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**United Nations Children's Fund**

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Item 9 (a) of the provisional agenda\*

**Draft country programme document\*\*****Sierra Leone***Summary*

The draft country programme document (CPD) for Sierra Leone is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$19,473,000 from regular resources, subject to the availability of funds, and \$36,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2008 to 2010.

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\* E/ICEF/2007/8.

\*\* In accordance with Executive Board decision 2006/19 (E/ICEF/2006/5/Rev.1), the present document will be revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the Board session. It will then be approved by the Executive Board at its second regular session of 2007.

<i>Basic data<sup>†</sup></i> <i>(2005 unless otherwise stated)</i>	
Child population (millions, under 18 years)	2.7
U5MR (per 1,000 live births)*	282
Underweight (% , moderate and severe)	31
Maternal mortality ratio (per 100,000 live births, 2000) <sup>a</sup>	1 800
Primary school attendance (% net, male/female)	69/69
Primary school children reaching grade 5 (%)	92
Use of improved drinking water sources (% , 2004)*	57
Adult HIV prevalence rate (%)	1.6
Child labour (% , children 5-14 years old, 2000)	59
GNI per capita (US\$)	220
One-year-olds immunized against DPT3 (%)*	64
One-year-olds immunized against measles (%)*	67

<sup>†</sup> More comprehensive country data on children and women are available at [www.unicef.org](http://www.unicef.org).

\* MICS 2005 data: U5MR, 267; use of improved drinking water sources, 47%; one-year-olds immunized against DPT3, 63%; one-year-olds immunized with measles vaccine, 76%.

<sup>a</sup> WHO/UNICEF/UNFPA adjusted estimate, which is adjusted for misclassification and reporting.

### **The situation of children and women**

1. Sierra Leone has continued to make progress in the transition from humanitarian emergency to recovery since the signing of the peace agreement in 2002 ended a decade of conflict. The gross domestic product has grown at a rate of 6-7 per cent in recent years. The Government is pursuing sustainable growth and macro-economic stability and tackling such issues as public sector governance, reform and strengthening of the judiciary, financial management and procurement. Children's issues figure prominently in the current poverty reduction strategy paper (PRSP), with an emphasis on child mortality, primary education and the allocation of about 20 and 8 per cent of the national budget to education and health respectively.

2. However, the country remains fragile due to internal and regional insecurity within the Mano River Union, persistent problems of inadequate accountability and transparency in governance, corruption, weak administration of human rights and the rule of law, economic disempowerment of a large part of the population and significant regional disparities.

3. The situation of the 2.7 million children in Sierra Leone remains precarious. The infant mortality rate and under-five mortality rate (U5MR) are among the highest in the world at 158 and 267 per 1,000 live births respectively (according to the preliminary results of the third multiple indicator cluster survey (MICS3, 2005). These indices have not substantially dropped since 2000, when they were 170 and 286 per 1,000 live births respectively.

4. Child malnutrition rates are above the threshold considered critical by the World Health Organization (WHO). According to MICS3, 31 per cent of children under five years of age are underweight and 40 per cent are stunted or chronically

malnourished. Since 2000, the prevalence of underweight children and stunting in children has increased by 15 and 18 per cent respectively. These unacceptable malnutrition levels are hampering national child survival efforts. Recent analyses show that 57 per cent of child deaths are caused by malnutrition. Infants and young children are most affected, with 59 per cent of malnourished children aged 6-23 months and 76 per cent aged 6-35 months.

5. Although Sierra Leone has not reached the child immunization levels attained in 1990, there is evidence of slow but steady progress, with 54 per cent of children aged 12-23 months fully immunized and 76 per cent immunized against measles. No case of polio was recorded over the last four years.

6. Only 43 per cent of women have access to skilled personnel during delivery, with adverse implications for maternal mortality. Maternal deaths are due mostly to emergency obstetric complications, delay in referral to hospitals or lack of appropriate care and facilities in the referral hospitals. Other indirect causes include early marriage and teenage pregnancies; about 62 per cent of women aged 15-49 years married before age 18 and there is high prevalence (92 per cent) of female genital mutilation/cutting (FGM/C).

7. The national HIV prevalence rate is 1 per cent, with a 4-per-cent infection rate among pregnant women. Access to counselling and testing services for HIV is very limited, with wide regional and socio-economic disparities, favouring women in urban areas and with a higher educational background. Only one third of young people know three methods of prevention of HIV transmission.

8. Some 69 per cent of primary-school-age children attend primary school, with significant regional disparities (urban, 85 per cent and rural, 63 per cent). Gender gaps have nearly disappeared in primary education but persist in secondary schools. Barriers to girls' education include early marriage and teenage pregnancy, a largely unfriendly school environment and cultural and religious biases. Almost 40 per cent of children in primary school are over-age and about 40 per cent of teachers are inadequately trained and qualified.

9. Children are exposed to violence, exploitation, abuse and deprivation. Almost one half of children aged 5-14 years are engaged in some form of child labour, with regional disparities (urban 27 per cent and rural 57 per cent). About 11 per cent of children are orphans and 20 per cent do not live with their biological parents. Sexual and gender-based violence remains a serious concern.

10. In 2000, the Committee on the Rights of the Child emphasized the need to ensure a consistent definition of the child; establish a minimum age for marriage; ratify the Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption; provide protection and services for victims of sexual exploitation and abuse; give every child access to primary education; have alternatives to imprisonment; seek international assistance to address the high child mortality rates; and address the high prevalence of FGM/C. Sierra Leone submitted its second periodic report to the Committee in 2006.

## **Key results and lessons learned from previous cooperation, 2004-2007**

### **Key results achieved**

11. The most significant achievement over the period 2004-2007 is the advocacy and leveraging of resources for accelerated child survival and maternal health. This led to strong commitment from the Government to make reduction of child and maternal mortality one of the highest priorities for human development in the 2005-2007 PRSP. A national strategic plan for child and maternal mortality reduction is being prepared for 2007-2015.

12. The country programme succeeded in aligning and harmonizing assistance in the health sector. The World Bank allocated \$30 million from the Africa Catalytic Growth Fund to child survival and maternal mortality reduction, and other development partners made substantial pledges including, 50 million pounds from United Kingdom Department for International Development (DFID) for the next 10 years, and about 10 million euros from Irish Aid for 2008-2010. The European Commission and the Japan International Cooperation Agency (JICA) are also likely to commit funding.

13. A package of high-impact interventions to accelerate work on child survival and maternal health has already been initiated at district level. The national immunization coverage rate increased to 64 per cent in 2006 from 45 per cent in 2004, and coverage of vitamin A supplementation (integrated with deworming) has reached 90 per cent.

14. In terms of universal primary education, Sierra Leone is set to qualify for Fast Track Initiative (FTI) funding as of 2007. The programme of cooperation led the production of an Education Status Report and the Education Sector Plan in one year, a remarkable event for a “fragile State”. Support was provided to scale up interventions to achieve Millennium Development Goal 2 through the development and costing of the essential learning package (ELP) for Sierra Leone. The ELP report was used in the development of the Status Report and Sector Plan.

15. The work done to support teacher training through the UNICEF-supported Sababu project, funded by the World Bank, made a direct contribution to Sierra Leone is qualifying for debt relief by reaching the completion point under the enhanced Heavily Indebted Poor Countries Initiative.

16. Safe drinking water and improved sanitation facilities were made accessible to 400 schools and health units in three districts, covering a population of around 400,000 people. School hygiene education programmes currently benefit 45,000 pupils in 90 schools.

17. The child protection programme achieved the reunification and successful reintegration of 5,651 demobilized children (93 per cent of caseload). The programme also supported the drafting and reviewing of essential laws and policies including the Anti-Human Trafficking Act and the Child Rights Bill (under review for adoption in 2007).

18. Another key result is the inclusion of the “four P”s (Prevent mother-to-child HIV transmission of HIV (PMTCT), Provide paediatric treatment, Prevent infection among adolescents and young people, Protect and support children affected by

HIV/AIDS) in the approved round 6 proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The \$26 million obtained from the Global Fund will ensure access for treatment of HIV-positive children. Other critical milestones were the development and implementation of strategic frameworks for life-skills education and PMTCT.

19. The programme contributed to improved understanding of the situation of children through the generation of new knowledge, including MICS3; best estimates of key social indicators; an analysis of the situation of child protection; and studies on orphaned and vulnerable children (OVCs), child and maternal health and child trafficking. These studies contributed to prioritization of children's issues in the 2008-2010 PRSP and the United Nations Development Assistance Framework (UNDAF).

### **Lessons learned from past cooperation**

20. The 2005 mid-term review acknowledged the need to focus, converge and scale up integrated programmes around the key priorities for children in Sierra Leone, notably reduction of child mortality and universal primary education. Experience over the present programme period has shown that focusing only on health, nutrition and education interventions is not enough to accelerate child survival or to increase primary-school enrolment, retention and completion rates. Interventions in HIV/AIDS, child protection and water, sanitation and hygiene are necessary if the two key priorities for children in Sierra Leone are to be successfully addressed. The high child mortality rate cannot be sufficiently reduced nor can universal access to quality primary education be achieved without tackling such root causes as early marriage, traditional harmful practices and gender disparities. Increasing girls' enrolment, retention and completion in education and reducing child mortality due to infectious diseases cannot be achieved without ensuring the availability of safe drinking water, sanitation and hygiene in schools and in communities, especially for the most vulnerable. HIV/AIDS interventions, including focus on prevention among high-risk groups, taking PMTCT to scale and integrating paediatric AIDS care into the national health delivery system, are necessary to avoid complacency over the low prevalence rate and to prevent HIV/AIDS becoming a major killer of children in the future.

21. Another lesson learned is that because existing needs are tremendous and cannot be met independently by individual actors or agencies, widening partnerships, leveraging resources and advocating for inclusion of children and children's rights in development agendas are all critical. UNICEF succeeded in rallying key stakeholders and in harmonizing international assistance behind child rights. Positive results followed, including over \$100 million pledged for accelerated child survival and maternal mortality reduction and eligibility of Sierra Leone for FTI funding for education. UNICEF is actively involved in the multi-donor budget support agenda, and in discussions to use the "fiscal space" created by debt relief for children. UNICEF needs to maintain and further strengthen its role in these areas.

22. Recent efforts focused on increasing the number of functioning health facilities and building the capacities of their staff. However, experience has shown that relying only on facility-based interventions will not be enough to reduce U5MR substantially by 2010, especially while the health system is still under rehabilitation.

Such factors as geographical and financial constraints, poor transport, weak communication and high levels of poverty often make it impossible for families to seek necessary, life-saving health services in a timely manner. In addition, given the great distances between villages and communities in Sierra Leone and the limited number of physicians and nurses, it is unrealistic to plan to have health centres in each of those communities. It is necessary to introduce interventions that can be delivered at the household or community levels and/or through outreach strategies.

23. The prevalence of such harmful traditional practices as early marriage and FGM/C, the widespread traditional beliefs around infant and child feeding, the often uncoordinated distribution of essential commodities, weak monitoring and accountability systems, religious and socio-cultural factors, all make it necessary to engage in strong, evidence-based programme communication aimed at increasing the usage of key household practices. This must be done in a partnership with caregivers (mothers), families and communities, including traditional birth attendants, women's groups, elder women and traditional and religious leaders.

## The country programme, 2008-2010

### Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	6 600	15 000	21 591
Basic education	5 400	12 000	17 393
Child protection	2 200	4 200	6 197
Social policy, planning, monitoring and evaluation	900	1 500	2 399
Advocacy and leveraging	900	1 500	2 399
Cross-sectoral costs	3 500	1 800	5 295
<b>Total</b>	<b>19 500</b>	<b>36 000</b>	<b>55 473</b>

### Preparation process

24. Preparation of the country programme began in July 2006, when a workplan was developed and a steering committee formed involving all relevant ministries, the United Nations country team, donors, non-governmental organizations (NGOs) and civil society. A series of consultative meetings and workshops was organized beginning in September 2006. The aim was to build national consensus around the two priorities of the health- and education-related Millennium Development Goals and children's rights; to identify lessons learned from past cooperation; and to identify priorities for 2008-2010. A strategy meeting in November 2006 succeeded in rallying full support for prioritizing the child-related Millennium Development Goals and the convergence of programmatic interventions around these Goals.

25. Preparatory work was directly linked to the process of developing the 2008-2010 PRSP and UNDAF. UNICEF participated actively in a needs assessment on the

Millennium Development Goals and in preparing the UNDAF, leading the work on child and maternal health and education.

### **Goals, key results and strategies**

26. The overall goal of the country programme is to contribute to the achievement of the health- and education-related Millennium Development Goals in Sierra Leone. By 2010, the programme will contribute to three key results set by the Government: (a) reducing U5MR and MMR by one third; (b) increasing the rate of access to quality education for primary school-aged children from 70 per cent in 2004 to 85 per cent in 2010; and (c) ensuring a protective environment for children against violence, exploitation, abuse and deprivation.

27. The programme will be guided by the following interrelated strategies:

(a) Partnership and resource leveraging: achieving the health- and education-related Millennium Development Goals in Sierra Leone and children's rights to protection exceeds the means of any individual agency. Partnership for fulfilment of children's rights will be established through alliance-building and evidence-based advocacy with the Government, United Nations agencies, international NGOs, civil society and other key international and national development partners;

(b) Active policy dialogue will be pursued with all stakeholders to ensure that the priorities identified for children are addressed and properly reflected in resource allocations. UNICEF will contribute to debates and dialogue on poverty reduction and peace consolidation through coordinating international development assistance and striving to put children in national plans, budgets and social policies. Advocacy will use the "fiscal space" created by debt relief for realizing children's rights;

(c) UNICEF will strive to build local capacities to ensure sustainability of interventions. In line with the Government's decentralization goal, UNICEF will also focus on capacity-building at district level and will encourage community participation and empowerment to ensure that local people have a strong voice in all decisions and programmes affecting them;

(d) To maximize results, joint programmes will be developed with the World Food Programme (WFP) and the World Health Organization (WHO) around nutrition, management of common childhood illnesses and basic education and with the Joint United Nations Programme on HIV/AIDS, the United Nations Population Fund (UNFPA) and WHO around HIV/AIDS and maternal health;

(e) Gender, human rights and emergency preparedness and response will be mainstreamed through their integration into the annual workplans of sectoral programmes. Emergency preparedness will involve maintaining emergency stocks of various essential supplies and regular updating of preparedness plans. The focus on gender will be through advocating for the collection and analysis of disaggregated data and activities aimed at reducing gender disparities. Human rights are the foundation and the guiding principles of the work of UNICEF;

(f) Advocacy and capacity-building will be pursued for generating, disseminating and using child-focused data and analysis for advocacy, resource mobilization and programme planning. Special attention will be given to a common

approach to monitor progress against the PRSP, the UNDAF and the UNICEF country programme, using DevInfo as an important tool;

(g) UNICEF will continue to play an important role in aid coordination, following the Paris Declaration and the Sierra Leone Improved Governance and Accountability Partnership (IGAP).

28. At the national level, UNICEF will support capacity-building of government counterparts and civil society, formulation or strengthening of policies and guidelines and implementation of such national programmes as immunization, deworming and vitamin A supplementation. In a limited number of geographic regions with poor social indicators for children, sectoral programmes will converge to assure greater impact with limited resources and allow for innovation and modelling that could be replicated or taken to scale with the Government's own or external resources.

#### **Relationship to national priorities and the UNDAF**

29. The proposed 2008-2010 programme is in line with pillar III of the current PRSP on human development, including child health, maternal health, education, HIV/AIDS and water and sanitation; and with pillar I, promoting good governance, security and peacebuilding. It is also in line with the national peace consolidation strategy. Preparations for the next PRSP (2008-2010) indicate that these priorities will be maintained and strengthened.

30. The UNICEF programme falls within the scope of the priorities of the UNDAF: governance and human rights; shared growth, food security and livelihoods; maternal and child health care; primary education, with special emphasis on girls' education; and fighting HIV/AIDS, malaria and tuberculosis.

31. The programme is also in line with the joint European Commission/DFID country strategy for Sierra Leone for 2007-2013. In addition to continued support and building on gains in improving security and governance, the joint strategy will focus on stimulating and sustaining economic growth, improving infrastructure and improving service delivery to poor people.

#### **Relationship to international priorities**

32. The country programme is derived from the UNICEF medium-term strategic (MTSP) 2006-2009 and based on the Millennium Development Goals needs assessment and the prospects for attaining the Goals in Sierra Leone. The child survival and development programme will contribute to Goals 4 and 5 in relation to reducing child and maternal mortality, but also indirectly to Goal 6 in relation to combating HIV/AIDS, and to MTSP focus areas 1 and 3. The basic education programme cluster will contribute to Goals 2 and 3 related to achieving universal primary education and promoting gender equality, and MTSP focus areas 1, 2 and 3. The child protection programme will contribute indirectly to Goals 2, 3, 4, 5 and 6 and to MTSP focus areas 1, 2 and 4. Elements of focus area 5, on advocacy and partnerships for children, are addressed by all programme components, including those on social policy, planning, monitoring and evaluation and on advocacy.

### Programme components

33. The **child survival and development** programme, which has three components, will contribute to the national target of reducing U5MR and MMR by one third by 2010. Its outcomes include: (a) improved health and nutrition policy frameworks for children under five years of age and women of child-bearing age, in line with the Convention on the Rights of the Child; (b) improved health and nutrition services for children under five years of age and women of child-bearing age, at national and district levels; and (c) improved attitudes, values, behaviours and practices of caregivers and communities for child survival and maternal health.

34. The child health component will: (a) support the development, implementation, monitoring and evaluation of a national strategy and plan of action on child survival, including for OVCs; (b) leverage resources and coordinate international assistance, in line with IGAP and the Paris Declaration; (c) build the capacities of health service providers, at national and district levels, to deliver health services for children under five years and women of child-bearing age, including essential services for PMTCT, HIV-affected children and victims of sexual violence; and (d) strengthen the supply management system of the Ministry of Health and Sanitation (MOHS). Evidence-based programme communication will focus on improving the knowledge, attitudes and practices of caregivers at community and household levels, increasing the use of key health practices and addressing community attitudes and practices in maternal health, such harmful traditional practices as FGM/C and stigma.

35. The child feeding and nutrition component will: (a) provide technical and material support to develop a national policy, strategy and guidelines on infant and young child feeding, including young children affected by HIV/AIDS and OVCs; (b) support the development of a national policy, strategy and guidelines on care for children with severe malnutrition, including children affected by HIV and emergencies; (c) build the capacities of service providers at national and district levels to deliver nutrition services for children under five years and their mothers, including HIV-affected children; and (d) supporting the generation, interpretation and use of good quality data and information on the nutrition situation of children and using it for advocacy, planning, monitoring and evaluation. Evidence-based programme communication interventions, including key messages and interpersonal dialogue, will be implemented to improve the knowledge, attitudes and practices of caregivers (families and communities) with regard to nutrition and care of infants and young children, including breastfeeding, complementary feeding, therapeutic and/or supplementary feeding, micronutrient supplementation and deworming.

36. The water, sanitation and hygiene component will: (a) provide technical assistance to integrate water, sanitation and hygiene into the national child survival strategy; (b) support the articulation of a national strategy for water, sanitation and hygiene that reflects the goals of child survival; and (c) build the capacities of service providers, at national and district levels, to provide improved water, sanitation and hygiene services, including establishment of a functional water quality surveillance system and provision of safe drinking water, hand-washing facilities and hygiene education in health centres. Programme communication interventions will improve knowledge, attitudes and practice in safe water, hygiene and sanitation at community level, including hand-washing campaigns.

37. Key partners include the Ministry of Education, Science and Technology (MEST), MOHS, the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA), UNFPA, WFP, WHO, the World Bank, DFID, European Commission, Irish Aid, JICA and NGOs.

38. The **basic education** programme will contribute to increased access to primary education for children from 70 per cent in 2004 to 85 per cent in 2010. Envisaged outcomes of the programme include: (a) national policy frameworks that are supportive of the right of all children to quality primary education; (b) attitudes, values, behaviours and practices among communities that enable timely school enrolment and completion for all children; and (c) an education system and school environment, at national and district levels, which enable quality primary education for all children.

39. The basic education component will: (a) strengthen the capacity of MEST for strategic planning and monitoring; (b) assisting in harmonizing education-related policy frameworks with the Convention on the Rights of the Child; (c) support the development of a strategic plan of action on the rights of OVCs to education and its alignment with national education policies and plans; (d) leverage resources and coordinate international assistance; and (e) strengthen the MEST supply management system. The programme will also mobilize communities in remote areas and help give their children access to education. Revitalized life skills will be designed not only to deal with HIV/AIDS prevention in schools, but also to support work on such child protection issues as prevention of gender-based violence in schools. Programme communication activities will be designed to mobilize and educate communities around the value of schooling, especially for girls, and of school readiness and completion. Focus on quality of education will be largely through developing standards for child-friendly schools, improving quality content, teacher training and strengthening teacher training institutions. The water, sanitation and hygiene component will: (a) provide technical assistance to develop a strategy on water, sanitation and hygiene, as related to education; (b) support the provision of water, sanitation, hand-washing and hygiene facilities; and (c) develop and incorporate water, sanitation and hygiene modules into school curricula.

40. Key partners will include MEST, MOHS, MSWGCA, WFP, the World Bank, DFID, JICA and NGOs.

41. The **child protection** programme will contribute to the Government's goal of ensuring, by 2010, a protective environment for children against violence, exploitation, abuse and deprivation from primary caregivers. The programme's outcomes focus on three elements of the protective environment for children: (a) improved legal and policy frameworks for protection of all children, in line with the Convention on the Rights of the Child; (b) institutions and service providers, at national and district level, capable of protecting children against violence, exploitation, abuse and deprivation from primary caregivers; and (c) a knowledge base to provide updated information and monitor the child protection situation.

42. The programme will: (a) support the harmonization of national laws and policies related to child protection with the Convention, as well as the development of laws and policies for the protection of OVCs; (b) support the development of policies and regulatory frameworks for alternative care and protection of children deprived of primary caregivers; (c) advocate for the ratification of relevant international conventions; (d) leverage resources; and (e) build the capacities of

service providers. It will also contribute to an updated knowledge base on child protection issues, including on OVCs, and to inclusion of child protection indicators in DevInfo and the PRSP; and assist relevant bodies to develop a monitoring framework for child protection issues. The programme will address such harmful traditional practices as early marriage and FGM/C through a programme communication component aimed at building social consensus against those practices and at widening partnerships with community groups.

43. Key partners will include MEST, MOHS, MSWGCA, the Ministry of Justice, WFP, the World Bank, DFID, the United States Agency for International Development and NGOs.

44. Strategic, evidence-based advocacy and communication involving media and public mobilization will be implemented for leveraging resources. Advocacy for realizing children's rights, accelerating child survival, ensuring a protective environment and achieving universal primary education for children will be coordinated with government line ministries, other United Nations agencies, donors and National Committees for UNICEF.

45. The programme integrates preparedness and response to protect children in accordance with the UNICEF Core Commitments for Children in emergencies. Government capacities will be developed for improved coordination of humanitarian actors through cluster working groups.

46. **Cross-sectoral costs** will support the management of the overall programme, including planning and coordination, assessments and quality assurance related to the harmonized joint United Nations system for cash transfers to implementing partners, media outreach and strengthened information management. It will also cover staff and operating expenses related to supply, logistics, administration, information and communication technology and finance.

#### **Major partnerships**

47. The 2008-2010 country programme will be a key component of the broader UNDAF partnership. UNICEF will continue to be an active member of the government-led coordination of the PRSP and the Development Partnership Coordination, the Peace Building Fund Steering Committee and the Steering Committee for the Multi-Donor Budget Support. UNICEF will also actively participate in the Inter-Agency Coordination Committee related to the Global Alliance for Vaccines and Immunization; the Country Coordination Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria; the National Policy Advisory Group on Child Survival and Maternal Mortality Reduction; the in-country donors group on FTI; and the various United Nations thematic groups.

48. Collaboration will continue with the DFID, European Commission, Irish Aid, JICA, and partnerships will be further strengthened with the University of Sierra Leone, the Paramount Chiefs, the Inter-Religious Council, the Parliament and the Children's Forum Network will be further strengthened.

49. Close contact will be maintained with funding partners both to maximize resources and involve them in programme reviews and assessments, including facilitation of project visits for donors and National Committees for UNICEF.

### **Monitoring, evaluation and programme management**

50. The Ministry of Economic Development and Planning will be the national coordinating body for the country programme. Programme implementation and management will be carried out by relevant government agencies and NGOs. The country programme management plan will reflect the programme structure and respond to the expected results and required staff competencies. Existing thematic groups comprising government counterparts, United Nations agencies and other stakeholders will be strengthened and new ones established, if necessary, for programme management, monitoring and evaluation.

51. Key indicators for monitoring progress towards programme results, as well as strategically important monitoring and evaluation activities, are detailed in the summary results matrix and in the integrated monitoring and evaluation plan (IMEP). The IMEP is consistent with the UNDAF IMEP.

52. Since the programme and UNDAF span three years, there will be no mid-term review. A country programme evaluation will be conducted at the end of 2009. Annual reviews of the programme will be part of the annual reviews of UNDAF.

## Summary Results Matrix: Government of Sierra Leone — UNICEF Country Programme, 2008-2010

UNICEF MTSP focus area	Key results expected in this focus area/ baseline estimates for these results	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	Expected key results in this focus area will contribute to:
<b>Young child survival and development</b>	Improved health, nutrition and water, sanitation and hygiene policy frameworks for children under five years of age and women of child-bearing age, supportive of the right to the enjoyment of the highest attainable standard of health  <u>Baseline estimates</u> Currently, there are no policy frameworks on health, nutrition and water, sanitation and hygiene for children under five years and women of child bearing age	<p>A national strategy on child survival – including provisions for OVCs and for HIV/AIDS is developed and implemented, in line with the Convention on the Rights of the Child</p> <p>A national strategy for water, sanitation and hygiene that reflects child survival goals is articulated, in line with the Convention</p> <p>A national policy and strategy on infant and young child feeding – including children with severe malnutrition – is developed, in line with the Convention</p> <p>Amount of resources mobilized for the Child Survival Strategic Plan (both from government and external sources)</p> <p>At least 10% of national budget is allocated to child and maternal health</p>	<p>- Child Health Policy</p> <p>- Child Survival Strategic Plan of Action</p> <p>- Document on the National child Survival Strategy</p> <p>- Records of MOHS</p> <p>- Parliamentary records</p> <p>- National budget review</p> <p>- Reports on external assistance</p>	<p>Ministry of Health and Sanitation (MOHS)</p> <p>Ministry of Education, Science and Technology (MEST)</p> <p>Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA)</p> <p>WFP, UNFPA, WHO, UNIFEM</p> <p>World Bank, DFID, JICA, Irish Aid, EC</p> <p>INGOs, NGOs</p> <p>University of Sierra Leone</p>	Reduction of child and maternal mortality by one third by 2010
	Developed and strengthened capacity of providers to deliver improved health, nutrition and water, sanitation and hygiene related services for children under five years of age and women of child bearing age, at national and district level.  <u>Baseline estimates</u> 80% of PHUs have	<p>80% of health workers in primary health units (PHUs) deliver an integrated package of child survival services</p> <p>80% of health workers and community resources persons (traditional birth attendants, community health workers), promote early and exclusive breastfeeding</p> <p>50% of districts have adequately qualified and equipped technicians for water quality monitoring</p> <p>50% of districts have adequately qualified and equipped sanitation and hygiene promoters</p>	<p>- Programme records</p> <p>- Records of MOHS</p> <p>- Mapping and survey of PHUs</p> <p>- Records of MEP</p>	<p>MOHS</p> <p>MEST</p> <p>Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA)</p> <p>WFP, UNFPA, WHO, UNIFEM</p> <p>World Bank, DFID,</p>	Increased access to prevention, treatment, care and support services for under five children and for women of child bearing age

UNICEF MTSP focus area	Key results expected in this focus area/ baseline estimates for these results	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	Expected key results in this focus area will contribute to:
	<p>adequate water and sanitation facilities</p> <p>10% of PHUs provide voluntary counselling and testing and PMTCT services</p> <p>71% of HIV positive pregnant women have access to antiretroviral drugs (ARVs)</p> <p>Less than 1% of children receive antiretroviral therapy (ART)</p>	<p>100% of PHUs have adequate water and sanitation facilities</p> <p>35% of PHUs provide VCT and PMTCT services</p> <p>90% of HIV positive pregnant women have access to ARVs</p> <p>15% of children receive ART</p>		<p>JICA, Irish Aid, EC</p> <p>INGOs, NGOs</p> <p>University of Sierra Leone</p>	
	<p>Improved knowledge, values, attitudes, behaviours and practices of caregivers and communities for child survival and maternal health</p> <p><u>Baseline estimates</u> 8% of infants &lt; 6 months old are not fed water</p> <p>33% of mothers start breastfeeding within one hour after delivery</p> <p>52% of infants 6-11 months receive breast milk and complementary foods at least the minimum recommended number of times per day</p> <p>5% of under five sleep under insecticide-treated</p>	<p>75% of infants &lt; 6 months old are not fed water</p> <p>90% of mothers start breastfeeding within one hour after delivery</p> <p>70% of infants 6-11 months receive breast milk and complementary foods at least the minimum recommended number of times per day</p> <p>75% of children under five year sleep under insecticide-treated bed nets</p> <p>70% of under fives with diarrhoea receive ORT or increased fluids and continued feeding</p> <p>90% of children under five are fully immunized</p> <p>30% of mothers wash their hands with soap at critical times</p>	<p>- Household surveys such as MICS and DHS</p> <p>- Community surveys</p>	<p>MOHS</p> <p>MEST</p> <p>MSWGCA</p> <p>WFP, UNFPA, WHO, UNIFEM</p> <p>World Bank, DFID, JICA, Irish Aid, EC</p> <p>INGOs, NGOs</p> <p>University of Sierra Leone</p> <p>Paramount chiefs</p> <p>Children's Forum Networks</p>	<p>Reduction of child and maternal mortality by one third by 2010</p>

UNICEF MTSP focus area	Key results expected in this focus area/ baseline estimates for these results	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	Expected key results in this focus area will contribute to:
	<p>bed nets</p> <p>31% of children under five with diarrhoea receive ORT or increased fluids and continued feeding</p> <p>35% of children under five are fully immunized</p> <p>3% of mothers wash their hands with soap at critical times</p>				
<b>Basic education and gender</b>	<p>Existing national policy frameworks are supportive of the right to quality education for all children</p> <p><u>Baseline estimates</u> Current Education Act is not fully harmonized with Convention</p>	A strategy on water, sanitation and hygiene, as related to education, is developed	Review of Education Sector Plan	MEST	Increase in proportion of primary school aged children who have access to quality primary education to 85%
		Education related policy frameworks (Health, Labour, Social Welfare) are harmonized with Convention	Government records	MSWGCA	
		A strategic plan of action on the rights of OVC to education aligned with the National Education Policy and the Sector Plan developed	National budget review	MOHS	
		At least 20% of national budget is allocated to education	MEST records	Ministry of Labour	
	Amount of resources mobilized for the Education Sector Plan (both from governmental sources and from external sources)		WFP, UNFPA		
Improved knowledge, attitudes, values, behaviours and practices of communities and teachers enable timely school enrolment and	Ratio of girls to boys in primary education	MEST records	MEST	Improved enrolment, attendance, retention and completion, especially of girls, in quality primary education	
	Net primary completion rate is 80%	Household surveys	MOHS		
	Net primary school attendance is 100%		WFP, UNFPA		

UNICEF MTSP focus area	Key results expected in this focus area/ baseline estimates for these results	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	Expected key results in this focus area will contribute to:
	<p>completion for all children</p> <p><u>Baseline estimates</u> Net primary completion rate is 11%</p> <p>Net primary school attendance is 69%</p>			<p>World Bank, DFID, JICA, Irish Aid, EC</p> <p>INGOs, NGOs</p> <p>Local communities</p> <p>Joint programmes with WFP</p>	
	<p>Strengthened capacity of the education system and the school environment, including service providers for quality primary education for all children at national and district levels</p> <p><u>Baseline estimates</u> 40% of teachers in primary education are qualified</p> <p>22,000 children in primary school age are enrolled in community schools</p> <p>Currently there are only draft modules incorporating life skills taught in schools</p>	<p>75% of teachers in primary education deliver child centered teaching <u>methodologies and techniques</u></p> <p>75% of primary schools have safe drinking water, separate latrines for boys and girls and hand washing facilities</p> <p>70% of teachers' training institutions have a standard resource package</p> <p>45,000 children in primary school age are enrolled in community schools</p> <p>Relevant modules (in the areas of water, sanitation and hygiene education, HIV/AIDS, peace education, violence and sexual abuse prevention) incorporating life skills are developed and taught in schools</p>	<p>MEST records</p> <p>Training reports</p> <p>Mapping and survey of primary schools</p> <p>Records of teachers' training institutions</p>	<p>MEST</p> <p>MSWGCA</p> <p>MOHS</p> <p>WFP</p> <p>World Bank, DFID, JICA, Irish Aid, EC</p> <p>INGOs, NGOs</p> <p>University of Sierra Leone</p> <p>Joint programmes with WFP</p> <p>Local communities</p>	<p>An enabling education system and school environment for quality primary education</p>
<b>Child protection</b>	<p>Legal and policy frameworks for protection rights of all children are improved</p>	<p>Child Protection-related laws and policies (Labour, Health, Social Welfare, Justice) are harmonized with the Convention policies</p> <p>Relevant laws and policies for the</p>	<p><b>Government</b> records</p> <p>Records of MSWGCA</p>	<p>MSWGCA</p> <p>MOHS</p> <p>Ministry of Labour</p>	<p>A protective legal and policy framework for children from violence, exploitation, abuse and deprivation from</p>

UNICEF MTSP focus area	Key results expected in this focus area/ baseline estimates for these results	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	Expected key results in this focus area will contribute to:
	<p><u>Baseline estimates</u> Labour, Health, Social Welfare and Justice laws and policies not harmonized with the Convention</p> <p>No national policy on OVCs</p> <p>No regulatory frameworks for children in alternative care and those deprived from primary caregivers</p> <p>ILO Conventions 138 and 182 and Hague Convention on Inter-Country Adoption have not been ratified by Sierra Leone</p>	<p>protection of OVCs are developed, in line with the Convention</p> <p>Policies and regulatory frameworks for children in alternative care and those deprived from primary caregivers are developed and implemented, in line with the Convention</p> <p>ILO Conventions 138 and 182 and Hague convention on Inter-Country Adoption are ratified</p> <p>Amount of resources mobilized for child protection ( both from governmental sources and from external donors)</p>	<p>Parliament records</p> <p>National budget review</p> <p>Review of external assistance</p>	<p>Ministry of Justice</p> <p>Parliament</p> <p>Children's Forum Network</p> <p>INGOs, NGOs</p> <p>Justice Sector Development Project</p>	<p>primary caregivers</p>
	<p>Capacity of MSWGCA, institutions, communities and service providers to develop, monitor and implement standards for care and protection of children at national and district levels, are strengthened</p> <p><u>Baseline estimates</u> No standards for alternative care and protection of children deprived of their primary caregivers</p> <p>No information about</p>	<p>Standards for alternative care and protection of children deprived of their primary caregivers are developed and implemented</p> <p>At least 75% of care institutions and services comply with standards of care and protection for children</p> <p>At least 10% of PHUs per district deliver integrated health and psychosocial services for victims of sexual violence</p>	<p>Records of MSWGCA</p> <p>Assessment of residential institutions for children</p>	<p>MSWGCA</p> <p>INGOs, NGOs</p>	

UNICEF MTSP focus area	Key results expected in this focus area/ baseline estimates for these results	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	Expected key results in this focus area will contribute to:
	<p>proportion of care institutions and services that comply with standards of care and protection for children</p> <p>Services to victims of sexual violence are provided only in NGOs centres and not in PHUs run by MOHS</p>				
	<p>The knowledge base and monitoring systems on child protection are strengthened</p> <p><u>Baseline estimates</u> Child protection indicators are not part of DevInfo or PRSP</p> <p>Monitoring system on child protection is rudimentary and not systematic</p> <p>No knowledge base on OVCs</p>	<p>Child Protection indicators are included in DevInfo and in the PRSP monitoring and evaluation framework</p> <p>Child protection id reflected in the third report to the CRC Committee and in the first report on the CRC Optional Protocols</p> <p>Knowledge base on OVCs is established</p> <p>Information is available about movement of children across borders with Mano River Union countries</p> <p>Information is regularly collected and analyzed on five key child protection indicators</p>	<p>PRSP monitoring and evaluation framework</p> <p>Review of DevInfo</p> <p>State reports to the Committee on the Rights of the Child</p> <p>Published reports on child protection</p> <p>Mano River Union reports</p>	<p>MSWGCA</p> <p>Statistics Sierra Leone</p> <p>INGOs, NGOs</p> <p>Local communities</p> <p>Sierra Leone Police</p> <p>Ministry of Justice</p> <p>Justice Sector Development Project</p>	<p>Regular information on child protection situation in Sierra Leone feeding into advocacy and programme design</p>