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United Nations Population Fund

Country programme document for Sierra Leone

Proposed indicative UNFPA assistance:	$48 million: $10.3 million from regular resources and $37.7 million through co-financing modalities or other resources
Programme period:	Six years (2025-2030)
Cycle of assistance:	Eighth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2025–2030

I. Programme rationale

1. Sierra Leone has a population of approximately 8.8 million, 44 per cent of whom live in urban areas.[1] The population is young, with a median age of 19 years. About 75 per cent of the population is under 35 years of age,[2] with adolescents aged 10-24 years constituting 33 per cent. With a fertility rate of 4.2 and an annual population growth rate of 2.2 per cent, the population is projected to reach 10 million in 2030. Life expectancy at birth is 62 years for females and 59 years for males, and adult literacy is estimated at 41 per cent for females and 56 per cent for males.[3]

2. Ranking 184 out of 193 countries on the Human Development Index (UNDP, 2024), Sierra Leone faces complex development challenges due to the prolonged impact of multiple crises, including a protracted civil war (1991-2002) and a devastating Ebola epidemic (2014-2016). Sierra Leone has experienced recurrent disease outbreaks and natural disasters, and is highly vulnerable to climate change. The country has been largely stable since the end of the civil war and has made progress in strengthening democratic governance, holding regular elections with peaceful transitions of power.

3. Sierra Leone has a per capita gross domestic product of $476, placing it among the lowest-income countries.[4] Absolute poverty was estimated at 58.9 per cent in 2020,[5] and poverty rates in rural areas (74 per cent) are more than double those in urban areas (35 per cent), with rural households highly dependent on subsistence agriculture.[6] The economy is vulnerable to external shocks and the country has experienced a cost-of-living crisis because of disruptions caused by the global COVID-19 pandemic and other geo-political dynamics.

4. Youth unemployment and youth underemployment are major challenges, and about one in four young people aged 15-24 years are not in education, employment or training.[7] There is also growing concern about rising drug use and addiction among young people. Two-thirds of children are poor; and children make up 70 per cent of the homeless population. Persons with disabilities constitute 4.3 per cent of the population, with 71 per cent living in rural areas.[8] Overall, significant socio-economic disparities exist between urban and rural areas, particularly in relation to health, education and gender-equality outcomes.

5. Sierra Leone grapples with a heavy disease burden, with communicable diseases and maternal, perinatal and nutritional conditions accounting for 58 per cent of mortality.[9] The rates of sexually transmitted infections are high, and HIV and AIDS remain a public health threat. Insufficient human resources, poor quality of care and inadequate infrastructure and financing continue to be major challenges in the health sector. Despite these limitations, access to maternal health services has improved considerably, with skilled birth attendance rising, from 42 per cent in 2008 to 87 per cent in 2019, and almost 80 per cent of pregnant women receiving at least four antenatal care visits.[10] As a result, while the maternal mortality rate remains high, it fell by 74 per cent between 2000 and 2020, from 1,682 deaths per 100,000 live births to 443 per 100,000 live births.

6. Modern contraceptive use tripled, from 8 per cent in 2008 to 24 per cent in 2019, for women aged 15-49 years, while the total fertility rate dropped from 5.1 to 4.2 over the same period. However, less than half of the contraceptive demand is satisfied, and the modern contraceptive prevalence rate is 21 per cent for those aged 15-19 years. Uptake of family planning is hindered by limited access to services, low quality of information and services, inadequate knowledge about available methods, social and religious norms, and misconceptions about family planning.

7. Sierra Leone ranks 157 out of 164 countries on the Gender Inequality Index (UNDP, 2024). Prevailing gender and social norms limit opportunities for women and girls, impact their health and well-being and perpetuate gender-based violence (GBV) and harmful practices. About 30 percent of

[1] https://www.unfpa.org/data/world-population/SL.
[2] https://www.unfpa.org/data/adolescent-youth/SL.
[3] https://data.worldbank.org/indicator/SE.ADT.LITR.FE.ZS?locations=SL.
[4] https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=SL.
[5] World Bank. Macro Poverty Outlook for Sierra Leone: April 2023.
[6] World Bank. Sierra Leone Poverty Assessment. 2022.
[7] World Bank. Sierra Leone Human Capital Review. 2024.
[8] Integrated Household Survey, 2018.
[9] World Health Organization (WHO), 2018 (https://www.who.int/nmh/publications/ncd-profiles-2018/en/).
[10] Demographic and Health Survey (DHS), 2019.

girls are married by the age of 18, and one in three women aged 20-24 years give birth by age 18. The percentage of adolescents who have begun childbearing rises from 4 per cent at age 15 to 45 per cent by age 19, and adolescents in rural areas are twice as likely to have begun childbearing, compared to urban teenagers.[11] These differences can be attributed to lower levels of education, limited opportunities and stronger adherence to traditional practices in rural areas.

8. Sierra Leone has made notable commitments to advancing gender equality and empowerment of women and girls, including through the enactment of the Gender Equality and Women's Empowerment Act of 2022, which sets a minimum quota of 30 per cent for women's participation in politics and public life and increases access to credit and financial services. Following the 2023 elections, the representation of women in the Cabinet and in Parliament increased to more than 30 per cent. The Government has also prioritized investments in education and health, resulting in a 69 per cent increase in school enrolment between 2018 and 2022. Through the national policy on radical inclusion in schools, the country has targeted reintegration of historically excluded learners, including pregnant girls and those living with disabilities, contributing to the achievement of gender parity in school enrolment in 2022.

9. Although child marriage and adolescent pregnancy rates continue to be high, they have declined by nearly 40 per cent between 2008 and 2019, with child marriage among women aged 18-24 years falling from 48 per cent to 30 per cent, and childbearing among women aged 15-19 years dropping from 34 per cent to 21 per cent. Rates of female genital mutilation (FGM) are extremely high, and the country lacks specific legislation outlawing the practice. There has, however, been a notable decrease in prevalence, from 90 per cent in 2013 to 83 per cent in 2019, among women aged 15-49 years.

10. More than 60 per cent of women aged 15-49 years have experienced physical or sexual violence, and 50 per cent of women have lived through spousal physical violence. While laws and policies have been strengthened to respond to GBV, reporting of violence is low; and surveys indicate that intimate partner violence is viewed by a majority of the population as an issue that should be managed within the family. Despite improvements, GBV response services are limited and not adequately integrated in sexual and reproductive health (SRH) services, and there is a need to further strengthen enforcement of laws against GBV.

11. Statistical systems have insufficient capacity to generate and analyse timely disaggregated data on which to base policy formulation, programme planning and implementation. Improvements in data collection are needed to enable benchmarking of progress towards global and national development goals and contribute to strengthening the reach of development programmes to vulnerable groups and those who are left furthest behind in benefitting from sustainable development.

12. Continued progress in advancing sexual and reproductive health and rights (SRHR) and the empowerment of women and girls requires intensified efforts to transform harmful gender and social norms, improve the quality of and access to SRH services and programmes, strengthen implementation of enabling laws and policies, and enhance the generation and utilization of data for evidence-informed decision-making. There is a need to ensure adequate and sustainable financing to improve the quality and reach of services, particularly for vulnerable and marginalized communities.

13. Sustained progress also requires adept management of key megatrends influencing development outcomes in Sierra Leone, including population shifts, migration, urban growth, technological advances and climate change. These dynamics present substantial risks, including increased risk of natural disasters, growth of disease-spreading vectors in habitable zones, rising non-communicable diseases, and health worker shortages. However, they also present a potential demographic dividend, with opportunities for improving service delivery through technological innovation and population concentration.

14. Sierra Leone's Medium-term National Development Plan (MTNDP), 2024-2030 focuses on five priorities to accelerate development progress and address these trends, with gender equality and climate resilience as enablers for growth and development: (a) boosting agricultural productivity to ensure food security, inclusive economic growth and social stability; (b) delivering inclusive skills and a healthy population through scaled-up investment in human capital development; (c) catalysing economic productivity, democratic sustainability and national security through youth employment; (d) increasing

[11] DHS, 2019.

investment in infrastructure, technology and digitalization; and (e) ensuring efficiency and professionalism in the public sector to achieve effective service delivery and maximize development results.

15. In line with the MTNDP 2024-2030, the Sierra Leone United Nations Sustainable Development Cooperation Framework (UNSDCF) 2025-2030 focuses on three strategic priorities: (a) food systems, natural resource management and climate change; (b) human capital, essential services and employment; and (c) governance and economic transformation. The new UNFPA country programme will directly contribute to the human capital pillars of the MTNDP and the UNSDCF, while supporting the progress of other pillars, including through linkages with youth employment, agricultural productivity and climate action.

16. UNFPA will draw on its comparative advantage in advancing evidence-based policy and advocacy, improving quality of care and services, addressing harmful gender and social norms, empowering adolescents and youth, and analysing population change and data. This approach will promote human rights-based approaches and strengthen the reach to key vulnerable groups to leave no one behind, including adolescent girls, women and youth living in extreme poverty or in hard-to-reach areas; adolescent girls who are not in school; youth who are not involved in education, training or employment; adolescents who are married or have begun childbearing; survivors of GBV; people living with disabilities; people affected by HIV; people impacted by crisis and disasters; and youth affected by substance abuse.

17. The design of the new country programme has been informed by the achievements of the previous programme cycle, namely in contributing to improvements in the uptake of family planning, reductions in maternal death, adolescent pregnancy, child marriage and FGM, expansion of GBV services, and the reintegration of marginalized girls in formal education.

18. Specific results, achieved in collaboration with Government, civil society, donor and United Nations partners, include: (a) development of national policies and strategies on reproductive, maternal, newborn, child and adolescent health, obstetric fistula, cervical cancer, the national health supply chain, gender equality and women's empowerment, and male engagement; (b) training and graduation of 1,339 midwives; (c) provision of family planning commodities, enabling 640,000 women to use modern methods of contraception and preventing an estimated 240,000 unintended pregnancies, 87,000 unsafe abortions and 770 maternal deaths; (d) enhanced capacity of 28 health facilities to provide emergency obstetric and newborn care services; (e) introduction of cervical cancer screening, for the first time in the public health sector; (f) strengthened prevention and management of obstetric fistula, including 465 repair surgeries; (g) provision of support to enable 8,445 survivors to access GBV services; (h) provision of life skills education to 21,303 girls; (i) integration of child and adolescent health and life skills education into the school curriculum; and (j) reintegration of 4,816 vulnerable girls back into school.

19. Lessons learned from the previous programme underscore the need to: (a) strengthen efforts to transform harmful gender and social norms that hinder sexual, reproductive, maternal and adolescent health outcomes and drive GBV and harmful practices; (b) increase demand for services and enhance the quality of care at scale to improve SRH outcomes; (c) strengthen women's and youth leadership and participation in development; (d) invest in the availability of timely, high-quality data and analysis to strengthen programme strategies and targeting of interventions; (e) promote innovation and digital solutions to improve the quality and scale of service delivery and strengthen data generation; and (f) articulate a long-term UNFPA vision that spans beyond the new country programme.

II. Programme priorities and partnerships

20. The eighth country programme responds to Sierra Leone's vision of becoming an inclusive and green middle-income country by 2039; it is aligned to the MTNDP 2024-2030, the UNSDCF 2025-2030, the UNFPA Strategic Plan, 2022-2025, and the African Union Agenda 2063. The programme was developed through extensive consultations with key stakeholders, including government ministries and agencies, civil society, women's and youth groups, United Nations agencies and other development partners. It is informed by the International Conference on Population and Development (ICPD) Programme of Action and national ICPD25 voluntary commitments, with the aim of advancing

achievement of the 2030 Agenda for Sustainable Development through direct support to Sustainable Development Goals (SDGs) 3, 4, 5 and 10, and indirect contributions to the other SDGs.

21. The country programme establishes a 15-year vision in supporting Sierra Leone's development, to ensure strategic continuity of priorities between consecutive country programmes. The new programme, for 2025-2030, is the first of three that will cumulatively contribute to the attainment of that long-term vision. This vision is to end preventable maternal deaths, unmet need for family planning, and GBV and harmful practices in Sierra Leone through the prioritization of integrated gender-transformative interventions, with emphasis on the health and well-being of adolescent girls. Recognizing the transformative potential of adolescent girls and youth in a growing population, the country programme focuses on equipping them with the life skills needed to realize their rights and thus contributing to halting intergenerational cycles of poverty and inequality.

22. The programme adopts a holistic and integrated approach to SRH services and programmes, recognizing that reducing unmet need for family planning and addressing harmful gender and social norms that curtail SRHR are critical to ending preventable maternal mortality. Accelerating universal access to family planning will also empower women and young people and enable them to pursue and benefit from educational and economic opportunities, helping to realize the demographic dividend. The programme will prioritize improvements in quality of SRHR information and services and their access and uptake, with a focus on reaching young people, rural communities and vulnerable groups.

23. The country programme incorporates a life-cycle approach to analyse challenges and opportunities for improving the health and well-being of adolescents, young people and women, and aims to strengthen demand for services to ensure that supply-side investments translate into measurable progress. To effectively transform discriminatory gender and social norms that limit women's and girls' health and rights, the programme will strengthen partnerships with social movements, including women's and youth movements, and engage with men and boys and traditional and religious leaders to promote positive social change.

24. Guided by the principle of evidence-based decision-making, the programme adopts a rigorous results based-management approach that prioritizes collection, analysis and utilization of disaggregated data to support targeted policy formulation and development of high-impact initiatives. Investing in data and evidence generation and analysis will help to inform national policies and strategies and strengthen the delivery of high-quality services, while innovation and digitalization will be leveraged to accelerate and scale up results.

25. The country programme will leverage the normative role of UNFPA, as well as its thought leadership, convening power and partnerships with the Government, civil society, donors, United Nations agencies, international financial institutions and other development partners, to deploy joint and complementary programmes and strengthen financing to advance SRHR. This will include partnerships with UNDP, UNICEF, UN-Women, UNAIDS and WHO, among other United Nations agencies, to support the achievement of the country programme priorities.

26. To operationalize these strategies, the programme utilizes five modes of engagement: advocacy and policy dialogue; capacity development; service delivery; knowledge management; and coordination and partnerships. Building on the gains made during the previous country programme, the new programme will prioritize as key accelerators gender-transformative approaches; demand generation; data and evidence; partnerships; and innovation and digitalization, to advance the three transformative results of UNFPA and foster the principle of leaving no one behind. The programme will also seek to strengthen preparedness and build resilience to improve responses to crises and disasters, including those related to climate change.

27. The country programme will deliver four outputs, as elaborated below, grounded in five interconnected outputs of the UNFPA Strategic Plan, 2022-2025: (a) policy and accountability; (b) quality of care and services; (c) gender and social norms; (d) population change and data; and (e) adolescents and youth.

A. Output 1. By 2030, systems, institutions and communities have strengthened capacity to increase demand for and provision of high-quality, comprehensive sexual and reproductive health services, including family planning services.

28. This output aims to scale-up access to and uptake of high-quality, comprehensive SRH and family planning services, advocate for improved funding and financing of SRH programmes and expand the reach to adolescents, youth and vulnerable groups, including people living with disabilities.

29. The country programme will support: (a) improving policy, regulatory and legal frameworks for SRH programmes and services; (b) enhancing capacity of the health system to provide high-quality, comprehensive and integrated SRH services, including by strengthening referral systems and promoting respectful care; (c) strengthening the capacity and deployment of the midwifery workforce; (d) expanding prevention and management of obstetric fistula, including rehabilitation and social reintegration services; (e) improving reproductive health commodity security and supply-chain systems, with a focus on 'last mile' delivery; (f) strengthening the integration of GBV, HIV and SRH services; (g) scaling up innovative and digital solutions to improve the quality of SRH services and expand access to them; (h) strengthening health system preparedness and capacity to provide high-quality SRH services in emergencies, including by addressing links to climate change; (i) sustainable domestic financing of SRH services; (j) building capacities of communities to demand and utilize SRH and family-planning services; and (k) expanding access to adolescent and youth-friendly SRH services.

B. Output 2. By 2030, capacities of national institutions and communities are strengthened to address discriminatory gender and social norms, prevent and respond to GBV and harmful practices, and empower women.

30. This output aims to support transformation of harmful gender and social norms, promote gender equality and the empowerment of women and strengthen capacities to prevent and respond to GBV and harmful practices, with a focus on reaching marginalized women, including women living with disabilities.

31. The country programme will support: (a) development and implementation of laws and policies to promote gender equality and prevent and respond to GBV and harmful practices, including child marriage and FGM; (b) expanding access and strengthening quality of comprehensive GBV services for survivors; (c) enhancing capacities of service providers to respond to all forms of GBV, including technology-facilitated GBV and FGM; (d) building the capacities of women's networks and movements to advocate for gender-transformative policies and programmes; (e) engaging with men and boys, religious, traditional and community leaders, and communities to promote positive behaviours and challenge harmful gender and social norms; (f) scaling up innovative and digital solutions to prevent and respond to GBV and harmful practices, including through the GBV information management system and digital referral pathway; and (g) strengthening linkages between programmes to address GBV and harmful practices and women's economic empowerment initiatives.

C. Output 3. By 2030, capacities of national institutions are strengthened to enhance the agency and life skills of adolescents and youth, with a focus on adolescent girls, to exercise their bodily autonomy and effectively lead and participate in advancing the ICPD agenda.

32. This output aims to strengthen leadership and participation of adolescents and youth and equip them with the information and skills needed to make healthy choices to reach their full potential, and to advance the ICPD agenda and harness the demographic dividend.

33. The country programme will support (a) building the capacity of youth-led organizations to strengthen youth leadership and participation in advocacy, decision-making and advancement of the ICPD and peace and security agenda; (b) improving access to child and adolescent health and life skills education for adolescents and young people in school and out-of-school settings; (c) reintegrating vulnerable girls back into formal education, in line with the national policy on radical inclusion in schools; (d) promoting social and behaviour change communication to reduce adolescent pregnancy and child marriage; (e) empowering young women and girls with knowledge and skills to exercise their bodily autonomy and make informed choices about their SRHR; (f) supporting youth-led innovation to improve services and programmes to advance the three transformative results and national

development priorities, including by addressing substance abuse; (g) engaging with the Government, the private sector and other partners to link life skills training for youths and adolescents with employment and economic empowerment trainings and opportunities; and (h) promoting menstrual health and hygiene for adolescent girls and young women.

D. Output 4. By 2030, national capacities are strengthened to collect, generate, analyse, use and disseminate disaggregated socio-demographic data and evidence to guide national planning and policy development to accelerate progress on the ICPD Programme of Action and the SDGs.

34. This output aims to enhance the generation and utilization of data and knowledge to inform formulation and implementation of evidence-based policies and programmes, including analysis of megatrends and their links to SRHR and gender equality, leveraging digital innovation and technologies to facilitate and fast-track data collection and analysis.

35. The country programme will support: (a) strengthening of national capacities to collect, analyse, disseminate and utilize high-quality disaggregated data, including in preparedness, early action and response to crises and climate change; (b) implementation of national censuses and surveys, including the population and housing census, demographic health survey and multiple indicator cluster survey; (c) research and analysis of data on barriers to uptake of family planning, and drivers and incidence of maternal mortality, GBV, FGM, adolescent pregnancy and child marriage; (d) enhancing the civil registration and vital statistics system to strengthen the generation of demographic data and links with maternal and perinatal death surveillance; (e)utilization of digital technologies for data collection and real-time monitoring of health and gender outcomes, including GBV case management, and strengthening health supply chains; and (f) leveraging digital platforms for targeted advocacy, information-sharing, awareness-raising and education on SRHR and gender equality, and to improve uptake of SRH and GBV services.

III. Programme and risk management

36. The Ministry of Planning and Economic Development will oversee the execution of the programme, which will be implemented in collaboration with sectoral ministries and national and international non-governmental organizations as implementing partners. This will include collaboration with the Ministry of Gender and Children's Affairs, the Ministry of Health, the Ministry of Planning and Economic Development, the Ministry of Social Welfare, the Ministry of Youth Affairs, Statistics Sierra Leone, and other government departments and agencies. Nongovernmental implementing partners will be selected based on their strategic relevance and ability to deliver high-quality interventions. The harmonized approach to cash transfers will be utilized to mitigate risks, and the country office will conduct frequent spot checks, review meetings, and monitor activities for implementing partners.

37. Collaboration with United Nations organizations will be harnessed through joint and complementary programmes, in line with the 'delivering as one' approach and achieving collective results for the UNSDCF. The programme will promote national leadership and ownership and strengthen partnerships with women-led and youth-led groups and non-traditional partners, including the private sector. It will also leverage a wide range of partnerships across government, civil society, United Nations and international development partners, the private sector and academic institutions to support the achievement of outcomes. South-South and triangular cooperation will be promoted for capacity building, knowledge exchange and learning.

38. UNFPA will regularly evaluate operational and socio-political risks associated with the programme and implement a risk mitigation plan. Potential risks to the country programme include: (a) increased social and gender inequalities undermining social cohesion; (b) further deterioration in the economy and rising food insecurity; (c) outbreaks of epidemics and natural disasters, including due to climate change; (d) rising youth unemployment and marginalization of youth; and (e) deterioration of the health system and the provision of health services.

39. To mitigate these risks, UNFPA will ensure application of social and environmental standards in programming, support resilience, peacebuilding and disaster risk reduction interventions, in collaboration with the United Nations country team, with a focus on youth, women and vulnerable

communities, and prioritize building resilience of national institutions and systems and humanitarian preparedness, response and recovery across programme areas. Funds will also be reprogrammed to respond to emerging issues, where necessary.

40. UNFPA will align the coordination of the programme with UNSDCF mechanisms, providing strategic leadership in outcome working groups and high-quality contributions to relevant UNSDCF work plans. Resource mobilization and communication strategies will be reviewed periodically to reflect current realities and ensure adequate funding, visibility and accountability.

41. In collaboration with the regional office, the country office will analyse human resource capacities and needs, to ensure the appropriate skills mix to effectively deliver programme outputs. The programme will benefit from technical, operational and programmatic support from UNFPA headquarters and the regional office.

42. This country programme document outlines the contributions of UNFPA to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountability of managers at the country, regional, and headquarter levels with respect to this country programme is prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

43. UNFPA and partners will jointly develop monitoring and evaluation plans for the country programme, in line with UNFPA policies and procedures, results-based management principles and standards, and UNSDCF guidance. The programme will apply a robust and innovative monitoring and evaluation approach, incorporating continuous learning to promote agile implementation of interventions and enable course correction, where needed, to ensure that output results translate into achievement of intended outcomes. Digital technologies will also be leveraged to facilitate data collection and analysis.

44. UNFPA will actively participate in the joint planning, programming, monitoring, evaluation and reporting of the UNSDCF and will integrate the monitoring and reporting process of programme results under the cooperation framework. The UNSDCF contribution to Sierra Leone’s development priorities will also be evaluated against the national priorities established by the MTNDP and other policy frameworks.

45. Results-based management (RBM) capacity building initiatives will be implemented for UNFPA staff and partners, and the RBM Seal initiative will be operationalized to ensure a results-oriented culture and promote learning and adaptive management.

46. The monitoring and evaluation plan will include field monitoring visits, annual reviews with implementing partners, periodic financial performance reviews, thematic and programmatic evaluations, yearly progress reports, risk assessments and mitigation actions, and knowledge management initiatives. A final independent evaluation of the programme will be implemented, based on the costed evaluation plan, in addition to a midterm review at the halfway point of the programme.

RESULTS AND RESOURCES FRAMEWORK FOR SIERRA LEONE (2025-2030)

NATIONAL PRIORITY: Sierra Leone becomes a middle-income country by 2039.				
UNSDCF OUTCOME(S): Outcome 2: People in Sierra Leone, particularly the most vulnerable groups in rural and hard-to-reach areas, have equitable access to quality, gender-responsive essential and social protection services and decent job opportunities.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in unmet need for family planning has accelerated. 2. By 2025, the reduction and preventable maternal deaths has accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF Outcome indicator(s): • Maternal mortality ratio *Baseline: 443 per 100,000 live births (2020); Target: 219 per 100,000 live births (2030)* • Percentage of women aged 20-24 married before age 18 *Baseline: 29.6% (2019); Target: 24% (2030)* Related UNFPA Strategic Plan outcome indicator(s): Proportion of births attended by skilled healthcare practitioners *Baseline: 86.9% (2019); Target: 96% (2030)* Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods *Baseline: 45% (2019); Target: 70% (2030)* Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence in the previous 12 months, by age	Output 1: By 2030, systems, institutions and communities have strengthened capacity to increase demand for and provision of high-quality, comprehensive sexual and reproductive health services, including family planning services.	• Number of national policies, regulations or laws that integrate SRH and/or family planning, with UNFPA support *Baseline: 10 (2023); Target: 16 (2030)* • Number of women using modern methods of contraception *Baseline: 640,000 (2023); Target: 850,000 (2030)* • Proportion of health facilities providing basic emergency obstetric and newborn care services *Baseline: 12 % (2022); Target: 40 % (2030)* • Existence of a readiness assessment for Minimum Initial Service Package for SRH in crisis situations within the past 12 months *Baseline: Yes (2023); Target: Yes (2030)*	Ministry of Health, Ministry of Social Welfare, Ministry of Gender and Children's Affairs, Ministry of Finance, Directorate of Science, Technology and Innovation, Aberdeen Women's Centre, Haikal Foundation, WHO, UNICEF, World Bank, FCDO (UK), National Public Health Agency, Government of Iceland	$20.0 million ($4.6 million from regular resources and $15.4 million from other resources)
	Output 2: By 2030, capacities of national institutions and communities are strengthened to address discriminatory gender and social norms, prevent and respond to GBV and harmful practices, and empower women.	• Number of GBV survivors who accessed the essential package of services in supported districts *Baseline: 8,445 (2023); Target: 25,000 (2030)* • Number of social movements supported to advocate against negative social and gender norms and harmful practices *Baseline: 1; Target: 10* • Number of institutions with strengthened capacity to provide high-quality GBV response services in targeted programme areas *Baseline: 12 (2023); Target: 20 (2030)*	Ministry of Gender and Children's Affairs, Ministry of Social Welfare, Rainbo Initiative, EU Delegation, Government of Iceland, Germany Development Cooperation, UNICEF, UN-Women, UNDP, women's and girls' movements	$8.0 million ($1.5 million from regular resources and $6.5 million from other resources)
	Output 3: By 2030, capacities of national institutions are strengthened to enhance agency and life skills of adolescents and youth, with a focus on adolescent girls, to exercise their bodily autonomy and effectively	• Number of governments supported primary and junior secondary schools that operationalized in-school child and adolescent health and life skills education *Baseline: Primary and Junior Secondary:0 (2023); Target: Primary and Junior Secondary 5,038 (2030)* • Number of marginalized girls, reached by girl-centred programmes that build their life skills, health, social and economic assets *Baseline: 21,303 (2023); Target: 35,000 (2030)* • Number of youth-led organizations and networks supported to	Ministry of Basic and Senior Secondary Education, Ministry of Health, Ministry of Youth Affairs, National Youth Commission, Ministry of Technical and Higher Education, UNICEF, WHO,	$11.0 million ($1.5 million from regular resources and $9.5 million from other resources)

and place of occurrence *Baseline: 50% (2019); Target: 40% (2030)* The country has conducted at least one population and housing census during the last 10 years *Baseline: 2015 Population and Housing Census; Target: 2025 Population and Housing Census.*	lead and participate in advancing the ICPD agenda.	advocate for youth empowerment *Baseline: 5(2023); Target: 15 (2030)* • Number of vulnerable girls re-integrated into a formal education system *Baseline:4,816(2023); Target: 15,000 (2030)*	UNESCO, UN Youth Advisory Group, Government of Ireland, EU Delegation, Youth Networks, Government of Iceland	
	Output 4: By 2030, national capacities are strengthened to collect, generate, analyse, use and disseminate disaggregated socio-demographic data and evidence to guide national planning and policy development to accelerate progress on the ICPD Programme of Action and the SDGs.	• Number of population and household surveys conducted with UNFPA support *Baseline:1; Target: 4* • Number of analytical reports, monographs and knowledge management products developed to that inform policy and national programmes *Baseline:5 (2023); Target: 15 (2030)* • Number of digital platforms supported, reinforced or updated for tracking progress towards achieving the elimination of GBV *Baseline:2 (2023); Target: 6 (2030)*	Ministry of Planning and Economic Development, Statistics Sierra Leone, National Civil Registration Authority, Ministry of Health, UNDP, WHO, UNICEF, FCDO (UK), EU, USAID, academia	$9.0 million ($2.7 million from regular resources and $6.3 million from other resources)