



GOVERNMENT OF SIERRA LEONE



Success Stories From UNFPA Sierra Leone

April 2011

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Cover Picture: A group of lactating mothers attending a family planning advocacy campaign in Kailahum District, Sierra Leone.



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LIST OF ABBREVIATIONS AND ACRONYMS

AfDB	African Development Bank
AWP	Annual Work Plan
BEmONC	Basic Emergency Obstetric and Newborn Care
ICPD	International Conference on Population and Development
CARMMA	Campaign for Accelerated Reduction of Maternal Mortality in Africa
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
COMAS	College of Medicine and Allied Sciences
CO	Country Office
CSOs	Civil Society Organizations
GBV	Gender-Based Violence
DFID	Department for International Development
DHS	Demographic and Health Survey
EU	European Union
FGC	Female Genital Cuttings
GPRHCS	Global Programme to Enhance Reproductive Health Commodity Security
IMIS	Integrated Management Information System
KAP	Knowledge-Attitude-Practice
STIs	Sexually Transmissible Infections
FP	Family Planning
OFL	Office of the First Lady
FHC	Government's Free Health Care
GoSL	Government of Sierra Leone
HFAC	Health for All Coalition
IMCI	Integrated Management of Childhood Illness
IP	Implementing Partner
IUD	Intra Uterine Device
MDAs	Ministries, Departments and Agencies
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals.
MOHS	Ministry of Health and Sanitation
MMR	Maternal Mortality Ratio
NGOs	Non Governmental Organizations

LIST OF ABBREVIATIONS AND ACRONYMS

OMP	Office Management Plan
PAD	Performance Appraisal and Development
PCMH	Princess Christian Maternity Hospital
PoA	Programme of Action
PMT	Project Management Team
PHUs	Peripheral Health Units
RBM	Results-Based Management
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
SDHSP	Strengthening District Health Services Project
SMART	Specific, Measurable, Achievable, Realistic and Time-bound
SRH	Sexual and Reproductive Health
SSL	Statistics Sierra Leone
STI/HIV/AIDS	Sexually Transmitted Infection/Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
SLBC	Sierra Leone Broadcasting Cooperation
TBA	Traditional Births Attendants
TRLs	Traditional and Religious Leaders
UNCT	United Nations Country Team
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WFP	World Food Programme
WISH	Women Initiative for Safer Health
WHO	World Health Organisation

PREFACE

After more than a decade marked by a protracted civil war that engendered the massive destruction of the socio-economic infrastructure, the erosion of the national human resource base, and the breakdown of the entire system, Sierra Leone has moved gradually through emergency, transition and to an active development phase. To date, visible efforts have been made by the Government to improve on governance, institutional capacity, social and economic sectors for an effective response to different development challenges. These efforts have contributed to the improved security, peace consolidation and national stability that are now a reality in Sierra Leone.

The implementation of development programmes in post conflict settings poses peculiar challenges. The challenges for UNFPA in particular and development partners in general were what choices of development programming would achieve best results in specific contexts. The cultural sensitivities regarding UNFPA's work in population and development, reproductive health and rights and in the promotion of gender equality further complicate these challenges. The answer to these challenges is critical in settings where there is an acute lack of accurate data for development planning, monitoring and evaluation; where gender inequality and equity continue to confine a low status to women; and where maternal and neonatal mortality remain high due to poor health infrastructure, inadequate human resources for health and insufficient health commodities and supplies.

The Government has made tremendous effort, in line with the International Conference on Population and Development Programme of Action (ICPD PoA), to create the enabling environment that has paved the way for UNFPA to continue to provide tailor-made assistance and achieve demonstrable results. In the process, innovative, bold and non-conventional approaches to programming sometimes had to be adopted to achieve the needed results.

A selected number of these achievements which qualified as success stories have been put together to serve as good practices to be replicated elsewhere and to demonstrate value for money. Thus, UNFPA Sierra Leone is pleased to share the following nine selected success stories extracted from its implementation reports during the year 2010.

This was achieved through the strong political will, commitment and hard work of the Government of Sierra Leone and other implementing partners. These success stories would not have been achieved without the dedication and quality technical support provided by the UNFPA Country Office staff. To ALL, I say thank you for your contributions.

The *UNFPA 2010 Success Stories* are here for you to judge the merits of each story for yourselves. Make them yours and let us continue to support the development of Sierra Leone!



RATIDZAI NDLOVU
UNFPA Representative

A - STRENGTHENING OF HEALTH SYSTEMS

UNFPA MAKES THE DIFFERENCE IN THE REHABILITATION OF HOSPITALS

Description of the issue and context

The ten year-long war in Sierra Leone left a trail of destruction to the whole infrastructure, with hospitals and community health centres that had no functional equipment, no infrastructure, no water and no electricity.

The continuing high incidence of maternal and newborn mortality and morbidity is unacceptable precisely because it can be prevented. Skilled care at facilities ensures safety, cleanliness, the availability of supplies and equipment and makes management and supervision easier. Professionals in facilities can only provide life-saving emergency care quickly in a supportive environment, where there are necessary equipment and supplies, including water and electricity, and if they have the possibility of referring to a functional facility offering emergency obstetrics and newborn care. To run emergency services in any hospital it is implicit that water and electricity are available at all times. Total lack, or inadequate supply of portable water and reliable power supply has for long been a serious barrier to the provision of quality and timely care to patients in Sierra Leone.

The government and its development partners have in the past decade undertaken a partial rehabilitation of these institutions, but most of the institutions were left practically non-functional. UNFPA decided to take a holistic approach to the rehabilitation exercise, that is, by ensuring that the units were rendered completely functional through the rehabilitation of buildings, water reticulation and lighting, as well as the provision of equipment and drugs; and in some cases, by supporting the human resource units.

Strategies used

Assessment

A complete assessment of the hospital infrastructure by the Civil engineer with support from the RH technical

specialist and staff in the institutions earmarked for rehabilitation including non functional equipment in all strategic areas of the hospitals, including the theatres, antenatal and labour wards, the kitchen, laundry and mortuary and incinerators. Bill of quantities was made for all the repairs needed for each hospital.

Rehabilitation work

The Government procurement committee reviewed the bids by the contractors for work on different parts of the hospitals. Rehabilitation work was carried out according to the availability of funds. Rehabilitation work was closely monitored by the UNFPA Civil Engineer and the RH Technical specialist as it progressed.

Attraction of more funding agencies

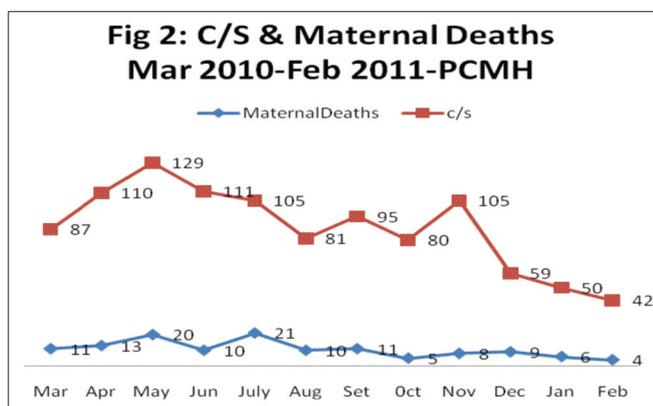
As the work progressed, and the quality of work done was becoming evident, more funding agencies came forward with new pledges. Initially the hospital was considered to be a bottomless pit and therefore no funding agency was willing to fund the project. But UNFPA started off using its core funds. The turning point came when UNFPA developed a proposal on the reduction of maternal and neonatal morbidity and mortality and risk of STI/HIV/AIDS and GBV prevention in the Western area of the country. The government and the People of Japan funded the project with an initial sum of one million USD. Of this, 40% was earmarked for the rehabilitation of the national maternity referral and teaching hospital, the Princess Christian Maternity Hospital (PCMH) and two community health centres in the Western Area. Funding from the UN joint programme, funded by DFID and Irish Aid was used for the complete rehabilitation of Rokupa Satellite Hospital and the installation of solar lighting systems at Kono and Kailahun district hospital and Rokupa satellite Hospital.



Princess Christian Maternity Hospital (PCMH) before and after rehabilitation in Freetown, Sierra Leone, 2010.

Results

- Complete rehabilitation of the National maternity hospital. This included the following: the physical infrastructure of the National maternity and teaching hospital and the Children teaching Hospital, water reticulation, laundry, kitchen, mortuary, hospital store and paving of the hospital surroundings, including construction of ramps and installation of security lighting.
- Rokupa Satellite hospital had a complete rehabilitation of the maternity ward and theatre, water reticulation and solar lighting. The two most remote district hospitals in the country (Kailahun and Kono) had solar lighting installed.
- There is evidence of increase in the number of admissions and number of operations done at these rehabilitated hospitals, improved quality of care and a steady reduction in the rate of fatality cases. The improvement of health infrastructure has contributed significantly to the above results.



Challenges:

Major challenges are:

- Slow pace of funding that has delayed the completion of the huge rehabilitation work needed throughout the country.
- Rehabilitated institutions need functional maintenance teams that are currently missing. The government and development partners have trained artisans and are now planning to have bio-technicians. Furthermore, maintenance departments for health institutions need to be re-established and strengthened.

Lessons learned for use elsewhere

- Uncoordinated and piecemeal rehabilitation of infrastructure delays return to functionality of health units.
- A holistic approach to the rehabilitation of health institutions in post conflict countries tends to attract donor funding and allows measurable progress that supports the communities by improving quality of care from motivated staff working in a supportive environment. It takes longer to normalize the situation in post conflict countries than is usually thought.

Implications for UNFPA

UNFPA should strive to ensure it has a competent team to lead the resource mobilisation exercise in country and ensure early return to functionality of health institutions to improve maternal and newborn clinical outcomes in post conflict countries. It is not common for UNFPA to recruit civil engineers, but in post-conflict countries that have incurred extensive destruction of infrastructure, the services of a civil engineer are indispensable for the success of rehabilitation interventions.

HUMAN RESOURCE DEVELOPMENT FOR HEALTH: TRAINING OF NURSE ANAESTHETISTS



Description of the issue and context

After the civil war in 2002, it was extremely difficult to promote and deliver Comprehensive Emergency Obstetric Care (CEmONC) in Sierra Leone. The reason was that the core CEmONC team was incomplete without anaesthetists. There was only one physician anaesthesiologist in a country with a population of five million, supported by only four nurse anaesthetists. Without the complete CEmONC core team, only BEmONC services could be delivered and the impact was minimal on maternal mortality rate that stood at 1,800 per 100,000 live births in 2006.

Strategies used

The strategy that UNFPA adopted was to establish a training course in May 2006 for the training of nurse anaesthetists to complete the core CEmONC team. A consultant (Professor of anaesthesia) was recruited to develop a curriculum and organize staff to deliver and manage the course. There is now a Sierra Leonean course Coordinator who has been joined by another Sierra Leonean anaesthetist to assist with the teaching and management of the course.

Trainees are recruited mostly from among midwives, so

that they can assist with resuscitation and management of eclampsia and continue to work as midwives when there are no emergencies to attend to. Twenty nurse anaesthetist trainees graduate each year and when they graduate, they were provided with a kit to support their work out in the districts where most of them are deployed. Once deployed, the nurse anaesthetists get regular supportive monitoring visits from their trainers. Ultimately some of the trainees will be recruited for further training to become trainers, thus ensuring the sustainability and national ownership of the programme.

Results

The result is that by June 2011 eighty-seven (87) nurse anaesthetists will have been trained and will be available in Sierra Leone to support CEmONC. Now, every district knows the worth of a nurse anaesthetist and there is a clamour for them as it has become evident that their availability has saved many lives. The original target of one hundred (100) professionals trained by 2012 has to be revised to 300 by 2020 to cope with expanded services in the country, especially with the President's initiative for Free Health care for pregnant women, lactating mothers and children under five, launched on 27 April 2010.

Maternal mortality now stands at 857 per 100,000 live births and arguably, the accelerated training of nurse anaesthetists contributed to this reduction.

This training project has been adjudged the most cost effective and cost beneficial project carried out in Sierra Leone.

The Chief Nursing Officer and the Chief Medical officer fully realize and appreciate the importance of the nurse anaesthetists and are willing to assist with their recruitment and deployment.

There is continuing interest by donors who are taking turns to support this programme. The EC was the first to support this nurse anaesthetist-training program, followed by DFID and the Irish Aid, through the UN Joint Program on Maternal and Child Health.

Challenges

Funding for the continuation of the training programme is always unpredictable

Recruitment of experienced nurses or midwives is always a challenge

Lessons learned for use elsewhere

What this project has taught us is that task shifting in post-conflict situations with scarce skilled health personnel yields positive results. The provision of quality training based on a sound training curriculum has made the nurse anaesthetists stand out as a dedicated cadre with professional work ethics at their work stations. This kind of institutionalised training addresses issues of sustainability as it will leave a clear landmark for Sierra Leone; long after the programme has closed.

Implications for UNFPA

UNFPA should continue to support task shifting, especially in post conflict countries where skilled health personnel is extremely scarce. As UNFPA Sierra Leone is now paying greater attention to neonates, it would like to use task shifting to train paediatric nurses who do not exist in the Sierra Leone health system at the moment.



B - EXPANDING REPRODUCTIVE HEALTH SERVICE DELIVERY

INCREASING ASSESS TO SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND SERVICES FOR YOUNG PEOPLE IN BINKOLO

Description of the issue and context

Available data from the Demographic and Health Survey (DHS) conducted in 2008 indicate that maternal mortality ratio (MMR) in Sierra Leone is 857 per 100, 000 live births and that teenage pregnancy is high at 34 percent between 15 and 20 years of age. These figures are heightened by the limited access to appropriate and quality reliable reproductive health information and services.

By providing easily accessible, quality and reliable information and services, the project aimed to improve the quality of life for young people through access to age appropriate, quality reproductive health information and services geared towards having a healthy employable young population. This responds to the Sierra Leone UN Joint Vision programme 19 benchmark.

Strategy used

• Outreach services to young people

The outreach programme was designed to bring the information and services to the young people. This gave the team leaders and the outreach team a platform to communicate to young people in the communities as well as to elders.

• Information on STI/HIV and RH

In response to the results of the KAP survey, information on sexual and reproductive health was provided to the young people in the different communities. This was done through community sensitization. For this to be effective four teams were established after four team leaders were identified and trained for four days on Family Planning, STI's, Community Approach, etc. These teams organised 52 Youth meetings (13 in each community), 8 zonal base training (2 in each community) and 8 radio discussions (2 every two weeks at Radio Mankeneh). At

these sessions youths were invited from the communities to discuss SRH issues including STIs, FP, teenage pregnancy and HIV/AIDS.

A total of 13 youth meetings were conducted in each community during the course of the project.

• Youth team leaders and community peer to peer

Four team leaders were identified and trained on Family Planning, STI's, and Community Approach. These team leaders further recruited 20 Community Based Motivators on sensitization, motivation and education, and facilitated referral of clients for treatments of STI's and Family Planning Services.

• Clinical outreach in different villages

Clinical outreach was a key component of the project. It ensured delivery of service to the clients. The Marries Stopes outreach team in Bombali conducted 8 outreach clinics (2 in each community).

• Community involvement and endorsement

At the inception of the project community elders were approached to facilitate their involvement towards the overall achievement of the project. As Stakeholders they followed through the execution of tasks they committed to do for the project. They provided maximum cooperation and helped greatly in correcting misconceptions that surround STIs and Family Planning. They contributed greatly in sensitizing other parents and older community people who initially were unwilling to accept Family Planning for their children.

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Results

The results include:

1. A KAP survey was conducted to assess the level of knowledge and information of the target population in the various chiefdoms in Binkolo and to identify the

Demand for more SRH education:

95% of young men and 90% of young women sought more SRH education in school according to the KAP study. MSSL, 2010.

gaps in knowledge on family planning, SRH and STIs amongst young people.

2. Four team leaders and 50 community and zonal based motivators were trained to facilitate the implementation of the project. The participants from the training have continued to be peer educators in their communities.
3. Awareness was raised in the different communities through a township rally. Banners and posters with ages on family planning and STI were made by community youth were used. Speeches were made by community leaders and there were drama and song performances by the youth. Films were also shown in the communities.
4. The clinical outreach services conducted by Marie Stopes outreach team achieved the following results:
 - Family Planning Clients: 819
 - STI's: 272
 - Counselling: 4500



Young lactating mother in consultation in Binkolo, Sierra Leone, 2010.

Challenges

The main challenges are:

- Lack of adequate financial support to the programme.
- Limited timing for implementation
- Misconceptions about family planning are still a challenge.
- Turn out for outreach normally exceeds target and the nurses find it difficult and too hectic to respond to the high demand and see all clients for the day.
- The shortage of implant was another challenge.

Lessons learned for use elsewhere

The following lessons were learned:

- The availability of friendly services to young people attracts them quickly. It was also learnt that young people accept in good faith sensitization from their colleagues and fellow youths. The team leaders sent to these communities were energetic, enthusiastic and motivated young people.
- The Binkolo youth project is a case study that is worth popularizing because of its significant success. Sexual and reproductive health education is very important in the lives of young people and it was proven in this project that if you explain sexual and reproductive health upfront and clearly to young people, backed up with friendly services, success would be guaranteed.
- Support to the project from stakeholders in the communities is very significant. Stakeholders are the gatekeepers in any community. Since the inception of this project, stakeholders have pledged their support and corporation and have delivered on their promises. It was clearly noted that if you want to succeed in empowering young people in such sensitive issues, you need to consult the elders. There were many misconceptions that hitherto surrounded STIs and FP that were discarded as a result of the support by the stakeholders

Implications for UNFPA

The overwhelming response received from the youth and the community for the project indicates that there is the need for such services to reach young people. It would be important to continue the project and to expand to the entire district and even to other the 12 districts, depending on availability of funds. The sensitization and clinical provision should not stop as this would erode the gains made.

TESTIMONY

“This is a good programme and I will work relentlessly to reduce teenage pregnancy and STIs in my community and that is what makes me a real leader”

Views expressed by youths and pregnant women ...



“My name is Umu. I live in Binkolo. I am a teenage mother. I was going to school when I got pregnant. Since we were sensitized about protecting ourselves against unwanted pregnancy, I decided to register with Marie Stopes Society when they visited our town. I took the implant because I wanted to continue school. Now I am not afraid of having an unwanted pregnancy. I also use condom to protect me from STIs. In fact most of my friends who are sexually active are using the family planning services. This has resulted in less teenage pregnancy in my community.”

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Lactating mothers take their children for routine health checks

“The women you are seeing at this clinic come from the surrounding villages and the community. We the TBAs of Masuba community are now working together with the nurses. From the time we attended that workshop, we have been going round the villages talking to women to deliver at the hospital or health centre. We do not do any delivery again in our homes. We have agreed with the chiefs that any TBA that do not refer pregnant women to the health centre will be fined. As for the two of us here, we have being engaged by this health centre. We are assisting the nurses greatly, and there has been no reported case of maternal death for the last six months.”



“We, the young people of Mafaray village have felt very safe since we attended the sensitization programme on family planning and HIV/AIDS. Our young teenage girls are no longer getting pregnant as before. Most of them have registered with Marie Stopes Family Planning services. With us the young men, we are using condoms to prevent ourselves from STIs and HIV.”

Voices of Youth of Mafaray Village, Bombali District



“I am a victim of STI. Before this time, a lot of us young people in this town got infections. But since we got information about condoms and how it can prevent us from STI and HIV, I have been using condoms and I have not had any infection. I thank God that I have the opportunity to get this information. Many of my friends also say they are now protecting themselves.”

David Sesay, Binkolo

WOMEN INITIATIVES FOR SAFER HEALTH: ADVOCACY TO STRENGTHEN INTERVENTIONS IN REPRODUCTIVE HEALTH INFORMATION AND SERVICES WITH A FOCUS ON COMMUNITY-BASED ADVOCACY AND SAFETY NET APPROACH FOR REDUCING MATERNAL MORTALITY

Description of the issue and context

In acknowledging the fact that Sierra Leone has one of the highest maternal and infant mortality rates in the world (as indicated in the Human development indices), the Office of the First Lady (OFL) formulated the Women Initiative for Safer Health (WISH) Framework.

The WISH identified and is undertaking among others, the following interventions: Advocacy - Increase attendance at health facilities; building of birth waiting homes close to hospitals; building of centres of excellence for pregnant women; empowering of women to make informed decisions on their own reproductive health needs.

Consequently, the Office of the First Lady and the United Nations Population Fund (UNFPA) started collaboration in 2008 with the First National Consultative Forum for Traditional and Religious Leaders. This culminated in 2009 with the implementation of a project to contribute towards the national goal of reducing maternal and neonatal morbidity in the country. UNFPA provided support in 2010 to consolidate the achievements completed in the past two years and has expanded the scope of interventions to include Baby Packs for safe delivery in health facilities and provided safety nets through the community health insurance scheme.

Strategies used

Advocacy

To ensure that women access quality reproductive health services particularly in Mattru Jong, Bonthe District, the OFL and UNFPA Country Office Sierra Leone agreed to carry out activities that would contribute towards the achievement of the advocacy for

the reduction of maternal and infant mortality rate, increase attendance at health facilities and in building the centre of excellence for pregnant women, among others.

The OFL organized an advocacy seminar with Traditional and Religious Leaders (TRLs) in the Southern Province in 2010 and also launched the campaign for the Repositioning of family planning and the campaign for the reduction of teenage pregnancy and early marriage



Mrs. Sia Nyama Koroma First Lady of the Republic of Sierra Leone with Traditional and Religious Leaders in Bo District, 2010.

Community health insurance scheme

To increase hospital attendance, the OFL project initiated a community health insurance scheme that has progressively reduced some of the delays for safe motherhood and provided baby packs to pregnant women who deliver in health facilities.

Renovation of health facility

Additionally, the OFL renovated and refurbished the old dilapidated maternity wing and laboratory of the missionary hospital in Mattru Jong, Bonthe District.



Before: The Dilapidated Mattru Hospital.



After: Renovated Mattru Hospital.

Results

- This initiative has contributed to greater awareness at the community level, especially among traditional and religious leaders on their advocacy and leadership roles to ensure that there is good and quality reproductive health and well-being of the women in their communities. Traditional and religious leaders are now propagating the issues and have forged partnership with the Office of the First Lady by setting up networks to continuously discuss the issues and find innovative ways to deal with them. For example, by enacting bye-laws and placing levies on men who refuse to take their pregnant wives to the health facilities for ante-natal visits and /or to have the babies delivered at the health facilities.

- There is also the establishment of the community health insurance scheme and the provision of baby packs to reduce the delays in decisions for women to access the health facilities. This has increased hospital attendance significantly. For example, with the introduction of baby packs and health insurance scheme, antenatal turn out in Mattru Jong Hospital increased from 5% in 2009 to 70% in 2011; in PCMH, turn out of women who attended antenatal clinic and delivered at the hospital increased from 40% to 90% over the same period.
- The renovation of the Mattru Jong Hospital is almost completed and it now offers an enabling environment for the provision of high quality RH services.



A lactating mother receiving her baby Pack and Food from Mrs Sia Nyama Koroma, First Lady of The Republic of Sierra Leone.



A Patient receiving her baby pack at PCMH (from right Mrs. Koroma First Lady, Mrs. Ban Soon-Taek wife of the UN Secretary General and Ward Sister).

Challenges

The main challenges facing the project are as follows:

- Difficulties in mobilizing additional resources to scale up this initiative.
- Challenges in sustaining the momentum among the TRL networks in their advocacy and institutionalizing initiatives for behavior and attitudinal change among the community members for good reproductive health on volunteer basis without technical and financial support.

Timing required for changing the mindset of the people to inculcate the habit of taking their loved ones to health facilities.

Lessons learned for use elsewhere

With commitment among the leaders at all levels and with the right political will, issues that seem in-

surmountable can be achieved in the shortest possible time. This initiative has resulted in greater awareness on the urgency to ensure that “No woman should die while giving life” as the cornerstone of the First Lady’s WISH Framework.

Implications for UNFPA

Strengthening the Office of the First Lady for Advocacy in the Reduction of Maternal Mortality is key to achieving a reduction in maternal deaths and/or preventing maternal morbidity. The need for mobilization of resources to scale up this laudable venture cannot be over-emphasized. This is an ongoing project which should be extended to all communities in Bonthe and nationwide, with continuous support from UNFPA for the mobilization of additional resources from other donors.



C - NO PRODUCT, NO PROGRAMME: SECURING REPRODUCTIVE HEALTH COMMODITIES

REPRODUCTIVE HEALTH COMMODITY SECURITY FOR MATERNAL MORTALITY REDUCTION

Description of the issue and context

The high MMR in Sierra Leone is partly due to the weak reproductive health commodity security system, including the non-availability of RH commodities, lack of storage facilities, weak distribution systems for commodities and a weak logistics management information system. It is within this difficult environment that the Government's Free Health Care (FHC) initiative for pregnant women, lactating mothers and children under five was launched. Just before the launch of the FHC initiative, the president made a tour of all the 12 district hospitals and 12 District Medical stores and invited UNFPA and UNICEF to accompany him on this tour. WHO and World Bank later joined in some tours of the districts. During the tours, it was clear that most of the EU-supported District Medical stores had not been completed and would not be completed by the 27th April when the FHC initiative was to be launched. Even if they were to be completed, the EU contract did not cover equipping and furnishing the stores. Drugs worth \$10 million had already been ordered by UNICEF from DIFID support. UNFPA had also ordered RH drugs worth \$1.3 million with support from the ADB and \$1.9 million from its own core resources. This situation called for urgent action to ensure the successful implementation of the Free Health Care initiative. This is the context in which UNFPA worked in collaboration with other development partners to support the Government to enhance commodity security. In addition, the distribution of drugs was and continues to be one of the key problems in the procurement and supply chain management system of Sierra Leone.

Reproductive Health Commodity Security (RHCS) is achieved when all individuals can obtain and use affordable, quality reproductive health commodities of their choice whenever they need them. RH commodities are made up of equipment, pharmaceuticals and supplies for: obstetric and maternal health care; the prevention, diagnosis and management of reproductive tract infections and sexually transmitted infections; and contraceptive supplies including male and female condoms. UNFPA support to RHCS in Sierra Leone focuses on: supply side (procurement and logistics); quality of care issues (method mix analysis and training); (c) access and demand issues (unmet need and sustainability); and advocacy for adequate resource allocation and release and for effective coordination of interventions.



Improved storage conditions of district medical stores by UNFPA 2010.

Strategies used

Taking advantage of the delay in the signing of the RH Annual Work Plan, UNFPA was quick to agree with the MOHS to develop an AWP that responded to the emerging and immediate needs of the FHC.

Procurement of RH Commodities

Building on the RH drugs and supplies quantified by the Ministry of Health and Sanitation, UNFPA procured both drugs and equipment amounting \$2.8 million through its procurement branch in Copenhagen. This collaborative effort between UNFPA Country Office, Ministry of Health and Sanitation and UNFPA Procurement Branch resulted in availing health facilities countrywide with life-saving drugs and contraceptives..

Strengthening of storage facilities

UNFPA provided equipment and supplies for twelve of the thirteen district medical stores constructed by the EU. Furthermore, UNFPA supported the completion of two district medical stores (Kono and Kabala). Each store was supplied with the same number and type of equipment and sup-

plies from the list that was drawn up in consultation with the MOHS.

Strengthening the distribution and monitoring of health commodities

The distribution of the procured drugs and supplies to hospitals and peripheral health units (PHUs) was coordinated by UNICEF, which hired trucks for the purpose. Through support from GPRHCS and the UN Joint Vision Programme 20, UNFPA was able to order three haulage trucks of five tones each to help move commodities from the Central Medical Store to the District Medical Stores. These are expected to arrive in Sierra Leone at any time from now.

Furthermore, in an effort to strengthen accountability and effective delivery and use of health commodities, UNFPA signed a Letter of Understanding with civil society organizations, represented by Health for All Coalition (HFAC), to closely monitor the distribution and use of the commodities. UNFPA supported the logistical aspect of the monitoring by providing two monitoring vehicles and 14 motorbikes.



A sample of the three haulage trucks of 5 tons each procured by UNFPA in 2010 in support of the distribution of health commodities.

Strengthening Logistics Data Management with CHANNEL Software

An effective procurement and supply chain management requires a robust logistics management information system which facilitates the inventory and control management of the commodities. In Sierra Leone UNFPA supported the Government to build the capacity of health workers including storekeepers, pharmacists, M&E officers and health service managers in the use of the inventory and control management software, CHANNEL.

All 13 district medical stores and hospitals were equipped with computers, printers and accessories for effective functioning of CHANNEL.

A CHANNEL TOT was followed by cascade training sessions at each District store. One monitoring and supportive supervision vehicle to support effective implementation of CHANNEL was handed over to the Central Medical Store. While UNFPA supported and continues to support the electronic logistics management information system at central and district levels, UNICEF supports the manual LMIS with required data collection forms at PHU level. For the long term, UNFPA is supporting UNICEF (lead agency) to strengthen the national procurement and supply chain management system.

“This is the best I have to facilitate my work and Dr. Sikana has been my greatest inspiration. As soon as I give anybody drugs, I run the report and the person signs before he/she leaves. No one can deny having collected drugs. At District level, CHANNEL is the best and we can use manual forms at PHU level”.

Mr Kallon, Bo storekeeper

Results

As a result of the above interventions: Conditions of 12 District Medical Store have been improved with functioning power generators and electrical wiring, air conditioners, shelves and pallets, extinguishers, deep freezers, refrigerators and office furniture, including computers and printers.

- 75.7 percent of health facilities have five essential

life-saving maternal and reproductive health medicines available in 2010 from a chronic unavailability of such medicines the previous years.

- 87.2 percent of health facilities offer at least three modern contraceptive methods for client in uptake in 2010 from 66 percent the previous years, leading to increased family planning uptake.
- Overall 41.4 percent of health facilities experienced no stock-outs of contraceptive commodities in the last six months of the year 2010 from chronic stock-outs since the year 2006. The most available contraceptives were: Male and Female Condoms (respectively 85.1% and 87.2%); IUD (68.1%) and Implant (41.5%).
- CHANNEL has been adopted by the country as the inventory and control management software integrating the whole health essential drug list. The software is effectively functional in the central medical store and nine out of the thirteen district medical stores and the storekeepers find the system extremely useful.

Challenges

The major challenges are:

- Consumption data is not being collected from peripheral health units to district medical stores for use in the quantification and forecasting of health commodities and UNFPA plans to support the Ministry in this in 2011.
- Distribution of health commodities from district medical stores to peripheral health units was a major challenge soon after the launch of the FHC and continues to be a huge challenge. The indicators stated above would have been a lot better if it were not for challenges related to the distribution of drugs from the District medical Stores to PHUs.
- Government’s promised budget allocation for procurement of contraceptive commodities is yet to become reality.
- In districts where CHANNEL is not functioning perfectly, the system is being managed by computer illiterate staff.

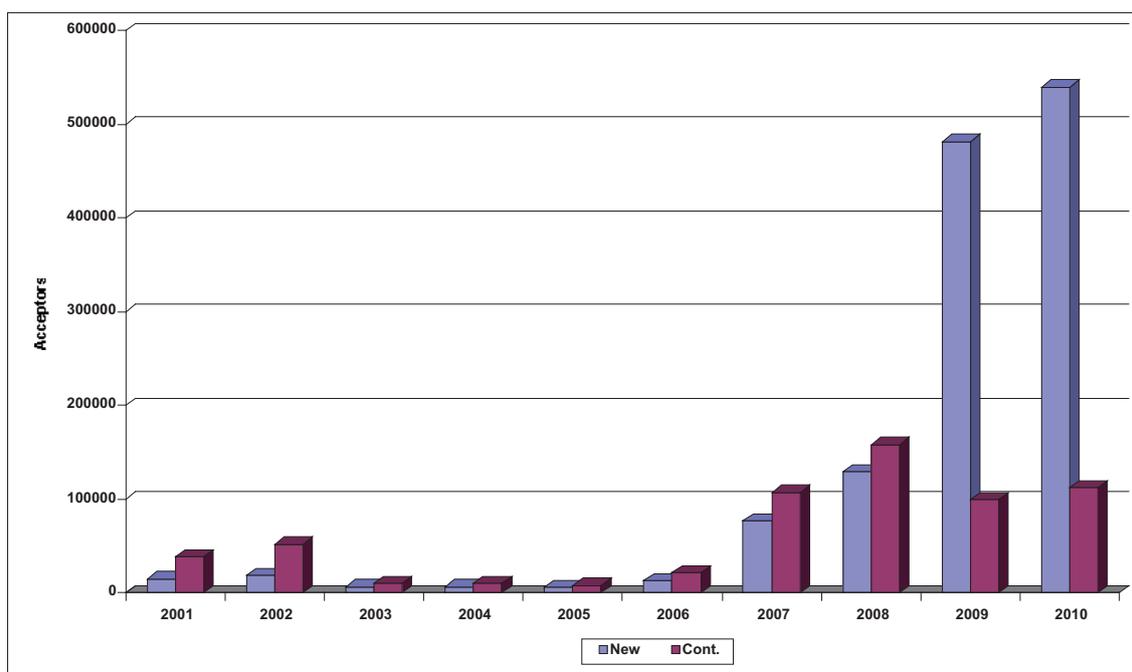
Lessons learned for use elsewhere

- High political commitment demonstrated by the President and the 1st Lady created the conditions for results-based implementation.
- Partnership and cooperation with other UN agencies, NGOs and Civil Society Organizations have been instrumental to the adoption of CHANNEL as national inventory and control management software.

Implications for UNFPA

UNFPA Sierra Leone will ensure that reproductive health commodity security is enhanced through availability of drugs, strengthened human resource capacity, improved distribution systems and thus contribute to reducing maternal deaths. In 2011, UNFPA plans to support the Ministry in the distribution of drugs and in ensuring that consumption data is collected from PHUs.

**Comparison of Contraceptive Acceptors in 13 Districts
2001-2010**



D - EMPOWERING COMMUNITIES IN SUPPORT OF MATERNAL MORTALITY REDUCTION AND GBV PREVENTION

INTEGRATED APPROACH TO ADDRESSING GENDER, FAMILY PLANNING AND REPRODUCTIVE HEALTH RIGHTS

Description of the issue and context

One of the main reasons why Sierra Leone has a high MMR (857 per 100,000 live births) and a contraceptive prevalence rate of 7% is that most women in Sierra Leone are not empowered to make decision related to their reproductive health. Male dominance and their non participation in Maternal Health activities negatively affect these indicators. Gender-based Violence is not considered as one of the major violations of Reproductive Health Rights. Issues of Female Genital Cutting (FGC) for example leading to teenage pregnancies from early marriages, widow inheritance and polygamous marriages, exposing wives to HIV infections, and issues of negotiations on sex and sexuality were still not discussed from a human rights dimension.

Strategies used

An integrated approach to engage communities and partners on Gender and Reproductive Health Rights in an effort to increase the use of Family Planning services, reduce gender based violence and maternal complications and deaths was extensively done in 2010.

Establishment of community advocacy groups



In its efforts to promote reproductive health rights and gender equality, UNFPA empowered, through the training of Traditional Births Attendants (TBA), Traditional and Religious Leaders in five districts (Bo, Bonthe, Bombali, Koinadugu and Western Area) to advocate on gender-based violence prevention, promotion of family planning and institutional delivery, prevention of HIV infections and obstetric fistula. As a result, 63 community advocacy and sensitization groups were established and equipped with advocacy and sensitization materials for community-based interventions. Family planning referral slips were developed and distributed to the community advocacy groups for them to refer new acceptors of family planning to service delivery points. This facilitated the tracking of new acceptors through community advocacy. Supervision and monitoring are carried out by the Gender Regional Officer and the District Health Management teams.

Engage men as advocates

Male Community Monitors, Traditional and Religious Leaders are part of the community advocacy groups. These men are engaging their male counterparts in the communities on GBV prevention, institutional delivery and maternal mortality reduction. This has increased male involvement in family planning and other maternal health activities.

Engaging media professionals

Huge billboards with key messages on Family Planning, Obstetric fistula and GBV have been produced and erected in strategic locations around the whole country. This was the first time that there has been Reproductive Health billboards in the country and it is not surprising that these billboards have attracted a lot of attention and discussion. A radio drama series dubbed “Central Hospital” with a focus on Reproductive Health and GBV is currently being aired on Sierra Leone Broadcasting Co-

operation (SLBC) and other community radio stations across the country. Family Planning jingles and TV spots have been developed and are currently being aired on national radio and TV, LCD public screens and community radios nationwide.

Forging strong partnerships

A partnership fostered between DFID, UNFPA, Marie Stopes Sierra Leone, line ministries and media professionals for the implementation of this project has proved to be extremely effective. UNFPA supports the advocacy component of the programme through media and community advocacy groups and through referrals of potential Family Planning clients to Marie Stopes and Government Health facilities to access family planning services. This was an excellent example of effective partnership.

Results

The following results were achieved:

- Community awareness of the relationship between Gender based Violence and maternal health issues including family planning, safe motherhood, fistula and HIV enhanced through sensitization community and stakeholders support to GBV victims enhanced as demonstrated in the case of victims who are referred by the community advocacy groups and who end up receiving free legal, medical, psychosocial and housing support.
- This initiative created the forum for difficult gender-based violence issues like FGM to be discussed with the TBAs who most often have dual role as performing the FGM (Soweis) and also assisting in deliveries.
- A breakthrough was made in soliciting the commitment of the Soweis and the TBAs to respect the traditional culture that used to delay FGC/M until age 18 and above.
- These community advocacy groups are currently holding vigorous community advocacy and sensitization sessions in their various chiefdoms, targeting women of child-bearing age and the traditional and religious leaders are mainstreaming male involvement. These sessions take family planning messages to the door steps of the wider communities, in especially deprived and hard to reach areas which will ultimately contribute to increased awareness of GBV, Fistula, HIV, EmONC and family planning uptake and hence reduce maternal mortality.
- The project has fostered partnership between UNFPA and its partners: UNFPA continues to collaborate with Ministry of Health and Sanitation; Ministry of Social Welfare, Gender and Children's Affairs; Ministry of information; Marie Stopes and the private sector including Sign Africa, Pampana Documentaries and several artists..



Billboards on Family Planning and Obstetric Fistula throughout the Country, 2010.

Challenges

Strong cultural/traditional beliefs persist around maternal health and FGM issues.

Resources are limited for scaling up successes achieved in the five districts to all the 13 districts and to sustain the advocacy activities.

Lessons learned for use elsewhere

- Adopting a holistic, integrated approach in addressing Reproductive health and gender issues in communities enhances community understanding and support for GBV prevention and RH interventions. The integrated approach is more cost effective and yields greater results. The Family Planning referral system from community advocacy groups to Marie Stopes health centers helps to generate monitoring data against which to measure results or progress towards the expected results.

- Advocacy should not be an end in itself. Instead, its success should be measured at the service delivery point.
- The importance of using culturally sensitive approaches for programming should not be underestimated, especially in the area of FGM which is extremely sensitive in Sierra Leone.
- The need for data to ascertain the degree of results is critical.
- Engaging communities to discuss their own issues helps programmers and communities to reach a common understanding of the issues and agree on the way forward in addressing the issues.

Implications for UNFPA

It is very crucial to generate data from the five implementation districts in order to be clear on the impact of the interventions.



E - STRENGTHENING DATA MANAGEMENT FOR DEVELOPMENT

STRENGTHENING DATA SYSTEMS AT CENTRAL AND DECENTRALIZED LEVELS IN SIERRA LEONE

Description of the issue and context

There are numerous constraints that hamper the dissemination of quality data and information in Sierra Leone. Some of these constraints are:

- Limited interaction between data producers and data users
- Poor integration of data systems
- Inadequate knowledge of existing data and information
- Poor accessibility to data and Poor dissemination of information
- Inconsistencies of data systems

The establishment of a reliable one-stop shop and national data source with multiple purposes, including generation of indicators for monitoring development programmes and the MDGs.

By providing reliable data and information in real time, the Integrated Management Information System (IMIS)

seeks to provide data users and providers alike with a robust set of tools that serve as a reliable one-stop shop and national data source with multiple purposes including generation of indicators for monitoring development programmes and the MDGs.

Strategies used

Training of Trainers

In the absence of local expertise in IMIS, an international consultant was engaged to conduct training of trainers (TOTs). Participants, mainly statisticians were mobilized from Statistics Sierra Leone (SSL) and front-line Ministries, Departments and Agencies (MDAs). These Statisticians deployed by SSL at MDAs will provide support in the collection, analysis and use of data for effective planning and programme delivery for results. The TOTs will now be used to expand national knowledge within MDAs.



Participants from Statistics Sierra Leone, Ministry Departments and Agencies Attending the IMIS Training, 2010.

Uploading data in IMIS

For the IMIS to be fully functional the indicators developed from existing data were uploaded into the IMIS web site. A local IT Consultant is engaged to set up and upload data into the system.

Introducing IMIS in MDAs and local councils

The expansion of the use of IMIS at MDAs and local council levels is underway. Various trainings are planned and will be conducted by the national trainers to ensure wider national coverage.

Updating the database

The IMIS database is regularly updated with results of surveys in which international standards are used and conducted by Statistics Sierra Leone. The IMIS is a web-based database always available to upload indicators developed from surveys by SSL.

Results

The results of the IMIS include:

- An Integrated statistical database. The IMIS is for Sierra Leone an integrated statistical database on which data from DevInfo, Infopath and other data software systems are uploaded and used. This means a one-stop shop where all national data can be found.
- The data is now on the worldwide web and available to all data users irrespective of their locations and level of engagement.
- The IMIS accommodates thousands of indicators generated from all types of surveys both at national and decentralized levels for evidence based planning and programme delivery.

Challenge:

The main challenge is:

- Weak national capacity in data base management systems at both national and sub-national levels

Lessons learned for use elsewhere:

The following are lessons learned from IMIS:

- Strengthening the national statistical system, at both

central and decentralized levels, to perform effectively and efficiently to service a wide variety of users and needs must be a high priority in consolidating peace, fostering recovery and promoting development particularly in a post conflict situation.

- Good quality statistical data is needed, among other uses, to manage for results, to set targets and monitor outcomes, to design development policies and strategies, to make evidence-based decisions about the allocation and management of scarce resources, and to sensitize and enable citizens to make informed decisions for development.
- The IMIS will provide a one-stop shop for national data that will reduce the search cost of obtaining relevant data for policy analysis.

Implications for UNFPA

- There is increased role for UNFPA to advocate for the value and use of data for Planning, Monitoring and Evaluation of Development Programmes.
- Considering its long experience in supporting data collection, particularly census data, UNFPA has the comparative advantage to collaborate with other agencies (MDA's, UNCT) in strengthening Statistics Sierra Leone in its effort to collect, analyze and manage data and information at national and district levels.
- UNFPA must continue to promote skills transfer to national counterparts for the smooth functioning of a National Data Base.

F - CAPACITY BUILDING

INCREASING CAPACITY FOR RESULTS-BASED MANAGEMENT FOR COUNTRY OFFICE STAFF AND IMPLEMENTING PARTNERS (IPS)

Description of the issue and context

A mid-term review of the UNFPA Sierra Leone Country Programme (2008-2010) revealed that programme management amongst staff from the Country Office and Implementing Partners was not results-based. This was evident in how staff defined the word “results” and in the language and presentation of their annual work plans and programme reports. For example, the completion of a set of activities in an implementing partner’s annual work plan was most often or invariably reported as a “result” instead of reporting on how those activities contributed to the attainment of a result or a change in an institution or in an individual’s behaviour.

Their program reports were not linked to country programme outputs and outcomes. It was also noted that staff had different and incomprehensive definition of the term “Results Based Management”. Most of the staff did not include other management tools such as the OMP, PAD, Face Forms, etc. as part of the RBM framework. These deficiencies underscored the need for capacity building in RBM for Country Office staff and implementing partners.

Strategy used

The CO organized a series of hands-on training sessions on Results Based Management, Monitoring and Evaluation for CO staff and those of Implementing Partners. The training content was based on a needs assessment report conducted amongst staff in the CO and also among IPs prior to their training. The specific objectives of the training were to:

- Revise and update staff on RBM methodology.
- Debunk and demystify the term RBM and its application in country programming processes.
- Have a common understanding of developing and com-

pleting results-based AWP, including other management information tools.

- Share experiences and lessons learned in RBM particularly planning and reporting results
- Review staff accountabilities in reporting results

Results

As a result of the training, participants have improved their understanding and application of RBM, particularly in reporting results.

This demonstrates that with a little investment effort (e.g. in training), both Country Office and Implementing Partners staff can learn and apply RBM in the management of development programmes.



Participants (2 drivers and one office assistant) exercising on Outcome level results at the 2010 CO & IP Staff RBM Training.

Some participants aired their views on the training sessions. These views serve as evidence of the gains from the RBM trainings:

I- “Developing SMART log fames was initially mixed up but now clear”

2- *“The training has covered topics relevant to RBM. The facilitation has been excellent and a lot of knowledge has been gained. I can confidently develop work plans, fill monitoring tools, establish a cashbook, asset register and do my bank reconciliation. Thank you UNFPA especially our knowledgeable facilitators »*

3- *“It had helped to make a distinction between output and outcome... Also, I now have improved knowledge in RBM terminology”*

It was encouraging that during the Annual Review Meeting that followed the training of IPs in RBM, the partners themselves critiqued AWP presented by their colleagues, especially if activities were reported as results. What is interesting about this RBM training is the fact that there was no need for external technical assistance. Instead, the Country Office used M&E experts from within the CO and some UNFPA staff who are based in the Ministry of Health. Once the CO staffs were trained they developed enough confidence to facilitate the last training session for implementing partners.

Challenges

The major challenge encountered is the amount of time needed for anyone to fully internalize RBM as a useful management tool. As RBM is an emerging area of management, its specific terminologies are yet to be assimilated by new learners or practitioners. Hence, a lot of time is required to simplify the explanations and give a lot of examples, especially to IPs.

To address these challenges, the CO needs to:

- focus on individual staff coaching on RBM to foster more effective learning;
- continue providing refresher courses for RBM for at least once a year. This is a worthwhile investment; taking into consideration the time it takes for one to internalize RBM as a concept and area of practice. It is also a worthwhile investment because of the vital role that RBM plays in programme management in an era of intense competition for development resources.

Lessons learned for use elsewhere

- Country Office should invest in training for RBM and results based monitoring so that both the CO staff and partners have a common understanding of the concepts and application of these concepts.
- CO staffs need training in RBM and results-based monitoring to enable them to provide the necessary technical support to partners with confidence.
- The best way to learn the principles and concepts of RBM is for the learner to apply them in his sphere of work as regularly as possible.

Implications for UNFPA

- Due to the nature of RBM, Country Offices should have as policy/operational procedure a systematic investment in RBM training for both CO staff and IPs. Otherwise, managers will continue lamenting the lack of results-focused programming. Managers also need to inculcate on the staff the need to understand that RBM can be better internalized only through practice and not through classroom work. RBM is about changing the mind set and not by memorizing its terminology.
- Managers also need to follow RBM trainings with individual coaching for better learning and internalization.

Results Based Management



RBM Training for Implementing Partners

10th May 2010

COLLABORATION BETWEEN UNFPA SIERRA LEONE AND NATIONAL AND SUB-NATIONAL TRAINING INSTITUTIONS FOR NATIONAL CAPACITY BUILDING

Description of the issue and context

The training component in the SDHSP is budgeted at close to US\$10 million. It is directly managed by UNFPA. A full time Training Coordinator has been placed in the Project Management Team. The Project Appraisal identified technical assistance or training courses that would be needed during the project cycle. These were both clinical (e.g. basic surgery, RCH services, IMCI) and non clinical courses such as the health services management courses (e.g. MIS and health services planning). The courses were identified during the project appraisal to serve as a guide to the PMT on which courses to offer to health care staff in the five project districts and at times beyond the five districts (e.g. training for finance officers). The PMT has, within limits, the flexibility to suggest courses. For example, training for finance officers that was run in-country since strengthening financial management at district level is paramount to health systems strengthening. The SDHSP also benefited from the services of a regional institution that helped to strengthen teamwork and interpersonal relationship both with the Country Office and the SDHSP staff team that is based in the MOHS. So far the SDHSP has supported training of over 406 students in country and within the Africa region.

Strategies used

Identification of institutions

After a decision and appropriate approvals had been made on the required technical assistance and the appropriate courses to be supported, the PMT identified and contacted institutions with the relevant faculties/departments. These institutions were national or regional institutions (Africa region). For short term courses, the trainers had either been firms or individual consultants. All these were identified through established networks amongst PMT members, MOHS and UNFPA staff working in Sierra Leone. Internet search and advertisements were also used to identify institutions; for example, in South Africa and Kenya. At times, letters had been written to institutions and missions of SDHSP staff had been fielded to those institutions. UNFPA Country Offices in all these countries were instrumental in supporting and making these missions a big success. For example, the UNFPA Country Office in Kenya provided invaluable support before and during the

mission. This was a clear demonstration of effective South-South cooperation.

Background

The Government of Sierra Leone (GoSL) is implementing a five year Strengthening District Health Services Project (SDHSP) in five districts. The objective of the project is to increase access to quality health care. The African Development Bank (ADB) funds the SDHSP and technical support is provided by the United Nations Population Fund (UNFPA). The estimated budget for the SDHSP is US\$28 million for a five-year period (2008 – 2012).

The mandate areas of the SDHSP are strengthening health systems at district level and strengthening the reproductive and child health programme. Specific interventions of the SDHSP include rehabilitating maternity wings of the district hospitals and five Peripheral Health Units (PHUs) in each of the five project districts; providing essential drugs and medical equipment; providing training in clinical areas related to reproductive and child health, public health and health services management. The SDHSP is implemented by the Ministry of Health and Sanitation (MOHS) through a Project Management Team (PMT) headed by the Director of Primary Health Care in the MOHS who is designated as the Project Coordinator.

One of the success stories of the SDHSP is the use of institutions within Sierra Leone and in the sub region to train students supported by the SDHSP in order to increase skilled health personnel.

Inspection visits to assess the institutions

Upon a training institution expressing interest, the PMT fields a team to interact with management of the institution and the staff of the relevant department to assess their ability to provide the required training or technical assistance. This assessment includes:

- Assessing staff complement and qualifications
- Equipment (e.g. laboratories)
- Teaching space
- Recent history of success in providing similar technical assistance or mounting similar courses
- Institutional strengthening that might be required
- Curriculum /course content and ability/willingness to customize
- Others (depending on type of institution and course to be offered)

Several in-service courses provided to health service providers

- 20 Community health officers in emergency Obstetric and Neonatal care
- 60 nurses in model peripheral health units on family planning, STI/HIV AIDS
- 30 midwives in EmONC and life-saving skills and they are providing the service
- 60 maternal health care aids (MCHAs) selected from the fifteen (15) BEmONC Community Health Centres in the Western Area trained on basic care of women in labour with emphasis on conducting normal deliveries, identifying danger signs and effecting prompt referral
- 6 M&E officers completed a three week course on M&E at AMREF, Nairobi Kenya
- 30 MoHS staff trained as trainers in the use of Standard Operating Procedures Manual for the management of Reproductive Health Commodities in Sierra Leone
- 15 DHMT staff trained on forecasting of RH commodities
- 27 DHMT staff trained on RH commodity management and coordination
- 15 local councils staff trained in RH commodity management and coordination
- 14 central level staff given orientation in the use of CHANNEL software
- 246 service providers trained in the use of LMIS tools.
- 33 health personnel trained in Financial Management
- 54 Results-Based Management
- 140 financial management
- 4 International management leadership

Evaluation of curriculum and programme content

The PMT evaluates the curriculum of the courses to be offered. This enables the PMT to advise the training institution if it has to add or leave out some aspects of a course so as to fit the intended objectives that the SDHSP seeks to achieve by supporting a particular course. This assessment also involves looking at examiners reports (for university senate approved courses). The reports are used not only to assess the suitability of the institution but also to identify areas that might need improvement.

Institutional strengthening

A major outcome of inspection visits has been the identification of areas that the SDHSP can support in the institutions within the mandate of the project. For example, the Njala University in Sierra Leone, where the SDHSP is supporting 20 students for a Masters Degree in Nutrition and Dietetics, was supported with computers and printers after it had been observed that the department where the course is housed did not have adequate computing facilities. Plans are also underway to support them with solar power to enable them run the computers all day. They currently use generators which are expensive to run.

Addressing mitigating risk factors

Getting students who would go for training in local or regional institutions posed a major risk to the health sector, considering the limited number of health personnel in the system. Withdrawing a number of them to go for training would further cripple the system, especially for courses with duration of more than a year. In order to mitigate this risk, effort was made to get health personnel

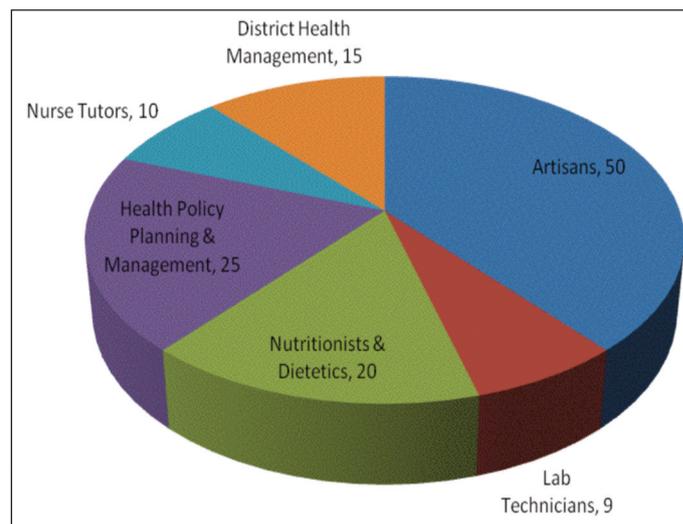
from the region to provide services in Sierra Leone to cover the gap created by the withdrawal of staff from the system.

Results

To date, 406 health personnel have gone through the exercise in short term and long term courses. Below is a summary of the different training courses that have been completed.

Refresher courses were offered to a total of 754 practising health personnel in various areas of specialization, including emergency obstetric and neonatal care, family planning. A list of in-service courses that were provided to health service providers is also presented below.

Human resources development through regional training Institutions in 2009-2010



Challenges

Key challenges encountered in the implementation of the project include the following:

- Decision making by the health authority in MOHS on the selection of trainees/candidates is slow due to political considerations in the nomination of health staff for long term trainings. For example, it usually takes a long time for the MOHS to nominate candidates for both long term and short term trainings. In two consecutive years, candidates for long term training had to start their studies later than other students.
- Finding trainees with the correct qualifications or prerequisites to select for training in project districts is challenging. For example, the project was expected to train 150 doctors in basic surgery. The project districts have only 5 doctors. The course had to be discontinued and the budget re-assigned to cover critical RCH courses such as critical care, peri-operative and paediatric nursing.
- Project management recommendations for reorientation of certain training courses to better respond to emerging national needs did not receive timely donor response or approval and thereby delayed implementation.

Lessons learned for use elsewhere

- There is need to have an experienced and determined team led by an experienced manager to ensure effective

negotiations with the training institutions.

- Most training institutions in Africa are not “business-like” in their approach. There is need to provide these institutions with support (e.g. proposal development, course development) if they are to offer technical assistance and services that are tailor made to suite the needs of UNFPA.
- Many training institutions in Africa lack experienced staff, hence the need to invest in institutional capacity strengthening for medium to long term partnership.
- Training institutions in Africa lack infrastructure and equipment to offer courses or provide the required technical assistance and that can make Africa compete globally. This experience is a clear demonstration of the feasibility of UNFPA’s current strategy of using national and regional institutions to provide technical assistance to country offices. It is noteworthy that the PMT and the institutions used so far are all from the Africa Region

Implications for UNFPA

This support/experience should be followed by an evaluation. For example, it would be interesting to evaluate the contribution of the twenty students supported for masters degrees in Nutrition and Dietetics in say, 3 to 5 years after graduation.



G . RESOURCE MOBILIZATION

RESULT-BASED RESOURCE MOBILIZATION

Description of the issue and context

Traditionally the UNFPA Country Office received very little external funding from donors within the country. UNFPA country office at the time operated with an annual budget of around USD 800,000 from its core resources. This was grossly insufficient. This has resulted in limited progress made towards addressing the multiple interventions needed to scale up the restoration of the functionality of emergency obstetric and neonatal care (EmONC) services in a country ravaged by a decade-long brutal civil war.

Strategies used

Needs assessment

A comprehensive needs assessment on EmONC services was carried out. The needs identified were prioritized and these included the building of EmONC core teams, rehabilitation of facilities (specifically infrastructure) including buildings, provision of water and electricity.

Holistic approach to interventions

A key strategy adopted by the Country Office was to use a holistic approach that ensures that the success of all our interventions is reflected in positive trends at the service delivery points. Training had to have a long term vision for sustainability and all effort was put into institutionalizing these long term training programmes into relevant national training institutions. In order to train nurse anaesthetists to complete the CEmONC core teams, UNFPA used its core resources to train the first batch of 9 nurse anaesthetists. The graduation of these was well publicized with the invitation of key stakeholders, including donors. In addition to giving the nurse anaesthetists medical kits when they graduate and are deployed to the districts, annual supportive monitoring visits are carried out to ensure quality of care.

Strengthening the policy environment

The second intervention identified was the development of the RH Policy where UNFPA hired a consultant. As the development went on, more partners became interested, including UNICEF. This resulted in the development of the child health policy and a combined Maternal and Child Health strategic Plan. A proposal to support the reduction of maternal and newborn mortality and morbidity, to address the recurrence of gender based violence and the reduction of STI/HIV for the Western Area attracted USD\$1,000,000.

Renovation of health infrastructure

Renovation of hospitals was not an end in itself but instead part of a whole package of support which included the provision and management of drugs and equipment, availability of motivated staff and efforts to improve management of the hospitals. Good examples supported by UNFPA include support to the national maternity hospital, Princess Christian Maternity Hospital (PCMH) and Makeni District hospital.



The UNFPA Representative and the then Minister of Health and Sanitation Inspect Completed ANC Unit at PCMH, Freetown.

Results

After the graduation the first batch of 9 nurse anaesthetists with support from UNFPA, the European Union Delegation provided funds to train the next batch of 20, acquire a fully equipped training department, support two international and one national trainer, four demonstrators and supportive staff and the procurement of medical equipment, anaesthetic drugs and consumables.

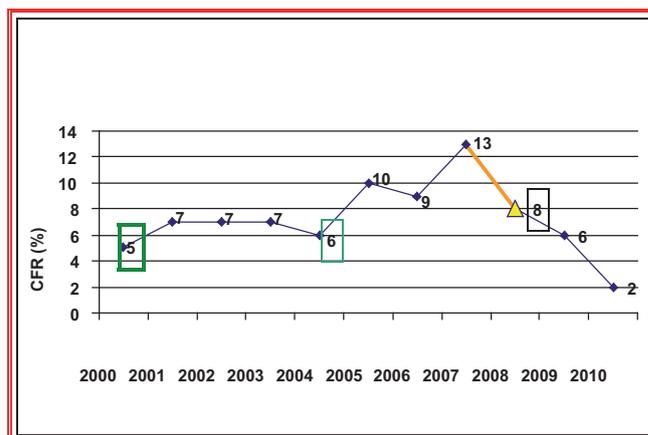
The project has now trained 67 nurse anaesthetists through support from more donors including DFID and Irish Aid. The project is now in its 5th year of existence and is to be institutionalized and attached to the College of Medicine and Allied Sciences (COMAS). With the demonstrable results of this programme and the undoubted positive impact that it is having on the availability of skilled birth attendants, especially for comprehensive emergency obstetric and neonatal care (CEmONC), there is no doubt that donor partners will continue to support the institutionalization of this programme in COMAS.

The production of the RH policy led to a cascade of important activities, including the development of the Reproductive and child health (RCH) strategic Plan, and Norms and Standards. The availability of these documents has led to strong collaboration between health development partners and the government, and the formation of the UN Joint Programme in support of the RCH strategic plan. The Joint Programme is funded by DFID and Irish Aid through UNFPA, UNICEF, WHO and WFP.

UNFPA's judicious use of funds from the Japanese government to rehabilitate the national maternity referral hospital, the Princess Christian Maternity Hospital (PCMH) and the demonstrable results achieved attracted more funding from DFID and Irish Aid. This resulted in the completion of rehabilitation work on PCMH. The once detested PCMH structures and dusty grounds have become a major attraction for key health-related national events, for example, the CARMMA launch by the First Lady and the President's launch of the Free Health Care Initiative for pregnant women, lactating mothers and children under five years. However, these newly renovated structures and the neat pavements were not sufficient to make the desired positive change in service delivery. Hence in September and October 2010, UNFPA recruited 2 Obstetrics and Gynaecologists to support clinical services and government effort to

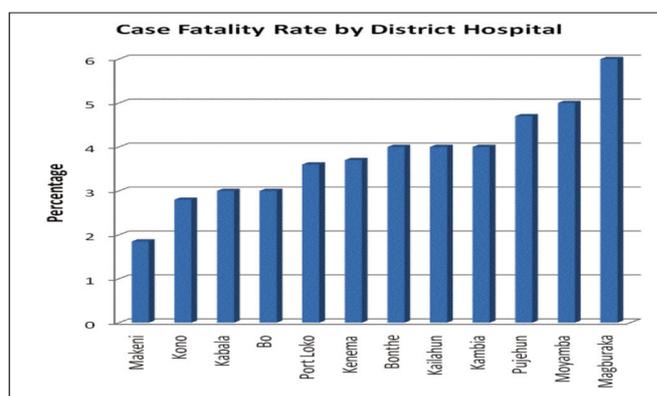
improve management at the PCMH. This resulted in positive trends e.g. with respect to institutional maternal deaths as demonstrated in the graph below.

Trend of Case Fatality Rate at P CMH, 2000-2010



DFID and Irish Aid funding was provided through the UN Joint Programme to complete renovation work on the Rokupa satellite Hospital in the Western Area, install solar lighting in three district hospitals and water reticulation in 7 district hospitals. Water reticulation is ongoing and the momentum is unstoppable. Irish Aid has gone further and provided funding to UNFPA to support rehabilitation of the Mattru Jong hospital which is part of the First Lady's Women Initiative for Safer Health (WISH) programme. UNFPA looks forward to more donor partners supporting the First Lady's maternal and child health initiative.

Dedicated support to Makeni Maternity ward with drugs, equipment, a strengthened referral system and a well motivated human resource base in Makeni resulted in the obtention of the best indicators when compared with the rest of the district hospitals as demonstrated in the graphs below.



As a result of these palpable results as well as the African Development Bank (ADB)-funded programme, by end of 2010, UNFPA was able to sign more agreements with DFID (outside the regular joint programme) and the Peace Building Fund to support Family Planning and Data for Development and the Gender Based Violence programme.

Challenges

Major challenges were as follows:

- Although the training of nurse anaesthetists has been successful, equitable deployment of the graduates to remote districts has not been fully achieved. The government and health development partners have introduced a rural allowance to encourage posting to these remote rural areas.
- Rehabilitated institutions need functional maintenance teams that are currently missing. The government and the development partners have trained artisans and now planning to have bio-technicians trained as well. Strengthening and re-establishment of the maintenance

department for health institutions is another headache.

- Support to sustained availability of skilled birth attendance and a conducive environment for the provision of quality of care is cost intensive and no one agency can do it alone. The need for strengthened partnerships with other UN agencies and donors for greater results cannot be underestimated.

Lessons learned for use elsewhere

Keeping partners informed of progress being made through regular updates on demonstrable results maintains partners' interest in and support for our interventions

Implications for UNFPA

UNFPA will increase external funding through strengthened organizational, financial, operational and individual accountability and learning.



Because everyone counts



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