



**UK All Party Parliamentary Group on Population, Development and
Reproductive Health Sierra Leone Study Tour
5th – 13th November 2015**



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Dr Kim Dickson, UNFPA Representative Sierra Leone, Lord Hussain, Baroness Jenny Tonge,
Liz McInnes MP, Tina Davies OBE, UNFPA coordinator and Baroness Sheehan*

**Family Planning/Sexual and Reproductive Health and
International Development**

Executive Summary

The UK All Party Parliamentary Group on Population, Development and Reproductive Health (APPG on PDRH) organised a study tour to Sierra Leone, 5th – 13th November for a cross party UK parliament delegation. The delegation included: Baroness Jenny Tonge, Liz McInnes MP, Baroness Sheehan and Lord Hussain.

The study tour was hosted by UNFPA, Sierra Leone.



UK delegation with UNFPA representative and staff, UNFPA office, Freetown

The aim of the study tour was to introduce and strengthen UK Parliamentarians knowledge on core Family Planning (FP)/Sexual and Reproductive Health and Rights (SRHR) issues and to enhance the membership of the UK APPG on PDRH.

Prior to departure, the delegation was briefed in the UK Parliament by representatives from the Department for International Development (DFID), International Planned Parenthood (IPPF) and Marie Stopes International (MSI).

Whilst visiting Sierra Leone delegates were briefed by the UK High Commissioner and in-country DFID staff, the UNFPA representative and staff, the UN Resident coordinator and UN Chief of Security, Sierra Leone MPs, the Minister for Health and Sanitation, Sierra Leone health officials, government hospital directors, statisticians, rural health clinicians and staff, MSI Sierra Leone and IPPF Sierra Leone member's association representatives and staff, and teachers from the national midwifery and anaesthetic schools. Delegates also met local community leaders and volunteers.



UK delegation with UN Resident Coordinator and Security Chief, UN office

Delegates also had a round table meeting with Priti Patel, the new Secretary of State for International Development at the British High Commissioner's residence.



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UK delegation at the Girls' Club, Rokel, Western Rural



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Baroness Sheehan and Lord Hussain at MSSL clinic, Freetown

The UK delegation visited the main maternity and obstetric hospital in Freetown at Princess Christian Maternity Hospital, the national school of midwifery and anaesthetist nurses, the Aberdeen women's centre, IPPF Sierra Leone (PPASL) clinic in Dwarzak and an outreach clinic nearby, the Girls' Club in Rokel and Newton, the Sierra Leone statistics unit, the

husband's school in Binkolo, the school of midwifery in Makeni and Marie Stopes Sierra Leone (MSSL) clinics in Makeni and Freetown.

Delegates also visited the Sierra Leone Parliament in Freetown where they met members of the Sierra Leone Parliament.



UK delegation in Sierra Leone Parliament in front of a poster with Jo Cox MP and a remembrance message

Study tour delegates were exposed to an array of family planning and maternal health care services within the Sierra Leone health care system, including ante-natal, intra-partum and post-partum care, emergency obstetric care, support services for unsafe abortions, obstetric fistula, cervical cancers, gender-based violence including FGM, child marriage and domestic violence. This wide exposure allowed delegates to understand the challenges existing within the health system and broader international development issues.



Liz McInnes MP and Baroness Tonge with volunteers and community leaders, Dwasak

Additional topics discussed included the UK Government and other stakeholder's priorities and initiatives in the country following the Ebola crises and the Sierra Leone Government's plans for progress in the agricultural, tourist, health and social sector.



UK delegation with the Minister of Health and Sanitation, Freetown

The UK parliamentary delegation wish to thank the EPF for their financial support and UNFPA and especially Dr Kim Dickson, Tina Davies, Genevieve Taylor, and Ragaa Said for their generous support and organisation of the Sierra Leone study tour, and Ann Mette Kjaerby, Parliamentary and Policy Advisor APPG on PDRH, for her advice and organisational skills.

Introduction to Sierra Leone Family Planning/Sexual and Reproductive Health and Rights (SRHR) and International Development study tour and delegation

The UK All Party Parliamentary Group on Population, Development and Reproductive Health (APPG on PDRH) in collaboration with the United National Population Fund (UNFPA) organised a study tour to Sierra Leone on family planning (FP), sexual and reproductive health and rights (SRHR) and international development, which took place from 5th – 13th November 2016. The study tour was funded by the European Parliamentary Forum on Population and Development (EPF). UNFPA helped with logistical and programme support.

The aim of the study tour was to introduce UK parliamentarians to FP/SRHR and international development and to increase their knowledge on topics related to the International Conference on Population and Development Programme of Action (ICPD PoA).

Delegates met with the Department for International Development (DFID), International Planned Parenthood (IPPF) and Marie Stopes International (MSI) representatives on 3rd November 2016 in the UK Parliament, where they were briefed on what to expect and received a pre departure pack with the draft programme.

The final delegation included UK APPG on PDRH Chair Baroness Jenny Tonge (Independent), Liz McInnes MP (Labour), Baroness Sheehan (Liberal Democrat) and Lord Hussain (Liberal Democrat). Karl Tuner MP was meant to participate, but sent his apologies one week prior to departure. John Mann MP also sent his apologies the day prior to departure due to illness. Baroness Jenny Tonge led the delegation.



Baroness Jenny Tonge (Independent)

Baroness Jenny Tonge worked as a doctor in the National Health Service (NHS) in the UK for over 30 years, before entering the HoC as MP for Richmond Park in Surrey, in 1997. Her speciality in the NHS was women's health. She was the Liberal Democrat (LD) Spokesperson for International Development for 7 years in the HoC, and in 2005 was made a life Peer. She has been a member of the UK APPG on PDRH since 1997 and was elected chair of the APPG on PDRH in 2010. She was the President of the EPF 2013 – 2015 and received an Honorary Fellowship from the Royal College of Obstetricians and Gynaecologists (RCOG) in December 2015 for her dedication and achievements in clinical care and her support to development of women's healthcare services.

Prior to the study tour Baroness Jenny Tonge said: *“I am excited to visit Sierra Leone again and particularly interested in seeing how health care is progressing in Sierra Leone since the Ebola epidemic.”*



Liz McInnes MP (Labour)

Elizabeth Anne McInnes MP worked as a biochemist in the NHS over 30 years. She was elected MP for Heywood and Middleton in Greater Manchester in 2014. She has been the branch secretary of the Pennine Acute Branch for the Unite Trades Union and Chair of the NHS Industrial Committee, as well as a member of the Healthcare Science organising professional committee. In 2015, Liz McInnes MP joined the Labour front bench as Shadow Minister in the Department for Communities and Local Government team and in October 2016 she was appointed Shadow Foreign Minister. She joined the APPG on PDRH at the AGM in July 2016 as a committee member. This study tour was her first exposure to family planning/SRHR and also her first trip to Africa.

Prior to the study tour Liz McInnes MP said: *“I've never been to Sierra Leone before so this visit is a new experience for me. I look forward to seeing what the country has achieved with regards to health service provisions for its people, and choices for women and girls in particular.”*



Baroness Sheehan (LD)

Baroness Shaista Sheehan is a British Liberal Democrat politician and was nominated for a life peerage by Nick Clegg in August 2015. She was appointed LD spokesperson for International Development in October 2016.

Prior to the study tour Baroness Sheehan said: *“I am looking forward to the opportunity to see first-hand the challenges facing health professionals in Sierra Leone in tackling the enormous issues around delivering sexual and reproductive healthcare to women and children. I am particularly interested in the partnership work that DFID undertake.”*



Lord Hussain (LD)

Lord Hussain is a Liberal Democrat politician and born in Kotli, Azad Kashmir. He was created a life peer in January 2011.

Prior to the study tour Lord Hussain said: *“I am looking forward to visiting Sierra Leone, a country that I have never visited before. I will particularly be interested to see how British Aid from DFID helps the people of Sierra Leone.”*

Background information to the Sierra Leone study tour

In the spring of 2016 invitations were disseminated to all UK Parliamentarians to join a study tour on family planning/SRHR and international development to Bangladesh co-organised with MSI, however due to the Dhaka atrocity in June 2016 the study tour was moved to Ethiopia in July 2016, again supported by MSI. Three weeks prior to the departure, the Ethiopian Government declared a state of emergency, so the study tour destination was again changed this time to Sierra Leone co-organised with UNFPA.

Members expressing an interest in the study tour were updated regularly with regards to the changes in country destination and invitations were subsequently re-circulated to all UK Parliamentarians. The delegation was altered throughout this process.

Background briefing meetings

A round table briefing meetings was set up prior to departure on 3rd November 2016 in the UK Parliament. In attendance were all UK study tour delegates: Baroness Jenny Tonge, Liz McInnes MP, John Mann MP, Baroness Sheehan and Lord Hussain. In attendance from DFID were: Gillian Turner, DFID Health Advisor and Clare Staunton, DFID Senior Programme Manager, who covered the health portfolio in Sierra Leone. Keane Clyde, Deputy Head of Sahel & West Africa Team, FCO was also meant to brief the delegation, but sent her apologies due to illness. Yahav Licher, UK UNFPA temporary representative was also meant to be in attendance, but also sent his apologies due to illness on the day. Bethan Cobley,

Director for Results Based Advocacy at MSI and Riva Eskinazi, Senior Resource Mobilization Officer at IPPF, both attended.

Baroness Jenny Tonge welcomed all and provided some background information to the UK APPG on PDRH Sierra Leone study tour. Gillian Turner and Clare Staunton from DFID proceeded to give a short overview of DFID's Sierra Leone Programme.

They noted that the UK Government had played an instrumental role in bringing peace and development to Sierra Leone in the last decade. However, even though it is now at peace and has significant natural resources, it remains one of the world's poorest countries, lying close to the bottom of the UN Human Development Index.

60% of the population lives in absolute poverty, the country has some of the highest maternal mortality figures in the world, very low school completion rates for females, and only 49% of citizens have access to clean drinking water.

DFID use a number of channels to deliver aid to Sierra Leone, including budgetary support to the Government of Sierra Leone, funding to multilateral organisations such as UNFPA and the World Bank and support to NGOs, who deliver projects on DFID's behalf by working with a range of expert national partners.

Some of the major challenges in the Sierra Leone health system were discussed including poor access to care, poor quality of care, and a lack of skilled birth attendants, along with low health worker salaries, and a lack of equipment and drugs.

At present only 16% of women access family planning despite a 25% unmet need for contraception.

DFID's programme has a particular focus on the provision of skilled health personnel, adolescent girls and women accessing modern contraception.

Further information available [here](#)

Bethan Copley provided an overview of MSI's work in Sierra Leone. MSI has been working in the country since 1986 in all its districts. 50% of the Sierra Leone family planning services are provided via MSI clinics and 80% of legal abortions are conducted in their clinics. MSI work in private public partnerships including with 500 pharmacies. MSI staff also provide ante-natal, intra-partum and post-natal care to clients.

Riva Eskinazi gave an overview of IPPF's member association in Sierra Leone and its activities. The Planned Parenthood Association of Sierra Leone (PPASL) was founded in 1956 and became a full IPPF member in 1973. IPPF supports SRHR policy initiatives and legislation changes via advocacy, in addition to improving access to SRHR services via capacity building and clinical services. The organisation has 1000 registered volunteers who help refer clients

to services in person and online. PPASL set up regular outreach camps in communities, which delegates would observe when visiting the country.

Various issues were discussed following presentations, including the latest Sierra Leone's Abortion Bill, which the President had vetoed despite Parliamentary backing. The Ebola outbreak was also discussed at length and its impact on the health system, as was the country's health workforce problems.

Sierra Leone situation at a glance



Macroeconomic Context

Sierra Leone's economy proved resilient in the face of two major exogenous shocks: the Ebola epidemic and collapse of iron prices and associated loss of production in 2014-2015. Since the last quarter of 2015, economic growth has increased, and investment has resumed supporting mining, agriculture and fisheries. Sierra Leone's recovery, according to International Monetary Fund projections, is expected to remain sustainable over the medium term.

Political Context

Sierra Leone conducted its third democratic elections in 2012 after 11 years of civil war in 2002 that claimed the lives of over 50,000 Sierra Leoneans. The current President, Dr Ernest Bai Koroma, is serving his second and final term, which ends in 2017. The next presidential, parliamentary and government elections will be held in early 2018.

The 1991 Constitution is being reviewed and a referendum to vote on the new Constitution follows in 2017. A national population and housing census was conducted in 2015 and the final results are expected in December 2016.

Development Challenges

Until the outbreak of Ebola in May 2014, Sierra Leone was seeking to become a transformed nation with middle-income status, but the country still carries its post-conflict attributes of high youth unemployment, corruption and weak national cohesion. The country continues to face the daunting challenge of enhancing transparency in managing its natural resources and fiscal policy. Problems of poor infrastructure and widespread rural and urban impoverishment still persist in spite of remarkable strides and reforms.

Health Profile of Sierra Leone

Sierra Leone has a population just over 7 million people. Despite substantial economic growth in recent years, Sierra Leone continues to be ranked low in terms of health indicators. The country has one of the highest maternal mortality rates, an estimated 1,360 maternal deaths per 100,000 live births, which equates to 1:17 life time risk of death from pregnancy and childbirth. Teenage pregnancy is a pervasive problem. Teenagers account for 40% of maternal death. Nearly a third (28%) of adolescent girl's ages 15-19 are already mothers or pregnant with their first child. Access to contraceptive services in Sierra Leone is low. The national contraceptive prevalence rate in 2013 was 16% and total fertility rate was 4.9.

Health services are delivered through a network of health facilities. This network consists of 1,258 peripheral health units, including community health centres, community health posts, maternal and child health posts and 40 hospitals (23 government owned and the remainder owned by private, non-governmental and faith-based organisations).

Population



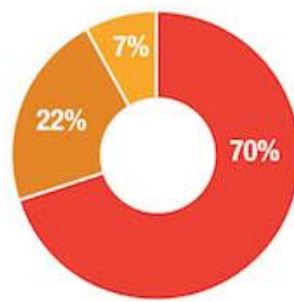
7,076,641**

Total population in millions

*UNDP Sierra Leone 2015

** Statistics Sierra Leone, 2015

Burden of diseases*



● Communicable diseases
● Noncommunicable diseases
● Injuries

*WHO 2015

Life expectancy at birth (M/F)*



*WHO 2016

Number of doctors



4/100,000

Number of doctors available for one hundred thousand people

*MoHS 2015

Maternal health



Health facility deliveries (DHS 2013)

1,360

MMR per 100,000 live births (WHO 2015)

Infant and child mortality rates*



87/1,000

Infant mortality rate (deaths < 1 year per 1000 births)

120/1,000

Child mortality rate (deaths < 5 years per 1000 births)

*WHO 2015

Sierra Leone study tour exposure:

- British High Commission and DFID programme;
- Sierra Leone Parliament and country family planning/SRHR legislation, policies and strategic plans;
- Ministry of Health and Sanitation (MoHS) and central government hospital obstetric/midwifery-, and laboratory services, as well as health service management;
- Government statistics unit and national population census;
- UN security unit;
- UNFPA country programme;

- Training of midwives, mid-level health workers and anaesthetic nurses in Freetown and Makeni;
- UNFPA supported maternity and specialised fistula repair hospital in Freetown;
- UNFPA supported outreach work to a variety of community stakeholders including religious leaders, traditional birth attendants (TBAs), village chiefs to combat gender-based violence (GBV) and child marriage;
- PPASL and Maries Stopes Sierra Leone (MSSL) health centres in Freetown and Makeni;
- A variety of clinical family planning/SRHR service provisions including: a variety of modern methods of contraception, emergency contraception, maternal health care services i.e. ante-natal, intra-partum and post-partum care, emergency obstetric care, cervical cancer, laboratory testing for STIs, fistula repair and abortion services.

Stakeholders meeting

During the study tour delegates were briefed and met with representatives from the British High Commission and DFID; MoHS; Sierra Leone MPs; statisticians; laboratory technicians; midwifery and anaesthetic nurse teachers, midwives, nurses and students; UNFPA representative and staff, UN representative and security staff; Internal Monetary Fund (IMF) and World Bank staff; NGO representatives including from MSSL and PPASL; government hospital directors, doctors and health workers; community leaders and outreach volunteers; and patients visiting hospitals, clinics and outreach services in Freetown and Makeni.

Detailed study tour programme and findings

Saturday 3rd November 2016

Baroness Jenny Tonge and Liz McInnes MP (group 1) arrived into Freetown airport and were escorted across the sea to Freetown by UNFPA programme coordinator Tina Davies. After the sea-crossing, which took between 1 – 2 hours, they were met by Dr Kim Dickson, UNFPA Representative Sierra Leone.



Ann Mette Kjaerby, Dr Kim Dickson, UNFPA Representative Sierra Leone and Baroness Jenny Tonge arriving into Freetown

Sunday 4th November 2016

British High Commission Residence, 11:00 – 12:00



UK delegation at UK High Commission with UNFPA staff, Freetown

The UK group 1 study tour delegation was welcomed at the British High Commissioner by Ambassador Guy Warrington (British High Commissioner - who had been in position for 3 months), Ms Sally Taylor (Head of DFID) and Angela Spilsbury (Basic Services Team Leader and Senior Health Adviser).

Guy Warrington presented an overview of Sierra Leone's past, current and future political situation, reform processes and the UK's involvement and support to the country.



UK Delegation at the British High Commission, Freetown

He emphasised that there had been progress in country both from a democratic perspective with fair elections and smooth power transfer, but also in the health sector, which had been in a very poor state after the civil war. GDP increased before the Ebola crises hit. The Ebola outbreak significantly affected the country and was a huge economic and social setback.

Since 2010 there has been free health care in the country. The Government only spends \$7 per head/year on health, in comparison to the UK, which spends around £2500 per head/year. Sally Taylor gave a quick overview of DFID's support to family planning/SRHR in Sierra Leone. DFID's support is channelled through a programme called Saving Lives in Sierra Leone (SLISL), which is aligned to the Government of Sierra Leone's (GoSL) post-Ebola Presidential Recovery Priorities for health. This programme will support priority, cost effective, interventions to improve health service delivery and save children and women's lives. The programme is being implemented by UN partners (World Health Organization (WHO), the United Nations Children's Fund (UNICEF), UNFPA, NGOs, and through the Sierra Leone MoHS. The programme will run from 2016/17 to 2020/21, with a £150 million budget.

The following facts and challenges were then discussed:

- The 5 year DFID project overall aims to improve the quality of health care and reduce MMR and child mortality rate (CMR), by supporting family planning services, maternity services, vaccinations, malaria prevention and bed nets. It also includes logistics and the procurement of drugs;
- Leadership, equity and supplies remains a challenge in country;
- Health workforce skills and shortages remains a problem, as does the retaining of qualified staff in remote areas. DFID is supporting a UNFPA run training scheme, to enrol nurses to become midwives. Students receive bursaries and have to work in rural areas for 4 years after qualifying;
- The high rates of teenage pregnancies in country and the fact that teenagers are expelled from school if pregnant. Changes expected in this regard;
- District hospitals having no laboratories, but there are currently 4 regional laboratories. Upgrading of these facilities are underway;
- The new Sierra Leone abortion law was not signed by the President, and has been returned for consultation with faith groups. It is expected to go back to Parliament at the end of December 2016;
- The law dictating FGM - making it illegal in Sierra Leone for all individuals under 18 years of age – is poorly implemented and enforced, and;
- HIV/AIDS rate being low in Sierra Leone.

The UK delegation thanked the British High Commissioner and DFID representatives for their warm welcome and briefing, and looked forward to returning on Tuesday to meet with Priti Patel MP, the new Secretary of State for International Development (SS for ID).

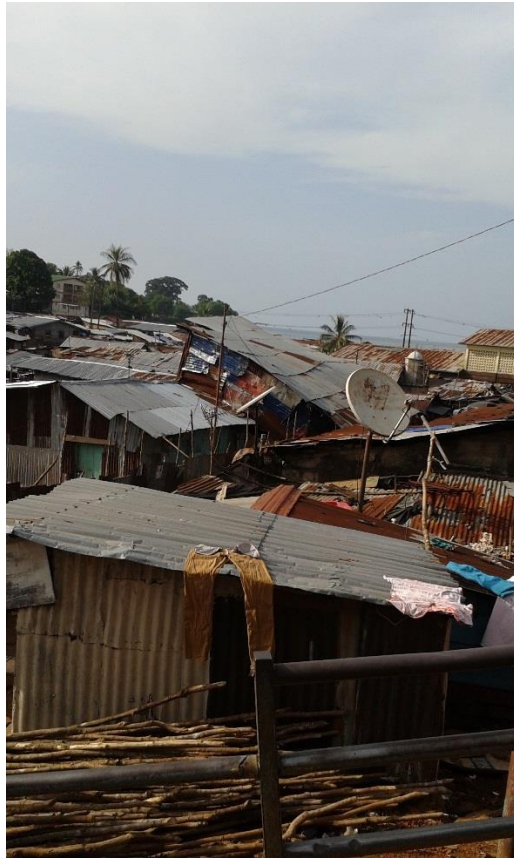
UNFPA briefing at Franco's restaurant, Freetown, Sierra Leone, 12:30 – 15:00



Group 1 UK delegation enjoyed the local fishermen's catch of the day 'lobster' – (numerous fishermen lived in this area and made their livelihood from lobsters), Freetown

Freetown tour, 16:00 – 17:30

After lunch the group 1 UK delegation was driven around Freetown, to familiarise themselves with its population, housing and general living conditions.



Freetown slum area



Freetown slum area



Freetown Cotton Tree with Gender Based Violence posters

The delegation passed Freetown's historic symbol, the Cotton Tree, which is the city's most famous landmark. Nobody is sure how old the tree is, but it is known to have existed in 1787 when the first settlers arrived. According to some sources, the Cotton Tree is 500 years old. Interestingly, the tree was surrounded by posters reading: 'STOP sexual violence against women and girls'.



Freetown beach

Since the Ebola crises, all shops are closed on Sundays. Youth were active on the beach exercising and enjoying themselves amongst plastic litter.

Monday 7th November

UNFPA Head Office, 09:00 – 13:00



Group 1 UK delegation at UNFPA head office with UNFPA staff, Freetown

UN Security briefing:

Jajesh Joshi, UN Chief Security advisor, briefed the delegation. He had a background in the Indian security system, had worked in Somalia, South Sudan and Haiti and been in position since the 2000 peace process in Sierra Leone.

The UN security's main aim is to ensure the safety of the UN and international and NGO staff, but they also assist national security and policy with information gathering and sharing.

Sierra Leone has 4 official border crossings, but 1500 informal crossings. Unemployment in country is very high and the socio-economic disparity between the rich and poor remains large. The country has a tax system, but it is not well executed. The country is politically mature and has a low risk of terrorist attacks unlike neighbouring countries Mali and Burkina Faso where there are sporadic terrorist attacks. Civilian rebels exist within the country who carry small weapons, but there have been no use of arms.

The country is highly volatile and sees regular civil unrest. The most common crimes noted are break-ins, armed robberies, petty crime, and drugs and illegal trafficking. The country has no cyber-crime yet. Traffic accidents are common. That very morning, a foreigner had been in a serious motorbike crash.

The country's next elections will be in 2018. Peaceful elections are expected.

A discussion followed the presentation and included a comment that Africa does not believe in borders, working in close partnership with neighbouring countries.

UNFPA programme briefing:

Dr Kim Dickson, UNFPA Representative for Sierra Leone, welcomed delegates and introduced her team at the table which included: Dr Elhassein, Reproductive Health Specialist; Tina Davies, OBE Programme Coordinator for UNFPA and Betty Alpha, Lead

Gender Cluster. She, along with Betty Alpha, proceeded to give an overview of UNFPA's work in Sierra Leone.

UNFPA has 45 staff in Sierra Leone and is led by Dr Kim Eva Dickson, who is supported by three Clusters Leads and an International Operations Manager.

UNFPA Sierra Leone is a principal actor and advocate that works to improve the health and well-being of all Sierra Leoneans, especially women and girls. Active in the country since 1971, UNFPA Sierra Leone provides the Government of Sierra Leone and other partners with comprehensive technical support to implement programmes and improve knowledge around SRH, gender equality, population issues, and adolescents and youth.

Guided by the UN Sustainable Development Goals (SDGs), UNFPA works to deliver its mandate as an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity.

UNFPA Sierra Leone supports the Government of Sierra Leone's efforts to promote SRHR and revitalise the health system, prioritising mothers and their babies. With high rates of maternal death, UNFPA supports the Presidents and Government's health care initiatives to save the lives of women and new-borns.

Currently in its sixth Country Programme Cycle, UNFPA Sierra Leone's key objectives include:

- Advancing SRHR, strengthening family planning and new-born health;
- Improving SRHR of adolescents and young people, and delivering a comprehensive package of services for young people in and out of school;
- Addressing women's and girls' inequalities and discrimination through empowerment;
- Promoting policies that address and support women and girls' SRHR and gender based violence (GBV) prevention, and;
- Strengthening data governance, planning, monitoring and evaluation.

Sierra Leone has opportunities that can be harnessed to accelerate progress and sustainable development. In particular, nearly half of the country's population are young. The government of Sierra Leone has expressed great commitment towards improving maternal health.

UNFPA key programme areas are:

- Population and development;
- Women's reproductive health; and
- Adolescents, youth and gender reporting at all levels.

UNFPA Sierra Leone works to ensure safe birth and maternity services, and improve the quality of basic and emergency obstetric care services. UNFPA also supports the

government's national efforts on health personnel training and capacity building, particularly in the field of midwifery, which the UK delegation saw during the visit.

UNFPA is also engaged in hospital infrastructure rehabilitation, as well as the provision of essential equipment and standardised guidelines. Other important UNFPA initiatives include the Maternal Health Thematic Fund, Ending Child Marriage, Increasing Skilled Birth Attendants, the Campaign to End Fistula, and numerous partnerships tackling maternal and new-born mortality, which were shown during the visit.

UNFPA Sierra Leone pays close attention to young people as a crucial cohort needed to reach sustainable development. By advancing programmes and initiatives that help to expand their life choices, protect their rights, and contribute to their own development as well as that of their communities, UNFPA is investing in the next generation.

Sierra Leone is in a prime position to reap the "Demographic Dividend", which is proven to boost sustainable development.

UNFPA works closely with the government, as well as with local NGOs and other development agencies, to strengthen legislation pertaining to gender equality and to remove discriminatory clauses from Sierra Leone's constitution. The delegation met with the Minister of Health and Sanitation and MPs to discuss this further.

UNFPA also advocates for gender-sensitive data collection, and emphasises the integration of culturally sensitive approaches to end GBV, including traditional practices that harm women such as FGM/Cutting. Delegates visited a girls' hub to gain insight into this work. UNFPA also recognises the rights, perspectives and influence of men and boys, involving them in the promotion of gender equality and reproductive health, proving that women's empowerment is the responsibility of everyone, not just women and girls. The delegation visited the husband school to obtain more information on these activities. In line with the SDGs' new emphasis on data, UNFPA Sierra Leone is committed to promoting data-driven change and developing data collection capacities to support effective programmes. UNFPA provides the government and other development partners and stakeholders with relevant, reliable data and information. UNFPA also supports the government and partners to develop the National Population Policy.

Alongside other UN agencies and development partners, UNFPA has been instrumental in building the technical and institutional capacities of Statistics Sierra Leone (SSL) in the production and dissemination of national statistical data. Prominent products of this initiative include the 2013 Demographic and Health Survey (DHS), the 2015 Population and Housing Census (PHS), and the establishment of an Integrated Management Information System (IMIS). 137 variables have been collected and the final report will be ready in December 2016. The delegation visited the statistics unit to discuss this further.

Many of below UNFPA's implementing partners were met and visited during the study tour, including:

- Aberdeen Women's Centre

- Capacare
- Fambul Initiative Network
- Haikal Foundation/Organization
- Health for All Coalition
- Marie Stopes Sierra Leone (SLE)
- Matei Initiative Empowerment
- MoHS
- Ministry of Education
- Ministry of Finance
- Ministry of Social Welfare
- Ministry of Youth
- National HIV/AIDS Secretariat
- Office of the First Lady
- Options Consultancy Services
- Planned Parenthood Association SLE
- Restless Development
- Statistics Sierra Leone
- Women in Crisis Movement SLE

UNFPAs major donors are: DFID, Irish Aid, Japan International Cooperation Agency (JICA) and the World Bank

A discussion followed presentations on the following topics:

- The Sierra Leone President and his 6 key priority areas and commitments to reducing MMR. \$6 million will be invested in family planning to increase contraceptive prevalence to 50%;
- The importance of increasing demand for family planning in country;
- The number of health worker and their length of vocational training, and the possibility to promote nurses to midwives with a 1 ½ year bridging programme provided by UNFPA who funds school fees and allowances for the students. These midwives are unable to transfer skills abroad, which will ensure retention of midwives. Trained midwives also have to work for 4 years in the government rural health clinics;
- Approximately 40% of total population reside in Freetown;
- Ebola disrupted the health system with many doctors and health workers dying. 307 deaths during crises and 221 in Health Centres;
- UNFPA's support to the Sierra Leone government;
- 80% of Sierra Leone government budget comes from overseas development aid (ODA);
- Youth friendly services with particular reference to confidentiality, teenage pregnancies, demand creation, safe spaces, access and Personal and Sexual Health Education (PSHE), as well and information via social media, radio, TV;
- The UNFPA 2016 State of the World Population (SWOP) report;
- The 2016 census; and
- Improving quality of care.

Princess Christian Maternity Hospital, Freetown 14:00 – 15:30



Group 1 UK delegation at the Princess Christian Maternity Hospital

The group 1 UK delegation was greeted at the Government hospital by Dr Santigie Sesay, Director of Reproductive Health; Dr Koroma, Medical Superintendent at the Princess Christian Maternity Hospital (PCMH); and Dr Sulaiman Conteh, MoHS Programme Manager on Reproductive Health.

PCMH is a central government hospital, which came under severe pressure during the 2014 Ebola virus epidemic, as authorities decided to send most of the pregnant Ebola patients there. With health resources committed elsewhere, it was severely neglected and conditions were so bad that the UN proposed closing the hospital altogether.

The delegation was accompanied around the hospital premises and wards, including the labour ward, the ante-natal and post-natal wards, as well as the laboratory. Delegates spoke to staff and clients in the various departments.



Group 1 UK delegation in PCMH, Freetown



Group 1 UK delegation in outpatient department, PCMH, Freetown



Liz McInnes MP noting a new-born baby on the Maternity Unit, PCMH, Freetown

The hospital appeared extremely busy and underequipped. Women were labouring in single cubicles without bed covers and were quickly taken out of the labour rooms following delivery to allow room for the next queuing and labouring woman. Staff appeared overwhelmed by the amount of work. The laboratory had little equipment and the blood-bank had little blood available.

Delegates held a discussion with the newly arrived laboratory technician from the USA, who was in the process of setting up a blood-bank that would include regular blood donors and Rhesus negative blood for emergencies, which currently weren't available. Staff mentioned the lack of resources and autonomy were obstacles at the hospital, as was the lack of workspace and work overload.



Group 1 UK delegation speaking to staff at the PCMH, Freetown

Nurses Anaesthetists' School at the Princess Christian Maternity Hospital 15:30 – 16:00



Incinerator and mortuary noted in the corner of the PCMH, Freetown with vultures above in the tree branches.

Walking across the hospital ground from the main building to the nurses anaesthetics school, vultures were noted circulating and in the trees around the mortuary.



Group 1 UK delegation at the nurse anaesthetic school, PCMH, Freetown

Matron Hossinatu Kanu, Chief Nursing Officer and Dr Michael Koroma, Head of Nurse Anaesthetists' School briefed delegates on the school and its training, which was situated in the corner of the PCMH. UNFPA supports this national anaesthetic nurse training project. The support started in 2006 with the aim of training competent anaesthetic staff to provide quality anaesthetic services in hospitals around the country. Until now, anaesthesia has been one of the most undervalued medical specialties in country. Resuscitation of mothers and new-borns is frequently the responsibility of the anaesthetist, making this specialisation essential to reducing maternal and new-born mortality. Sierra Leone currently only has a couple of fully trained anaesthetists. The anaesthetic nurses will ensure this gap is filled with some qualified staff.



Liz McInnes MP, Baroness Jenny Tonge and Tina Davies OBE, UNFPA coordinator in the anaesthetic nurse class room



Liz McInnes MP at the handwashing facilities at the school

National School of Midwifery at the Princess Christian Maternity Hospital, 16:00 – 17:00



Group 1 UK delegation with UNFPA representatives and midwifery teachers, National School of Midwifery, PCMH, Freetown

The National School of Midwifery, under the directive of the MoHS was situated in another corner of the PCMH. It is a centre of excellence for midwifery education in Sierra Leone. The mission of the school is to produce competent midwives who are skilled professionals, offering quality reproductive services to women, children, and communities in settings with various levels of care.

Dr Joan Sheppard, Head of Midwifery School welcomed and introduced the delegation to her 6 midwifery trainers. They were all qualified midwives with extra qualifications in midwifery training. The majority of the midwifery trainers had been at the school for several years.

The delegation was escorted around the school premises, which included a library, a staff room, and practice and teaching rooms. A variety of teaching dolls and obstetric instruments were noted, as were computers in the teacher training room, which worked, but according to staff were extremely slow.

Ministry of Health and Sanitation, 17:15 – 18:00



Dr Abu-Bakarr Fofanah, MoHS with group 1 UK delegation and UNFPA staff, MoHS



Dr Abu-Bakarr Fofanah, Minister of Health and Sanitation, Dr Kim Dickson, UNFPA Representative Sierra Leone, and Baroness Jenny Tonge, at MoHS, Freetown

The group 1 UK delegation was welcomed by Dr Abu-Bakarr Fofanah, Minister of Health and Sanitation. He outlined the Government's priorities in the area of SRHR, and reiterated the President's priorities of reducing MMR by recruiting and training staff, improving the overall quality of care, increasing partnerships and restoring the drug supply chain.

The shortage of funding and government revenue for the health service was discussed, as were the difficulties in overall health service management in the country. 80-90% of the Sierra Leone health services are financially and technically supported by implementing partners.

FGM and Child Marriage legislation was discussed at length with the Minister, who was a qualified doctor from the UK. FGM is illegal in the country up to the age of 18, however implementation of the law remains of concern and needs investment and improvement.

The 2016 Sierra Leone Abortion Bill was also discussed. Delegates were informed that the bill is expected to be returned to Parliament before the end of the year, following further

consultation with religious leaders. The Minister remained hopeful that the bill would pass in its current state and signed by the President.

Tuesday 8th November

Aberdeen Women's Centre, Freetown, 09:00 – 11:00



Mr Kosia Augustine, Chief Executive Officer of the Aberdeen Women's Centre with Liz McInnes MP, Baroness Jenny Tonge and UNFPA staff



UK junior doctor, Tina Davies OBE, UNFPA coordinator, Liz McInnes MP and Baroness Jenny Tonge

The group 1 UK delegation was welcomed by Mr Kosia Augustine, Chief Executive Officer, of the Aberdeen Women's Centre. This small hospital was set up by Ann Gloag and now supported by various organisations and individuals, including UNFPA.

It is a general maternity hospital that provides high quality holistic fistula treatment and maternity services, and also performs a small proportion of gynaecological surgeries for other childbirth injuries.

As part of the fistula prevention programme, a new maternity unit composing of three delivery areas and eight ante-natal and post-natal beds were opened in 2010. There is a twelve bed ward available for overflow for any treatment or prevention programmes, and two functioning operating theatres. The hospital also has an outpatient children's clinic, which sees up to 1200 children each month.

The delegation was accompanied around the hospital. It appeared extremely clean, and well organised and managed with highly qualified staff. Some overseas medical staff including

one from the UK were noted and spoken to. It was common practice to have overseas staff working in the hospital for several months at a time.



Dr Kim Dickson, UNFPA Representative Sierra Leone , Liz McInnes MP and Mr Kosia Augustine in the high dependency area, Aberdeen Women's Hospital, Freetown



Liz McInnes MP and Baroness Jenny Tonge talking to a post-natal clients, Aberdeen Women's Centre, Freetown



Liz McInnes MP and Baroness Jenny Tonge in front of UKAID donated washing machines, Aberdeen Women's Centre, Freetown



Women and girls awaiting fistula repair at the Aberdeen Women's Hospital, Freetown

The obstetric fistula clinic would conduct outreach work 3 times a year. The senior nurse would visit villages around the country, looking for the most vulnerable girls in order to receive fistula repair and support.

The group 1 UK delegation met with the latest 60 clients awaiting fistula repair. Foreign doctors volunteering would arrive and carry out the repair, as no in-country doctors were currently able to perform this often complicated surgery. Junior doctors would be taught during procedures. It would be commonplace for 5-6 girls to be repaired per day.



Liz McInnes MP and Baroness Jenny Tonge speaking to senior fistula repair nurse/manager, Aberdeen Women's Centre, Freetown



Women and girls awaiting fistula repair receiving life-skills classes, Aberdeen Women's Centre, Freetown



Liz McInnes MP and Baroness Jenny Tonge joining in singing, Aberdeen Women's Centre, Freetown

Group 1 UK delegates met a group of girls awaiting fistula repair. Counselling, education and life skills and support were provided whilst the girls were waiting for the life changing surgical repair.

The majority of the girls in the hospital were very young. The youngest girl to have been repaired was 12 year of age, after being raped.

The girls having fistula repairs were advised not to return to their husbands/villages until 6 months had lapsed from the repair, to ensure healing and prevent further/repeated trauma from sexual intercourse. The majority of the girls, who had been pushed out of their homes due to the fistula would however never return home.

The hospital laboratory was better equipped than others visited in that it had comprehensive VDRL testing available and a blood bank.

Planned Parenthood Association Sierra Leone (PPASL), Wesley Street Static Clinic, 11:30 – 12:30



David Williams ED, Planned Parenthood Association Sierra Leone, Dr Kim Dickson, UNFPA representatives, Dr Elhassein Reproductive Health Specialist, UNFPA and Baroness Jenny Tonge outside PPASL clinic, Wesley Street Static Clinic

Planned Parenthood Sierra Leone (PPASL) works to champion the advancement of SRHR and to enhance the provision of quality services for all, especially the underserved. Funded in part by UNFPA, PPASL provides contraceptive and safe motherhood services; adolescent and youth-friendly SRHR services; STI prevention and management; and HIV counselling and testing, among other programmes.



Receptionist, PPASL Wesley Street Static Clinic



Liz McInnes MP and Baroness Jenny Tonge with PPASL nurse explaining use of female condom

The group 1 UK delegation was accompanied around the various PPASL clinic areas including consultation rooms, the labour room and the minor procedural room. Delegates were exposed to the various contraceptive methods available in the clinic and discussed the morning after pill, menstrual regulation, the availability of safe abortion services, and syndromic management of STIs. A variety of contraceptive methods were available including the female condom, as were oxytocin to prevent post-partum haemorrhage, the most common cause of maternal mortality in Sierra Leone. Vitamin K was also available for newborn babies in order to prevent internal haemorrhage, however no emergency contraception was available. The problem of commodity stock out was also discussed during the visit, as was drug quality control problems in country.

The group 1 UK delegation proceeded to visit a PPASL outreach camp and met with leaders of the community including a local MP and youth volunteers. All were delighted to welcome the PPASL outreach camps, which would appear in various locations throughout the year. The outreach camps ensured services were available and provided to all those in need close to their homes. The clinics were always busy with many young clients requesting depo as their preferred contraceptive method.



PPASL outreach clinic, Dwasak



Liz McInnes MP and Baroness Jenny Tonge with a local MP, PPASL staff and community advocates and volunteers



Liz McInnes MP and Baroness Jenny Tonge speaking with a local MP at PPASL outreach Dwasak



PPASL client receiving depo injection at popup camp



Dwasak community

British High Commission Residence – meeting with Priti Patel MP, SS for ID, 13:45 – 14:45



Baroness Jenny Tonge and Paul McGrade, the Deputy British High Commissioner



Tina Davies OBE, UNFPA coordinator and Dr Amit Bhandari Health Advisor, DFID



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Dr Kim Dickson, UNFPA Representative Sierra Leone, Ann Mette Kjaerby and Liz McInnes MP in discussion with Priti Patel MP, SS for ID.

The group 1 UK delegation returned to the British High Commission to meet with Priti Patel MP, SS for ID who happened to be visiting UK ODA projects for a couple of days during the APPG on PDRH study tour.

A 45 minute meeting was held, where discussions evolved around UK aid in Sierra Leone, UK as a strategic partner, other partnerships including UK support to UNFPA and FP2020. The large youth cohort and job creation was touched upon, along with education and Sierra Leone's economy and the health system in general. The country's potential strength regarding tourism and agriculture were also discussed along with the country's transport system including the distance from the airport to the capital and general road infrastructure, which appeared to be good.

The problems of teenage pregnancy, access to contraception, as well as child marriage were also discussed.

Baroness Jenny Tonge thanked Priti Patel MP, SS for ID for her time and support to women and girls including in Sierra Leone.

Girls' Club, Rokel, Western Rural, 16:30 – 17:30

The group 1 UK delegation travelled to Rokel to visit the UNFPA and Restless Development girls club.



Liz McInnes MP and Baroness Jenny Tonge with UNFPA and Restless Development representatives, Rokel

The group 1 UK delegation was met with James Fofanah from the Restless Development NGO and was introduced to the girls' club project. This particular project in Rokel Community was mapped to identify and reach 15 of the most vulnerable girls in the community. A safe space was selected by the girls and is a place where they feel physically and emotionally safe and where they enjoy the freedom to express themselves without the fear of judgment or harm. The girls' club meets three times per week to learn and share experiences. In the safe space the girls are provided with opportunities for social participation, gaining life skills, leadership, and health information.





Group 1 UK delegation observing Rokel girls workshop

Delegates observed a youth workshop on the topic of being 'courageous'. The teaching centred on the true story of Malala and the girls present, took it in turns to explain and show 'courage'. After the workshop parliamentarians took the opportunity to speak with the girls individually and the project leaders.

Wednesday 9th November

Travel from Freetown to Makeni, 08:00 – 11:30



Women and girls selling food in the street between Freetown and Makeni

A car puncture along the road allowed group 1 UK delegates time to speak to the street-sellers along the road from Freetown to Makeni. The girls went to school, but due to the

overcrowding in schools, some went in the morning and others in the afternoon. When not at school, the girls would be selling food and fruit along the road.

Husbands' School, Binkolo, Northern Region, 11:30 – 13:00



Binkolo Husbands' School, Northern Region



Ann Mette Kjaerby, Dr Kim Dickson, UNFPA Representative Sierra Leone, Liz McInnes MP and Baroness Jenny Tonge with community leaders

At the husband's school the group 1 UK delegation was met by Reverend George Buannie, Fambul Initiative Network (FINE SL), country director, who introduced them to the community leaders at the head-table, which included the community chief, the Iman and the Priest.

The "Husband School" provided a platform for men to discuss issues like masculinity, patriarchal constructs, and harmful traditional beliefs and practices, such as FGM/Cutting, early and forced marriage, and teenage pregnancy. These sessions create opportunities for open discussions on men's reproductive health challenges and HIV/AIDS prevention and awareness. Men also discussed their own issues and learned how certain constructs of "masculinity" can have negative health consequences.

At this particular meeting the Iman said that he felt like a partner in development. He reiterated that, men should not beat their wives or rape women as it is damaging to the women, the community and development. He said that GBV must not be swept under the carpet as it is better out in the open for it to die out.

The priest noted his happiness with the effect of the husband project. He said: 'God made us equal', and it is important to have a good family life - "the world is one family!" The chief of town said he was happy to see so many children in schools now and child marriage addressed. He was concerned with regards to the poor road infrastructure and women accessing obstetric services timely. He made the request for continued support including motorbikes as vehicles to transport young pregnant girls from the villages into town during obstetric emergencies.



Community representatives at husband school, Binkolo (Bombali District)



Reverend George Buannie, Fambul Initiative Network (FINE SL), country director, Binkolo (Bombali District)

After the leaders had spoken, the community representatives present were offered a platform to talk to the UK parliamentarians. A traditional birth assistant (TBA) said the husband's project had a positive impact on the community, in that she is now only referring pregnant women to clinics and given monetary incentives to do so, as opposed to unqualified staff looking after labouring women. A midwife present said the midwifery

training at the local midwifery school had ensured better training and qualified midwives and the awareness training at the husband's school had ensured that men escort their wives to the hospital when labouring. The quality of care had greatly reduced the incidence of tetanus due to clean utensils and a reduction in home deliveries. Child marriage had been discussed at various meetings and had now practically stopped in this community. A young girl in her green school uniform got up and presented her very emotional and personal story of how the husband school had 'rescued' her from child marriage and ensured her parents rejected the proposed marriage with an older man and instead supported her with an education.

Other community representatives spoke very openly about GBV in their town and how they were trying to combat this via the husband school by educating men and young boys about the importance of keeping women and girl safe and free from violence. Men were encouraged to spread the word in the community. The police were now heavily involved in monitoring GBV, and follow ups had reduced GBV. A family support unit and call centre for GBV had also been established to support vulnerable women and girls.

The husband school meets weekly to discuss matters of concern regarding equality. Most recent issues included shared childcare responsibilities, the increase in teenage pregnancies and STIs during the Ebola crisis, as well as illiteracy.



Dr Kim Dickson, UNFPA Representative Sierra Leone with the girl rescued from child marriage

Midwifery School, Masuba, Makeni, 13:30 – 15:30



Group 1 UK delegation at Makeni School of Midwifery

The Makeni School of Midwifery was established in 2010 to meet increasing demands for practicing midwives to provide high quality maternity care. The school trains community health nurses as midwives, focusing mainly on rural maternity care. Its revised curriculum is

funded by UNFPA, and UNFPA also provides scholarships to students. These students are then required to work for the Sierra Leone MoHS for four years in rural communities.



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Baroness Jenny Tonge and Liz McInnes MP observing midwifery training, Makeni

Mrs Francess Fornah, Head of Midwifery School Makeni welcomed the group 1 UK delegation to her school and introduced her 6 tutors, 2 of which worked part-time and one

was a male tutor. The school is one of two midwifery schools in the country. It has 447 students and 333 graduates and UNFPA is currently supporting 60 scholarships via school fees and living allowances. There are currently 135 midwifery student. The majority of midwifery students have GCSEs and are enrolled nurses that have received 2 ½ years nursing training. The midwifery training is an extra 2 years. In order to motivate students, accommodation is provided whilst staying in remote areas. The school receives WHO technical support and students are exposed to 50% theory and 50% practical clinical practice with supervision in local community clinics, the local hospital and at a central hospital. The biggest challenge is to motivate and retain tutors and train more tutors.

In 2014 all women in the area delivered in clinics or the local hospital, and 50% of adolescents attended antenatal clinics.

Marie Stopes Sierra Leone Clinic, 7 Ladies Mile, Makeni, 16:00 – 17:00

MSSL is the largest NGO provider of family planning and SRHR in Sierra Leone. Established in 1986, it works with partners to reduce MMR and ensure universal access to reproductive health and rights through expanding access to quality services. MSSL works to ensure that all women, particularly the poorest and hardest to reach, can access a full range of contraceptive services to enable them to choose the most appropriate method to meet their needs. MSSL also provides maternal and child health services, post abortion care and testing, and treatment of STIs.

In 2016, MSSL began providing cervical cancer screening. In 2015, through UNFPA's support, MSSL reached more than 50,000 clients with SRHR services; more than 4,000 clients received STI service; and more than 2,000 IUDs and nearly 6,000 implants were provided, with around 100,000 clients opting for short-term methods.

Delegates were met with Adama Manga, Centre Manager clinic director and Ms Mamie Conteh, Regional Manager and accompanied around the clinic.

Of particular interest at this clinic, was that it appeared to be the only and first clinic in country that would soon offer treatment for abnormal smears. Staff had just returned from training and equipment was expected soon.

Thursday 10th November

Group 1 UK delegation travelled from Makeni to Freetown, 08:00 – 10:00

Group 2 UK delegation visited Planned Parenthood Association Sierra Leone (PPASL) clinic and outreach services.



Baroness Sheehan and Lord Hussain observing IUD insertion demonstration

The group 2 UK delegation arrived the night prior and visited the PPASL clinic the next morning. They were accompanied around the various consultation rooms, the labour room and the minor procedural room. The delegation spoke to staff, and was shown the various contraceptive methods available in the clinic.



Baroness Sheehan at PPASL outreach camp, Dwarzak

The group 2 UK delegation visited a PPASL outreach camp and met with leaders of the community and clients. The outreach camps ensured services were available and provided to all in need close to their homes.



Lord Hussain speaking to David Williams, PPASL Executive Director



Lord Hussain speaking to one of the community heads





Group 2 UK delegation at PPASL outreach camp, Dwarzak

Sierra Leone Parliament visit, 11:30 – 13:30



UK Delegates meeting in Parliament with Sierra Leone MPs



UK Delegates meeting in Parliament with Sierra Leone MPs



Dr Kim Dickson, UNFPA Representative Sierra Leone , Lord Hussain, Baroness Jenny Tonge, Liz McInnes MP, Tina Davies OBE, UNFPA coordinator and Baroness Sheehan in Sierra Leone Parliament, Freetown

The full UK delegation was welcomed at the Sierra Leone Parliament, which was built in 1961 and currently hosts 124 MPs. Sierra Leone MPs sit for 164 days per year and receive around US\$1000 per month in salary. The UK delegation met with 15 parliamentarians from all parties at the Parliament.

Dr Abdulai Sesay, Chair of the Health Committee welcomed the UK delegation and a round table introduction followed with MPs specifying their field of expertise/interest with particular reference to SRHR. The majority of MPs present were party spokespersons for either health, trade, FCO, public affairs, finance and legislation, trade, agriculture, transport, human resources, or youth and oversight. Several had a strong interest in family planning/SRHR, GBV including FGM and child marriage and many had been actively involved in the legislative processes on these issues, including the latest abortion bill. Members met

included: Mabinty Kadija Sillah, Ibrahim Nox Sankoh, Helen Kuyembey (Chair of Advocacy for Population and Development cluster), Dr Tawaoro Koroma, Francis Kaisamba, Moses Jorkie, Alhassan Kamara, Hassan Sesay (Chair of the Gender and Social Welfare Committee), Gladys Gbappy- Brima, Abi Kalokoh, and Lahai Marrah.

Baroness Jenny Tonge thanked MPs for meeting with the UK delegation and provided an overview of the work of the UK APPG on PDRH and the aim of this particular study tour.

An open and frank discussion followed regarding Sierra Leone legislative processes and law currently in place or being debated relating to SRHR. One of the MPs presented his involvement in the Sierra Leone Poverty Action Group on Population and Development, which started in 2007. Another MP mentioned the gender caucus in the Sierra Leone Parliament that championed gender rights. Several MPs thanked UNFPA for its support with the latest census, due to be launched in December 2016. The census will be extremely important for all in-country stakeholders with regards to planning for the Sierra Leone population.

The Abortion Bill was discussed and all remained hopeful that the bill will return intact to Parliament and pass after the engagement with religious leaders.

The Convention on the Elimination of Discrimination Against Women (CEDAW) was discussed. It has been signed and ratified by the Sierra Leone Government, as was the Maputo Plan of Action and the Convention on the Rights of the Child.

Early and forced marriage was discussed in light of Sierra Leone's law forbidding child marriage, but the implementation remains patchy. Sierra Leone also has a national strategy since 2013 to prevent teenage pregnancies. 4% of teenage marriages are to older men. Sierra Leone has a law stating that FGM before 18 years of age is illegal, but again implementation and the enforcement of the law remains a challenge, particularly due to the lack of financial means to implement it.

One MP made reference to Sierra Leone's marriage and divorce Act 2009 and the fact that press, media and civil society is free and active in country.

The following other subjects were also mentioned briefly:

- Sierra Leone Governments and its prosperity agenda;
- Un-used land and agriculture;
- The Government's tax system and large ODA;
- Urbanisation and the lack of incentives for people to return to the country side;
- Education and congested schools;
- Mining, country commodities and land ownership;
- The law reform commission;
- Maternal and Child Health; and
- Tourism, private sector and public-private partnerships.



Baroness Sheehan, Baroness Jenny Tonge, Liz McInnes MP and Lord Hussain photographed in the Sierra Leone Parliament in front of a poster with Jo Cox MP and a remembrance message

Statistics Unit Sierra Leone, 14:00 – 16:00



The UK delegation at the Sierra Leone Statistics Unit



Lord Hussain in Statistics Unit corridor



The UK delegation in the statistics unit in front of data entry computers

The Statistics Sierra Leone (SSL) conducts Population and Housing Census and collects, compiles, analyses and disseminates accurate, reliable and timely statistical information for informed decision-making by the government and the general public. The vision of Sierra Leone Statistics Unit is to create a sustainable National Statistical System for the coordination and production of official statistics that will assist evidence-based decision-making.

This year was particularly important for the department, as it was in charge of the 2015 Population and Housing census. The census collected a wide range of demographic and socioeconomic data, and for the first time in the country, data on the impacts Maternal Mortality and the Ebola socioeconomic impacts were made available.

Prior to a detailed presentation, the UK delegation had a quick informal discussion with the units Director-General Mr Mohamed King Koroma. Topics discussed were: Sierra Leone mining and customs, corporate and general tax system including VAT. Land ownership and agriculture and tourism. Formal versus informal sector, remittance, structural issues, government challenges and corruption and incentives to inform with regards to corruption.

After the informal discussion the delegation received a detailed PowerPoint presentation on the 2015 census.

This census was the 5th census in Sierra Leone, designed to deepen democracy and foster peace and stability in the country. It was supported by DFID, UNFPA, Irish Aid and the United Nations Development Programme (UNDP). UNFPA provided technical assistance. The census was delayed by 5 months due to the Ebola crises. It was monitored by international monitors, including two from the UK (UK statistical office and DFID headquarters). The international monitors were from the UN country team, national civil society and academia. The census was conducted in accordance with international standards and procedures. Data will be used for the next 10 years and has 300 indicators. It

covers population structures, educational and economic characteristics, migration, fertility, access and use of internet, uses of alcohol and tobacco, housing conditions, agriculture activities, standard of living, distance to nearest health facility, school, water points and many other variables. The census was conducted from 5th – 18th December 2015 and all data had been entered digitally and the final report will be available December 2016. Capacity building has been part of the process and will be useful for future surveys and data collection.

Preliminary results show that Sierra Leone's population is currently at 7,750,641 and the motto used during the survey was: 'If not counted, you do not count'!

It was noted that UK ODA support to the census was £2.5 million along with equipment and training of personal. UNFPA was the main supporter and leader of the census. Data processing had been cumbersome but been inclusive, participating, and transparent. It will assist the government in future planning and monitoring.

The final report and data will have a Presidential launch and be disseminated via media, partners and websites.

A discussion followed with regards to how the interviews had been conducted. The actual interviews had been face-to-face interviews lasting 30 – 60 minutes each, and 16 000 staff had been involved. The census will be very useful for the 2018 DHS and all other surveys, due to the capacity building processes built into the census.



UK delegation in statistics unit

Cocktail party with key family planning/SRHR stakeholders, The Radisson Blue Hotel, 19:00 – 22:00

A networking reception was organised at the Radisson Blue Hotel with a wide variety of SRHR and related stakeholders including: Geoff Wiffin, United Nations Children's Fund (UNICEF) country representative; Parminder P. S. Brar, World Bank country representative; Michael Gboun UNAIDS country representative; Sanusie Savage, International Organisation for Migration (IOM) country representative; Kelleh Mansaray, United Nations Industrial Development Organisation (UNIDO) officer-in-charge; Peter Scott-Bowen, World Food Programme (WFP) country representative; Nick Gardener, United Nation Office for Project

Services (UNOPS) country representative; Mary Okumu, UNWOMEN country representative; Ambassador Catherine Campbell, Irish Aid; Khadidia Diabi, African Development Bank (AFDB), OIC country programme officer; Iyabo Marsha, IMF country representative; Kiyumi Koroma, JICA focal person; Dr Abu-Bakarr Fofanah, Minister of Health and Sanitation; Mr Omo-Obi Ofuoma, MSI country representative; and MPs.

Baroness Jenny Tonge welcomed all in attendance and said she was excited to be in Sierra Leone along with her colleagues to look at the family planning/SRHR services provisions available to the Sierra Leone population. Dr Abu-Bakarr Fofanah, Minister of Health and Sanitation, followed with a few words and then Dr Kim Dickson, UNFPA Representative Sierra Leone. Networking followed where members discussed a variety of family planning/SRHR observations and challenges.



Baroness Jenny Tonge speaking at the reception



Dr Abu Bakarr Fofanah, Minister of Health and Sanitation and Dr Kim Dickson, UNFPA Representative Sierra Leone speaking at the reception



Geoff Wiffin, UNICEF Country Representative, Dr Abu Bakarr Fofanah Minister of Health and Sanitation, Dr Mary Okumu UN Women Country Representative and Dr Kim Dickson, UNFPA Representative Sierra Leone at reception



Evening stakeholder reception



Baroness Jenny Tonge and Dr Abu Bakarr Fofanah, Minister of Health and Sanitation



Nick Garder, UNOPS Country Director, Liz Ufouma, MSSL Country Director, Liz McInnes MP and Baroness Jenny Tonge at network reception

Friday 11th November

British High Commission Head Office, Freetown, 09:00 – 10:00



UK delegation at British Embassy

The UK delegation met with Ambassador Guy Warrington and Sally Taylor, Head of DFID again to discuss study tour findings and brief group 2 UK delegation.

During the meeting a variety of development issues were discussed including, the country's economy and social welfare system and in particular the health care system. The country's rail, water and road infrastructure were also discussed along with agricultural opportunities and tourism. Sierra Leone's harbour, which is one of the largest in the world but operate below capacity was also mentioned. The country's minerals were also referenced briefly and Rwanda was mentioned as a good country to learn from regarding family planning/SRHR and development.

Sally Taylor noted that Sierra Leone's Government only has a 10.5% GDP revenue collection but this could increase to 20% and would be of great benefit to the country. It was noted that the country was awaiting the budget statement on this particular day.

Sierra Leone's capacity and structural challenges as well as corruption was referenced as a huge challenge. The country's legal system was also discussed briefly along with signed Treaties and anti-corruption strategies imposed by donors including DFID. Many great laws exist in country, but enforcement remains a problem.

The country's drug supply chain remains of concern with particular reference to public procurement, but the Sierra Leone Finance Minister wants to improve this and DFID is investing and supporting Sierra Leone Government and UNFPA in this area.

Baroness Jenny Tonge raised concern regarding the Government hospitals being very busy, dirty, with few incentives and poor salaries. Leadership appeared to be challenging and difficult, as was space and quality of care and the laboratories appeared to be hardly functioning. She questioned the role of the proposed new triage hospital and was reassured that this particular centre was important after the Ebola outbreak and the difficulties in

containing infectious diseases. Baroness Jenny Tonge praised the Aberdeen hospital, which appear to be very well run and managed with high standards and good quality of care.

Sally Taylor reiterated that the centralisation of hospitals and lack of autonomy along with the Ebola outbreak had been a great setback for the country, but the increase in support from donors including the UK, USA and China had ensured better management and leadership in many settings.

The country had been supported with 3 new regional laboratories and the treatment of key diseases. The DFID saving lives programme has improved primary health care and the availability of blood. The new triage centre will reduce deaths in A/E and will be run by an Italian NGO that deals with trauma cases. At present maternal and child health care is free but all other services need to be covered by payments, which results in a 60% out of pocket payment for clients. Private health insurance and private clinics exist and social security system for workers may be starting soon. Sierra Leone needs global investment.

National committee of GBV meeting, 10:15 – 11:00



The UK delegation attending Ministry of Social Welfare, Gender and Children's Affairs meeting, Freetown

The Ministry of Social Welfare, Gender and Children's Affairs (SWGCA) held a committee meeting which delegates were invited to attend. The meeting was chaired by the Minister for SWGCA to discuss the creation of five new sub-committees on Media, Legal, Health, Security and Psychosocial care. She requested input from GBV actors present.

The Minister reiterated to the delegates that GBV is high on the Government agenda, and all organisations working in this field need to go via the correct channels including legal and psychosocial services to combat GBV. Discussion followed regarding the preparations for the 25th November, when the 14 days of global action against GBV will start.

A short networking session followed amongst UK delegates and GBV stakeholders present.

UNDP Office, UN Resident Coordinator and UN Security Officer, 11:15 – 12:00



The UK delegation at UNDP office with Mr Saigal Sunil, UN Resident coordinator



UK delegation at UNFPA conference room, Freetown

UK delegation met with Mr Saigal Sunil, UN Resident coordinator and received an overview and briefing of UN activities with particular reference to SRHR and GBV.

Mr Saigal Sunil noted that UNFPA's work in Sierra Leone is very important. The Ebola crisis had either disrupted or destroyed communities and livelihoods. As well as the Ebola crisis, the country saw a collapse of commodity prices, which affected its mining and economy. The Iron prices were beginning to come back down in response to the crises. The IMF had been working hard in the country with regards to accountability measures.

Sierra Leone is currently in the process of enforcing human rights, reproductive rights and gender rights. An FGM law and policies are in place, but not well implemented yet. The UN has been working in collaboration with the Sierra Leone Government to send out messages regarding stopping harmful practices at all levels. Child Marriage and teenage pregnancies remain a problem, with girls having to drop out of school if pregnant. The Sierra Leone Government has however just agreed that girls can return to school, but this remains to be seen in practice.

The UN Security Chief proceeded and gave a brief overview of the security situation to group 2 who missed the initial briefing session. He emphasized that in Sierra Leone terrorism is low and there have been no signs of radicalisation of people in the country. Civil unrest is possible due to large youth unemployment, petty crime and armed robberies, which are all of concern, as is drug related crime and human trafficking.

Sierra Leone has a high level of religious tolerance with 60% of the population being Muslim and 40% being Christian, making intermarriage very common. Motorbikes around town have been restricted due to problems surrounding their usage. Corruption also remains a big problem in the country.

A round table discussion followed on the subjects of civil liberty, media and freedom of speech, land use, import and export of goods, energy supply and infrastructure.

The country currently has a criminal court and Sierra Leone is mature with regards to civil liberties. Only small demonstrations and minor outbreaks of violence are expected during the 2018 elections. Armed police will hopefully not be needed.

The country has around 7 national newspapers that are open and able to criticise the government. There are no political prisoners in the country. At present only 50% of the land is used. It is cheaper to import rice than farm it. The Government is trying to limit importation, has placed austerity measures and removed fuel subsidies, which will affect the poor and transport.

Electricity and energy remain problematic. Solar panels are commonplace, but it rains 4-6 months per year, so do not produce enough energy. At present the main electricity supply is via hydropower.

Sierra Leone has an extensive road system and only one railway for transportation of goods.

Baroness Jenny Tonge thanked the UN country representative for his time and valued briefing.

UNFPA Head Office, 12:00 – 14:00

The delegation received a debriefing presentation at the UNFPA head office in Freetown prior to group 1's departure. Dr Kim Dickson, UNFPA Representative Sierra Leone presented a photo PowerPoint slide presentation summarising the fully study tour schedule and site visits (please see appendix 1). Group 1 then departed to the airport and group 2 proceeded to next site visit.





Baroness Jenny Tonge and Liz McInnes MP crossing the river to Freetown airport



Baroness Jenny Tonge and Liz McInnes MP arriving at sea across from Freetown

Marie Stopes Outreach Clinic, Lakka Community Health Centre Freetown, 15:00 – 17:00



Baroness Sheehan and Lord Hussain with Ufouma Omo-Obi, MSSL Country Director



Lord Hussain in front of the MSSL outreach clinic, Lakka



Baroness Sheehan with MSSL staff



Group 2 UK delegation observing aseptic/non touch technique used by the nurse



Baroness Sheehan observing implant insertion



Baroness Sheehan with a client post In-plant insertion on left arm

The group 2 UK delegation was escorted around MSSL's clinic in Lakka community hospital, Freetown and was given the opportunity to meet staff and clients.

Saturday 12th November
Aberdeen Women's Centre, 09:00 – 11:00





Baroness Sheehan and Lord Hussain visiting Aberdeen Women's Hospital

Girls' Club, Newton Western Rural, 16:00 – 17:00

The UK Group 2 delegation visited the Newton Western Rural girls club. This project is similar to the Rokel girls club that UK Group 1 visited. Delegates met and spoke with girls in this safe space where they were gaining life skills, leadership, and health information.

Sunday 13th November,

Princess Christian Maternity Hospital 10:00 – 12:00

The UK Group 2 delegation visited the PCMH and was accompanied around the hospital premises and wards, including the labour ward, the ante-natal and post-natal wards, as well as the laboratory. Delegates spoke to staff and clients in the various departments.

Sunday 13th November, group 2 UK delegation debriefing meeting with UNFPA at Francos restaurant



Lord Hussain, Dr Kim Dickson, UNFPA Representative Sierra Leone and Baroness Sheehan, Franco restaurant

Sunday 12th November, British High Commission reception, 14:00 – 15:00



Group 2 UK delegation at British High Commission reception.

The group 2 UK delegation were invited to and attended a reception at the British High Commission for Remembrance Day before departing to the airport.



Baroness Sheehan with Sally Taylor, Head of DFID Sierra Leone and Dr Kim Dickson, UNFPA Representative Sierra Leone

Summary highlights and comments were:

All delegates agreed that the hospitality and welcoming at UNFPA and UN head offices, Parliament, the British High Commission and all hospitals, clinics and premises visited and places stayed, were very warm, kind and generous. The aim of the study tours to introduce, broaden and deepen delegates understanding on core Family Planning, SRHR, and international development issues had been accomplished. Sierra Leone was of particular interest due to its long-standing support from the UK.

The delegates visited government, NGO and UNFPA supported maternal and reproductive health and training facilities in Freetown and Makani. They met and spoke with health officials and workers; UNFPA and NGO representatives and staff, community leaders and volunteers; clients and UK trained medical staff. The delegates also met young girls vulnerable to child marriage and girls awaiting fistula repair.

The delegation commended UNFPA for its support to the Government of Sierra Leone's efforts to promote SRHR and prioritising mothers and their babies.

The Aberdeen Women's Hospital was exemplary with regards to quality services provided to women and girls. The fistula repair of a 12 year old girl after rape at the hospital was particularly memorable.

Concerns were raised with regards to the crowded PCMH that appeared understaffed and in need of upgrading.

The two midwifery training institutions visited in Freetown and Makeni appeared well managed and strategic in its training of quality community midwives. The anaesthetic nurse training school likewise.

PPASL outreach clinics were frequented by a variety of clients close to their homes and were positively received by its community leaders and clients – including many young girls.

MSSL clinics are exemplary and innovative in its service provisions. The MSSL clinic in Makeni appeared to be the only clinic in Sierra Leone about to offer cervical smear tests with accompanying treatment, which is much needed.

The UNFPA supported husband school and girl's hubs were also innovative projects, targeting vulnerable groups via partnering with leaders of the community, whom were positive role models.

Sierra Leone's legislators were outspoken and supportive of family planning and SRHR. Laws on FGM and child marriage were in place, but implementation appeared problematic in part due to resource constraints. The latest abortion law is expected back in Parliament soon after further consultation with religious leaders and the MoHS was hopeful that it would pass in its present state.

The statistics department of Sierra Leone must be commended for its work with partners in completing the 2016 national census. The census will be particularly valuable for the future planning and management of Sierra Leone's health services.

Delegates commented that Sierra Leone will benefit from improvements in its tax revenue, farming and agricultural practices and its tourism to reduce the 80% ODA currently received. In the meantime UK AID appears necessary to further improve women's health via increased support for family planning and maternity services, basic and in-service training of health workers, and improved quality of care at all levels.

Individual parliamentarians said:

Baroness Jenny Tonge *"There is some excellent work going on in Sierra Leone by UNFPA, NGO's and the DFID Health Department. One place we shall all remember is the Aberdeen Women's Hospital where all women's health needs were catered for and girls who had had FGM were especially welcomed. It was such a well-run hospital that we all agreed that we would be perfectly happy to give birth there ourselves!"*

The same was unfortunately not true of some government run hospitals however, which were terribly overcrowded with poor facilities. The vultures circling over the incinerator area of one establishment made us wonder about clinical practice there!

Everyone we spoke to, from the UK trained Minister of Health and Sanitation to the nurses' leaders and staff in the wards were full of enthusiasm, but they all knew the main problem of Sierra Leone is lack of resources to spend on healthcare.

I still find it depressing that after 10 years of DFID assistance after the civil war ended going into healthcare in particular, that there is still no health service network countrywide. This must have been one of the main reasons for the Ebola epidemic.

DFID is continuing to give aid to Sierra Leone for health services and it is to be hoped that this will improve. The country suffers now of course from the huge number of trained doctors and nurses who lost their lives in the epidemic.

Nevertheless, it is a beautiful country full of lovely people. One day it will come right."

Liz McInnes MP said: "I've never been to Sierra Leone before so the visit was a new experience for me. I saw a country which was struggling post-Ebola to get back on its feet. Many thousands of citizens died as a result of the Ebola outbreak, including over 200 healthcare and medical staff, which has left Sierra Leone's already sparse healthcare services struggling to cope.

A particular highlight for me was the visit to the Aberdeen Women's Centre where I saw the great work being done by the surgical team in treating young women and girls who required surgery after prolonged labour and sadly, following rape. But it was good to see the work being done in educating these young women during their stay at the women's centre and to see them making friends amongst themselves, many of them having been ostracised by their families and partners.

I also particularly enjoyed the visits to the two midwifery training schools and couldn't help but be impressed by the boundless enthusiasm of the trainee midwives. Another highlight was the visit to the "Husbands' School", a really exciting project where men were taught about their role in ensuring that their wives, sisters and daughters were respected. It was great to meet the young schoolgirl that this group had helped to get back into education and away from early marriage and teenage pregnancy.

I'm grateful to the APPG for organising the trip and to the UNFPA for their hospitality and for making our visit so interesting."

Baroness Sheehan said: "This trip to Sierra Leone exceeded all expectations, giving us valuable insight to a country struggling to overcome the setbacks of the civil war and then the Ebola crisis.

The issues faced by women and children were presented to us in a comprehensive way, from raising awareness, education and prevention to treatment and delivery of service. We learnt about some of the challenges of delivering healthcare to rural communities - cultural, infrastructural and climatic.

A particular eye opener for me was the visit to the Aberdeen Hospital, a well-run organisation with inspirational leadership, dealing with repairing the physical trauma of fistula in girls as young as twelve. Until then I hadn't appreciated how devastating fistula could be, not just physically but also socially as women and girls are often ostracised by the

community. Another heart-breaking case we saw was that of an eight year old girl who had been raped.

I left Sierra Leone much better informed, despite what we had witnessed, and in some ways heartened, as it is a country that is an exemplar of Muslims and Christians living without inter-religion conflict; and a society where media and civil society is free to criticise the government. It is a country with many challenges, but if those can be met with long-term development aid programmes from developed countries then it has a bright future.

The UNFPA team in Sierra Leone could not have been more welcoming and deserve credit for putting together such an informative programme at short notice. I'd like to put on record my thanks to the APPG on PDRH for making the trip possible."

Lord Hussain said: "I was impressed by good use of DFID support given to some of the most deserving people in Sierra Leone in saving lives and tackling some of the most deadly diseases."

Conclusion and Acknowledgment

Participants felt the Sierra Leone APPG on PDRH study tour was informative, educational and successful in stimulating plans to engage in family planning/SRHR parliamentary advocacy to further the International Conference on Population and Development Programme of Action and its integration in the Sustainable Development Goals.

Delegates will promote and encourage continued ODA to Sierra Leone including via UNFPA and NGOs via questions and debates in the UK Parliament, as UK AID appears necessary to further improve women and girl's health situation in the country.

Delegates expressed their gratitude to the European Parliamentary Forum on Population and Development (EPF) for its financial support to the study tour and UNFPA for agreeing to co-host the study tour. Delegates also thanked IPPF, PPASL, and MSI as well as all Sierra Leone government officials, UN and NGO staff for briefing and informing them during the study tour.

A particular thank you to Dr Kim Dickson, UNFPA Representative Sierra Leone and Tina Davies, OBE UNFPA coordinator for all their hard work on making it a successful study tour with such short notice and Ann Mette Kjaerby, Parliamentary and Policy Advisor APPG on PDRH for her advice and organisational skills.

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