Rate
TRLs	Traditional and Religious Leaders
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Fund
UNFPA	United Nations Population Fund
UNFPA-SL	United Nations Population Fund-Sierra Leone
UNICEF	United Nations Children's Fund
UNJV	United Nations Joint Vision
UNSCR	United Nations Security Council Resolution
USD	United States Dollars
WHO	World Health Organization
WRH	Women's Reproductive Health

COUNTRY PROGRAMME ACTION PLAN (2015-2019)

THE FRAMEWORK

The Government of Sierra Leone with support of UNFPA and other Development Partners has been consolidating peace, post-war recovery, and setting the country on the path of sustainable long-term development. This has been done within the context of the ICPD, MDGs and the UNDAF, which informed government's development strategies including the PRSP.

A key element of this collaboration has been the building of Government capacities to enhance national ownership and leadership of the development process, especially in the areas of Population and Development; Reproductive Health and Rights; Reproductive Health Commodity Security; Gender Equity, Equality and Empowerment of Women as well as promoting community advocacy and multi-sectoral partnerships for strengthening implementation of the ICPD Agenda in Sierra Leone. The preparation of this CPAP was government-led with full participation of development partners and other stakeholders, including NGOs and CBOs in the process.

In mutual agreement to the content of this document and their responsibilities in the implementation of the country programme, the Government of Sierra Leone (hereinafter referred to as the Government) and the United Nations Population Fund (hereinafter referred to as UNFPA).

Therefore:

Furthering their mutual agreement and cooperation for the fulfilment of the Programme of Action of the International Conference on Population and Development (ICPD) held in Cairo in 1994 and the ICPD + 10 Review Report- ICPD Beyond 2014 , the MDGS and the new post-2015 Sustainable Development Goals, CEDAW, UNSCR (1325, 1820 and 1960);

Building upon the experiences gained and progress made during the implementation of the previous Programme of Cooperation;

Entering into a new period of cooperation;

Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows:

PART I: BASIS OF RELATIONSHIP

1. The Basic Agreement concluded between the Government and the United Nations Development Programme on 1977 (the "Basic Agreement") *mutatis mutandis* applies to the activities and personnel of UNFPA in Sierra Leone following decision 50/438 of the General Assembly dated 20 December 1995 and the institutional arrangements contained in the letter of the UNFPA Executive Director of 22 February 1996 to the Ministry of Foreign Affairs and International Cooperation. This CPAP together with any work plan concluded hereunder, which shall form part of this CPAP and is incorporated herein by reference, constitutes the project document as referred to in the Basic Agreement. References in the Basic Agreement to

"Executing Agency" shall be deemed to refer to "Implementing Partner" as such term is defined in the Financial Regulations of UNFPA and used in this CPAP and any work plans concluded hereunder.

PART II: SITUATION ANALYSIS

2. The projected population of Sierra Leone is 6.4 million in 2014, with an annual growth rate of 1.8 per cent (PHC 2004). Since the end of its protracted civil war in 2002, the country has made significant progress in peace consolidation, democratic governance, economic recovery and the fight against poverty. These gains have been triggered within the framework of poverty reduction strategies- the second PRSP (2007-2012), "Agenda for Change "and its successor programme, the "Agenda for Prosperity (2013-2018)", which carves the roadmap for the attainment of middle-income status by 2035.

3. Economic growth for the past five years averaged around 7 per cent per annum and estimated to grow by at least 31 per cent in the last two years, mainly from intensive mining activities coupled with high prospects for oil discovery. Development efforts have, however, been constrained by the lack of skilled human resources in all sectors particularly health, poor infrastructure, inadequate budgetary resources, poor accountability systems and corruption. At least 70 per cent of the population mostly in the rural areas wallow in abject poverty and forced to live in extremely difficult situations, thereby limiting their access to basic social services for survival.

4. The country has continued to be ranked at the bottom of the Human Development Index (183 out of 187 countries in 2013). The Ebola Virus Disease (EVD) outbreak has further worsened the human development situation with the first confirmed case registered on 25th May 2014 in the Kailahun district bordering Guinea and Liberia. By the end of August 2014, the total number of confirmed cases stood at over 1000 with over 400 deaths, including a total of 53 confirmed cases and 28 deaths among health workers. This poses a big loss to a country that is already struggling to rebuild its health sector and characterized by lack of human resources due to, among others, brain drain. While the actual impact of the Ebola Virus Disease on the economy is yet to be estimated, initial assessments show that its effect particularly on the health system is substantial.

5. Despite improvements in strengthening the health system, maternal mortality is still very high at 1,100 per 100,000 live births (DHS 2013 and UN Estimates 2013) from 857 per 100,000 live births (DHS 2008). Even though CEmOC facilities have been scaled-up with the refurbishment of 27 health facilities in five districts, there is still a vast gap in providing adequate and quality services, with an unmet need for MNH services of about 76 per cent (SOWMY, 2014). The provision of emergency obstetric and newborn care is further hindered by limited availability of essential and life-saving commodities, other medical supplies and equipment.

6. The high maternal mortality is further worsened by the long-term health complications among women, such as obstetric fistula, uterine prolapse, or infertility. It is estimated that for every woman who dies, 15-30 others are likely to face these morbidity problems. There are limited facilities to address these complications, with presently only two major centres that

provide services for obstetric fistula repairs[1]. Managing fistula and related maternal health problems have therefore been integrated in the national reproductive, maternal and child health policy.

7. Other causal factors that account for at least 36 per cent of maternal mortality include inadequate and reliable supply of safe blood, and inability to produce and retain sufficient medical personnel (doctors, midwives and nurses) to provide EmONC services. Caesarean sections increased from 0.9 per cent in 2008 to 2.1 per cent in 2012 due to the removal of user charges for pregnant women; but are still well below the standard rate of 5-15 per cent. Unsafe abortion accounts for 13 per cent of all maternal deaths.

8. The gains in the Free Health Care Initiative and its complementary programmes on reproductive and child health care have been seriously undermined by the Ebola outbreak. There has been widespread fear among the population and communities, in particular, to utilize health facilities for common illnesses such as headaches, fever, diarrhea and others that have symptoms akin to Ebola. In addition to the fear of being stigmatized as "Ebola Suspects", many people have resorted to self-medication or buying drugs from private chemists without prescription. The EVD outbreak therefore compels the need for new investments in health services to respond adequately to the Free Health Care Initiative and restore the gains that had been made in addressing the major problems contributing to maternal mortality[2].

9. Undoubtedly, EVD has also greatly affected pregnant women, nursing mothers and their children. Pregnant women who are expected visit health facilities for routine antenatal checks have been constrained to do so and thereby putting them at very high risk. The fear of going to health facilities and/or the unavailability of healthcare staff pose serious threats to the pregnancy, both the lives of the would-be mother and the unborn child. New mothers who equally require postnatal care and routine immunization for their newborns are also deprived and face severe threats of survival. Mothers fear to take their children to health facilities to avoid crowds during the immunization sessions.

10. Skilled birth attendance rate is 62 per cent inclusive of Maternal and Child Health Aides with a minimal number of midwives (less than 250) and Obstetrician Gynaecologists in active practice (DHS 2013). Skilled birth attendance rate is 42 %[3] but with a very low institutional delivery, estimated at 24 % (DHS 2008). It is estimated that there is one practicing midwife for every 1,000 births that is further exacerbated by the uneven rural-urban distribution of midwives and absence of a comprehensive a national midwifery education policy and strategy.

11. Trends in modern family planning practices have been positive and encouraging, as evident by an improvement in the contraceptive prevalence rate (CPR) from 3 per cent in 2002,

[1] Aberdeen Women's Centre (AWC) with an estimated annual coverage of 200 fistula repairs and the West African Fistula Centre operated by visiting Surgeons. A local NGO, Haikal Organization, also provides accommodation for an average of 20 - 50 repaired patients and those awaiting treatment and re-integration into their communities.

[2] The Maternal Death Surveillance Review (MDSR 2013) indicates that most EmONC facilities lack clean running water, electricity and sanitation, a contributing factor for sepsis as the third major killer of women and girls in Sierra Leone at 18%.

[3] Skilled providers include doctors, nurses, midwives and MCH aides.

to 7 per cent (2008) and 16 per cent (2013). This largely explains the decline in the Total Fertility Rate (TFR) from 6.3 children per woman in 1985, to 6.1 in 2004, 5.1 in 2008 to 4.9 in 2013 (DHS 2013). However, the increase in CPR (16 per cent) is still one of the lowest in the sub-region, with a considerably high unmet need for family planning at 28 per cent.

12. There remains a desire among 35 per cent of women to delay child-bearing by two or more years, with 26 per cent who do not want to have any more children (DHS 2013). Anecdotal evidence indicates a reduction in utilization of modern family planning methods, with the number of new acceptors dwindling and continuing users not turning up for refills. The decline in TFR is observed to be an urban phenomenon, as rural women are known to have on average 2 more births (5.7) than urban women (3.5), according to the DHS 2013.

13. The main impediments to contraceptive use among women in rural communities are that they have little or no education, encounter socio-cultural barriers such as spousal approval for family planning (14 per cent) and preferences for large family sizes (10.8 per cent). Other common reasons for not accepting family planning methods are religious prohibition (9.3 per cent) and fear of side-effects (10.8 per cent) as estimated by the DHS 2008.

14. Knowledge on family planning is also relatively low, with 69 per cent of all women and 82 per cent of men who have heard of any modern method of contraception. The three best-known methods among all women and men are pills, injectable and male condoms, and these are available in almost 80 per cent of the Service Delivery Points (SDPs). Despite high unmet need of spacing and limiting pregnancy, it is estimated that implants account for 2.4 per cent CPR from zero in previous years; IUD use still very low at 0.1 per cent; less than 1 per cent uses female sterilization, and male sterilization is practically non-existent as a method (DHS 2013).

15. Resource allocation and corresponding disbursements from Government for the health sector have been grossly inadequate. Only 11% of the Government budget is allocated to health, with no data on the proportion allocated to maternal health and family planning[4]. There is, however, commitment to increasing the family planning budget from 0.42% in 2012 to 1% by 2020, recognizing that this will be 1% of a projected increase in budget for health[5].

16. While there are integrated policies and strategies for family planning and midwifery, these are still inadequate to address the requirements. There is a dire need to develop appropriate policies and detailed strategic plans for the specific intervention areas. Despite the limited availability of human resources, the existing national policies serve to restrict the role of certain cadre of health care providers in the provision of family planning and post-abortion care services[6].

[4] Sierra Leone commits to increasing its annual health budget from 8% to 12% by 2013 and gradually thereafter until the Abuja target of 15% is met.

[5] London Summit 2012: Commitment of Sierra Leone for FP 2020.

[6] MCH Aides are prohibited from providing Long Acting and Reversible Methods [LARM] and Midwives are prohibited from providing post-abortion care.

17. There have been improvements in Reproductive Health and Commodity Security, but the procurement and supply chain management systems remain challenging. In spite of efforts to support timely clearance, distribution, storage and reporting, stockouts are still prevalent at Peripheral Health Units (PHUs). In 2012, only 41 per cent of Service Delivery Points (SDPs) reported 'no stockouts' with an increase to 53.2 per cent in 2013 (GPRHCS Annual Survey 2012 and 2013).

18. Adolescents and youth constitute 55 per cent of the total population and become sexually active as early as 12 years old. About 16 per cent of youth are married before age 15, and 50 per cent before age 18. High teenage pregnancy (34 per cent) and adolescent birth rates (146/1,000 live births) contribute to 40 per cent of maternal deaths. At least 25 per cent of maternal deaths are due to unsafe abortion among adolescents.

19. Sexual and Reproductive Health problems, including STIs/HIV/AIDS are prevalent among adolescents and youth; hence, the need to intensify implementation of comprehensive condom programming. Addressing these challenges is largely constrained by inadequate facilities for providing comprehensive youth-friendly services. The large unmet need for these facilities impacts negatively on the health of young people, and compounded by several barriers such as issues of stigma, discrimination and attitude of health personnel[7].

20. Since 2005, HIV prevalence has stabilized at 1.5 per cent with a prevalence of 1.2 per cent among young people aged 15-24 years, of which young females constitute about 57 per cent. Condom use among young people aged 15 to 24 has declined from 29.2 per cent to 21 per cent for males and from 12.2 per cent to 5.9 per cent for females. HIV prevalence is significantly higher among "Most-At-Risk" sub-populations, averaging around 6.7 per cent. Almost 75 per cent of this population constitute adolescents and youths and thus require serious attention.

21. Despite strides in promoting gender equality and women's rights, SGBV, inequities and denial of women's rights at all levels in society are still highly prevalent. Most women continue to suffer marginalization and discrimination, particularly in the areas of education, employment, political participation, and property inheritance/ownership. Harmful traditional practices primarily female genital mutilation, child marriage, and high teenage pregnancies continue to inhibit women and girls empowerment.

22. There is no legislation in place on FGM/C with a high prevalence rate of 98 per cent among women aged 45-49 and 74 per cent for girls aged 15-19 (DHS2013). Also, SGBV is still prevalent with the records of the Family Support Unit (FSU) of the Sierra Leone Police in 2013 alone showing 7,684 reported cases of GBV, with 1,501 charged to court and 226 convictions. The FSUs are, however, ill-equipped and grossly underfunded to effectively handle the overwhelming reported cases of SGBV.

23. In addition to international conventions and protocols on women's participation and empowerment, Government has also instituted a number of legislations, policies and strategies to

[7] WHO and UNFPA studies in 2008 and 2012 respectively, indicated that information and understanding of services available for adolescents and young people is very low, impacting their demand for SRH services.

address women's issues relating to decision-making and access to resources at all levels. There are, however, challenges with translating government commitments into concrete actions, mainly as a result of inadequate financial, technical and human resources in the relevant Ministries for implementing policies and programmes.

24. The inadequacy of reliable data continues to pose serious challenges for planning at both central and district levels. It also serves as a major deterrent to the monitoring of national development frameworks and programmes, including the MDGs and other global development initiatives. Several surveys and data collection activities sometimes generate conflicting data for the formulation, implementation and monitoring of population and reproductive health policies and programmes. Thus, in addition to the need for data harmonization there are still challenges of serious data deficiencies in vital statistics (births, deaths, nuptiality and migration) for designing national population programmes.

25. The lack of technical capacity (human and institutional) has impeded the formulation and implementation of the National Population Policy and related programmes. The integration of population issues in policies and plans to address reproductive health and gender concerns are limited. Efforts are underway to set up the National Population Commission and finalize the revised Population Policy to guide in the integration of population issues into national policies and programmes.

PART III: PAST COOPERATION AND LESSONS LEARNED

26. The fifth country programme (2008-2012) and its extension (2013-2014) focused on strengthening UNFPA's support to government in collaboration with development partners in the core programme areas of reproductive and newborn health, gender, culture and human rights, and population and development. The overall goal of the programme was to reduce the high rates of maternal mortality and morbidity.

27. UNFPA worked with Implementing Partners to promote quality sexual reproductive health and rights, and strengthening of the overall national health system. Support was provided for the development of strategies and policies, provision of technical guidelines, establishment of quality assurance systems, strengthening of logistics management system for supply of drugs, equipment and consumables, training of health-care providers, upgrading of Service Delivery Points (SDPs), investing in Maternal Death Surveillance and Response (MDSR), creating demand and improving service utilization through community mobilization and participation.

28. These efforts improved Emergency Obstetric and Neonatal Care (EmONC) services from their grossly inadequate and poor quality levels in 2008. UNFPA through the ADB funded Health Systems Strengthening Project refurbished and fully-equipped five (5) comprehensive facilities and twenty-two (22) Basic Emergency Obstetric and Neonatal Care (BEmONC) facilities in five districts. Large investments were also made on health care providers for provision of SRH services, including training of skilled birth attendants, midwives and nurse anaesthetists for the provision of CEmONC services.

29. Support was also provided for the training of CHOs on surgical and obstetrical skills as a means of shifting the task of performing C-section to CHOs with greater possibility of retention and sustainability of quality CEmONC services. In addressing morbidity, comprehensive fistula programming improved access to treatment and reintegration to address the presumably high fistula prevalence. On average about 200 fistula patients are treated and reintegrated into their communities annually.

30. Family planning was revitalised through the strengthening of extensive partnerships and advocacy with the government and development partners, including the development and roll-out of strategies and technical guidelines and quality assurance system. Support was also provided for building human resources capacity in Long Acting and Reversible Methods (LARM) and providing outreach services to the marginalised population.

31. UNFPA re-enforced mass-media and community-based approaches to increase the demand for and supply of family planning services. Such efforts resulted in doubling of CPR, an increase in Couple of Years Protection (CYP), and improved method mix of LARM and availability of at least 3 modern methods in more than 95% SDPs.

32. National counterparts were trained in the use of CHANNEL to improve the Logistics Management Information System (LMIS). This also included building capacity for forecasting and procurement of commodities, national efforts for improving storage, transportation and distribution of commodities. Also, the accountability system was enhanced by engaging civil society to monitor the commodities supply and distribution chain[8].

33. Substantial investments have further been made in building capacity in key Ministries, Departments and Agencies (MDAs) that are in the frontline for implementing UNFPA programmes. These include the Population Unit in the Ministry of Finance and Economic Development; the Reproductive Health Division and Directorate of Drugs and Medical Supplies in the Ministry of Health and Sanitation; the Gender Unit in the Ministry of Social Welfare, Gender and Children's Affairs.

34. Capacity building efforts have gradually improved on creating the enabling environment for service delivery, increase demand for and supply of modern contraceptives and other reproductive health commodities, and improve quality family planning services. Implementing Partners were trained in Results-Based Management (RBM), including financial management to enhance their programme implementation and reporting capacities.

35. Mass media campaigns, including radio drama series, were undertaken to promote family planning, institutional delivery, fistula treatment, care and social integration of patients/victim, HIV prevention, promotion of women and girls SRHR, and prevention of GBV. In HIV prevention, the National AIDS Secretariat (NAS) also implemented the Comprehensive Condom Programming (CCP) and the National HIV/AIDS Strategic Plan (2010-2015) through UNFPA support.

[8] A national CSO Health For All Coalition (HFAC) was contracted since the onset of the Free Health Care to monitor the distribution of the drugs throughout the country.

36. UNFPA also focused on strengthening partnerships with Government and Development Partners to support implementation of the Reproductive Health Commodity Security Strategic Plan (RHCS-SP). Also, networking on advocacy and policy dialogue were intensified with the Government to develop financial sustainability mechanisms for budgeting for reproductive health/family planning commodities.

37. UNFPA actively supported the development of the multi-sectoral programme on Adolescent and Youth Sexual and Reproductive Health (AYSRH) in 2012, which set the stage for the launching and implementation of the Government's flagship "National Strategy for the Reduction of Teenage Pregnancy".

38. The national capacity of Government and partners was strengthened to respond to ASRH, with sustainable structures established to coordinate partners involved in the implementation of the national strategy. UNFPA supported the Adolescent and School Health Programme in the Ministry of Health and Sanitation to improve on the provision of adolescent-and youth-friendly services through human resource and institutional capacity building.

39. The Ministry of Education, Science and Technology (MEST) was supported to revise the National School Curriculum. In particular, UNFPA collaborated with partners to advocate for the inclusion of comprehensive sexuality education as a core subject in the Revised Curriculum Framework. In addition, the Non-formal Education Directorate was significantly supported to expand the number of learning centres and increase the number of trained facilitators on SRH and dissemination of key messages on gender and SRH to out-of-school youth.

40. The gender and human rights programme focused much attention on strengthening the Ministry of Social Welfare Gender and Children's Affairs in collaboration with development partners to complement the core programme areas of reproductive health and rights, advocacy for gender equality and promoting women's empowerment, elimination of harmful traditional practices affecting the sexual and reproductive health of women and girls.

41. Community-based integration programmes were used to promote Sexual Reproductive Health and Rights, and prevention of Gender-Based Violence. The knowledge of communities on these issues improved and laid a strong foundation for the establishment of 149 chiefdom-based Community Advocacy/Wellness Groups (CAGs) and 28 Male Peer Educators' Networks.

42. Traditional and Religious Leaders (TRLs) were supported to promote community outreach programmes on reproductive health and rights, prevention of gender-based violence and family planning. Livelihood and life-skills training were also provided for vulnerable women, especially GBV survivors, including provision of legal counselling and representation. In addition to the CAGs, UNFPA also supported the Husbands Schools Initiative programme, including TBAs.

43. The Population and Development (P&D) component supported the strengthening of capacity in Statistics Sierra Leone to conduct the second Demographic and Health Survey in 2013 and preparations for the 2014 Population and Housing Census. Other data collection activities supported included the Cost-Benefit Analysis on family planning, the Integrated

Reproductive Maternal, Neonatal and Child Health annual survey and survey of availability of modern contraceptives and essential life-saving maternal and reproductive health medicines in Service Delivery Points.

44. Support was provided for strengthening technical and institutional capacities within key ministries and Civil Society Organizations to integrate population and gender concerns into development plans and programmes. In particular, personnel in the Population Secretariat at MOFED were trained on the integration of population issues into national strategies such as the PRSP-*Agenda for Prosperity.*

45. The key lessons learned in the implementation of the fifth country programme relate to challenges and successes in implementation and delivery mechanisms. These include institutional capacity building, empowerment of government for programme leadership and ownership, communication and advocacy, participatory and collaborative approaches with communities and partners to ensure programme ownership and synergies.

46. Government showed strong commitment, ownership and leadership of the programme, including collaboration with development partners. These efforts to a greater extent promoted cost-sharing, enhanced resource mobilization and programme implementation. These equally gave more credibility to responding to the overall reproductive health needs of the country by donors.

47. In order to guarantee effective and efficient programme delivery, periodic and regular inter-agency/partnership review meetings improved coordination and addressed duplication of efforts and wastage of resources. The meetings also provided a platform for knowledge-sharing among partners and facilitated programme operations. Similarly, building the capacity of national health workers and/or health-related social workers enhanced achievement of programme/project outputs and sustainability.

48. In the gender interventions, community-led sensitization and advocacy campaigns are more reliable and sustainable strategies in promoting service delivery for both GBV response and reproductive health delivery. This is further reinforced through building effective partnerships with Traditional and Religious Leaders, as well as Community-Based Organizations in facilitating interventions.

49. The integrated approach to addressing gender issues through promoting sexual and reproductive health and rights, including family planning, has enhanced community awareness and understanding of their linkages and has facilitated programme acceptance. However, these strategies have also raised the expectations of communities for follow-ups with relevant service delivery projects. Managing such expectations sometimes poses a threat to successful programme implementation and a risk to future programme failure.

PART IV: PROPOSED PROGRAMME

50. The goal of the Sixth Country Programme (2015-2019) is to contribute to ***"universal access to rights-based, gender-sensitive sexual and reproductive health information and services, including for adolescents and young people"*** as defined in the UNFPA Strategic Plan (2014-2017). These efforts will be guided by an understanding of population dynamics, human rights and gender equality, driven by country needs and tailored to the country context in order to empower and improve the lives of underserved populations, especially women, youths and adolescents.

51. The programme will further take into account the devastating impact of EVD on the health sector, with focus on building a resilient health system for the delivery of sexual and reproductive health services. Greater emphasis will be placed on building human resources for health service delivery, as well as addressing the diminished confidence by communities in the ability of Service Delivery Points and health workers for saving lives.

52. The programme is linked to the following frameworks- UNFPA Strategic Plan (2014-2017); UN Development Assistance Framework (UNDAF 2015-2018) for Sierra Leone; the Third Poverty Reduction Strategy Paper- Agenda for Prosperity (2013-2018) and the Sixth Country Programme Document (CPD 2015-2019) Outcomes. Overall, it is aligned with four main pillars of the Government's Agenda for Prosperity and related UNDAF outcomes[9]. It also addresses related issues in the ICPD + 10 Review Report; ICPD Beyond 2014, and the new Post-2015 Sustainable Development Goals.

53. The new programme is largely informed by the mid-term and annual reviews; the end-evaluation of the fifth Country Programme (2008-2012) and its two-year extension (2013-2014). Studies and consultancies by both national and international consultants also provided valuable information for enriching the programme. In compliance with the UNFPA guidelines, technical backstopping was provided from the UNFPA Sub-Regional Office (SRO) and West and Central African Regional Office (WCARO) in Johannesburg and Senegal respectively. An impact assessment of the EVD epidemic will be performed to enable appropriate programming in the aftermath of the epidemic.

54. The formulation and design of the programme has been extensively participatory and inclusive. It involved mainly the Government of Sierra Leone, UNFPA Country Office and other United Nations Agencies, Development Partners, Implementing Partners, Non-Governmental Organizations (NGOs) and Community-Based Organizations (CBOs), including Traditional and Religious Leaders (TRLs).

55. To achieve the above goal, the programme has also infused into its design an innovative advocacy and communications strategy for improved UNFPA visibility and resource

[9] The relevant pillars of the Agenda for Prosperity include: **Pillar 3** – Accelerating Human Development; **Pillar 6**- Strengthening Social Protection Systems; **Pillar 7**- Governance and Public Sector Reform; **Pillar 8**- Gender Equality and Women's Empowerment. See the related UNDAF outcomes in the Results and Resources Framework of the country programme (Annex 1).

mobilization capacity. It will also ensure that stronger emphasis is placed on providing the Country Office (CO) with the tools and resources to strengthen delivery and greater accountability for resources and results.

56. The underlying strategy for programme design and implementation is the UNFPA ***"Cluster Approach"*** adopted since the fifth country programme, including strategies outlined in the national Agenda for Prosperity- the roadmap for the country's attainment of a middle-income status by 2035. These efforts will require building strong partnerships with Government to facilitate improvements in the lives of women, youth and adolescents.

57. The two main clusters for the current programme include: ***(a) Women's Reproductive Health (WRH); and (b) Adolescents and Youth Sexual and Reproductive Health (AYSRH)***. The core strategy is how to integrate women's reproductive health and the adolescent and young people's sexual and reproductive health into the country's development process.

Programme Outcomes and Strategies:

58. There are four programme components and respective outcomes to achieve the overall goal defined above. For each outcome, specific programme output(s) have also been defined, including key strategies and interventions. These will be implemented through an integrated approach and building on synergies across all outcomes and related outputs for greater impact and value for money. Altogether, there are four (4) programme components and related outcomes, and eight (8) outputs. These are further elaborated under the two programme clusters and cross-cutting components as follows:

CLUSTER 1: WOMEN'S REPRODUCTIVE HEALTH (WRH):

59. This cluster addresses the Government's health priority areas of reducing maternal mortality and morbidity, and strengthening family planning and newborn health as articulated in the Reproductive, New-born and Child Health Policy (2011-2015); Reproductive, Neonatal and Child Health Strategic Plan 2012-2016; and the Reproductive, New-born and Child Health Strategy (2011-2015); Behaviour Change Communication Strategy (2011-2015). This cluster will address the following programme component outcome and outputs.

Component 1: Integrated Sexual and Reproductive Health Services

Outcome 1: The first outcome is: ***"Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV that are gender-responsive and meet human rights standards for quality of care and equity in access".*** Three outputs are to be achieved under this outcome, and include:

60. ***Output 1: "Increased national capacity to deliver integrated sexual and reproductive health services, including in humanitarian settings"***. The overall strategy is:

The development and review of integrated sexual and reproductive health national policies, strategic plans, guidelines and action plans, including a humanitarian response plan at the national level. The key activities are: (a) Adapt UNFPA-WHO protocols for family planning services that meet human rights standards including freedom from discrimination, coercion and violence; (b) Conduct training of trainers (TOT) on protocols and national roll out; (c) Conduct assessment on the availability and readiness of integrated family planning services, (d) Disseminate findings and inclusion of family planning modules into various training curricula.

61. ***Output 2: "Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve high-quality family planning services that are free of coercion, discrimination and violence"***. The strategies and interventions for achieving this output include:

(*i*) *Promoting advocacy for creating an enabling environment in support of family planning and other reproductive and maternal health services*[10]**.** The key activities include: (a) Provide technical and financial assistance to develop, review, update, finalize and disseminate relevant advocacy tools; (b) Support dissemination of National Cost-Benefit Analysis; (b) Conduct and disseminate Task Shifting pilot studies; (c) Support preparation of policy and media briefs; (d) Conduct and disseminate other research findings (e.g. KAP survey on male sterilization).

(*ii*) *Increasing knowledge of sexual and reproductive health issues using demand generation and behaviour change communication*. The key activities are: (a) Finalize and roll-out the National Reproductive Health Behavioural Change Communication Strategy; (b) Design and roll-out of family planning campaigns; (c) Support integration of family planning into the Maternal and Child Health Weeks, (d) Develop IEC/ BCC materials and job aides, (e) Conduct study on socio-cultural barriers to the uptake of family planning services and disseminate results; (f) Promote use of the socio-cultural barriers study results to inform further review and development of IEC/BCC materials.

(*iii*) *Building capacity for commodity security and logistics management systems*. The key activities include: (a) Undertake roll-out of MHealth at PHUs nation-wide; (b) Train SDP staff on improving data collection especially consumption data; (c) Support procurement, distribution and monitoring of reproductive health commodities; (d) Train government personnel in procurement and logistics management and contraceptive technology; (e) Support improvement of storage capacity and quality, including distribution of contraceptives; (f) Support operation of LMIS/ CHANNEL nation-wide; (g) Support civil society monitoring of the commodity supply chain.

(iv) Building human resource capacity to fulfil demand for family planning, *as well as inclusion of family planning modules in curriculum of midwifery and MCH Aide education.* The key activities include: (a) Conduct in-service and pre-service training in family planning counselling and long term methods; (b) Support Midwives/CHOs to scale up implant, LARM and male sterilization services; (c) Support different cadres of Community Health Workers (CHWs) for

[10] Advocacy efforts will focus on increasing budget and allocation of funds for family planning programming and influencing policy to allow MCH Aides provide Implant, CHOs/Midwives to provide Non-Scalpel Vasectomy services..

outreach services and community-based activities on family planning; (d) Undertake supportive supervision and monitoring of quality of care.

(v) Integrating family planning into other sexual and reproductive health services. The key activity is to offer family planning information and services during the provision other SRH services.

62. ***Output 3:*** ***"Increased national capacity to deliver comprehensive high-quality maternal health services, including ending mother to child transmission of HIV (eMTCT) services".*** The strategies and accompanying activities include:

(i) Strengthening health systems for the provision of quality Emergency Obstetric and New-born Care. The key activities are: (a) Rehabilitate/Refurbish EmONC facilities; (b) Support procurement and supply of equipment, water/electricity and consumables for facilities; (c) Provide support for the health service referral system.

(ii) Institutionalizing of the Maternal Death Surveillance and Response (MDSR) system. The key activity is to support response to maternal deaths occurring at facility and community levels.

(iii) Human resources capacity development for health service delivery. The activities are: (a) Support the midwifery training programme (Education, Regulation and Association); (b) Support the nurse anaesthetist training programme (c) Support the surgical training programme on task shifting surgical/obstetrical skills to CHOs (medium-term) and specialists in Obstetrics and Gynaecology (long-term).

(iv) Strengthening obstetric fistula prevention, treatment and social reintegration through awareness-raising. The activities include: (a) Support social mobilization and media dissemination; (b) Support teenage-focused interventions; (c) Support access to EmONC/other MNH services, including family planning; (d) Support satellite treatment centers for obstetric fistula campaigns, referrals, treatment and care; (e) Undertake social reintegration, including psycho-social, life-skills and social support services.

(v) Integrating the management and prevention of sexually transmitted infections. The key activity includes: (a) Support STI and HIV into sexual and reproductive health outlets, with a special focus on young girls.

CLUSTER II: ADOLESCENTS AND YOUTH

63. The needs of adolescents and young people will be specifically addressed under this cluster, targeting Government's priority areas of sexual and reproductive health for this critical segment of the population as articulated in the UNFPA Strategy on Adolescents and Youth, and within national frameworks targeting adolescents and young people[11]. It will therefore focus on

[11] These include: (a) Multi-Sectoral Programme addressing Adolescents' and Young People's Sexual and Reproductive Health (2012); (b) National Health Sector Strategic Plan; (c) Reproductive and Child Health Strategic Plan (2010-2015); (d) HIV /AIDs Strategic Plan 2010-2014).

creating an enabling environment for the delivery of a comprehensive package of services for adolescents and young people in-school and out-of-school.

64. Emphasis is placed on the design of programmes that promote responsible SRH behaviour, access to and utilization of SRH information and services and participation of adolescents and young people in the implementation of these programmes. The programme will also integrate maternal and neonatal health issues as they relate to young mothers, family planning services, HIV and STI prevention services. This cluster will address the following programme component outcome and outputs.

Component 2: Adolescents and Youth:

Outcome 2: The second outcome is: ***"Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health".*** Two outputs are to be achieved under this outcome, and include:

65. ***Output 4:*** ***"Increased national capacity to design and implement community and school-based comprehensive sexuality education programmes that promote human rights and gender equality"***. The strategies and activities for achieving this output include:

(i) Providing technical assistance in collaboration with MEST to update national curricula, integrating sexual and reproductive health and gender. The activities include: (a) Build the capacity of the Ministry of Education, Science and Technology in comprehensive sexuality education; (b) Provide technical assistance in developing School Syllabi and teaching materials; (c) Support the design and implementation of teachers' training on SRH and Gender issues; (d) Support MEST to develop and disseminate a set of harmonized training materials on life-skills for out-of-school youth; (e) Support the training and deployment of Guidance Counsellors to schools.

(ii) Mobilizing communities on gender equality and SRH, including inter-generational dialogue. The key activities include: (a) Conduct community dialogue on ASRH and gender issues b) Support young people's participation and leadership the review and implementation of policies and programmes (c) Support men's engagement as advocates for social protection of girls.

(iii) Strengthening human resources in health and increasing availability and access to SRH, including HIV prevention information and services. The activities include: (a) Undertake in-service training of health workers on adolescents and youth-friendly services; (b) Upgrade health facilities to abide by the national standards on adolescents and youth-friendly services; (c) Undertake demand-creation activities to increase information of adolescents and young people on their rights and the services they can access; (d) Promote and improve access to male and Female condoms as in the CCP; (e) Expand service provision for prevention of HIV and STIs and unintended pregnancies amongst adolescents, including provision of EMTCT; (f) Develop and implement a social behaviour change programme for prevention of HIV transmission amongst young people.

66. ***Output 5:*** ***"Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls, including those at risk of child marriage".*** The strategies and interventions for achieving this output are outlined as follows:

(i) Providing technical, operational and financial support to Government for implementing the National Teenage Pregnancy Strategy. The activities are: (a) Provide technical and operational support for effective coordination and programming in the National Secretariat for the Reduction of Teenage Pregnancy.; (b) Support implementation of the Monitoring and Evaluation framework of the national strategy; (c) Participate in the implementation of the behaviour change communication strategy on the reduction of teenage pregnancy.

(ii) Engaging civil society to advocate for the protection of the girl child from discrimination. The activities include: (a) Provide technical assistance to develop advocacy strategy for the protection of the girl child against child marriage and FGM; (b) Build capacity of institutions for social protection of girls; (c) Organize awareness-raising events for the protection and empowerment of the girl-child.

(iii) Undertaking programmes to improve adolescent girls' health, social and economic assets. The activities in support of this strategy include: (a) Provide support to the Salone Adolescent Girls Network for synergies and coordination between development partners as well as sharing of best practices (b) Support implementation of a pilot-programme for building girls' assets and potential scaling-up of programme.

(iv) Developing an evidence base of key indicators of adolescent health and development. The activities include: (a) Undertake research on child marriage and FGM; (b) Develop database on key adolescent health indicators.

CROSS-CUTTING COMPONENTS:

67. **As** in the last country programme, these components will continue to address gender issues and data availability for planning, programming, monitoring and evaluation. The Country Office will adopt robust communication and advocacy strategies for sharing information on the overall country programme deliverables, evidence-based success stories to improve UNFPA visibility and capacity for resource mobilization. The cross-cutting components include:

(a) Gender:

68. This component addresses women's and girls' issues of inequality, discrimination and empowerment; promotion of policies that address mobilization of communities, national and traditional leaders, including men's engagement for advocacy on women and girls' SRHR, GBV prevention and support to victims and survivors. These issues are aligned to relevant pillars of both the Agenda for Prosperity and UNDAF[12].

[12] Agenda for Prosperity (Pillar 8) "Gender Equality and Women's Empowerment"; and UNDAF (Pillar 8- outcome 1) - "Women and Children are safer and more empowered to prevent Gender-Based Violence and harmful practices. Also aligns with Outcome 3 of the Results framework of the UNFPA Strategic Plan (2014-2017).

Component 3: Gender Equality and Women's Empowerment

Outcome 3: The third outcome of the country programme is: ***"Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth".*** Two outputs to be addressed under this outcome include:

69. ***Output 6:*** ***Strengthened legislative frameworks and national protection systems for promoting reproductive rights, gender equality and addressing gender-based violence.*** The strategies and activities for achieving this output include:

(i) Advocating for gender and human rights-related policies and frameworks, including enforcement and implementation of existing laws. The activities include: (a) Support Government and the national gender machinery to review, finalize, improve and enforce existing legislations/policies for gender equality, protection and empowerment of women; (b) Support Government and national stakeholders, including communities to engage in evidence-based advocacy and dialogues for advancing women's rights and empowerment.

(ii) Fostering the establishment of accountability mechanisms to domesticate and implement protocols and treaties relating to women's human rights. The activities include: (a) Support development of results-based M&E systems in the Ministry of Social Welfare, Gender and Children's Affairs; (b) Support the development of data collection tools, training and related activities for evidence-based gender-responsive reporting on CEDAW and related protocols.

(iii) Strengthening the coordination and management capacity of partners. The activities include: (a) Identify and engage stakeholders to improve coordination between partners; (b) Provide support (technical and financial) to develop a standardised coordination toolkit for the national gender machinery, including simplified multisectoral SGBV prevention and response handbook.

70. ***Output 7:*** ***"Increased capacity of organizations and communities to prevent gender-based violence and harmful practices, including female genital mutilation/cutting and provide delivery of multi-sectoral services for prevention care and impact mitigation, including in humanitarian settings"***. The strategies and activities for achieving this output include:

(i) Mobilizing communities to address harmful traditional practices. The key activities are: (a) Support community-based networks and advocacy groups, including traditional and religious leaders for sensitisation on GBV and harmful practices; (b) Develop and disseminate IEC and BCC materials on harmful traditional practices in target communities; (c) Support coordination and activities of CAGs and Peers Educators on GBV.

(ii) Building the capacity of institutions and civil society organizations to prevent gender-based violence. The key activities are: (a) Provide support for continued policy dialogue, advocacy and community education on legal rights, particularly sexual and reproductive rights; (b) Support trainings of all stakeholders (IPs, and GBV actors) in diverse skills for addressing SGBV (i.e.

skills in advocacy, networking, negotiations, leadership proposal writing, communication etc.); (c) Provide training for communities in the promotion of women's reproductive health and rights.

(iii) Providing support for survivors of sexual and gender-based violence. The key activities are: (a) Support SGBV services to victims including safe homes and access to justice for survivors; (b) Train communities/volunteers on basic psychosocial support, counselling and GBV referral; (c) Provide post-rape and other sexual-violent kits in health facilities for timely clinical management and evidence preservation.

(b) Data and Population:

71. This component will address the data needs of the country programme, including data use in governance, planning and monitoring and evaluation, and reporting at all levels. It mainly addresses the strengthening of capacities in national systems for generating accurate and reliable data as articulated in the results frameworks of both the Government's Agenda for Prosperity and UNDAF.

Component 4: Population Dynamics

Outcome 4: The fourth outcome of the country programme is defined as: ***"Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality"***.

72. ***Output 8:*** ***"Strengthened national capacity of the statistical system to collect, produce, analyse and disseminate high-quality disaggregated population data for evidence informed planning and monitoring".*** The strategies and interventions to achieve this output include:

(i) Strengthening partnerships, policy dialogues and evidence-based advocacy. The key activities include: (a) Support government to engage partners in addressing key population issues relating to the sexual and reproductive health of women, adolescents and youth, the empowerment of women and girls (b) Support the reactivation of the National Population Commission (c) Support the finalization and implementation of the National Population Policy.

(ii) Enhancing government capacity to generate, analyse and utilize age and sex disaggregated data. The key activities include: (a) Support the secondary analysis of the 2013 DHS; (b) Support the conduct of the 2014 Population and Housing Census (c) Support the conduct of inter-censal surveys such as the third Demographic and Health Survey in 2018 (c) Build capacity of MDA's for increased production, availability and utilization of data for development planning- (for functionality of the Integrated Management Information System-IMIS).

PART V: PARTNERSHIP STRATEGY

73. The strengthening of strategic partnerships with the Government and development partners is critical for the success of the country programme. Partnership with government involves providing technical and financial support to MoFED, MoHS, MSWGCA, MEST and MOYA. Based on their comparative advantages, UNFPA will continue to collaborate with NGOs and CBOs for implementation of various aspects of the programme. In the spirit of "Delivery as One (DAO)" and the overall UNDAF implementation strategy, UNFPA will partner with other UN agencies for better coordination and harmonization of UN programmes in the country.

74. UNFPA will support M&E capacity of partners to improve on both qualitative and quantitative programme results reporting. Moreover, in order to address the entrenched and diverse socio-cultural and economic challenges in communities, traditional and religious leaders will be engaged for the sustainability of all interventions.

75. Efforts at improving data availability will involve the conduct of the Demographic and Health Survey and National Population and Housing Census 2014. A comprehensive set of data will be generated and analysed for decision-making, programme formulation and performance review. Implementing partners will be supported to generate programme level data for measuring their respective contributions to the country programme outputs.

76. The sexual and reproductive health of adolescents and young people will be given special attention within the framework of "The Multi-sectoral Programme on Adolescents and Youth Sexual and Reproductive Health". Under this single partnership strategy, UNFPA will support priority actions for all relevant stakeholders with the goal of improving the sexual and reproductive health of the target population.

77. Under the UNDAF framework, UNFPA will work closely with other UN agencies and Development Partners to engage Parliamentarians and Civil Society to advocate for the allocation and release of adequate funds to the health sector to address the critical challenges of maternal mortality and morbidity, including the provision of sexual reproductive health services.

PART VI: PROGRAMME MANAGEMENT

78. The country programme will be implemented by relevant Government Ministries, Departments and Agencies (MDAs), Non-Governmental Organizations, Community-Based Organizations, Civil Society Organizations (CSOs), and Traditional and Religious Leaders. A micro assessment will be done to select implementing agencies on the basis of their sound project management systems, including financial management, institutional and technical capacities, past experiences and comparative advantages in contributing to the country programme outputs and outcomes. An M&E calendar will be developed with guidelines for joint monitoring and improving on results reporting.

79. The Ministry of Finance and Economic Development will be the leading Government institution with overall responsibility to coordinate the implementation of the programme. Other relevant sectoral ministries that will play key role in programme implementation include the Ministry of Health and Sanitation; the Ministry of Education, Science and Technology, the Ministry of Youth Affairs; and the Ministry of Social Welfare, Gender and Children's Affairs.

Implementation arrangements

80. The National Execution Modality (NEX) will be strengthened to support programme implementation. Capacity building (training, logistical support etc.) will be provided for Implementing Partners and relevant national institutions. This is to ensure programme ownership and sustainability.

81. As best as possible, the programme will adopt decentralized implementation and joint programming, planning, monitoring and evaluation with the Government and other United Nations organizations. Programme management will be based on the principles of Results-Based Management, and guided by the Results and Resources Framework.

82. Strategic partnerships and collaboration between UNFPA and other agencies will be essential for effective programme implementation. Implementing agencies will report to UNFPA according to stipulated guidelines and agreed formats designed from time to time.

Work Planning and Reporting

83. The Government of Sierra Leone and partners will review UNFPA's support to the country at the end of every year and each Implementing Partner will prepare a Work Plan to facilitate programme implementation. Implementing Partners' Work Plans (WPs) will be discussed by all relevant parties on the basis of agreed guidelines and submitted to UNFPA for approval on a yearly basis. This will be the key implementation modality of the country programme.

84. In collaboration with UNFPA, the Programme Component Manager (PCM) in the Ministry of Finance and Economic Development will work with other PCMs in MOHS, MSWGCA, and Programme Managers in MEST, MOYA to convene quarterly and annual meetings to review status of implementation, achievements, challenges and recommendations based on the Results and Resources framework.

85. Regular field monitoring visits to the project sites will be conducted based on the WPs and progress reports made available at review meetings. In instances where there are common interests among UN agencies such as strengthening capacities for data collection and analysis, joint programming, monitoring and annual reviews will be held to assess progress within the framework of the DiPs.

86. A standard Fund Authorization and Certificate of Expenditures (FACE) Form, reflecting the activity lines of the Work Plan, will be used by Implementing Partners to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditures. The FACE will be used to report on the full utilization of all cash received and submitted to UNFPA within three (3) months after receipt of the funds. Implementing Partners shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash.

87. All programme resources, including cash transferred should be used for the purpose of activities agreed in the work plans only, and in accordance with established national regulations, policies and procedures consistent with international standards. Where any of the national regulations, policies and procedures is not consistent with international standards, the United Nations Agency regulations, policies and procedures will apply.

88. Depending on the risk level of the Implementing Partner, the cash transfer process will involve the following: (i) Direct Cash Transfer (DCT) directly provided to the Implementing Partner in the form of quarterly advances prior to the start of activities; (ii) Reimbursement to the IP on expenditures incurred in implementing approved activities with prior agreement before implementation and (iii) Direct Payments to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners.

89. In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner within a reasonable period. For direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners.

90. When using the DCT modality, it is important that the implementing partner submit quarterly liquidation of expenditures for the previous quarters before a new advance is issued to avoid OFA balances. This may include writing a cheque back to UNFPA for unspent balances to ensure there is Zero OFA at end of each quarter.

91. For Reimbursement modalities, a prior approval of activities with respective budgets is mandatory before incurring any expenditure. UNFPA shall not be obligated to reimburse expenditure made by IPs over and above the authorized amounts. Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded.

92. Cash transfer modalities, the size and frequency of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government Implementing Partner, and of an assessment of the financial management capacity of the non-UN Implementing Partner. A qualified consultant, such as a public accounting firm, selected by UNCT/UNFPA may conduct such an assessment, in which the Implementing Partner shall participate. This process may be revised in

the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, assurance visits and audits.

93. To facilitate scheduled and special audits each Implementing Partner receiving cash from UNFPA will provide UNFPA or its representative with timely access to: all financial records which establish the transactional record of the cash transfers provided by UNFPA and all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.

94. The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will, furthermore, receive and review the audit report issued by the auditors; provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA; undertake timely actions to address the accepted audit recommendations; report on the actions taken to implement accepted recommendations to UNFPA.

Resource Mobilization and Communication Strategies

95. Resource mobilization efforts will be intensified and strengthened during the planned programme period. UNFPA regular resources will be complemented by the mobilization of additional resources to fill the funding gap in the country programme within the framework of the Resource Mobilisation Strategy (2015-2019) developed for the engagement of existing and new partners.

96. A well-structured Resource Mobilisation Committee will be constituted in the Country Office to further intensify the resource mobilisation drive. Annex IV shows the draft outline of the Resource Mobilization Plan for the Country Office during the planned programme period. However, the plan is incomplete since donor aid flows are unpredictable during the entire programme cycle; hence, the CO Resource Mobilization Committee will be developing annual plans and strategies based on programme needs.

97. A total of US$38.2 million will be required for the implementation of the country programme as indicated in the 6th Country Programme Document for Sierra Leone (2015-2019) approved by the Executive Board of UNFPA/UNDP in June 2014. This includes an amount of US$11.7 million that will be provided from UNFPA's regular resources and US$26.5 million mobilized from other sources through co-financing modalities subject to donor focus in the proposed interventions of this CPAP. Support from regular and other resources shall be exclusive of funding received in response to emergency appeals.

98. The strategy will involve fostering close collaboration with various multilateral and bilateral partners involved in Population and Development; Sexual Reproductive Health, including family planning; Adolescents and Youths, Gender equality and empowerment. The partners will include UNCT, African Development Bank, the World Bank, the European Union, DFID, JICA, Irish Aid, Multinational companies, including Mobile Phone Companies, and other funding agencies as may be possible.

99. To foster ownership, commitment and sustainability of programme implementation Government funding will continuously be required in the areas of personnel, annual counterpart funding, facilities and infrastructure. Contributions from local communities will be encouraged particularly for community programme implementation.

100. The Country Office will continue to expand and strengthen public-private partnerships through the existing channels such as the Sierra Leone Chamber of Commerce. The involvement of the private sector will be enhanced through advocacy and dialogue opportunities.

101 Resource mobilization efforts will be supported by an effective communications strategy to advocate for donor support towards meeting ICPD and post-2015 Development Goals related to UNFPA's core areas in the country programme. The strategy will provide support in raising awareness among development partners and donors about UNFPA's contributions to the country's "Agenda for Prosperity" and advocate for resources to support its implementation. The strategy will also promote UNFPA's visibility as well as putting in place effective feedback and reporting mechanisms for providing a systematic flow of information to donors and other stakeholders about progress in programme implementation and key achievements.

Human Resources

102. The national execution modality requires an effective human resource capacity for programme implementation. Efforts will focus on strengthening capacity through staff training, recruitment and placing personnel with the right competences and skills-mix and detailing them to other institutions for hands-on-experiences.

103. The UNFPA Country Office consists of a Representative, Assistant Representative, International Operations Manager, National Programme Officers, Assistants and Associates, M&E and Communications Officers, Project Staff and Office Support Staff. Additional staff may be hired as necessary to strengthen programme implementation. United Nations Volunteers and JPOs, National and international experts and consultants will assist the country office as needed.

104. The UNFPA technical and advisory staff in ARO and SRO in Johannesburg and Dakar, Senegal, will provide technical support. It will also utilise South-South Cooperation through enhanced use of local capacities as a means to share best practices.

PART VII: MONITORING AND EVALUATION

105. The monitoring and evaluation of sixth country programme will be guided by the UNFPA procedures and guidelines. It integrates the harmonised monitoring tools such as work plan, the CPAP tracking tools, the Standard Progress Report and others. It will also be guided by the principles of Result-Based Management and aligned to the CPAP Results and Resources Framework. The CPAP M&E system will also be expected to contribute to tracking progress towards attainment of national development goals in the Agenda for Prosperity.

106. The CPAP Results and Resources Framework (RRF) will be a core component of the Monitoring and Evaluation System. Results planning and reporting will be aligned to the "myResults" framework in the new Strategic Information System developed by the organization in 2014. Participatory planning, monitoring and evaluation of programme interventions are highly recommended as a key M&E strategy. The Results and Resources Framework contains outcome and output indicators, baselines and targets, implementing partners and indicative resources per output.

107. The M&E system will rely heavily on data generated from the 2008 DHS, other national surveys, population census, annual routine and programme data. These various data sources will inform the country programme M&E Framework and the Planning and Tracking Tool. In this regard, UNFPA will work with partners to strengthen data collection and M&E capacities to meet the requirements of implementing partners and other users.

108. The CPAP M&E Calendar is aligned with key strategic actions to be implemented under each CP output taking into account the other country programme frameworks, such as the PRSP III (Agenda for Prosperity) and other related processes. It therefore provides an overview of the main monitoring and evaluation activities to be undertaken in the course of the country programme cycle, including those related to programmes jointly funded with other United Nations Agencies and organizations. The monitoring of the expected outcome and outputs will be conducted through baseline information collected from the available national data sources, and from the routine statistical data collection sources.

109. Joint monitoring and supervisory visits including periodic field visits will be carried out to identify technical and operational strengths and weaknesses; identify technical issues for backstopping missions, share experiences, avoid duplication of interventions with other agencies in the same area. Information collected on each programme component implementation will be analysed, documented and shared with stakeholders at the CPAP Quarterly, Mid-Term and Annual Review meetings.

110. Programme reviews will assist UNFPA to adjust or update its CPAP in terms of results and resources, where necessary. These reviews will also inform the formulation of other evolving UN and UNFPA Country Programmes. Mid-term reviews and Final Evaluation of the 6th Country Programme will also be conducted to provide strategic direction for the succeeding programme cycle.

111. UNFPA will work with implementing partners to monitor all activities supported by cash transfers. The implementing partners will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by the UNFPA. In this regard, IPs will facilitate periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives; programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring; and special or scheduled audits.

112. Implementing Partners will be supported to participate in key national and international meetings to share their programme experiences. To enhance M&E skills of key personnel of the

implementing partners, trainings will be conducted on: Development of M&E Plans; and M&E Information Use and Reporting. The CPAP Results and Resources Framework, the CPAP Planning and Tracking Tool, and M&E Calendar are attached as Annex I, II and III.

PART VIII: COMMITMENTS OF UNFPA

113. The Programme of Action (PoA) of the 1994 International Conference on Population and Development (ICPD), the ICPD +10 Reviews and Post-2014 POA, collectively provide the basis for UNFPA's commitment to the improvement of the quality of lives of the people of Sierra Leone.

114. The programme will assist the Government to provide quality sexual reproductive health services, including family planning, address gender equality and violence, increase the availability of socio-demographic data, formulate effective population and development policies, adolescents and young people's sexual reproductive health and rights, and contribute to the reduction of teenage pregnancy.

115. The types of support to be provided by UNFPA to national counterpart (institutions in government and NGOs) will include, quarterly allocation of funds for implementation of programme activities; provision of vehicles and other equipment; rehabilitation of facilities; technical backstopping by UNFPA country office; provision of materials for strengthening resource and documentation centres; provision of internet access; provision of administration and coordination costs; and facilitating study tours, staff detailing, South-South Cooperation and meetings. Implementation of planned activities will be closely monitored in accordance with the agreed results-based management and the results and resources frameworks of the country programme.

116. The disbursement of funds by UNFPA to the Implementing Partners will be subject to satisfactory implementation of planned annual activities in the AWPs, and in accordance with guidelines and financial procedures as provided by UNFPA. Specific details on the allocation and annual phasing of UNFPA assistance will be reviewed and further detailed through the preparation of the AWPs.

117. UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor. Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN Agencies.

118. During the review meetings, respective implementing partners will examine with the component coordinating institutions and UNFPA, the rate of implementation for each programme component. Subject to the review meetings conclusions, if the rate of implementation in any programme component is substantially below the annual estimates, funds may be re-allocated by mutual consent between the Government and UNFPA to other strategies that will yield results.

119. UNFPA maintains the right to request the return of any cash, equipment or supplies provided which are not used for the purpose specified in the AWPs. UNFPA will keep the Government informed about the UNFPA Executive Board policies and any changes occurring during the programme period.

PART IX: GOVERNMENT COMMITMENTS

120. The Government of Sierra Leone will provide the necessary policy guidelines and enabling environment for the implementation of the country programme. Also Government will provide financial and logistic support through the provision of office space for the Project Support Units (PSUs) in various line ministries; payment of remuneration to staff, payments of utility bills and contribute to the maintenance and operations cost of equipment. The total cost of these provisions is estimated at Le 500,000,000 per year.

121. Also, Government will provide support to the enhancement of the human resources needs of the programme by facilitating the recruitment, deployment or redeployment of the requisite personnel in the various PSUs and the building of their technical competencies. Since government staff working in the PSUs will be taking on additional tasks and responsibilities, which are crucial for the success of the country programme and in view of the salary levels in the public sector, the Government of Sierra Leone will encourage the payment of appropriate administrative and coordination costs to government employees serving as staff of PSUs. This is to ensure their time and commitment to the achievement of programme results.

122. Government will provide counterpart funding to all line ministries to complement donor funds provided for programme implementation. The quantum of these resources, which vary from one ministry or institution to the other, will be made definite during the preparation of annual budgets for a particular year. It is, however, estimated that total Government's counterpart budget allocation is estimated at Le250, 000,000 per year.

123. Through its programme execution and coordinating arms, the Government will take leadership in ensuring effective programme coordination and synergy within the existing partnership and in promoting decentralized implementation of activities. Government will also facilitate the conduct of appropriate periodic quarterly review meetings, involving partners and stakeholders (including donors and NGOs), to chart the way forward on key concerns in programme component areas and to monitor progress made in the achievement of planned results.

124. Government will effectively collaborate with UNFPA in mobilizing resources from various sources to meet the financial needs of the country programme. Also, Government will ensure the sharing of information, the building of coalitions and strengthening of commitment to critical programme challenges.

125. UNFPA shall be exempted from all forms of taxation including Value Added Tax in respect of procurement of supplies and services in support of the programme. Government will also accord to UNFPA officials and other persons performing services on its behalf, such

facilities and services as are accorded to officials and consultants of the various funds, programmes and specialized agencies of the United Nations.

126. Government will organize CPAP mid-year and work plan review meeting to assess progress towards realization of the outputs and facilitate coordination and participation of donors and NGOs.

PART X: OTHER PROVISIONS

127. This Country Programme Action Plan (CPAP) document supersedes any previous signed country programme between the Government of Sierra Leone (GoSL) and the United Nations Population Fund (UNFPA). It covers programme assistance from the period 1 January 2015 to 31 December 2019.

128. During programme implementation, it is envisaged that some occurrences may call for the revision and refocusing of planned programme strategies and activities to address emerging and new priorities. In this respect, it is agreed that the CPAP may be modified by mutual consent of both parties, that is, the Government of Sierra Leone and United Nations Population Fund based on the recommendations of the annual review meetings, evaluations and assessments and any other compelling circumstances.

129. Further to this it is stated here that, nothing in this CPAP shall in any way be construed to waive the protection of the Privileges and Immunities of United Nations Population Fund (UNFPA) in Sierra Leone, accorded by the contents and substance of the United Nations Convention on Privileges and Immunities to which the Government of Sierra Leone is a signatory.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan (2015-2019) on this …… day of …….. in Freetown, Republic of Sierra Leone.

For the Government of Sierra Leone

Signature: _____ Date: _____

Dr. Kaifala Marah
Minister of Finance and Economic Development

For the United Nations Population Fund (UNFPA)

Signature: _____ Date: _____

Dr. Bannet Ndyanabangi
UNFPA Representative

Annex I: Country Programme Action Plan Results and Resources Framework

Expected UNDAF and Agenda for Prosperity Outcomes (Pillar 3): By 2018, **"Accelerating Human Development".**

Pillar Outcomes (3):
UNDAF: Vulnerable populations (women, adolescent girls, children under 5, PLHIV) increase utilization of quality reproductive health services.
Agenda for Prosperity: (a) Provision of extensive health services; (b) Controlling HIV/AIDS; (c) Slowing fertility.

UNDG Agency Programme Component	Expected Outcomes (Indicators, Baselines and Targets)	Expected Outputs	Output Indicators (Baselines and Targets)	Indicative Resources by Programme Component (*figures are for both regular and other resources*) (US$ million)					
				2015	2016	2017	2018	2019	Total
Sexual Reproductive Health	***Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access.*** **<u>Outcome indicators:</u>** • Contraceptive prevalence rate (modern method) ***(Baseline: 16%; Target: 30%)*** • Percentage of live births attended by a skilled birth attendant. ***(Baseline: 62%; Target: 75%)***	**Output 1:** Increased national capacity to deliver integrated sexual and reproductive health services, including in humanitarian settings	• Number of national plans, guidelines, protocols and standards for the delivery of high-quality sexual and reproductive health services, including humanitarian response plan incorporating minimum initial service package ***(Baseline: 3; Target: 6)***	**Regular Resources**					
				0.08	0.08	0.08	0.08	0.08	**0.40**
			• Number of costed integrated national sexual and reproductive health action plan. ***(Baseline: 0; Target: 4)***	**Other Resources**					
				0.10	0.10	0.10	0.10	0.10	**0.50**
		Output 2: Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve the quality of family planning services that are free of coercion, discrimination and violence	• Percentage of service delivery points offering at least three modern methods of contraceptives ***(Baseline: 96.5%; Target: 100%)***	**Regular Resources**					
				0.50	0.50	0.50	0.50	0.50	**2.50**
			• Number of couple of years of protection provided with UNFPA support ***(Baseline: 63,000; Target: 183,000)***	**Other Resources**					
				1.0	1.0	1.0	1.0	1.0	**5.00**
		Output 3: Increased national capacity to deliver comprehensive high-quality maternal	• Proportion of service delivery points covered by midwives ***(Baseline: to be determined; Target: 22%)***	**Regular Resources**					
				0.52	0.52	0.52	0.52	0.52	**2.60**

Expected UNDAF and Agenda for Prosperity Outcomes (Pillar 3): By 2018, **"Accelerating Human Development".**

Pillar Outcomes (3):
UNDAF: Vulnerable populations (women, adolescent girls, children under 5, PLHIV) increase utilization of quality reproductive health services.
Agenda for Prosperity: (a) Provision of extensive health services; (b) Controlling HIV/AIDS; (c) Slowing fertility.

		health services, including Ending Mother to Child Transmission of HIV (eMTCT) services.	• Proportion of tertiary level facilities providing comprehensive emergency obstetric and neonatal care. ***(Baseline: 29% Target: 100%)***	**Other Resources**					
				2015	**2016**	**2017**	**2018**	**2019**	**Total**
			• Proportion of facilities with integrated services. ***(Baseline: 57.6% Target: 70%)***	1.10	1.10	1.10	1.10	1.10	**5.50 CPD 5.0**

Expected UNDAF and Agenda for Prosperity Outcomes (Pillars 3 and 6): By 2018, (a) "Accelerating Human Development" and (b) "Strengthen Social Protection Systems.

Pillar Outcomes (3 and 6):
UNDAF: (a) Vulnerable populations (women, adolescent girls, children under 5, PLHIV) increase utilization of quality reproductive health services (b)Vulnerable populations including adolescent girls have increased access to livelihoods, education and improved nutritional status.
Agenda for Prosperity: (a) Provision of extensive health services; (b) Controlling HIV/AIDS; (c) Slowing fertility.

UNDG Agency Programme Component	**Expected Outcomes (Indicators, Baselines and Targets)**	**Expected Outputs**	**Output Indicators (Baselines and Targets)**	**Indicative Resources by Programme Component (*figures are for both regular and other resources*) (US$ million)**					
				2015	**2016**	**2017**	**2018**	**2019**	**Total**
Adolescents and Youth	***Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health.*** **<u>Outcome Indicators:</u>** • Percentage of adolescent girls aged 15 to 19 who have been pregnant (age specific fertility rate 15 to 19) ***(Baseline: 125/1,000 women***	**Output 4:** Increased national capacity to design and implement community and school-based comprehensive sexuality education programmes that promote human rights and gender equality.	Number of national education guiding documents on comprehensive sexuality education ***(Baseline: 0; Target: 2)***	**Regular Resources**					
				0.34	0.34	0.34	0.34	0.34	**1.70**
			Number of service delivery points providing youth-friendly sexual and reproductive health services (***Baseline: 84 facilities; Target : 134)***	**Other Resources**					
				0.72	0.72	0.72	0.72	0.72	**3.60**
			Per cent of youth (aged 15 to 24) that reported condom use last time they had intercourse ***(Baseline: 5.9 %; Target: 15 %)***						

Expected UNDAF and Agenda for Prosperity Outcomes (Pillar 3): By 2018, **"Accelerating Human Development".**

Pillar Outcomes (3):
UNDAF: Vulnerable populations (women, adolescent girls, children under 5, PLHIV) increase utilization of quality reproductive health services.
Agenda for Prosperity: (a) Provision of extensive health services; (b) Controlling HIV/AIDS; (c) Slowing fertility.

				2015	2016	2017	2018	2019	**Total**
	aged 15 to 19; Target: 110/1,000 women aged 15 to 19)	**Output 5:** Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls, including those at risk of child marriage.	Number of ministries with budget allocation for adolescent sexual and reproductive health ***(Baseline: 2; Target: 4)***	**Regular Resources**					
				0.12	0.12	0.12	0.12	0.12	**0.60**
				Other Resources					
			Number of young girls at risk of child marriage reached with improved health, social and economic asset-building programmes ***(Baseline: 0; Target: 100)***	0.28	0.28	0.28	0.28	0.28	**1.40**

Expected UNDAF and Agenda for Prosperity Outcomes (Pillars 8 and 3): By 2018, (a) "Gender Equality and Women's Empowerment" and (b) "Accelerating Human Development".

Pillar Outcomes (8 and 3):
UNDAF: (a)Gender equality and women's empowerment (b)Women and children are safer and more empowered to prevent GBV and harmful traditional practices.
Agenda for Prosperity: Empowerment of women and girls through (a) education- formal and non-formal, reducing socio-economic barriers, (b) increasing participation in decision-making; (c) access to justice and economic opportunities (d) strengthening prevention and response mechanisms to SGBV (e) improving the business environment for women with access to finance and capacity building (f) mainstreaming gender parity.

UNDG Agency Programme Component	**Expected Outcomes (Indicators, Baselines and Targets)**	**Expected Outputs**	**Output Indicators (Baselines and Targets)**	**Indicative Resources by Programme Component (*figures are for both regular and other resources*) (US$ million)**					
				2015	2016	2017	2018	2019	**Total**
Gender Equality and Empowerment	Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth. **<u>Outcome Indicators:</u>** • Number of policies, frameworks and national	**Output 6:** Strengthened legislative frameworks and national protection systems for promoting reproductive rights, gender equality and addressing gender-based violence.	Number of policy frameworks developed, revised and implemented to promote gender equality and reproductive health ***(Baseline: 8; Target: 12)***	**Regular Resources**					
				0.14	0.14	0.14	0.14	0.14	**0.70**
				Other Resources					
				0.54	0.54	0.54	0.54	0.54	**2.70**

Expected UNDAF and Agenda for Prosperity Outcomes (Pillar 3): By 2018, **"Accelerating Human Development".**

Pillar Outcomes (3):
UNDAF: Vulnerable populations (women, adolescent girls, children under 5, PLHIV) increase utilization of quality reproductive health services.
Agenda for Prosperity: (a) Provision of extensive health services; (b) Controlling HIV/AIDS; (c) Slowing fertility.

	action plans that integrate reproductive rights ***(Baseline: 3; Target: 6)*** • Number of action taken on all of the concluding comments of the Convention to Eliminate All Forms of Discrimination against Women recommendations from sixth reporting cycle. ***(Baseline: 0;Target:5)***		Number of 2014 concluding comments and recommendations from the Convention to Eliminate All Forms of Discrimination against Women implemented through UNFPA support. ***(Baseline: 0; Target: 5)***							
Gender Equality and Empowerment (Cont'd)		**Output 7** Increased capacity of organizations and communities to prevent gender-based violence and harmful practices, including female genital mutilation/cutting, and provide delivery of multisectoral services for prevention, care and impact mitigation, including in humanitarian settings.	Proportion of reported gender based violence cases that receive health and other social services ***(Baseline: 20%; Target: 50%)***	**Regular Resources**						
				0.12	0.12	0.12	0.12	0.12	**0.60**	
			Number of communuties that declare the abandonment of female genital mutilation/cutting and other harmful practices. ***(Baseline: 0; Target: 10)***	**Other Resources**						
				0.56	0.56	0.56	0.56	0.56	**2.80**	

Expected UNDAF and Agenda for Prosperity Outcomes (Pillars 3and 7): By 2018, **(a) Accelerating Human Development; (b) Governance and Public Sector Reform.**

Pillar Outcomes (3 and 7):
UNDAF: Support to good governace i.e. UN support to public sector reforms promotes quality, transparent, and increasingly accountable services.
Agenda for Prosperity: Central planning and monitoring and and evaluation capacity strengthened

UNDG Agency Programme Component	Expected Outcomes (Indicators, Baselines and Targets)	Expected Outputs	Output Indicators (Baselines and Targets)	Indicative Resources by Programme Component (*figures are for both regular and other resources*) (US$ million)					
				2015	2016	2017	2018	2019	**Total**
Population Dynamics.	***Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.*** **<u>Outcome Indicators:</u>** Disaggregated data available for policy formulation, planning and management ***(Baseline: Census (2014); demographic and health survey 2013; Target: demographic and health survey 2018 conducted)***.	**Output 8:** Strengthened national capacity of the statistical system to collect produce, analyse and disseminate high-quality disaggregated population data for evidence-informed planning and monitoring.	Number of national and sectoral plans that incorporate evidence-based disaggregated gender-sensitive data from 2014 census and the national demographic and health survey 2013 ***(Baseline: 0; Target: 10)***	**Regular Resources**					
				0.32	0.32	0.32	0.32	0.32	**1.60**
				Other Resources					
				1.00	1.00	1.00	1.00	1.00	**5.00**
			Population policy enacted and action plan implemented. ***(Baseline: draft policy and action plan available; Target: Policy finalized and enacted, action plan implemented)***						

Annex II: The CPAP Planning and Tracking Tool

RESULTS	INDICATOR	MOV	RESPONSIBLE PARTY	BASELINE (Year)	TARGET (Year)
Sexual Reproductive Health					
CP Outcome ***Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV that are gender-responsive and meet human rights standards for quality of care and equity in access.***	Contraceptive prevalence rate (modern method)	DHS 2013/DHS 2019	SSL	***2014:*** 16%	***2019:*** **30%**
	Percentage of live births attended by a skilled birth attendant.	DHS 2013/DHS 2019	SSL	***2014:*** *62%*	***2019:*** *75%*
Output 1: Increased national capacity to deliver integrated sexual and reproductive health services, including in humanitarian settings	Number of national plans, guidelines, protocols and standards for the delivery of high-quality sexual and reproductive health services, including humanitarian response plan incorporating minimum initial service package	UNFPA Progress Reports	UNFPA	***2014*** 3	***2019:*** 6
	Number of costed integrated national sexual and reproductive health action plan.	UNFPA Progress Reports	UNFPA	***2014:*** 0	***2019:*** 4
Output 2: Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve the quality of family planning services that are free of coercion, discrimination and violence.	Percentage of service delivery points offering at least three modern methods of contraceptives	GPRHCS Annual Survey	UNFPA/MOHS	***2014:*** 96.5%	***2019:*** 100%
	Number of couple of years of protection provided with UNFPA support.	HMIS	MOHS/DPPI	***2014:*** 63,000	***2019:*** 183,000

Output 3: Increased national capacity to deliver comprehensive high-quality maternal health services, including Ending Mother to Child Transmission of HIV (eMTCT) services.	Proportion of service delivery points covered by midwives.	UNFPA Mapping Report	UNFPA	***2014:*** To be determined	***2019:*** 22%
	Proportion of tertiary level facilities providing comprehensive emergency obstetric and neonatal care.	EmONC Needs Assessment	MOHS	***2014:*** 29%	***2014:*** 100%
	Proportion of facilities with integrated services.	National Surveillance report	NAS	***2014:*** 57.6%	***2019:*** 70%
Adolescents and Youth					
CP Outcome ***Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health.***	Percentage of adolescent girls aged 15 to 19 who have been pregnant (age specific fertility rate 15 to 19).	DHS 2013/DHS 2019	SSL	***2014:*** 125/1,000 women aged 15 to 19;	***2019:*** *110/1,000 women aged 15 to 19)*
Output 4: Increased national capacity to design and implement community and school-based comprehensive sexuality education programmes that promote human rights and gender equality.	Number of national education guiding documents on comprehensive sexuality education.	Documents available	MEST	***2014:*** *0*	***2019:*** *2*
	Number of service delivery points providing youth-friendly sexual and reproductive health services.	MOHS annual report	MOHS	***2014:*** 84 facilities	***2019:*** 134 facilities
	Per cent of youth (aged 15 to 24) that reported condom use last time they had intercourse.	UNFPA survey	MOHS	***2014:*** 5.9 %	***2019:*** 15%

RESULTS	INDICATOR	MOV	RESPONSIBLE PARTY	BASELINE (Year)	TARGET (Year)
Output 5: Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls, including those at risk of child marriage.	Number of ministries with budget allocation for adolescent sexual and reproductive health.	National /Ministry budgets	MDAs	***2014:*** 2	***2019***: 4
	Number of young girls at risk of child marriage reached with improved health, social and economic asset-building programmes.	Programme survey reports/ monitoring reports	Implementing partners	***2014:*** 0	***2019:*** 100
Gender Equality and Empowerment					
CP Outcome ***Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.***	Number of policies, frameworks and national action plans that integrate reproductive rights.	Copies of policies, frameworks and Action plans available	MSWGCA, MOHS, NGOs, CBOs and CSOs	***2014:*** 3	***2019:*** 6
	Number of action taken on all of the concluding comments of the Convention to Eliminate All Forms of Discrimination against Women recommendations from sixth reporting cycle.	7th Country CEDAW Report	MSWGCA, MOHS, NGOs, CBOs and CSOs	***2014:*** *0*	***2019:*** *5*
Output 6: ***Strengthened legislative frameworks and national protection systems for promoting reproductive rights, gender equality and addressing gender-based violence.***	Number of policy frameworks developed, revised and implemented to promote gender equality and reproductive health	Copies of policy, frameworks available	MSWGCA, MOHS, NGOs, CBOs and CSOs	***2014:*** 8	***2019:*** 12
	Number of 2014 concluding comments and recommendations from the Convention to Eliminate All Forms of Discrimination against Women implemented through UNFPA support.	7th Country CEDAW Report	MSWGCA, MOHS, NGOs, CBOs and CSOs	***2014:*** 0	***2019***: 5

Output 7: ***Increased capacity of organizations and communities to prevent gender-based violence and harmful practices, including female genital mutilation/cutting, and provide delivery of multisectoral services for prevention, care and impact mitigation, including in humanitarian settings.***	Proportion of reported gender based violence cases that receive health and other social services.	Programme reports FSU Annual Report	MSWGCA, MOHS, NGOs, CBOs and CSOs	***2014:*** 20%	***2019:*** 50%
	Number of communities that declare the abandonment of female genital mutilation/cutting and other harmful practices.	Programme reports	MSWGCA, MOHS, NGOs, CBOs and CSOs	***2014:*** 0	***2019:*** 10
Population Dynamics					
<u>CP Outcome</u> ***Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.***	Disaggregated data available for policy formulation, planning and management.	DHS Survey Reports Data Files	SSL	***2014:*** Census (2014); Demographic and Health Survey 2013.	***2019:*** Demographic and Health Survey 2018 conducted.
Output 8: Strengthened national capacity of the statistical system to collect produce, analyse and disseminate high-quality disaggregated population data for evidence-informed planning and monitoring.	Number of national and sectoral plans that incorporate evidence-based disaggregated gender-sensitive data from 2014 census and the national demographic and health survey 2013	National and Sector plans	MDA's	***2014:*** 0	***2019:*** 10

	Population policy enacted and action plan implemented.	Sector Policy Documents	MDA's	***2014:*** Draft Policy and Action Plan available.	***2019:*** Policy finalized and enacted, action plan implemented.

Annex III: The CPAP Monitoring and Evaluation Calendar

		Year 1 (2015)	Year 1 (2016)	Year 1 (2017)	Year 1 (2018)	Year 1 (2019)
M&E ACTIVITIES[13]	**SURVEYS / STUDIES**	**Youth Cluster** **Activity 1:** Study on disadvantaged girls and vulnerable youth groups. Focus: Adolescents and youth **Partners**: UNFPA, Population Council **Time:** Q2-3 **Activity 2:** KAPB Survey on AYP SRH behaviour **Focus:** AYP SRH **Partners:** MOHS ,UNFPA, DHMTs, UNICEF, WHO, SSL **Time:** Q4 **Activity 3:** Baseline surveys on CPAP 2015-19 Indicators. **Focus:** Data on AYSRH and MNH. **Partners:** MoHS, MYES, MEST, IPS, SSL **Time:** Q1 **Activity 3:** DHS Survey **Focus**: Demographic & Health Data **Partners:** UNFPA, MOHS, EU, DFID, UNICEF, WHO & GOSL. **Time:** Six months (March – August).	**Activity 1:** Assessment of health facilities providing AYF services **Focus:** Adolescents and youth **Partners:** MOHS, UNFPA, RD **Time:** Q3-4		**Annual GPRHCS Survey**	**Annual GPRHCS Survey**

[13] For each activity listed, it is suggested that the following data be included in the calendar: short name of M&E activity; focus vis-à-vis UNDAF/CP outcomes; agencies/partners responsible; timing.

		Year 1 (2015)	Year 1 (2016)	Year 1 (2017)	Year 1 (2018)	Year 1 (2019)
	MONITORING SYSTEMS	**WRH Cluster:** 2nd Round Annual Survey of IRMNH Project Annual GPRHCS Survey Baseline Survey of Availability and Readiness of Integrted FP Services **Activity 1**. Joint monitoring and supervision of AYSRH and MNH programmes. **Focus:** AYSRH and MNH interventions **Partners:** MOHS, (RHD),UNFPA, DHMTs, UNICEF, WHO, LG, Community **Time:** Quarterly	3rd Round Annual Survey of IRMNH Project Annual GPRHCS Survey **Activity 1**. Joint monitoring and supervision of AYSRH and MNH programmes. **Focus:** AYSRH and MNH interventions. **Partners:** MOHS, (RHD),UNFPA, DHMTs, UNICEF, WHO, LG, Community. **Time:** Quarterly	Annual GPRHCS Survey		
	EVALUATIONS					**Activity 1:** CP Programme Evaluation **Focus:** End Programme Evaluation **Partners:** UNFPA, GOSL, Other Implementing **Partners Time:** Quarter 1
	REVIEWS	**Activity 1**: Quarterly review meetings **Focus**: CP Programme performance. Partners: UNFPA, All Implementing Partners Time: Quarterly	Activity 1: Quarterly review meetings Focus: CP Programme performance. Partners: UNFPA, All Implementing Partners Time: Quarterly			
	SUPPORT ACTIVITIES	**Activity1**: Technical support services **Focus**: Programme components **Partners**: Implementing partners), UNFPA Time: When necessary	**Activity 2:** Field visit to program sites. **Focus:** All programme areas **Partners:** Implementing partners , UNFPA **Time:** Continuous		**Activity1:** Technical support services **Focus:** Programme components **Partners**: Implementing partners), UNFPA **Time**: When necessary	**Activity 2:** Field visit to program sites **Focus:** All programme areas **Partners:** Implementing partners , UNFPA **Time:** Continuous

		Year 1 (2015)	Year 1 (2016)	Year 1 (2017)	Year 1 (2018)	Year 1 (2019)
PLANNING REFERENCES[14]	**UNDAF FINAL EVALUATION MILESTONES**	**Activity 1:** Joint UN Inter Agency Meeting **Focus:** Annual review of UNT Partners: All UN Agencies Time: Quarter 4JV			**Activity 1:** Joint UN Inter Agency Meeting **Focus:** Midterm review of UNDAF **Partners:** All UN Agencies Time: Quarter 2	
	M&E CAPACITY-BUILDING	**Activity:** M&E Training **Focus:** Developing M&E Plans Partners: All implementing partners Time: Quarter 1			**Activity:** M&E Training **Focus:** M&E Information use and Reporting **Partners:** All implementing Partners Time: Quarter 2	
	USE OF INFORMATION	**Activity 1:** Programme Reports **Focus:** Country Programme implementation **Partners:** GOSL, NGOs, All Implementing Partners, UNFPA CO **Time**: Quarterly and annually	**Activity 2:** Participate in National International conferences **Focus:** Networking, consensus building, enhanced decision making and Information sharing on Country situation, **Partners:** GOSL, UN System, Donor Partners, NGOs and others agencies **Time:** As per scheduled conferences		**Activity 1:** Programme Reports **Focus:** Country Programme implementation **Partners:** GOSL, NGOs, All Implementing Partners, UNFPA CO **Time**: Quarterly and annually	**Activity 2:** Participate in National International conferences **Focus:** Networking, consensus building, enhanced decision making and Information sharing on Country situation, **Partners:** GOSL, UN System, Donor Partners, NGOs and others agencies **Time**: As per scheduled conferences
	PARTNER ACTIVITIES	**Activity 1**: Partnership with the M&E Department of Directorate of Information and planning - December 2008MOHS, and SSL to generate comprehensive RH services data **Focus**: RH data collection	**Partners**: MOHS, SSL, MSWGCA **Time**: January –.			

[14] This section of the calendar includes a range of activities, events or milestones that UNFPA considers significant for its monitoring and evaluation activities.

Annex IV Resource Mobilization Plan

UNFPA Sierra Leone 6th Country Programme (2015-2019)					
CP Outputs	**Proposed Donor(s)**	**Amount**	**Required Action**	**Focal Point(s)**	**Duration (2015-19)**
SEXUAL AND REPRODUCTIVE HEALTH					
***Output 1*: Increased national capacity to deliver integrated sexual and reproductive health services, including in humanitarian settings.** **Activity:** Develop and review of integrated sexual and reproductive health national policies, strategic plans, guidelines and action plans, including a humanitarian response plan at the national level.					
***Output 2:* Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve high-quality family planning services that are free of coercion, discrimination and violence.** **Activities:** (a) Increase knowledge of sexual and reproductive health issues; (b) use demand generation and behaviour change communication; (c) build capacity for commodity security and logistics management systems; (d) build human resource capacity to fulfil demand for family planning; and (e) integrate family planning into other sexual and reproductive health services.					
***Output 3:* Increased national capacity to deliver comprehensive high-quality maternal health services, including ending mother to child transmission of HIV (eMTCT) services.** **Activities:** (a) strengthen health systems for the provision of high-quality emergency obstetric and new-born care, and human resources for health, including task shifting; (b) supply of commodities, and strengthen logistics information systems; (c) support obstetric fistula prevention, treatment and social reintegration; and (d) integrate the management and prevention of sexually transmitted infections and HIV into sexual and reproductive health outlets, with a special focus on young girls.					

***Output 4*: Increased national capacity to design and implement community and school-based comprehensive sexuality education programmes that promote human rights and gender equality.** **Activities:** (a) provide technical assistance to update national curricula, integrating sexual and reproductive health and gender; (b) mobilize communities on gender equality and sexual and reproductive health, including inter-generational dialogue; (c) provide in-service training of health service providers, (d) increase availability and access to sexual and reproductive health, including HIV-prevention information and services. Output 2. Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls, including those at risk of child marriage. UNFPA will work to achieve this output by: (a) providing technical, operational and financial support to the Government in implementing the national teenage pregnancy strategy; (b) engaging civil society to advocate for the protection of the girl child from discrimination; (c) undertaking programmes to improve adolescent girls' health, social and economic assets; (d) developing an evidence base of key indicators of adolescent health and development					
Output 5. Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls, including those at risk of child marriage. UNFPA will work to achieve this output. **Activities:** (a) provide technical, operational and financial support to the Government for implementing the National Teenage Pregnancy Strategy; (b) engage civil society to advocate for the protection of the girl child from discrimination; (c) undertake programmes to improve adolescent girls' health, social and economic assets; (d) develop an evidence base of key indicators of adolescent health and development.					
***Output 6*: Strengthened legislative frameworks and national protection systems for promoting reproductive rights, gender equality and addressing gender-based violence.** **Activities:** (a) advocate for gender and human rights-related policies and frameworks, and enforcement and implementation of existing laws; (b) foster the establishment of accountability mechanisms to domesticate and implement protocols and treaties relating to women's human rights; and (c) strengthen the coordination and management capacity of partners.					

Output 7: Increased capacity of organizations and communities to prevent gender-based violence and harmful practices, including female genital mutilation/cutting and provide delivery of multisectoral services for prevention care and impact mitigation, including in humanitarian settings. **Activities:** (a) mobilize communities to address harmful traditional practices; (b) build the capacity of institutions and civil society organizations to prevent gender-based violence and provide all types of support for survivors.					
POPULATION DYNAMICS					
Output 8: Strengthened national capacity of the statistical system to collect, produce, analyse and disseminate high-quality disaggregated population data for evidence informed planning and monitoring. **Activities:** (a) conduct secondary analysis on the national demographic and health survey 2013; (b) enhance government's capacity to generate, analyse and utilize age and sex disaggregated data, including the future national demographic and health survey 2018 and the 2014 census, for evidence-informed decision making and programming.					