

Sierra Leone

Executive Summary

With over 979 confirmed, reported cases of EVD (EVD) by December 2014, Sierra Leone was faced with many uncertainties as it embarked on the New Year. In September 2014, the World Health Organisation (WHO) predicted a worst-case scenario with over 1.4 million people infected by January 2015. In response to this unprecedented crisis, the United Nations Secretary General established the first-ever emergency health mission (UNMEER) in October 2014. Although the CDC prediction did not materialize, the situation in January 2015 remained dire in Sierra Leone. The tide began turning towards late February with a steady decline in the number of cases. Although achieving zero cases was still challenging, WHO declared the end of the outbreak in Sierra Leone on 7 November 2015.

UNICEF's contribution, in collaboration with partners including WHO, World Food Programme (WFP), The International Federation of Red Cross and Red Crescent Societies (IFRC), was critical in several areas. With support from Department for International Development (DFID), UNICEF Sierra Leone and its partners including the District Health Management Teams and Civil Society Organisations (CSOs) constructed and managed 46 Community Care Centres (CCCs). These facilitated early Ebola Virus Disease (EVD) case detection and isolation, and provided basic supportive care for EVD suspects.

UNICEF Sierra Leone supported the Government with the procurement of over US\$ 9 million essential medicines, over half a million Personal Protection Equipment (PPE) and other Infection Prevention and Control (IPC) materials.

UNICEF Sierra Leone led the social mobilization and community engagement pillar, focusing on supporting communities to combat the transmission and impact of EVD. Mass sensitization campaigns were undertaken and engagement with people in high-risk areas was refined, with a focus on the use of anthropological data to understand drivers of behaviour in affected communities. Community leaders and traditional healers were supported to take leadership roles in protecting their communities and in developing Community Action Plans.

To minimize the risk of infection in children, Observational Interim Care Centre (OICC) were established to provide care and protection for children. At least, 580 contact children received care and support in OICCs across the country with UNICEF Sierra Leone support. Since the end of the outbreak, 8,624 children who lost one or both parents due to EVD were registered. UNICEF Sierra Leone is supporting the development of a comprehensive package for EVD survivors, including children, to ensure they are fully reintegrated in their communities and supported.

UNICEF Sierra Leone with support from DFID, supported the Ministry of Education, Science and Technology (MEST) to train 9,000 teachers on EVD prevention, psycho-social support and the implementation of the Safe School Protocols, and procured Infection, Prevention and Control (IPC) materials that ensured the safe return to school of more than 1.8 million Sierra Leonean children in April 2015.

Beyond EVD, the successful integration of birth registration (BR) into the Polio campaign for the first time in Sierra Leone resulted in the registration of 252,214 children under-five years old. Despite some challenges, this first experience demonstrates potential for health and child protection working together in ensuring universal BR for children. In addition, the National Office for Births and Deaths Registration registered 107,599 children by October 2015 through routine BR.

The EVD outbreak significantly impacted the delivery of other elements of the Country Programme. The high turnover of staff and the fears of many of those working in an EVD-affected country led to gaps in key positions, such as logistics/supply and nutrition. Weak monitoring systems at the level of the CO led to poor oversight of programme implementation. These issues were addressed by capacity building the CO staff and with the establishment of a Monitoring and Evaluation Working Group.

One challenge for monitoring of activities was associated with the number of implementing partners. With a view to optimizing partnerships to reach the most disadvantaged and excluded communities and to extend essential services, and in line with the new partnership guidelines, UNICEF Sierra Leone launched a fully transparent call for interest, to identify and develop strategic partnerships with organizations that support Government priorities. The CO also developed a collaborative relationship with UNMEER that facilitated work for EVD and the transition. Externally, donors significantly increased their financial contribution. Increased requirements for financial management require more dedicated resources.

As the country embarks on recovery, UNICEF Sierra Leone is supporting the Government to implement five out of the six components of the President's 10 - 24 months priority in the post-EVD recovery plan. Building on the lessons learned from the response, the CO will operationalize a strategy with focus on inter-sectorality, community engagement and data.

Humanitarian Assistance

In May 2014, when Sierra Leone was hit by an unprecedented EVD outbreak, it impacted almost all of the country's districts and social and economic sectors, including a fall in the price of iron ore (the principal export of Sierra Leone, the iron-ore economy shrank by 1 per cent according to World Bank). The outbreak exposed the country's weak and fragile healthcare system, including the delivery of lifesaving non-EVD healthcare for children and pregnant women. As of end of October 2015, there were 8,704 EVD confirmed cases and 3,589 deaths and 8,624 children who lost one or both parents due to EVD. The EVD outbreak put a considerable strain on the already fragmented and poor households, including children, undermining service delivery and safety nets in all areas of child protection. It raised children's vulnerability to abuse, exploitation, neglect and separation from their primary care-givers.

UNICEF Sierra Leone focused on supporting communities to combat the transmission and impact of EVD. Social mobilization and community engagement were central to the response in delivering key messages and promoting safer practices. In collaboration with partners, including DFID and MoHS, the Country Office provided support for the establishment of 46 CCCs was a priority that provided early isolation, health and nutritional care to patients. As the number of cases reduced, a rapid response model emergency preparedness plan was adopted that allowed for a swift deployment of teams and essential supplies in the event of a new case.

Working with local communities, churches and mosques, UNICEF Sierra Leone and partners

helped locate family members willing to care for the children in need. Families were supported with cash transfers and Psychosocial Support (PSS) care packages that included food, clothing, hygiene and recreational kits (toys). Counselling was provided to children whose communities were impacted by the outbreak. Working with CDC and WHO, UNICEF supported the development and implementation of a Guidance Note and Protocols, leading to safe schools reopening in April. Schools were supported with hygiene kits and infection prevention supplies and monitored for adherence to safety protocols. Additionally, with support from UNICEF, all school children in Sierra Leone received learning materials and children in EVD-quarantined households received solar radios to access the Emergency Radio Lessons supported by UNICEF.

Throughout the response, the national governments, UNICEF and partners undertook vaccination campaigns for children and revitalized maternal, infant and child health services. UNICEF Sierra Leone helped to re-establish nutrition treatment services and with the continuation of HIV/AIDS services.

On 7 November 2015, WHO declared the end of the outbreak in Sierra Leone. Although a positive development, rigorous and continued vigilance and community-based resilience was key to maintain zero EVD cases, or to ensure that subsequent flare-ups were contained if they occurred. The outbreak had severe consequences especially for the educational system (including an increase in the number of teenage pregnancies) and the health system with a decline in provision of maternal, new-born and child health care

Summary Notes and Acronyms

ARV Antiretroviral
BCP Business Continuity Plan
C4D Communication for Development
CCC Community Care Centre
CCCD Community Centred Capacity Development
CDS Capacity Development Strategy
CFR Case Fatality Rate
CFS Child Friendly Schools
CLTS Community Led Total Sanitation
CMT Country Management Team
CO Country Office
CP Child Protection
CPIMS Child Protection information Management System
CSC Community Scorecard
DCT Direct Cash Transfer
DEOC District Ebola Operations Centre
DEPAC Development Partners Committee
DFID Department for International Development
DHMTs District Health Management Teams
EDP Education Development Partners
EGMA Early Grade Mathematics Assessment
EGRA Early Grade Reading Assessment
EMIS Education Management Information System
EPF Emergency Programme Fund
ERA Ebola Recovery Assessment
ESP Education Sector Plan

EVD Ebola Virus Disease
FGM/C Female Genital Mutilation/cutting
FTR Family Tracing and Reunification
GoSL Government of Sierra Leone
GPE Global Partnership for Education
HAPPY HIV AIDS Prevention Project
Health Management Information System (HMIS)
HIV Human Immunodeficiency Virus
IFRC International Federation of Red Cross and Red Crescent Societies
IMEP Integrated Monitoring and Evaluation Plan
IP Implementing Partner
IPC Infection, Prevention and Control
KAP Knowledge, Attitude and Practice
KPI Key Performance Indicator
LSTM Liverpool School of Tropical Medicine
MCH Maternal and Child Health
MDAs Ministries, Departments and Agencies
MEST Ministry of Education, Science and Technology
MHPSS National Mental Health and Psychosocial Support Services
MNH Maternal and Neonatal Health
MOFED Ministry of Finance and Economic Development
MOHS Ministry of Health and Sanitation
MSWGCA Ministry of Social Welfare, Gender and Children's Affairs
NaCSA National Commission for Social Action
NERC National EVD Response centre
ODF Open Defecation Free
OICC Observational Interim Care Centre
OTP Outpatient Therapeutic Programme
PCA Programme Cooperation Agreement
PCARC Programme Cooperation Agreement Review Committee
PCM&E Participatory Community Monitoring and Evaluation
PCMA Participatory Community Monitoring and Accountability
PF4C Public Finance For Children
PFA Psychological First Aid
PHU Peripheral Health Unit
PMTCT Prevention of Mother to Child Transmission
PPE Personal Protection Equipment
PSS Psychosocial Support
RCHD Reproductive and Child Health Directorate
SL Sierra Leone
SLNNS Sierra Leone National Nutrition Survey
SPPM&E Social Policy, Planning, M&E
T4D Technology for Development
UN United Nations
UNDP United Nations Development Programme
UNFPA United Nations Population Fund
UNICEF Sierra Leone United Nations Children's Fund
UNMEER United Nations Mission for EVD Emergency Response
VDC Village Development Committee
VOIP Voice-Over Internet Protocol
WASH Water and Sanitation Hygiene

Capacity Development

The CO strengthened Government and partners' capacity in technical areas and in response to the EVD outbreak and other development-related issues.

In response to the significant gap in human resources due to the outbreak, the CO supported capacity strengthening of 1,185 health care workers on revised MNH guidelines and IPC and improvement of immunization service delivery. 10,800 Community Health Workers were trained on identification, reporting of triggers and EVD contact tracing and 187 EVD survivors on registration of other survivors for the Comprehensive Care Programme for survivors. In addition, 9,000 teachers and 12,000 religious influencers were trained on EVD response, 1,191 VDCs, 149 Paramount Chiefs, and 298 women and youth groups were also trained to support improvement in enrolment, retention and completion of basic education for vulnerable children, in the context of the back-to-school campaign.

A total of 293 persons including government partners, children and media were trained on social policy issues, social protection implementation, M&E, social accountability and child-focussed budgeting. In total, 230 health workers were trained on Early Infant Diagnosis (EID) of HIV/AIDS, paediatric care and Prevention of Mother to Child Transition (PMTCT); 42 social workers and counsellors were trained on tracing clients' default on antiretroviral medicines (ARV) uptake; 30 NGO partners and Government staff were trained on National Mental Health and Psychosocial Support Services (MPHSS) and Psychological First Aid (PFA); and 400 Child Welfare Committee Members and community volunteers were trained on child rights, child protection, MPHSS and PFA.

To strengthen the country's data collection and reporting mechanisms, UNICEF Sierra Leone supported the establishment of an Education Management Information System, Health Information Management System and Child Protection Management Information System. Also, 1,182 community school volunteers and teachers were trained on the use of RapidPro (an SMS based monitoring system); and 600 child protection case workers and information managers were trained on use of the standardised tools.

Evidence Generation, Policy Dialogue and Advocacy

UNICEF Sierra Leone supported a study by the NGO Columbia Group for Children in Adversity on the Impact of Ebola Virus Disease (EVD) on interventions to reduce teenage pregnancy in two districts (Moyamba and Bombali), to be completed in early 2016.

In partnership with Save the Children, UNICEF Sierra Leone supported data collection on children who were out-of-school as a result of the EVD outbreak, and specific reasons why. The study's objective was to map and identify all out-of-school children, with the aim to support their return into the formal education system.

With technical and financial support from UNICEF Sierra Leone, a case management system and web-based Child Protection Information Management System (CPIMS) was developed and tested. The system will improve real-time availability of data on child protection. Several rounds of training sessions were provided to case workers in Sierra Leone on case management, to familiarize them with case-management processes and tools, and improve technical skills on documenting and following-up on the cases of vulnerable children.

Partnerships

UNICEF Sierra Leone's main partner was the Government of Sierra Leone. In 2015, UNICEF Sierra Leone worked with a total of 66 implementing partners. The CO launched a new call for interest to identify and develop strategic partnership with Civil Society Organisations (CSOs) that support Government priorities and community engagement.

The CO was an active member of national steering committees; co-chaired the Social Mobilization and Social Protection Pillars; and provided effective leadership at the national and district levels on the EVD outbreak.

The CO co-led the Thematic Working Group for Community Health Workers (CHWs) and supported the roll-out and implementation of the national CHW policy. The CO partnered with the Reproductive and Child Health Directorate (RCHD) and Liverpool School of Tropical Medicine (LSTM) to build the capacity of health workers on the continuum of care for Maternal, Newborn, Child and Adolescent Health.

The CO maintained a strong partnership with Health for All Coalition (HFAC) and SAFER to independently monitor the Free Health Care distribution, and to monitor the provision of spare parts, and installation and repair of solar refrigerators, in health facilities. It also strengthened partnership with the Directorates of Environmental Health and Sanitation and Water Resources to improve WASH services in communities and public institutions and the Office of the President and the district councils.

UNICEF Sierra Leone partnered with the Office of the President, and the Office of the First Lady and the Office of the Wife of the Vice President to advocate for ending harmful practices against children, as well as ending teenage pregnancy and child marriage. UNICEF Sierra Leone and UNFPA partnered to support the National Secretariat for Teenage Pregnancy in rolling out their national strategy. A joint programme on the abandonment of Female Genital Mutilation/Cutting (FGM/C) was initiated and launched with UNFPA. A participatory process was initiated to develop a national strategy available and expected to be endorsed in the first quarter of 2016.

External Communication and Public Advocacy

Voice

Global media monitoring indicated that UNICEF Sierra Leone sustained an influential voice throughout the EVD outbreak. The CO produced a range of communication products, including regular blog posts and stories on the main UNICEF websites (40 stories and blog posts were published this year). The CO also engaged with most of the world's most influential media houses.

Reach

By focusing on high-quality engaging content and consistent posts (over 1,200 posts in 2015), UNICEF Sierra Leone raised the number of followers on social media by nearly double. The production of a fictional video telling the story of a Sierra Leonean EVD survivor who becomes a social mobilizer received more than 150,000 views on YouTube since May 2015, making it one of UNICEF's most popular videos. Work to reach national audiences continued with advocacy messages to hundreds of thousands of mobile phone subscribers in Sierra Leone, and making extensive use of billboard campaigns, press releases (20 in the year) and media opportunities.

Engagement

The #fightunfair event in Freetown on 26 November brought together young people to discuss equity issues as UNICEF launched the multi-year campaign. On the Day of the African Child on June 16, the CO worked with local partners, YACAN and ten radio stations nationally to cover the day with dedicated programmes, including the use of child reporters to engage with the theme of ending child marriage. A local youth activist was given the opportunity to tweet for an hour on the global UNICEF account, engaging with a global audience and leading to separate media coverage.

As part of communication to advocate, the CO started an internal process to draw up a new advocacy strategy focusing joint-efforts on key priorities in the coming year.

South-South Cooperation and Triangular Cooperation

The CO entered into a cross-border Memorandum of Understanding with Guinea and Liberia to ensure a harmonized approach for EVD early case identification and notification.

The CO participated in a parliamentary symposium, bringing together Parliamentarians and senior Government officials from Sierra Leone and Liberia on sustainable immunization financing. In the partnership with SUN, and partners Focus 1000, the CO supported the visit of a team from Liberia for experience-sharing on the SUN movement in Sierra Leone and supported Sierra Leone representation at the SUN Movement Global Forum.

UNICEF Sierra Leone supported the MoHS and Ministry of Water Resources to attend the 4th AfricaSan conference in May and later the Innovative Financing Options for WASH services in Senegal. These meetings were instrumental to capacity building and lobbying for additional funding for WASH.

UNICEF Sierra Leone partners and government counterparts attended a regional conference in Abuja, aimed at developing a training package on Child Marriage for Africa Union. Senior Officials of the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) and the Minister participated in the Africa Union Girls Summit in Lusaka in November focusing on child marriage. A three year work plan was developed jointly with United Nations Population Fund (UNFPA) to support the Global Framework on Ending Child Marriage. Two Officials from the MoHS were supported to attend the third conference of African Ministers Responsible for Civil Registration, in Ivory Coast in February.

Five Senior Performance Coordinators and Analysts were sent to the Kenyan School of Governance to understudy performance management. This resulted in timely development of Citizens Service Charters by Ministries, Departments and Agencies and Commissions.

To reinforce the strategic partnership between China and Africa, Sierra Leone was considered as a partner country in the UNICEF initiative on Africa, with the objective to increase investment and positive impact on maternal, newborn and child health in the context of Sustainable Development Goals (SDGs) universal health coverage and resilience health systems.

Identification and Promotion of Innovation

UNICEF Sierra Leone continued to support the RapidPro platform that facilitated activities in the EVD response. In the area of reporting, daily SMS reports from CCCS enabled reporting on indicators from each facility. With regards to monitoring: daily SMS reports from 800 field monitors on EVD-related social mobilization; daily alerts on secret burials; and resistance from

communities provided critical information on community perceptions, attitudes and behaviours. During the back-to-school campaign in May, the technology enabled UNICEF Sierra Leone to support the Ministry of Education, Science and Technology (MEST) in monitoring schools in hot spot areas on the level of preparedness and availability of supplies. The success of this project led MEST and UNICEF Sierra Leone to work together on a reporting tool for regular school monitoring – EduTrac. The system will help monitor over 9,000 schools nationwide.

In November 2014, UNICEF Sierra Leone launched a social engagement tool (U-Report) that proved itself an effective channel of information-sharing and engagement of youth on the EVD response and during all major campaigns conducted in 2015. Over 21,000 young people across the country were registered and engaged on a range of topics.

UNICEF Sierra Leone supported the establishment of Observational Interim Care Centres (OICC) to provide care and protection for children who were in close contact with a parent, caregiver or a relative infected with EVD, and for whom no available caregiver from the extended family or community was available to provide appropriate care. A rapid SMS technology improved the child protection response and reporting on EVD-affected children. Daily updates were received from the field on children in interim care that guided the provision of emergency kits and services.

Support to Integration and cross-sectoral linkages

The CO established an internal coordination mechanism to ensure integration, and was also developing a Community Engagement Strategy that will implement a cross-cutting and holistic approach to community engagement.

UNICEF Sierra Leone successfully integrated birth registration (BR) in a polio immunization campaign, leading to the registration of 252,214 children aged 0-5 years of old. Child protection, Education and Child Survival and Development collaborated in the establishment of the National Teenage Pregnancy reduction secretariat to establish child friendly reproductive health services nationwide. These structures established at national, district and community levels empowered about 22,100 adolescent girls and boys from six districts with knowledge, information on sexual and reproductive health, and Life Skills to make informed choices and to participate in decision-making.

The Participatory Monitoring and Accountability and Social Accountability frameworks supported by UNICEF Sierra Leone brought together representatives from Ministries of Health and Sanitation, Education, Social Welfare, Finance and Economic Development, local councils, NGOs and communities in Port Loko and Moyamba Districts. The initiative enabled communities to develop action plans as a follow up to the score cards that were developed.

To kick start the Public Finance For Children (PF4C) initiative in Sierra Leone, UNICEF Sierra Leone supported MOFED and the MSWGCA in ensuring the participation of children (boys and girls) from all districts in Sierra Leone in the budget process in Freetown. The children were accompanied by social workers from the MSWGCA, while MOFED and UNICEF Sierra Leone worked with them to articulate their expectations for the 2016 budgets that will be presented to Parliamentarians and MOFED and MSWGCA Ministers. The issues presented ranged from poor state of the health and education facilities to teenage pregnancies and poor or under-qualified officials in social service provision.

Service Delivery

In the context of the EVD outbreak where institutional capacity was weak in procuring essential commodities, UNICEF Sierra Leone provided substantial support in the delivery of services.

UNICEF Sierra Leone supported the establishment of 46 CCCs to support early case detection and isolation; provided basic supportive care for EVD suspects; and facilitated diagnostic testing and referrals in the communities. This structure supported over 38,000 patients, of that 1,095 met EVD case definition. The 46 CCCs were provided with essential WASH package.

In collaboration with the MEST, UNICEF Sierra Leone supported the back-to-school campaign through a comprehensive multi-dimensional social mobilization and community engagement strategy. Over 1.8 million children returned and remained in school, with better knowledge about the prevention and control of EVD through sustained hygiene practices including hand washing.

UNICEF Sierra Leone supported MEST to establish 15 situation rooms (14 at DEOs and one at Headquarter) for the routine generation of real-time data (using SMS-based RapidPro) by school community structures (1,182 trained members from School Management Committees and Back-to-School committees in 394 wards nationwide) on critical replenishments of EVD supplies and ensuring safe and protective learning environments.

UNICEF Sierra Leone facilitated the development of a National Mental Health and Psychosocial Support Services (MHPSS) Strategy, a framework that identified a minimum package of services and providers of psychosocial support (PSS) to EVD-affected and vulnerable children. In total, 2,493 unaccompanied and separated children received services and were reunified with their biological parents and extended family members, and 1,087 separated and unaccompanied children were placed in foster care in their communities. Over 49,000 participated in UNICEF-supported psychosocial activities, including: age-appropriate recreational centres, individual or group counselling and awareness raising, arts, drama, singing and traditional 'healing and cleansing ceremonies' that promote healing, recovery and restoration. Over 9,055 individual FTR kits were distributed to children and families to support reunification efforts or after their discharge from quarantine.

Human Rights-Based Approach to Cooperation

While the GoSL developed legislations and policies, including the 2007 Child Rights Act (CRA), challenges still remain in the effective implementation of these policies. The CO continues to advocate for the full implementation of the CRA and its dissemination.

Although the CRC Committee has not yet issued its concluding observations on the 2013 third periodic report on the CRC, UNICEF Sierra Leone supported the National Child Rights Coalition in the preparation and submission of a complementary/alternative report to the State Party report. As part of this process, the Child Rights Coalition organized four regional children's consultations for children to raise issues and make recommendations.

Following the CRC Committee's recommendations, the Government established a National Commission for Children (NCC), responsible for monitoring and coordinating activities related to children's rights and the production of CRC report. UNICEF Sierra Leone is a member of the NCC and provided technical support in developing the strategic plan for the monitoring of children's rights. UNICEF Sierra Leone supported the NCC in revitalizing Child Welfare Committees at district level and in monitoring their activities. UNICEF Sierra Leone advocated

for the respect and protection of the rights of the most marginalized children during key events (The Day of the African Child, the Anniversary of the CRC, Child Labour Day, 16 days of activism against GBV and the International Day on Disability). Special events were also organized for children, including a conference attended by 53 children with disabilities.

UNICEF Sierra Leone facilitated the participation of 22 children from all districts for the 2016 government budget hearing process at the Parliament. The children were trained on CRC and given the opportunity to articulate and present their needs and aspirations.

UNICEF Sierra Leone supported the Performance Management and Service Provision Directorate on integrating community engagement, including implementation of Participatory Community Monitoring and Accountability (PCMA) framework in child friendly community accountability and decentralized development processes.

Gender Mainstreaming and Equality

UNICEF Sierra Leone is an active member of the UNCT Gender Technical Team (UNCT-GTT). Together with UNDP and UN Women, UNICEF Sierra Leone supported and co-facilitated a joint training for all UNCT GTT members and 42 focal points from ministries, departments and agencies on gender and gender mainstreaming to enhance their skills in integrating gender in their work.

With regards to programme interventions, vulnerable boys and girls were equally provided protection services and referrals. UNICEF Sierra Leone supported MSWGCA and NGO partners in implementing the National Referral Protocol for victims of Gender Based Violence (GBV) to include boys, girls, men and women. A key challenge remained the weak coverage of comprehensive GBV services at the district level. This will be addressed as a priority in 2016.

UNICEF Sierra Leone supported and advocated for programme interventions that target both girls and boys without discrimination. As an example, programmes on teenage pregnancy, though naturally focussed on teenage girls, included the engagement of men and boys in community engagement activities.

Environmental Sustainability

The CO carried out its first Environmental Sustainability Assessment in 2015 to measure its contribution to the carbon emission. The assessment results showed the CO per cent distribution of carbon emission: electricity 27 per cent, air 11 per cent, vehicles 42 per cent, public transport 11 per cent, heat and steam 0 per cent and onsite fuel combustion 9 per cent. The result of the assessment will a baseline for subsequent assessments that measure the office contribution to carbon emissions. As a follow up, the CO initiated actions to minimize carbon emissions including: awareness raising of staff on the results of the Environmental Sustainability Assessment report, a ban in the office for burning of rubbish, use of shared printers, strict control on issuing printing papers, use of recycled papers, and discussion on minimizing hard paper filing and replacing with electronic filing.

Externally, the CO supported the Ministry of Water Resources in developing the water resources policy focused on assessing and monitoring portable water exploration, including protection of water bodies from the impact of environmental degradation. UNICEF Sierra Leone also supported the MoHS on the development of waste management policy aimed at ensuring safe disposal of both liquid and solid wastes both from households/business premises and

health institutions.

UNICEF Sierra Leone, in collaboration with the Government, scaled up Community Led Total sanitation (CLTS) approach to minimize open defecation that reduced local environmental degradation by fecal contamination of ground and surface water supplies. The precautions were continuously observed on the siting of water points to minimize the risk of groundwater contamination.

Effective Leadership

Country Office management ensured effective implementation of programmes and efficient utilization of resources through regular monthly Country Management Team (CMT) meetings to review and monitor management indicators. Statutory Committees and the HACT Committee carried out specified functions, monitored activities and provided advice to the management for decision making. Programme Group meetings were held monthly to monitor implementation of activities and review implementation strategies. The Staff Association maintained a close working relationship with management to address staff welfare issues.

In Operations, several measures were implemented to improve operational systems including the development of workflow processes for supply and logistics. In Programme Management, initiatives were launched to improve programme implementation and monitoring. The CO initiated a new call for interest to focus on strategic partnerships that will support Government priorities. UNICEF Sierra Leone capitalized on the use of innovative technology, such as U-report and RapidPro, for monitoring and alert.

Financial Resources Management

Although the CO had initial difficulties in managing its cash forecast process due to the uncertainty due to the demands of the emergency, it overcame the challenges and a timely and more accurate cash forecast was maintained during the Q3 and Q4 of 2015. S2B E-Banking was finally implemented in 2015, increasing the speed and efficiency of processing payments while reducing the rate of errors due to manual writing of bank transfers. Bank reconciliations were conducted on a monthly basis in compliance within the stipulated deadline from UNICEF Sierra Leone's Division of Financial and Administrative Management (DFAM).

UNICEF Sierra Leone conducted a HACT training of partners and UNICEF Sierra Leone staff, bringing together about 110 participants. The CO developed a dashboard that generates data from Insight to provide management with valuable real-time information on several indicators (donor reports, expiring grants, DCTs), that allows for better monitoring

Fund-raising and Donor Relations

UNICEF Sierra Leone faced challenges with donors, particularly as a result of competing resources due to the EVD outbreak. Although the CO secured an adequate level of funding for priority programmes, more funding is required for 2016. Additionally, more stringent donor conditions did not facilitate fund-raising efforts. Thematic and Emergency Programme Fund (EPF) gave flexibility for critical activities to begin while donor funds were being secured.

With regards to donor relations, a workflow process was developed to streamline donor reporting. A reporting schedule was generated on a regular basis and shared with managers. In addition, an excel database provided an overview of submitted reports. All reports due during

the year were submitted on time. The CO also recruited a Reports Specialist to support the reporting process and the submission of funding proposals.

Evaluation

In light of the EVD outbreak that refocused programme activities on the response, the two evaluations initially planned in the 2015 Integrated Monitoring and Evaluation Plan (IMEP) (CLTS programme evaluation and Mid Term Evaluation of the Child Justice Strategy) were reprogrammed for 2016. The evaluation of the CLTS programme will be conducted in early 2016 as part of a proposed national WASH baseline survey; the Mid Term Evaluation of the Child Justice Strategy will be realigned to include evaluation of activities undertaken during the EVD and the impact on EVD infected and affected children, in line with the National post-EVD Recovery Plan. Though these evaluations were not carried out as intended, UNICEF Sierra Leone commissioned another survey to analyze the impact of the EVD outbreak on the social demographic situation of women and children.

Notwithstanding the above, IMEP implementation was institutionalized in the office through the establishment of an M&E Working Group. The Working Group is expected to provide routine information on the status of monitoring and evaluation activities planned and implemented within the CO.

Lastly, UNICEF Sierra Leone in collaboration with the World Bank supported the Government of Sierra Leone in improving national capacity to monitor and evaluate the development of an M&E Capacity Development Plan, a component of a National M&E policy and operational plan to build the capacity of stakeholders on M&E.

Efficiency Gains and Cost Savings

The office undertook several initiatives to reduce overall operational costs:

- On internet connectivity and maintenance charges, all six Freetown sites were linked to the main office through radio link. This also facilitated staff access to network files print services, as well as the UNICEF Sierra Leone Intranet and website from those locations.
- On security, UNICEF Sierra Leone reviewed the number of security guards deployed on premises and reduced the number of guards from 31 to 25 guards, resulting in an annual savings of US\$ 20,000.

UNICEF Sierra Leone was an active member of the UN Operations Management Team where opportunities to improve procedural efficiencies and reduce costs of existing common services were explored. To this effect, printing services, travel and fuel contracts were reviewed and the procurement processes for all three are in the final stages and will be rolled out in early 2016.

Supply Management

The total procurement plan for 2015 was estimated at US\$ 42.8 million. The implementation of the supply plan as of December accumulated to US\$ 46.6 million.

The CO supply chain Ministry of Health and Sanitation in 2015 was US\$ 55,922,563 representing 43.6 per cent of the total CO expenditure. The massive UNICEF Sierra Leone response to the EVD emergency explains the volume of supplies procured during 2015, supported with increased HR needs and specialized capacity in field offices.

UNICEF Sierra Leone 2015	Value in US\$
Programme Supplies	33,534,815
Operations & Admin Supplies	722,968
Services	8,460,743
Construction	3,929,069
Procurement Services	9,274,968
Total	55,922,563

In 2015, the value of UNICEF Procurement Services for the Government of Sierra Leone increased from US\$ 5.6 million in 2014 to US\$ 9.27 million in 2015, representing 39.1 per cent.

Cold Chain equipment was procured and distributed to health facilities throughout the country to further strengthen the Government's vaccine storage capacities. Free health care supplies were purchased and distributed on behalf of USAID.

Due to increase in EVD emergency response supplies, additional storage space of about 6,000 square meters was acquired to ensure sufficient storage.

In 2015, Supply received and cleared 574 containers from the sea port and processed customs clearance of 129 air freight shipments. A total of 456 trucks were used for in country logistics operations at a total cost of US\$ 4 million. By December 2015, Out of the US\$ 33.5 million of programme supplies procured, a total value of US\$ 14 million was delivered to partners.

The value of the inventory of programme supplies controlled by the CO, recorded physically in the warehouse as of 31 December 2015, was US\$ 6,359,759 of that US\$ 55,252 were supplies prepositioned for emergencies.

Security for Staff and Premises

The CO reinforced security for its staff and premises through capacity building and system strengthening:

- All drivers were trained on 'Road Safety and Awareness'. Security guards and wardens were trained on the operation of fire extinguishers and fire fighting;
- A local security officer was appointed in 2015 to enhance the coordination of the safety and security of staff and UNICEF Sierra Leone properties. An international safety and security officer visited the country in April and carried out an assessment of UNICEF Sierra Leone premises, including warehouses and staff residences, in collaboration with UNDSS. A standard check list was also drawn up to assess compliance with basic security and safety standard for all hired vehicles. A MOSS compliant review exercise was conducted by the visiting security officer, local security and UNDSS to ensure the implementation of several measures including: Radios installed and programmed in all UNICEF Sierra Leone vehicles and Codan Selcall addresses programmed in all Codan units to facilitate calls between vehicles/field offices/CO, additional satellite phones were sent to the zonal offices.
- Reviewed the national and international warden system, drivers were trained on road safety and awareness;
- Fire Evacuation Plan was prepared and shared with staff members, Fire Wardens and security guards trained on fire fighting and operating fire extinguishers. Central fire alarm system was replaced and fire evacuation drill/exercise carried out by November 2015;

- Flat/weak batteries in all smoke detectors/alarms in the CO and zonal offices were replaced;
- Perimeter security lighting in the CO was installed;
- The Main gate at the CO was reinforced.

Human Resources

Due to the EVD outbreak, staffing increased from: 160 staff July 2014; 211 staff December 2014; to 237 staff in July 2015. The CO was downsized to 197 by end of 2015.

A rapid assessment was conducted to establish a staffing structure with the mix of IP, NO and GS staff, across all functional areas and submitted to the RO. The Emergency PBR approved the positions (mainly ORRE funded) and a massive recruitment exercise was launched.

Recruitment Key Performance Indicators (KPIs) were 63 days on average due to capacity gaps in the HR unit. Of the 22 National Officer positions, seven were filled with female candidates. At top management, there were two P5 and seven P4 female managers.

PERs: 35 per cent of 2014 PERs were completed by February 2015. A monitoring system was established to track and share on a weekly basis the completion rate of the entire 2015 PAS cycle (97 per cent for planning phase, 80 per cent for mid-year review).

Staff Survey Action Plan was implemented to address the three areas rated the lowest in the Global Staff Survey (Personal Empowerment, Career and Professional Development, Work/Life Balance).

On UN cares, 98 per cent of staff completed the online training and participated in prevention activities organized by the UN Clinic.

On Duty of Care, the UNMS in Sierra Leone enhanced its services with alert system available 24/7, safe air evacuation of infectious individuals and sealed air transportation module.

On Ethics & Integrity, the Staff Association Chair attended a face-to-face at the WCARO. In total, 98 per cent of staff completed the online course. The training was mandatory for new staff.

Three JCC meetings were held and the signed minutes were shared

Effective Use of Information and Communication Technology

UNICEF Sierra Leone deployed Office 365 in 2015, allowing staff to access their email remotely, thus increasing their productivity and real-time responsiveness to emergency issues. Office 365 improved collaboration with SharePoint applications for the transfer of large files inside and outside the organization. Use of Office 365 resulted in recorded cost savings on maintenance time and cost of servers (physical and virtual). It also contributed to the reduction of CO2 emissions through reduced travel for meetings that are now held virtually over MS Lync.

UNICEF Sierra Leone strengthened the programming process of field operations, surveillance, advocacy and communication using RapidPro to improve feedback on key initiatives. Examples included: tracking the distribution of free health care service; reporting on CCCs; daily social mobilization monitoring reports. Mobile technology was used for the “Back to School” evaluation of 3,000 schools in EVD hotspot areas to assess their level of preparedness and stock levels for

prevention materials (leading to the EduTrack School monitoring tool). Other initiatives include the U-Report, with over 20,000 youths enrolled, gathering information on several issues at the community level; KoBO collect, a digital device to collect data on 1,200 health facilities and Community Health Workers (CHWs) mapping across the country. The CO pioneered work on Call Data Record (CDR) Analysis during the outbreak to show general population movements from areas of high/new infection to areas of low/none.

UNICEF Sierra Leone social media interaction significantly increased from 6,407 fans to over 11,500 fans on Facebook, and from 3,000 followers to over 4,680 followers on Twitter. An Instagram account created in February 2015 has over 1,200 followers. These platforms are key to communicating and advocating on issues around the survival and development of children and youths especially on international advocacy days.

Programme Components from Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 Improved and equitable use of high-impact maternal and child health interventions from pregnancy to adolescence and promotion of healthy behaviours

Analytical Statement of Progress:

The desired outcomes for the interventions under the health programme were adjudged to be on track at the 2015 Annual Review with indicators progressing satisfactorily.

A series of capacity-building initiatives carried out increased ability of health facility management to deliver a package of high impact health interventions for mothers, new-born and under 5 children with focus on gender equality and the most vulnerable in all 13 districts (as evident in the management of the Free Health Programme of the current administration). This also enhanced delivery of high impact community based health interventions for women, new-born and under 5 children, including promotion of healthy behaviours, with special focus on gender equality and the most vulnerable in these districts, UNICEF Sierra Leone advocacy work in health led to increased political commitment, better accountability and improved national capacity to undertake surveys, surveillance, research, legislate, plan and budget for scaling-up MCH interventions. Work on adolescent and women of child-bearing age contributed to better health outcomes for children and women in Sierra Leone, evident in the MICS 6. Above all, health emergency preparedness and response from UNICEF Sierra Leone---the EVD response in particular---with focus on children and women of child bearing age were successful. UNICEF Sierra Leone, in collaboration with the Ministry of Health and Sanitation (MoHS), UN agencies and NGO partners, played a significant role in curbing EVD, especially EVD response and recovery.

Key achievements included: the continuation of service delivery for RMNCH in the context of EVD both at facility and community levels; availing and mainstreaming IPC in health facilities; strengthening routine immunization; the provision of child survival intervention packages during the MCH weeks; and a measles campaign soon after EVD outbreak subsided. The contributions limited the likelihood of other diseases emerging. The restoration of health services at health facilities improved the health of children and prevented looming epidemics like measles. UNICEF Sierra Leone supported the development of the health component of the EVD recovery plan that formed the basis for Government response to development issues in the country. The establishment of the Health Management Information System (HMIS) enhanced data quality and assisted national- and district-level reviews. Though there are challenges with the new

HMIS it promises to support the Ministry with real time data for better, equitable health outcomes for the people of Sierra Leone.

Other challenges and bottleneck that limited achievements included: limited capacity at all levels of the health system vis-à-vis the EVD outbreak, limiting the speed of implementation of programs including monitoring and supportive supervision at all levels of the health system. Quality of HMIS data was sub-optimal, impacting ability to accurately track progress.

OUTPUT 1 Increased capacity of health facilities to deliver a package of high impact health interventions for mothers, new-born and under 5 children with special focus on gender equality and the most vulnerable in all 13 districts by 2018

Analytical Statement of Progress:

The achievements made by UNICEF Sierra Leone in collaboration with MoHS and other NGO partners included the training of 386 Chiefdom-based trainers in on-the-job training Mother and Neonate Health (MNH) continuum of care in all districts; training 150 national and district supervisors in OJT MNH continuum of care; training 1,417 service providers on ANC Labour and Delivery; training 2,775 health workers on “Guideline for Managing Pregnant Women in the Context of EVD”; Signing of contracts for rehabilitation for 10 BEmONC/CEmONCs; provision of essential equipment for MNH/EmONC to all Community Health Centres and district hospitals; and training 1,200 peripheral health units workers on “Immunization In Practice (IIP)” Modules.

However, the challenges and bottlenecks encountered during implementation hindered the capacity of health facilities to deliver a package of high impact health interventions for mothers, new-born and under five children.

In particular, the unavoidable interruptions in implementation of crucial activities during the height of the EVD outbreak were a huge challenge. Delayed activities included: the process of officially nominating the additional 65 BEmONCs for a total of 130; the planned competency training for personnel in the identified BEmONCs; delayed graduation of the MCH Aides students; trainings planned for IMNCl to be carried out in the districts and PHUs by the same personnel.

Notwithstanding, anticipated emerging needs and opportunities in 2016 were identified to include greater emphasis on newborn health; clarifying the role of MCH Aides as birth attendants (whether assistant or qualified birth attendants); deploying an up-to-date inventory of MNH equipment/tools provided to PHUs; increasing the uptake of measles second doses in routine vaccination programme and other antigens.

The key priorities for 2016 will include emphasis on OJT MNH trainings and supportive supervision; enhanced supportive supervision for MNH; competency based EmONC training for all BEmONCs; training of health worker on Essential Newborn Care; review of RMNCAH strategy; completing all programme IMNCl trainings; introduction of IPV; switching from tOPV to bOPV; implementation of second round doses of measles in EPI; conduct fresh HPV demonstration and, implementation of Tetanus Toxoid (TT) in schools.

OUTPUT 2 Increased capacity to deliver high impact community based health interventions for women, new-born and under 5 children, including promotion of healthy behaviours, with special focus on gender equality and the most vulnerable, in all 13 districts by 2018

Analytical Statement of Progress:

Key achievements in outputs and activities in 2015 made in collaboration with MoHS, sister UN agencies and other NGO partners included: scaling up CHWs programme in 11 districts for a total of over 10,000 CHWs trained and deployed; about 90 per cent of CHWs received supportive supervision by peer supervisors and/or PHU staff; reported overall increase in the number of children seen by CHWs for various ailments (222,370 children treated, of whom 24,000 were referred to PHUs for further treatment); a total of 66,821 and 52,172 pregnant women having received 1st and 2nd home visits respectively by CHWs. In addition, four vaccination campaigns (1 Measles and 3 Polio) were implemented with Infection, Prevention and Control (IPC) precautions and implementation of the 2nd round of Maternal and Child Health Week that reached 201,399 (92.9 per cent) of children (15-23 months) in November.

The above achievements led to better capacity to deliver high-impact, community-based health interventions for women, new-born and under five children.

Key bottlenecks and challenges: higher rates of stock outs of medicines with CHWs particularly in the rainy season; specific issues with Amoxicillin because of unforeseen demand from other programs like Outpatient Therapeutic Feeding Programme (OTP); and inadequate supportive supervision and outreach services by PHUs, related to issues such as lack of transport/motor bicycles and requisite staff to provide support to CHWs in their catchment areas.

In 2016, anticipated emerging needs and opportunities were identified as the revision/updating of the National CHWs Policy. Potential changes will include: possible improvement incentive schemes for CHWs; a revision of CHWs training curriculum; and additional scope of work for CHWs such as helping with surveillance (IDSR) and resilience for emerging diseases.

Hence, the key priorities for 2016 will include support to implement the revised CHWs programme package based on the revised policy; advocate with the MoHS on allocation of domestic resources for the CHW programme; integrate supportive supervision with outreach sessions including supervision of the peer supervisors; train PHU staff and peer supervisors on supervision and team management skills; increase capacity-building of the national CHW hub to strengthen ownership and leadership by MoHS and re-institutionalization of the use of RDT.

OUTPUT 3 Strengthened political commitment, accountability and national capacity to surveys, surveillance, research, legislation, planning, budgeting, and emergency preparedness and response for scaling-up maternal and child health interventions for children, adolescents and women of child bearing age by 2018

Analytical Statement of Progress:

Key achievements made by UNICEF Sierra Leone in collaboration with MoHS, sister UN agencies and other NGO partners included support to a successful 2015-2020 Health Sector Recovery and resilient planning; review of Basic Package of Essential Health Services, completion of a geo-mapping of CHWs in three phases in all districts of Sierra Leone except in western area. Geo-mapping is directly conducted by DHMT and NGO partners in the districts, with technical support from national quality assurance teams deployed by the MoHS and UNICEF. The 2nd Health Facility Assessment was completed, the report validated for printing; review of CHW policy was ongoing and supported training of 700 DHMT, Hospital and PHU staff in all districts by DHSPPPI to enhance their capacity in HMIS reporting.

These achievements provided a basis for an on track strengthened national capacity for surveys, surveillance, research, planning, budgeting including political commitment and accountability for scaling-up maternal and child health interventions in Sierra Leone.

Major bottlenecks and challenges in 2015 identified HMIS data quality (completeness, timeliness and accuracy) and irregular and non-standard supportive supervision of PHUs by DHMTs.

Anticipated Emerging Needs and Opportunities in 2016 are the EPI all-inclusive review and the comprehensive multi-year plan (cMYP).

Going forward, priorities for 2016 focus on completion of the geo-mapping of CHWs in the Western Area, verification of the data from the geo-mapping of CHWs, strengthening HMIS data quality; reinforce Supportive Supervision to PHUs by DHMTs and, conduct an Effective Vaccine Management Assessment (EVMA).

OUTPUT 4 Health emergency preparedness and response with special focus on children and women of child bearing age is implemented by the GoSL, UNICEF and its partners in a timely manner during the country programme cycle

Analytical Statement of Progress:

Achievements in outputs and activities by UNICEF Sierra Leone made in collaboration with MoHS, sister UN agencies and other NGO partners was---crucially---the successful halt of the EVD outbreak in the country. UNICEF support to the operationalization of 46 CCCs (16 of which deployed in 2015) was the most important achievement.

Other significant achievements included response to Measles outbreak in four districts, the provision of IPC supplies to all PHUs and maternity hospitals; successful implementation of trainings of health workers on IPC/MNH revised guidelines including adequate management of the sick child in the context of EVD; supportive supervision targeting all PHUs by DHMTs with focus on IPC and support to the conduct of IPC activities at national and district levels ensuring the implementation of enhanced health emergency preparedness and response with focus on children and women of child-bearing age in a timely manner during the country programme cycle.

Notwithstanding, key bottlenecks and challenges in 2015 were identified as provision of information on IPC stock at PHU level in a timely manner; complacency on IPC practice amongst health workers as the epidemic lessened; lack of EPRP; uncoordinated health emergency reporting system and, lack of a dedicated budget line for emergency response.

Anticipated Emerging Needs and Opportunities in 2016 are identified to include reinforcing IPC practices including enhancing isolation capacities at PHUs; with possible future disease outbreaks, development/review and management/updating of an Early Warning and Early Action plan for the sector/country.

Hence Key Priorities for 2016 will focus on development of CO EPRP, completing the EVD-delayed planned activities; establishing/ensuring the timely availability of information on IPC stock from PHUs; ensuring IPC-compliance and practices amongst health workers even as the epidemic dwindles; relief support to affected populations in emergencies; and enhanced support to the implementation of the MoHS early recovery plan.

OUTCOME 2 Improved and equitable use of nutritional support and improve nutrition and care practices

Analytical Statement of Progress:

UNICEF Sierra Leone's Nutrition programme overall outcomes –improved and equitable nutritional support and improved nutrition and care practices - was implemented in partnership with Directorate of Food and Nutrition (DFN) in the (MoHS) and the Nutrition Coordination Group (NCG).

At the annual review meeting of the programme, indicators under this outcome were adjudged to be on track and achieved at an acceptable level.

Increased capacity and performance of health workers in all districts provided equitable and quality integrated management of SAM services to children under the age of five with focus in hard-to-reach communities; and provided increased access by infants, young children (0-24 months) and mothers (especially in deprived and hard to reach communities) to quality maternal, infant and young child nutrition. There were minor achievements in scaling up nutrition interventions to control micronutrient deficiencies and in building the Government capacity to research, plan, monitor and evaluate equity-focused nutrition interventions for children and women of child-bearing age.

UNICEF Sierra Leone was one of the most active presence in the Nutrition sector in Sierra Leone with essential nutrition care and support in emergencies, particularly during the EVD outbreak. UNICEF Sierra Leone had outstanding performance demonstrated by the outcome indicators.

Key achievements made in collaboration with MoHS, sister UN agencies and other NGO partners included: the release of breast feeding guidelines on Early Initiation and Exclusive Breast Feeding in EVD context; screening for acute malnutrition using self-screening tool by mothers/caregivers, MSGs and CHWs; Sierra Leone National Nutrition Survey (SLNNS) and Sierra Leone Micronutrient Survey reports for dissemination; multi-sector, five year costed National Food and Nutrition Security Implementation plan released and district level disseminated; and the first large scale campaign (post EVD) conducted in April 2015 providing Vitamin A, deworming and mass screening to children 6-59 months (a second campaign scheduled November 2015).

Key bottlenecks and challenges in 2015 was dominated by undue delays in programme implementation due to the EVD outbreak. Also, insufficient community outreach activities due to hindrances through fear of EVD by health staff and communities; breast-feeding practices affected by misinterpretation of purpose; and indication for use of breast milk substitutes due to EVD outbreak; and indiscriminate arrival of breast milk substitute in the form of donations at the advent of the EVD crisis that were not in line with current global breast feeding policy.

OUTPUT 1 Health workers in all districts including western area have the capacity to provide equitable and quality integrated management of severe acute malnutrition services to children under the age of five with focus in hard to reach communities by 2018

Analytical Statement of Progress:

Key Achievements in outputs and activities in 2015 made by UNICEF Sierra Leone in collaboration with DFN, NCG, sister UN agencies and other NGO partners included the attainment of 50 per cent of PHUs providing treatment for Severe Acute Malnutrition (SAM) in the form of Outpatient Therapeutic Programme (OTP), out of 603 functional OTPs 348 used the revised and updated national IMAM guidelines in their operations; verification exercise for OTPs completed and accountability matrix to improve adherence to national protocols through

monitoring were prepared; increase in number of trained health providers in all PHUs providing OTP to at least two staff on IMAM; GMP training completed in 676 health facilities; District Nutritionist capacity built to conduct OJTs and supervisory visits to OTPs in the six scaled-up districts. All these achievements led to enhanced capacity of health workers to provide equitable and quality integrated management of SAM to under five children.

However, key challenges were encountered and these included delays in scaling up and roll out of the revised IMAM guidelines; deferment of scale up in additional PHUs to reach 70 per cent PHUs in 2016; high turnover rate of IMAM-trained healthcare providers at OTP level; delays in roll out of RUTF distribution criteria to PHU staff from 'Weight brackets' to 'age brackets' in the EVD context; weak adherence to national IMAM protocol; inadequate logistical support to national and districts causing delays in receiving update of stock status, leading to frequent OTP level stock outs.

Notwithstanding, Anticipated Needs and Opportunities for 2016 identified the emerging Health Sector recovery plan for post EVD to be in place; RUTF accountability matrix finalised and functional; GMP trainings covering all PHUs completed; DFN and UNICEF finalize plans for increasing trainers pool on "Adherence to IMAM protocols" at district level.

Hence priorities for 2016 will focus on training of District Nutritionists and IP nutritionists on IMAM; training of MoHS staff in all functional OTPs on revised IMAM protocol; training of clinical nutritionist and IPF staff on IMAM; Scale up in remaining six districts; regional stakeholders meeting on RUTF management; study on Length of stay in OTP and roll out of Accountability matrix to improve RUTF management in Sierra Leone.

OUTPUT 2 Infants, young children (0-24 months) and mothers particularly those in deprived and hard to reach communities have access to quality maternal, infant and young child nutrition Services by end December 2018

Analytical Statement of Progress:

Key Achievements in outputs and activities, made in collaboration with DFN, NCG, sister UN agencies and other NGO partners included a 70 per cent presence (nine out of 13 districts) of IPs (four to nine in 2015) with an increase in MSG coverage; National IYCF Strategy, Food Based Dietary Guidelines and Local Recipe Booklet for Complementary Food finalised for dissemination; and IYCF video clips, jingles and IEC messages prepared and regularly broadcasted with financial and technical support of nutrition coordination group members. These achievements contributed to increased access by infants, young children and mothers to quality maternal, infant and young child nutrition services.

Bottlenecks included: inadequate presence and capacities of IPs in operational areas considering that MSG formation requires intense engagement, and limited coverage of IPs to cover all the communities in each chiefdom for one MSG/Community; only one staff member per facility trained on Baby Friendly Hospital Initiative (BFHI) in the 10 operational districts; no BMS marketing code in place and poor complementary feeding behaviours among beneficiaries.

However, Anticipated Emerging Needs and Opportunities in 2016 and beyond identified the formulation of an IYCF strategy and guidelines; completion of food-based dietary guidelines and availability of finalised local recipe booklet. Key Priorities for 2016 include scaling up Mother-to-Mother support groups; partnering with IPs in all 13 districts with adequate capacity and tools to

implement a comprehensive community IYCF; roll out of IYCF strategy and guidelines; and roll out BFHI in all districts.

OUTPUT 3 MoHS and other development partners have the capacity to scale up nutrition interventions to control micronutrient deficiencies especially in vulnerable and marginalized children and women with special focus to iron, vitamin A and Iodine deficiency by 2018.

Analytical Statement of Progress:

There were achievements in outputs and activities in 2015 made in collaboration with DFN, NCG, sister UN agencies and other NGO partners that include 95 per cent coverage of Vitamin A supplementation and deworming and finalization of SLMS Report scheduled for dissemination in December 2015.

However, bottlenecks encountered during implementation constrained MoHS and its development partners to scale up nutrition interventions to control micronutrient deficiencies especially among vulnerable and marginalized children and among women, particularly with iron, vitamin A and Iodine deficiency. The bottlenecks included: implementation/coordination challenges for routine Vitamin A, Iron and Deworming especially for pregnant and lactating women (managed by Reproductive Health); delayed initiation of home fortification through MNP Pilot due to competing priorities; quality of salt due to inadequate standardization of Iodine in salts.

Anticipated Emerging Needs and Opportunities in 2016 include the initiation of the MNP pilot in December 2015; Second Vitamin A and deworming campaign scheduled for 26-30 November 2015 and dissemination of results for the SLMS 2013 study.

Priorities for 2016 will comprise MNP pilot, gradual scale up and country wide implementation; anaemia prevention and control platform to take up the recommendations of SLMS findings; work with standard bureau to revise standards for iodization of salt at local level; capacity building of local producers on salt iodization; conduct bi-annual campaign for Vitamin A and albendazole administration; improve routine Vitamin A coverage and Iron, Vitamin A and deworming in pregnant and lactating mothers.

OUTPUT 4 MoHS, UNICEF and other Development Partners and Communities have the ability to plan and respond to essential nutrition care and support in emergencies particularly to children those in the most deprived communities by end December 2018

Analytical Statement of Progress:

Bottlenecks and Challenges encountered during implementation of activities in 2015 included: undue delays in preparation of BMS marketing codes and IYCF Communication strategy; no availability of Rapid SMS tool for field staff to monitor and lack of researches/studies conducted to build on nutrition-related knowledgebase.

These challenges seriously constrained UNICEF Sierra Leone efforts to ensure that MoHS, UNICEF and other partners had the capacity to carry out research, plan, monitor and evaluate equity focused nutrition interventions for children and women in 2015, and so there was no progress in this output. Regardless EVD impact assessment report was completed, new IMAM protocols were disseminated and new datasheets for monitoring OTPs were developed.

In 2016, UNICEF Sierra Leone will focus on research for social norms of food and feeding practices, MSG functionality assessment, study on length of stay at OTP, strengthening of

decentralized monitoring of IYCF and IMAM, implementation of SLNNS 2016; study on “Barriers to nutrition behaviours: food and feeding preferences”; study on “Causal analysis of underlying causes of nutrition status,” and a district variance analysis based on HMIS data.

OUTPUT 5 MoHS, UNICEF and other Development Partners and Communities have the ability to plan and respond to essential nutrition care and support in emergencies particularly to children those in the most deprived communities by end December 2018

Analytical Statement of Progress:

Key achievements in outputs and activities, made in collaboration with DFN, NCG, sister UN agencies and other NGO partners, included: improved coordination with regular meetings of the Nutrition Coordination Group; nutrition emergency technical coordination group was accepted as the platform for interagency cooperation for any future emergency on nutrition; emergency preparedness and contingency plan was finalized; SOP for nutrition response developed and rolled out to all IPs; continuous updating of partner activity mapping was a regular process; UNICEF emergency nutrition stock was regularly updated and shared. MoHS, UNICEF Sierra Leone and partners are on track to plan and respond to essential nutrition care including providing support in emergencies particularly to children in the most deprived communities.

Despite these achievements, significant bottlenecks were encountered during implementation. These included irregular and non-standardised updates from the field; only nine out of 13 districts have designated UNICEF IPs; uncoordinated and arbitrary distribution of breast milk substitutes by other donors; undue delays in finalizing recovery, response and contingency plans; a significant proportion of partners in the sector with varied interventions, identified capacities and priorities.

Notwithstanding, there are Anticipated Emerging Needs and Opportunities in 2016 and beyond. These include high level monitoring of recovery and resilience plans to be in place; availability of updated partner activity mapping as well as sectoral emergency contingency plans.

Hence Key Priorities for 2016 will focus on training of IPs in management and reporting of the rollout of contingency and surveillance systems and plans.

OUTCOME 3 Improved and equitable use of safe drinking water, sanitation and healthy environment and improved hygiene practices

Analytical Statement of Progress:

The WASH programme outcome: “Improved and equitable use of safe drinking water, sanitation and healthy environment and improved hygiene practices” at the 2015 Annual Review was adjudged to be constrained as per the performance of its indicators. Though no planned targets were met under this outcome, WASH played a significant role in responding to the EVD outbreak. The response resulted in behaviour change in hand washing to contribute to reduction of diseases. The principal bottleneck/challenge was identified as the continued impact of the EVD crisis on WASH activities implementation that required a re-focus of targeted funding to the EVD response in 2015.

OUTPUT 1 Increased capacity of communities in targeted districts to achieve sustainable open defecation free status by 2018

Analytical Statement of Progress:

The first output under this outcome was constrained and no specific planned targets were met. However, a key achievement for UNICEF Sierra Leone in collaboration with MoHS and other NGO partners was that people were reached with hand-washing promotion campaigns even though it was within EVD response context.

Challenges in 2015 were based on the EVD outbreak; unsustainable behaviour change – slippage to open defecation from open defecation free in previously declared communities; weak community management/engagement strategies and critically, lack of good quality sanitation data for programming. These challenges are critically responsible for constraining the realization of increased capacity for communities in targeted districts to achieve sustainable ODF status.

However, Anticipated Emerging Needs and Opportunities in 2016 included the ongoing WASH sector reforms: Sector coordination/policies/ standards/manpower; current hand washing practices; emerging interest and political will on WASH interventions and services sustainability by the Government – (ESICOME – expanded sanitary inspection, compliance and enforcement) and more importantly the 24 months presidential priorities and the SDGs – GOAL.

Hence Key Priorities for 2016 and beyond will focus on review of current sanitation approaches, promotion of sanitation, Review CLTS approaches and re-engineering; support to exchange visit in successful CLTS countries; restore/revamp CLTS/community engagement; focus on total sanitation end chain; innovative hand washing promotion with focus on social determinants of behaviour change; build a national/district monitoring framework; WASH learning and knowledge; baseline survey to determine the status of WASH in ODF areas; support to sanitary inspection to promote sustainable behaviour change; sanitation marketing/community engagement and liquid waste management (improving urban /peri-urban area sanitation).

OUTPUT 2 Households in targeted communities access to sustainable safe water by 2018

Analytical Statement of Progress:

Key bottlenecks and Challenges in 2015, encountered by UNICEF Sierra Leone and the Ministry of Water Resources and other NGO partners were based on the impact of the EVD outbreak. Other significant challenges included: considerable focus on seasonal hand-dug wells; sustainability issues of available water sources; significant focus on water for schools and PHUs and less on water quality and inadequate data on water sources/supply for programming. These challenges constrained households in targeted communities to access to sustainable safe water.

Anticipated Emerging Needs and Opportunities in 2016 rest on good government political will and continuing donor support for WASH interventions. Key Priorities for 2016 focus on centralized large community water supply system - small towns/peri-urban water system; development of water safety plans and compliance framework; water quality / household treatment; support to a water point mapping/functionality monitoring, information management system; increased community management and engagement; support to strengthening devolved systems at district level and strengthened operations and maintenance/functionality/supply management.

OUTPUT 3 Government Peripheral Health Units and BEmONC facilities nationwide have access to sustainable safe water and adequate sanitation facilities by 2018

Analytical Statement of Progress:

Key bottlenecks and Challenges as encountered during implementation by UNICEF Sierra Leone, MoHS, sister UN agencies and other NGO partners were largely based on the impact of EVD outbreak. Other identified challenges: a high proportion of health facilities with meagre WASH facilities; the problem of seasonal water sources mostly with hand dug wells, so PHUs and BEmONC facilities nationwide had constrained access to sustainable safe water and adequate sanitation facilities.

Anticipated Emerging Needs and Opportunities in 2016 include the availability of revised Standards and Guidelines for WASH in health and increased interest in WASH in health facilities to support IPC.

Hence Key Priorities for 2016 for this output will include support to installation of solar-powered water stations and promotion (training and dissemination) of WASH in health standards.

OUTPUT 4 Girls and Boys in government primary schools have access to improved child friendly WASH facilities and are practicing critical hygiene behaviours both at school and at home by 2018

Analytical Statement of Progress:

This output was also adjudged to be constrained as none of its planned targets were met.

Key bottlenecks and Challenges in 2015 encountered during implementation by UNICEF Sierra Leone and its partners MoHS, Ministry of Education, Science and Technology (MEST), sister UN agencies and other NGO partners, continued to be the impact of the EVD outbreak. A large number of schools went without comprehensive WASH services, especially using seasonal water sources (hence hindering girls and boys in government primary schools access to improved child friendly WASH facilities and to practicing critical hygiene behaviours).

Anticipated Emerging Needs and Opportunities in 2016 identified increasing attention to WASH in Schools by Government and donors as significant. Hence Key Priorities for 2016 will focus on promotion of WASH in Schools through the provision of a comprehensive WASH package and School-led Total Sanitation/ School Sanitation Health Education in schools.

OUTPUT 5 Strengthened political commitment, accountability and national capacity to surveys, surveillance, research, legislate, plan and budget for scaling-up WASH interventions

Analytical Statement of Progress:

It was adjudged that his output did not make progress in meeting its desired targets and was off-track despite on-going WASH sector coordination reforms.

Key bottlenecks and Challenges in 2015 that UNICEF Sierra Leone and partners (MoHS, MoWR, MEST, sister UN agencies and other NGO partners) grappled with revolved around the impact of the EVD outbreak. However, continued fragmentation of WASH components in various MDAs, weak investment plans and limited human and material resources capacity in the sector were also acknowledged as major challenges to achieving better political commitment, accountability and national capacity to surveys, surveillance, research, legislate, plan and budget for scaling-up WASH interventions in 2015.

Anticipated Emerging Needs and Opportunities in 2016 remained the ongoing WASH sector reforms: sector coordination, policies, standards and manpower. Priorities for 2016 are support to development of policy and investment plans; support to enhanced sector coordination;

increased focus on evidence generation (research); support to training of national staff at all level for effective service delivery; conduct of a WASH baseline survey.

OUTPUT 6 WASH emergency preparedness and response targeting women, men, boys and girls is implemented by the Government and its partners in a timely manner during the country programme cycle

Analytical Statement of Progress:

The sixth and final output was met in full as per the performance of its indicators. A Key Achievement made by UNICEF Sierra Leone in collaboration with MoHS, MoWR, MEST, sister UN agencies and other NGO partners: all targeted EVD care centres were provided with essential WASH package and as well all health care and schools facilities targeted for hand washing promotion benefited. This achievement is adjudged to have contributed immensely to the ending of EVD in the country. That is to say, in the 2015 programme cycle, WASH emergency preparedness and response targeting women, men, boys and girls was implemented successfully by the Government, UNICEF Sierra Leone and partners in a timely manner.

Key bottlenecks and Challenges in 2015 were weak coordination, lack of sector wide WASH specific emergency plans and limited resources for stock piling of contingency stocks.

Anticipated Emerging Needs and Opportunities in 2016 are implementing lessons learnt from EVD outbreak and increasing interest in institutionalization of coordination.

Key Priorities for 2016 focus on strengthening sector coordination; emergency preparedness and response and focus on disaster risk reduction initiatives especially embedding disaster resilience, pro-poor and equity assurance strategies in all WASH interventions.

OUTCOME 4 Improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women and adolescents

Analytical Statement of Progress:

The desired outcome under the HIV/AIDS programme was adjudged as constrained at the 2015 Annual Review as none of its indicators were met. There were achievements however, as noted successful tracing of 700 antiretroviral treatment (ART) defaulters who were put on treatment in collaboration with NETHIPS; seven CD4 machines procured and installed in hospital facilities; provision of IPC materials to health workers to deliver HIV services; 260 health care providers trained to enhance task shifting in the delivery of HIV services nationwide; initiation of viral load testing and initiation of an integrated HIV/TB programming.

A Key Challenge apart from the vertical nature of the programme was the EVD outbreak that led to a sudden decline in health seeking behaviour among patients. Other bottlenecks included a low and unsustainable funding status for the programme; inadequate skilled personnel to deliver services; and stock out of HIV commodities-test kits, reagents and ARVs.

OUTPUT 1 Increased capacity of MoHS to provide equitable and quality HIV/AIDS prevention, treatment, care and support services for women and children by 2018

Analytical Statement of Progress:

This output was constrained despite the significant achievements made in 2015. Some Key Achievements made by UNICEF Sierra Leone in collaboration with MoHS, sister UN agencies

and NGOs (such as SOLTHIS, HAPPYCDC) included training 118 PHU staff on delivery of early infant diagnosis (EID) and paediatric care services; development of a strategic plan for Viral Load Polymerase Chain Reaction (OUTCOME) diagnosis; procurement and installation of seven CD4 diagnostic machines at various hospitals in the country; and revision of a comprehensive treatment Guidelines as per new WHO recommendations. CD4 testing is one of the steps taken to initiate people living with HIV/Aids onto ART.

The bottlenecks that constrained attainment of the output included: high staff attrition; inadequate facilities with capacity to deliver HIV services; weak procurement and supply management (PSM) within National AIDS Secretariat (NAS)/National AIDS Control Programme (NACP); frequent stock outs of HIV commodities at facilities. Also, difficulties in integrating HIV activities into other related programmes, such IDSR and Nutrition, and generally a long turnaround time for EID together constrained capacity of MoHS to provide equitable and quality HIV/AIDS prevention, treatment, care and support services for women and children.

Anticipated Emerging Needs in 2016 include the need for more HIV commodities, especially paediatric ARVs to support the TATARA strategy; need for additional CD4 and viral load machines and supplies; integrating some HIV service delivery such as counselling and testing and (HCT), ART into non-health facilities especially to target adolescents; integrate HIV testing for pregnant women into the MCHW campaigns, and engage communities through CHW programme; and emerging community structures like the Village Development Committees (VDCs).

Hence priorities for 2016 will include training and mentoring health workers on HIV service delivery; integrating HIV testing for pregnant women into mother and child health campaigns; providing of HIV commodities (test kits, ARVs, and reagents for EID) to facilities providing HIV services; support the integration of procurement of HIV commodities into the national PSM systems and support the establishment of an integrated and sustainable system of HIV sample collection and transportation and transmission of test results including use of mobile technology for transmission of test results.

OUTPUT 2 Improved access to appropriate health services for adolescent, including prevention of STI/HIV by 2018

Analytical Statement of Progress:

Key Achievements in outputs and activities made in collaboration with MoHS, sister UN agencies and other NGO partners included training 500 teachers on facilitating SRH[1] /HIV lessons nationwide; training and support to 140 peer educators to conduct peer education sessions; provision of education support including school books, fees (for those in secondary schools) for 180 adolescents living with HIV; 60 patients/caregivers of adolescents living with HIV above five years of age, support to access medical care including laboratory diagnosis for opportunistic infection, cost of X-ray and medical bills; six HAPPY resource facilities equipped to improve access to appropriate services by adolescents; 30 parents/caregivers of adolescents living with HIV supported with training in income generation and provided with seed money to generate income to provide care for HIV affected children in their care and 400 ARV defaulter children/adolescent traced and put on treatment.

Key bottlenecks and Challenges were the impact of the EVD outbreak and frequent stock out of HIV commodities at service facilities that together contributed to failure and constrained improved access to appropriate health services for adolescent, including prevention of STI/HIV.

Anticipated Emerging Needs and Opportunities in 2016 are the sexual and reproductive health needs of adolescents living with HIV, and SRH Commodities including family planning. Key opportunities included increasing availability and accessibility to mobile technology/social media to engage adolescents (U-report), people living with HIV support groups, adolescent focused programmes. Also of significance is the Teenage pregnancy reduction and adolescent and school health programme and Operation shield that may soon include HIV Clients.

Key Priorities for 2016 focus on engaging communities including adolescents to promote adolescent sexual and reproductive health and rights (SRH/R), including HIV, peer educators training and support (in and out of school), training of teachers, integrate HIV into existing adolescent focused programmes such as teenage pregnancy reduction programme, reproductive health programme, child protection, establish and support integrated adolescent friendly SRH/HIV facilities, scale-up HIV/AIDS service delivery through integrated outreach activities (to target adolescent key populations, girls) and provide treatment, care and support for adolescents orphaned and those made vulnerable by AIDS.

OUTPUT 3 Strengthened political commitment, accountability and national capacity to surveys, surveillance, research, legislate, plan and budget for scaling-up HIV interventions for children, adolescents and women of child bearing age

Analytical Statement of Progress:

Key Achievements in outputs and activities in 2015 made by UNICEF Sierra Leone in collaboration with MoHS, sister UN agencies and other NGO partners included development of national strategic plan (NSP) (2016-2020); M&E plans (2016-2020) in place; indicators on HIV integrated into the health information management system (HMIS); initiation and scaling up of PMTCT Option B.

Key bottlenecks and Challenges in 2015 included ineffective dissemination and implementation of existing policies and guidelines; outdated policies and strategies; inadequate national budget allocation to HIV and scanty data on relevant indicators on children and adolescents. These challenges were significant in constraining a strengthened political commitment, accountability and national capacity to surveys, surveillance, research, legislate, plan and budget for scaling-up HIV interventions for children, adolescents and women of child bearing age.

Anticipated Emerging Needs in 2016 include development of data collection tools and integration of HIV data into existing national Health, Education and child protection information management systems. Opportunities in 2016 include the use of the National AIDS Council (NAC) as an advocacy platform; increased Global Fund support and development of Health, Education and Child Protection information management systems.

Hence Key Priorities for 2016 will include supporting the review/updating of existing policies/strategies e.g. education sector HIV policy review; support the development of an adolescent SRH policy and, support to HIV data collection/ disaggregation on children and adolescents.

OUTPUT 4 HIV emergency preparedness and response with special focus on children, adolescents and women of child bearing age is implemented by the GoSL, UNICEF Sierra Leone and its partners in a timely manner during the country programme cycle

Analytical Statement of Progress:

Key Achievements in outputs and activities in 2015, made in collaboration with MoHS, sister UN agencies and other NGO partners included a successful ARV defaulter tracing for 700 patients during the EVD outbreak in six districts; provision of IPC materials as part of EVD impact mitigation; continued HIV testing and provision of HIV services implemented among flood victims in Freetown, and critically, implementation of sexual risk reduction interventions for EVD survivors.

Key bottlenecks and Challenges in 2015 encountered during implementation included the low priority accorded to HIV programme support during the EVD emergency; lack of a preparedness plan for HIV interventions in the emergency; poor capacity to mobilize and coordinate resources for HIV during the emergency and HIV interventions not effectively integrated into emergency plans for other sectors. These challenges as encountered in 2015 significantly constrained HIV emergency preparedness and response as implemented by the GoSL, UNICEF and partners.

Anticipated Emerging Needs and Opportunities in 2016 include the emerging need for buffer stock of HIV commodities for emergency, and the need for an effective coordination mechanism. Emerging opportunities include development of a National Operational Plan for HIV and the establishment of a National Emergency Operations Centre.

Key Priorities for 2016 include support to the integration of HIV interventions into other programmes in emergencies; integrating HIV interventions in emergencies in the national operational plan for HIV and, supporting the mobilization and coordination of resources for HIV interventions in emergency.

OUTCOME 5 Improved learning outcomes and equitable and inclusive education for all boys and girls by 2018

Analytical Statement of Progress:

Due to the EVD outbreak in 2014, over 1.8 million school children's learning was interrupted for almost nine months. This set back anticipated education potential, innovation and developments. The EVD crisis revealed weaknesses in the national institutions and systems especially for education, therefore exposing the need to make schools more resilient. This also begs for more investment in education.

During the nine months closure, UNICEF Sierra Leone supported the MEST in the national broadcasting of the Emergency Education Radio Programme (EREP) to ensure that children continued to access learning. In total, 34,280 solar radios were distributed to school-going children in most vulnerable households (including 2,000 children in quarantined homes, who also received learning materials and lesson notes) to access the radio lessons. For sustainability, MEST plans to establish a radio broadcasting station to support out of school children including pregnant girls who are not allowed to be in school.

In response to the EVD crises, UNICEF Sierra Leone supported the MEST to identify priority areas for the short term recovery and transition phase: Zero cases of EVD in schools; all children back into school; and accelerate learning to "catch up" on lost time. These formed the basis for the contribution of Education into the post EVD recovery strategy and plan signed off by the Government of Sierra Leone in 2015. UNICEF Sierra Leone also supported the MEST in the implementation of the plans through the establishment of the *office of the National Back To School Coordinator*, a technical committee and eight working groups, that enhanced coordination and information management among MEST and partners, ensuring adequate response to the emergency.

The EVD crisis buttressed the importance of inter-sectoral collaboration and partnerships in the Education sector. In order to ensure a safe and responsible re-opening of schools in April 2015 and beyond, UNICEF Sierra Leone in collaboration with CDC and WHO supported the MEST and the Ministry of Health and Sanitation (MoHS) to jointly develop and implement a Guidance Note and Protocols. The protocol outlined the measures and conditions including Health, WASH, Psychosocial Support required to ensure schools are safe for children. 60,000 teachers and school stakeholders were trained as on EVD prevention and Safe School Protocols at the District Education Offices (DEOs) in collaboration with the District Health Management Teams (DHMTs) from MoHS.

In order to comply with the Safe School Protocols, UNICEF Sierra Leone supported the MEST with the distribution of 24,700 hygiene kits and cleaning material that ensured that 3,472 schools (benefitting 694,000 children) were equipped for EVD prevention. Additionally, replenishments were made to 2,083 schools and UNICEF distributed basic learning materials to over 1.8 million school-going children across the country.

In partnership with MEST, Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) and CSOs, UNICEF Sierra Leone worked collaboratively in the development and implementation of the training for teachers in Psycho-social Support (PSS). The training equipped teachers to identify children in need and support their well-being, and to link them to professional support if required.

UNICEF Sierra Leone worked closely with 1,191 Village Development Committees, 149 Paramount Chiefs, 298 women's and youth groups during the 'Back To School' (BTS) and 'Stay in School' Campaign and improved their capacity to conduct social mobilisation activities in their chiefdoms.

UNICEF Sierra Leone supported MEST in the use of RapidPro SMS based monitoring system that provided real time data that informed the school re-opening preparatory activities, monitoring of adherence to Safe School Protocols and replenishment of supplies in schools. This was part of UNICEF Sierra Leone support for development of a MEST-led monitoring and evaluation system, in that MEST was supported to establish 15 situation rooms (14 at DEOs and one at Headquarters). This innovation strengthened the capacity of 1,182 school community structures in all 394 wards countrywide, to fully take up the responsibility of routinely monitoring school activities and holding Government accountable for delivery of services.

According to an assessment conducted by UNFPA in 2015, teenage pregnancy increased during the emergency and more than 14,000 adolescent girls were pregnant or lactating, out of that about 11,000 were school-going. These girls were banned from attending school and taking public exams. UNICEF Sierra Leone advocated for their right to education and for lifting the ban. UNICEF Sierra Leone continues to emphasise the importance of inclusion of other vulnerable children and equity in the policy dialogue including pregnant girls.

UNICEF Sierra Leone supported the MEST Gender Desk to strengthen the coordination of girls' education advocacy at national and local levels. The Gender Desk collaborated with UNICEF Sierra Leone and other agencies, line ministries and CSOs to promote girls' and boys' education and gender equality.

During the September 2015 flood episode, UNICEF Sierra Leone and its partners supported 3,700 children in displaced families through distribution of teaching and learning materials. Four

hundred of these children received support during examinations with catch-up classes, PSS and learning materials.

UNICEF Sierra Leone provided technical support to MEST in developing the *Curriculum for Basic Education*, that included the development of supplementary *Advocacy Guidance Notes on Equity & Inclusion, Partnerships in Education, Assessment & Accountability, Quality & Integrity, and, Social Cohesion & Peace Building*.

UNICEF Sierra Leone provided technical support to MEST in the development of the first National ECD Policy, Early Childhood Care and Education (ECCE) Minimum Standards, and ECCE Curriculum. MEST, with technical support from UNICEF Sierra Leone, developed an innovative approach that focuses on ensuring quality learning outcomes for children in Literacy and Numeracy through continuous professional development (CPD) of teachers and school administrators.

OUTPUT 1 Primary school children (boys and girls) in Sierra Leone are able to enrol in school at the right age and complete grades by end December 2018

Analytical Statement of Progress:

The EVD outbreak severely disrupted children's access to education and learning, delayed implementation of educational development activities and increased children's vulnerability including the huge number of orphans and teenage pregnancy. Nonetheless, UNICEF Sierra Leone supported ten local and international NGOs countrywide who worked with national and local structures such as the of Ministry Education, Science and Technology (MEST), the District and City Councils, School Management Committees (SMCs), Child Welfare Committees (CWCs) mothers' clubs, etc. to accelerate school enrolment, retention and completion and ensure a safe learning environment. With technical support from NGO partners, community stakeholders developed and implemented Community Action Plan, supported the enrolment and retention of 28,150 (13,731 boys and 14,419 girls) vulnerable children, including 16,442 six year olds (8,157 boys and 8,285 girls) in 149 chiefdoms and 76 wards, and advocated for improved service delivery of quality basic education. UNICEF Sierra Leone is supporting a national assessment of the post-EVD situation of out-of-school children to better respond to their needs. The data from the national assessment will be used to develop a replicable model solution to address the problems of out-of-school children.

With the support of the Education section, the MEST Gender Desk facilitated the establishment and strengthening of 14 Girls Education Movement Chapters in all the districts and in collaboration with NGO partners, trained 8,596 mentors nationwide to provide mentorship, psychosocial support and peer education support to children, especially girls, to help reduce teenage pregnancy and enhance school retention and performance. Additionally, the MEST Gender Desk, in collaboration with UNICEF Sierra Leone is working in collaboration with NGO partners and community structures to strengthen strategic partnerships with paralegal organisations to facilitate access to justice, especially for gender-based violence. MEST Gender Desk Officer also led consultations with national and community stakeholders to capture their inputs into the development of a community-based counselling model to mitigate teenage pregnancy.

Sustained community engagement through adolescent theatre for development and community dialogues, is increasing demand for education. However, this increase is marred by inadequate supply of teachers, school structures, teaching and learning materials, leading to poor learning outcomes and low retention and completion.

Flooding in the country, especially in Freetown, posed a hindrance to achievement as children were displaced during the national examination period, and UNICEF Sierra Leone and partners stepped in to ensure all affected children were able to take their exams.

OUTPUT 2 Children (boys and girls) have access to early learning opportunities with a focus on disadvantaged groups by end December 2018

Analytical Statement of Progress:

The implementation of the Early Learning Programme picked up speed mid-2015, as the EVD epidemic gradually eased off and the intense “Back to School” campaign wrapped up. Steady progress was made in implementing activities in policy advocacy, capacity building, and partnership and service delivery.

UNICEF Sierra Leone provided technical support to the MEST to develop the first National ECD Policy, Early Childhood Care and Education (ECCE) Minimum Standards, and ECCE Curriculum, including facilitating the national ECD policy workshop to lay out the framework for the three policy documents and providing technical advice for preparing and revising these policy documents. .

The MEST and UNICEF Sierra Leone jointly conducted a participatory planning workshop on the Community-based ECD pilot project, to engage the district governments, NGO implementation partners (IPs), and community leaders and members, especially women. The participants developed a better understanding about what ECD is about, the profound implications of ECD for individual children, families, and society, and what good ECD practices are. In addition, bottlenecks to promoting ECD in the communities were identified, strategies were devised to provide early learning opportunities for vulnerable children and foster transformation of child rearing behaviours. UNICEF Sierra Leone will continue to support the community engagement activities that are ongoing to ensure that communities are involved and adhere to decisions on their children’s education.

In order to help improve the early learning conditions, UNICEF Sierra Leone donated 841 ECD Kits containing toys and learning materials to 444 government and government-assisted pre-schools and nurseries across 14 Districts. . These 841 ECD Kits would benefit more than 30,000 children. Additional ECD Kits were prepositioned in all of the districts for onward distribution. With technical support of UNICEF Sierra Leone, the MEST is to conduct two tiers of training for more than 450 teachers on the use of the ECD kits.

The MEST is also developing the first set of picture books for young children, under the technical guidance of UNICEF Sierra Leone. The 12 story topics were selected and the first two stories were drafted and are under revision. At the same time, artists are being selected to draw the pictures. This set of picture books are designed to be age appropriate, culturally relevant, and gender balanced, to help cultivate young children’s pre-reading skills so they are better prepared for learning in primary school.

OUTPUT 3 Children (boys and girls) acquire knowledge and skills in child-friendly school environments and achieve improved learning outcomes by end December 2018

Analytical Statement of Progress:

In response to the EVD crisis, UNICEF Sierra Leone and partners provided initial funding in support of the development by MEST, of a strategy geared towards the safe and responsible reopening of schools, including training 9,000 teachers on EVD prevention, psycho-social

support and safe school protocols before schools opened. In subsequent months, more teachers were trained to ensure every teacher was equipped with the knowledge on EVD prevention and basic psychosocial support skills. UNICEF Sierra Leone supported the development of “The Guidance Note and Protocols” for operating safe schools in EVD contexts to train teachers and to ensure schools are safe for children. This resulted in zero EVD case in schools and in more confidence in the safety of schools.

Further, in preparation for the re-opening of schools, a total of 1,012 teachers (676 males, 336 female) were trained using a school-based In-service teacher training approach. Moreover, using a new continuous professional development model 1,900 teachers in six districts were trained on competencies and skills in numeracy, literacy/reading, life skills and emerging issues including EVD prevention while ensuring reflective practice. This will directly impact learning outcomes at the school level. A Curriculum Framework was completed and the National Basic Education Curriculum is being finalized with the support of UNICEF Sierra Leone.

Furthermore, as part of the child friendly schools (CFS) initiative and based on findings of the baseline assessment, a National CFS steering committee was established by MEST to guide overall implementation while an additional 80 schools/communities were targeted as part of the scaling up process of the Action Research. Finally, assessment of 460 schools across six districts on CFS standards commenced.

While the Government of Sierra Leone, working with UNICEF Sierra Leone and other education partners, made significant investments to improve educational quality and learning outcomes through a revised Education Sector Plan, there are gaps in learning outcomes across all levels. The EGRA/EGMA study carried out in May 2014 indicates that Grade 4 pupils cannot read a grade- and age-appropriate text fluently and with comprehension. UNICEF Sierra Leone in partnership with MEST and other education stakeholders will direct resources to address the widening gap in learning outcomes in line with the sustainable development goals.

OUTPUT 4 MEST, Local Councils, schools and communities have the capacity to plan, budget, implement and monitor equity focused high impact education services by end December 2018

Analytical Statement of Progress:

UNICEF Sierra Leone stepped up efforts in supporting MEST to strengthen its data collection, data storage and reporting systems and tools. EMIS set-up inception report was approved in May 2015. Physical renovations for the EMIS room is ongoing and a new EMIS software was installed on 15 laptops, allowing data entry to commence. With support from UNICEF Sierra Leone, MEST, also developed Unique School Identifier codes (EMIS Code) and commenced displaying of these EMIS codes in schools. All data collected from schools will be required to capture this EMIS code to allow for education sector data integration.

With UNICEF Sierra Leone support, the Annual School Census questionnaires, toolkits and data management system was developed. The 2014-15 Annual School Census was successfully conducted between October and November 2015. Data entry using the new EMIS software will help improve on time knowledge and monitoring of the education system.

UNICEF Sierra Leone provided financial and technical support to the Education Sector Review and the MEST, UNICEF Sierra Leone and partners made recommendations for the revision of the Education Sector Plan to comply with the new challenges facing the sector.

At the time of school reopening amidst EVD cases reported, in April 2015, UNICEF Sierra

Leone supported MEST to use the RapidPro SMS-based system for close monitoring of school reopening preparatory activities and to monitor adherence to EVD protocols in schools. Building on successes of this monitoring, UNICEF Sierra Leone supported MEST to develop the concept for a MEST-Led monitoring and evaluation system, and to train 1,182 ward-based community monitors that were selected from community structures (Back to School Committees, School Management Committees and Community-Teachers associations) to monitor and report using the SMS based system (RapidPro). As part of this system, situation rooms and personnel to support the system were identified at all DEOs and MEST Headquarters with basic function of receiving data from schools and school communities, sharing processed information with users of the information for action, follow-up on progress in addressing identified gaps and document actions taken. Skills transfer to MEST staff for use of RapidPro through mentorship is on-going.

UNICEF Sierra Leone provided technical support to MEST in developing the Curriculum for Basic Education. The implementation of the Curriculum for Basic Education is expected to commence at the start of the 2016/2017 Academic year.

District level authorities and MEST central level, were further supported with training in education planning, coordination and information management to strengthen their capacities and improve service delivery.

OUTPUT 5 MEST, Local Councils and communities have the capacity to restore the education system and reopen schools that are safe, better protected and more resilient to emergencies by end December 2018

Analytical Statement of Progress:

As a lead education partner in Sierra Leone, UNICEF Sierra Leone supported MEST to respond to the EVD crisis. UNICEF Sierra Leone supported the MEST and the Ministry of Health and Sanitation (MoHS) in the development of the Guidance Note and Protocols as a basis for the safe and responsible re-opening of all schools in April 2015 after the nine months closure. In collaboration with the MoHS, the teacher training colleges and partners, UNICEF Sierra Leone supported the training of more than 60,000 teachers and representatives from SMCs in the training of EVD prevention and Safe School Protocols. About 45 per cent of all teachers nationwide were also trained in basic psycho-social support and psychological first aid, that will help them to identify children in need, support their well-being and link them to professional support if required. Child-friendly EVD materials, games and posters were developed and distributed to 9,000 schools across the country. The trained teachers were enabled to conduct education in a manner that is participatory, supportive, child-friendly and free of humiliation, abuse, discrimination and other child protection issues.

In order to comply with the Safe School Protocols, schools across all districts received necessary supplies such as hand washing kits, cleaning materials and infrared thermometers. UNICEF Sierra Leone supported the MEST with the distribution of 24,700 hygiene kits that ensured that about 3,472 schools (with an enrolment of 694,000 children) were equipped with minimum hygiene package for EVD prevention. Before the start of the second term, UNICEF Sierra Leone supported the replenishment of hygiene supplies for 2,083 schools. UNICEF Sierra Leone also distributed basic learning materials to over 1.8 million school-going children across the country, reducing the burden of education fees on households that are already challenged with the consequences of the EVD outbreak.

UNICEF Sierra Leone provided funding for the airing of the education radio programme via 41 radio stations in order to provide access to learning during school closure but also after school

re-opening in April 2015, supporting children in quarantined households and children out of school, in particular pregnant girls who are not allowed to attend classes. UNICEF Sierra Leone provided 34,280 solar radios to the DEOs that were distributed to children in most vulnerable households. This programme ensured that children continue to learn while schools were closed. To capitalize on the success of this programme, UNICEF Sierra Leone will support the Government to establish a MEST Radio.

UNICEF Sierra Leone and partners supported the MEST in responding to the floods crises through distribution of basic learning material to 3,700 school-age children and 16 teaching kits to 48 teachers in flood affected communities. 400 children received catch-up classes, learning materials and psycho-social support in preparation for their national examinations to limit the drop in learning outcomes.

OUTCOME 6 Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children.

Analytical Statement of Progress:

The 2013 Demographic and Health Survey established baselines for key indicators for this outcome. Measurement of progress towards this outcome will be updated when results from the next survey are available. The major achievements for 2015 were primarily in relation to responding to the emergency protection needs of children affected by the EVD:

- Important progress was made towards the establishment of a national case management system and child protection management information system (CPMIS). Both systems were rolled out in all 14 districts. This will increase the capacity of the Ministry of Social Welfare to coordinate child protection services throughout the country. It will also increase the capacity of child protection actors to track and follow-up on cases of vulnerable children and monitor the services provided to them. Data collection tools and definition of criteria for vulnerability assessments were developed and agreed upon. However, limited technical capacity of the MSWGCA and limited availability of child protection staff and services at chiefdoms/community level continue to undermine child protection humanitarian efforts. To address this, MSWGCA was supported to hire and train some 157 new social workers who were deployed at chiefdom level.
- To improve access for EVD affected children to protection and psychosocial services, UNICEF Sierra Leone supported the Government to develop a series of strategic documents like the national strategy on Mental Health and PSS, national training package on Mental Health and PSS and several guidelines and SOP for implementing Observational Interim Care Centres (OICC). These documents, once in operation, would form the basis for support to individuals including children during humanitarian crises. Some MSWGCA and NGO staff were trained as trainers and supported in rolling out the trainings at district level. In terms of direct delivery of child protection services to children, 58,591 vulnerable children, including EVD affected children benefited from UNICEF Sierra Leone supported programmes and 2,496 separated and unaccompanied children were reunified with their families and relatives.
- Even though FGM/C prevalence rates are in general dropping, they are still high at 88.3 per cent amongst women 15-49 years of age. A recent assessment of the EVD outbreak indicated a further decrease of FGM prevalence rates to 83.4 per cent, mainly as a result of the bylaws enacted at local level by the Paramount Chiefs that suspended all secret

societies, including FGM/C practises. Major bottlenecks to achieving total abandonment of FGM/C include the wide social acceptance of FGM/C and lack of national legal framework banning FGM/C due to limited political will. UNICEF Sierra Leone collaborated with the MSWGCA to support the development of a national strategy for the reduction of FGM/C. Endorsement of the strategy is planned for January 2016.

Important progress was also made in 2015 towards establishing baselines for the assessment of birth registration systems as part of the civil registration reform as part of an inter-agency effort led by UNDP. UNICEF Sierra Leone strategic role and intervention in strengthening birth registration was recognized though still under discussion

OUTPUT 1 By 2018 relevant Government MDAs, Local Councils & communities have capacity to provide an inclusive and integrated child protection system as defined in the child welfare policy for the prevention of and response to violence, abuse and exploitation against boys and girls by 2018

Analytical Statement of Progress:

The severity and nature of the EVD crisis dictated an urgent refocus of resources and technical support from implementation of key activities of this output to implementation of the National EVD Response Plan and the six to nine months EVD Transition Plan. As a result of the strategic shift, activities related to legislation and policy reforms, including the development of strategic plans for implementation of the Child Welfare and Alternative Care Policies, was postponed. Nevertheless UNICEF Sierra Leone and partners through strengthening of the child protection systems at national and district level effectively and efficiently responded to the needs of children and women affected by the EVD

The Country Programme, PSS, Gender Pillar chaired by MSWGCA and co-chaired by UNICEF Sierra Leone meets fortnightly in every district for joint planning and implementation, monitoring of activities and development of guidelines and SOPs for the provision of services to children. This strengthened coordination at national and district level enhanced synergy in planning, service delivery and monitoring of services to children

The National MHPSS Strategy developed by MSWGCA with technical support from UNICEF provided the framework for the provision of PSS to EVD affected children and other vulnerable children, including a minimum package of services. Thirteen protection desks set up within the DERCs coordinated service provision at district level, identifying, referring and following up on protection cases to relevant partners for a rapid response. The establishment of the protection desks resulted in increased number of vulnerable children and their families benefiting from child protection services including health, education, livelihood or legal aid.

UNICEF Sierra Leone supported MSWGCA to develop training guidelines on key protection concepts and to use these guidelines for training of newly recruited and deployed M and E Officers (15), Data Officers (14) and 157 newly recruited chiefdom based social workers in MSWGCA. A case management system was established and operationalized in all districts. A SOP for case management and the requisite tools for registration, assessment and follow up on children were finalized and approved by the MSWGCA. This will enhance information management and that will lead to increased use of evidence for programme planning and monitoring as well as for policy considerations.

OUTPUT 2 By 2018 communities and households have the ability to promote positive social norms to enhance child protection outcomes and prevent and respond to violence, exploitation and abuse against girls and boys (including FGM/C, TP, Child Marriage and child labour).

Analytical Statement of Progress:

Despite some challenges in implementing the National Strategy for the Reduction of Teenage Pregnancy 2013-2015, significant progress was made.

- At National level, UNICEF Sierra Leone collaborated with UNFPA and the National Secretariat for Teenage Pregnancy to develop a national life skills curriculum for both in and out of schools adolescent boys and girls. The curriculum was piloted by eight partners in several districts, to be endorsed in 2016.
- Implementation of the Social Change Communication Strategy for Child Welfare in Sierra Leone was delayed due to the EVD response. It has now been prioritized as a key activity for 2016. The implementation of this strategy will enable families and communities identify negative norms around protection of children and together develop positive norms that are protective for the different categories of vulnerabilities children experience.
- The National Ban against FGM/C by the President and its ensuing by-laws practice at district levels created a panacea and an opportunity for sustained engagement on harmful practices. The draft FGM/C strategy will be validated early 2016. At global level, discussion of inclusion of Sierra Leone in the joint between UNICEF, UNFPA and WHO are underway. Inclusion of Sierra Leone in this programme will further support national efforts to reach a critical mass in abandoning FGM/C.
- Culture of silence and acceptance of FGM/C remained a key challenges. To foster a environment that supports open discussions on FGM/C, community dialogues on harmful practices by NGO partners were supported. One initiative was a meeting supported through AMNET and MSWGCA that gathered nearly 200 Soweis and Paramount Chiefs to discuss on opportunities for collaboration with UNICEF Sierra Leone in addressing the well-being of children and promotion of children's rights.
- To increase the capacity of adolescent boys and girls to protect themselves from abuse, violence and exploitation, UNICEF Sierra Leone collaborated with BRAC and Restless Development to provide social and economic skills and enhance their social assets through provision of safe spaces, networks, mentorship/peer education, economic support, and financial literacy and life skills. A total of 15,308 adolescents (9,800 girls, 5,508 boys) benefited from this collaboration.
-
- A panel of young people created across the country to express their opinions on topical issues with membership of 18,000 boys and girls polled on information targeting adolescents on EVD, Teenage Pregnancy, Child Marriage and FGM/C and on back-to-school through the U-Report forum.

OUTPUT 3 By 2018 relevant Government MDAs, Local Councils and partners have the ability to generate and use strategic information for evidence-based policy design, planning, monitoring and evaluation for child protection interventions.

Analytical Statement of Progress:

A case management and information management system were operational in all 14 districts in Sierra Leone with capacities built in government and in NGOs for its implementation. 420 staff including from the MSWGCA and NGOs were trained at national and district level on the case management process and the use of standardized tools for registration, assessment, development of case plans, referrals and follow up on children. A national SOP provides guidance on the implementation of different steps of the process as well as for protocols of data management. In each district a referral system was put in place to ensure that children are able to access services for that they are referred.

Training of a team of trainers from the different districts will ensure there is a team that will be ready to provide support for training of new staff as and when necessary.

Standardized tools for case management were printed and distributed at district level. CP agencies involved in case management are now in the process of migrating children's data that had been previously documented into the new case management system.

Customization of the latest version of the CPIMS was completed with the final version (the Beta version) of the software deployed. Data officers in the MSWGCA and NGOs were trained to use the software known as Primero. User names and passwords were created for all agencies using the software and involved in the case management process. The case management and information management systems will ensure that services are provided to children based on a careful assessment of their needs and will provide evidence to guide monitoring, decision and policy making and resource allocation.

UNICEF Sierra Leone supported MSWGCA to operationalize a helpline in all districts. The helpline will provide an opportunity for increased and timely reporting of protection issues and vulnerabilities and will further link the formal system with the informal system. Operators will be deployed to man the helpline on a daily basis and to refer reported cases to appropriate agencies for follow up and further action. A contract was awarded for setting up the helpline that will be managed by MSWGCA

OUTPUT 4 By 2018 relevant MDAs, Local Councils, partners and communities have the capacity to provide emergency child protection interventions, care and support to children and communities especially those affected by EVD.

Analytical Statement of Progress:

Progress was made in building the capacity of the MSWGCA, NGO partners and local communities to provide care and protection for children affected by EVD and their families. Key achievements include:

- Establishment/Revitalization and capacity building of over 100 Child Welfare Committees at Chiefdom level: These are statutory committees established under the 2007 Child Right Act and have overall mandate in identifying and monitoring the situation of vulnerable children at community level, including referral to services.
- Establishment and operationalization of Observational Interim Care Centres for high contact but asymptomatic children to minimize the risks of infection and unnecessary exposure to EVD when they sick care-givers are taken to the treatment units. There were 13 OICC throughout the country out of that 6 are fully supported by UNICEF Sierra Leone. A total of 564 contact children received care and support in OICCs across the

country. To ensure that services provided to children in OICC are standardized across the country, UNICEF Sierra Leone supported the development and endorsement of National Standard Operating Procedures for implementing OICC.

- Strengthening Family Tracing and Reunification Network across the country. There is at least one NGO lead for FTR in each district whose role is to support the MSWGCA in coordinating FTR activities in the districts. Refresher training on FTR techniques, including definitions of basic concepts related to FTR were also organized for the members of these networks to build their capacity to register separated and unaccompanied children and trace their families. As a result, 2,496 unaccompanied and separated children, including those who lost primary caregivers due to EVD were registered and supported with family tracing and reunification.
- UNICEF Sierra Leone provided training to NGO partners and social workers from the Ministry of Social Welfare to increase the capacity of service providers in addressing the psychosocial and protection needs of EVD affected children and their families. UNICEF Sierra Leone supported the development of a national training package on psychosocial support and mental health and a core team of 30 staff from NGO partners and Government were trained as trainers on MHPSS using the national guidelines and the Psychological First Aid. This team of trainers will be further supported to roll out the training at district level. As a result of direct delivery to children affected by EVD, 58,591 EVD affected children were reached through UNICEF Sierra Leone supported psychosocial programmes

OUTPUT 5 By 2018 Office of Births and Deaths (MOHS), and NRS have the capacity to register all births within an integrated Civil Registration and Vital Statistics system.

Analytical Statement of Progress:

Direct support was provided to the National Office of Births and Deaths in implementing routine registration of children at birth at PHUs through printing of 13,700 birth records and 13,700 certificates. Logistical support through allocation of one vehicle was also provided to the office to increase the capacity to monitor birth registration activities in the districts.

UNICEF Sierra Leone supported officials from the National Office of Births and Deaths (NOBD) to attend the 3rd Conference of Africa Ministers on CRVS in Feb 2015 in Cote D'Ivoire. As a result, the Government of Sierra Leone committed to develop a costed plan for Civil Registration and Vital Statistics as an important part of the civil registration reform system is currently undergoing. It is worth noting that the broader civil registration reform is being led by UNDP and from the Government, the National Registration Secretariat was appointed to lead the process pending the establishment of the National Civil Registration Authority that will harmonise all civil registration functions in Sierra Leone. UNICEF committed to ensuring that birth registration remains on the civil registration agenda. Priorities for 2016 to 2017 include: participation in the civil registration legislative reform; capacity strengthening of NOBD; support of the mass registration pilot being undertaken by NRS; country CRVS assessment; support of strengthening data collection and coordination of birth registration through DHMTs and Local Council. UNICEF Sierra Leone will also contribute to the awareness-raising on CRVS to communities to increase demand for civil registration services.

A key accomplishment during the reporting period was the successful integration of birth registration into the polio campaign for the first time in Sierra Leone that resulted in the

registration of 252,214 children under five years. Despite some challenges encountered during the implementation of the campaign, this first experience demonstrates potential for health and child protection working together in ensuring universal birth registration for children. In addition the NOBD was able to register 107,599 children by October 2015 through routine birth registration.

OUTCOME 7 Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data by 2018.

Analytical Statement of Progress:

According to the Sierra Leone Integrated Household Survey (SLIHS) 2011, about 14 per cent of Sierra Leoneans live in extreme poverty representing about 150,000 households. Amongst these households about 62,000 (41 per cent) are benefiting from a national cash transfer programme funded in collaboration with the Government. UNICEF and the World Bank in partnership with GoSL are contributing about US\$ 30 million through the Social Safety Net programme to reach about 32,000 of these extremely poor households. The benefits level for the SSN programme is US\$15 paid per quarter aimed at smoothing consumption and encouraging service seeking behaviours for health and education. During the EVD crisis the amounts for the transfer was doubled to ensure that the extreme poor households in the worst hit communities can take care of the new vulnerabilities posed by the health emergency. Anecdotal evidence from field visits carried out by World Bank and UNICEF showed improvement in the livelihoods of the beneficiary households and reports of improved health seeking behaviour. An impact evaluation is planned for 2016.

UNICEF and World Bank are co-leading the social protection donor's working group in Sierra Leone. This group is responsible to support GoSL to put in place systems to implement social protection initiatives in the country, as well as to play an advisory role to determine the direction social protection takes in the country. With technical support, the Government's redirected initial plans to reach all 150,000 extremely poor households at once, and to progressively target and support all extremely poor households over a long-term based on resources available. The group is also supporting the GoSL to achieve its aspiration in the Pillar six of the Agenda For Prosperity (A4P) on social protection. In addition to the aforementioned, UNICEF Sierra Leone supported the social protection secretariat and the SSN management information system to ensure that social protection initiatives are well coordinated and data available for decision making and programme monitoring. UNICEF Sierra Leone continues to provide technical guidance to Government and other UN partners on the strategic way to go on Social Protection in Sierra Leone.

UNICEF Sierra Leone's support to the Anti-Corruption Commission (ACC) to implement the Grievance Redress Mechanism (GRM) strengthened the implementation of the SSN programme. This ensured that beneficiaries received their transfers in a fair and transparent manner, free from short falls that may arise at points of payments due to literacy levels or from challenges posed by traditional institutions and other groups at the community. With a recent investigation and arrest of local leaders who were alleged on extortion/corrupt practices, stakeholders increased confidence in the GRM system and SSN programme. In addition, 130 complaints were received by the SSN programme (10 were corruption related) were resolved with the complainant receiving their due entitlements at the end of the investigation. These successes resulted in increased request by donors and Government for all programmes to consider adapting a GRM system.

This ACC action will further ensure that the extremely poor households receive their entitlements and have control over the cash provided to enhance their transformation from poverty. This promises to contribute to the Government's proposition in its A4P of being a middle income country in 2035. The move is critical for a country emerging from ten years of war, and from recent humanitarian crises of EVD outbreak and floods. The GRM model is replicable and promises to make a difference in programme governance and accountability in Sierra Leone.

The importance of real time evidence and data to influence decision making and policy cannot be overemphasized, the current support provided to the ministries (Health, Education and Social Welfare) via UNICEF Sierra Leone sectors to develop sector specific Management Information System (MIS) is laudable. Four MIS systems are currently operational in the country (MIS for Child Protection, Education, SSN and Health). Among the four, the CPMIS is running and provides real time information on child protection issues. Others are at different stages of implementation and operationalization.

The development of the national M&E Policy was delayed, due to poor response from partners on the request for challenges posed by the EVD outbreak. Nevertheless immediately after the declaration of the end of the outbreak, three documents relevant for writing the M&E policies were shared and a draft policy is expected will be presented for further discussion with the M&E technical group and the executives. The EU is supported the MoFED with a consultant to strengthen the national M&E system including providing inputs for the development of the national M&E policy. The existing MIS would be streamlined into policy, once adopted by Government.

UNICEF Sierra Leone through its child friendly budget initiatives and engagement involved 22 children and 15 media in the 2016 budget presentation at the Parliament, an initial step in engendering children's voice in all decisions that affects their lives. In 2016 further work would be done in terms of budget analysis for children and to advocate for more budgetary allocation to children's issues using Public Finance for Children initiatives.

OUTPUT 1 Strengthened institutional capacity for decentralized gender-sensitive planning, implementation, monitoring and evaluation of programmes, with emphasis on convergence of recovery and development programmes and community participation by 2018.

Analytical Statement of Progress:

Preliminary consultations with Government MDAs and development partners on the conduct of MICS6 with the participation of the Regional Office set the stage for ensuring ownership of the process by all stakeholders. A comprehensive MICS6 proposal and budget including a Memorandum of Understanding (MoU) between UNICEF and Statistics Sierra Leone were completed, technical and Steering Committee established in line with the global guidance on MICS. The survey will provide data on critical themes on the situation of women, children and men in post EVD Sierra Leone including opportunity for triangulation of data for key child well-being outcomes.

Awareness raising on entitlements to access and use services continued in the six communities in that the PCMA was piloted. Visits were made to these communities to monitor the implementation of the community action plans that had been developed prior to EVD. Despite the time lapse, community participation in the interface meeting was high, bottlenecks and actions to address them were identified and the community action plan updated.

The capacity of senior performance coordinators in performance contracting and management was strengthened through their participation in a course by the Nairobi School of Government with support from UNICEF. This is critical noting the country's current push towards transparency and public accountability.

MDAs were trained in Performance Tracking Table that focused on improved reporting systems of the contract with a focus on results, system effectiveness and efficiency. Performance contracts were a useful delivery mechanism for Post-EVD recovery interventions.

The nation-wide mapping of NGOs and CBOs, and the development of an accessible, user-friendly web-based portal of a partnership website with interactive features, query maps, databases and customized reports was taken a step further. A comprehensive Online NGO Self-Assessment Tool was developed and tested, and will be used to update the 2014 NGO/Partnership Database and Website. NGOs and CBOs will be trained and provided with the tool to self-assess and upload the information directly online using smartphones, tablets or computers.

The technical support provided to the Ministries of Health and Sanitation and Social Welfare enhanced the capacity of the Ministries to provide real-time data on key indicators on the sectors. The mapping of all CHWs and Health Centres in the country is critical for the on-going health sector strengthening and capacity building support.

OUTPUT 2 Improved policies, coordination, systems and capacity for social protection for children including safety-net systems for the most vulnerable by 2018.

Analytical Statement of Progress:

Social protection received attention in Sierra Leone as a tool to respond to the consequences of the EVD outbreak on poverty. UNICEF Sierra Leone, in partnership with the World Bank, supported the Government to strengthen the social protection system and to set up a cash transfer programme. This programme benefited up to 62,000 (41 per cent) of the estimated 150,000 extremely poor households. UNICEF Sierra Leone also supported the anti-corruption commission to monitor the programme to ensure that the money reached the intended beneficiaries.

With efforts to improve child participation in the budget process and enhance a more child friendly budgeting system, UNICEF Sierra Leone supported the participation of 22 children from all over the country in the budget hearing at the House of Parliament. Those children appealed for more resource allocation to their priorities. A training was organized for the 15 media working with UNICEF Sierra Leone to engage them on child friendly budgeting in collaboration of the Communication section.

In order to increase awareness and knowledge at district and local levels on social policy issues, a training was organized for district level stakeholders at that 52 of them participated. A capacity needs assessment was ongoing to gather information on the available skills and will result in the drafting of a capacity development plan on social protection for MDAs and NGOs.

Contrary to the agreement for electronic payment to beneficiaries where network coverage exists, cash transfer is still paid by cash on hand by SPLASH. To address this, a bidding process will be used to find the best service provider.

UNICEF Sierra Leone engaged discussions to address this bottleneck and the last payment

was done with the presence of ACC on the field. UNICEF Sierra Leone also worked to improve the communication component of the cash transfer programme by supporting the draft of a communication strategy and the design of Information and communication tools.

OUTPUT 3 Local Councils, Traditional Leaders, Communities and Implementing partners have the capacity to develop and implement equitable child-friendly plans for effective decentralised service delivery by end 2018.

Analytical Statement of Progress:

Decentralization and Community Engagement cut across outputs on Planning, Monitoring & Evaluation and involved the planning and monitoring of activities in the Councils and Communities. Communication for Development (C4D) involved strengthening the capacity of members of the same platform. Except for EVD-related activities where communities were involved, the work of the Councils were virtually brought to a standstill. Thus most of the activities were constrained.

OUTPUT 4 Strengthened capacity and support for the engagement of civil society actors in implementing large-scale integrated communication strategies for positive behaviour change among children, adolescents and their families is strengthened by 2018.

Analytical Statement of Progress:

While the EVD outbreak in the country halted some critical activities including training on the integrated essential family practices, the involvement of CSOs in the response through the Social Mobilization Pillars at national and district levels was an opportunity to strengthen their capacities in implementing large scale Behaviour Change Communication (BCC) programmes at household and community level. These hands-on capacity building contributed immensely in ensuring a resilient zero on EVD as well as achieving over 80 per cent coverage rates in various health campaigns conducted during 2015.

The reactivation and strengthening of existing community-based structures is an integral approach in the post EVD recovery strategy. This is important for UNICEF Sierra Leone and partners move towards community centred development to take a centre stage. The Village Development Committees will be crucial to take forward community engagement initiative for building community trust and ownership. A number of VDCs were revitalized to enable communities to demand services in an organized fashion and these are critical structures for sustaining gains registered and post EVD programming.

Since its launch in December 2014, U-reporters registered from all districts across the country, although the number and the level of participation varied by district. In response to a practical challenge of inability of U-reporters to accurately identify their exact ward details, the indicator was altered to Chiefdom. By the end of 2015, over 67 per cent Chiefdoms had registered U-reporters.

OUTPUT 5 Strengthened capacity of communities to adopt behaviours and practices, and national and local governments to plan, in order to prepare and respond to emergencies by 2018.

Analytical Statement of Progress:

UNICEF Sierra Leone as the co-chair of the National Social Mobilization Pillar worked closely with the Health Education Division of the MOHS - Chair of the National SM Pillar, the District Emergency Response Team, the District SM Pillar, UN agencies, CDC and CSOs on all SM

activities at national, district and community levels. UNICEF Sierra Leone provided technical support to strengthen Social Mobilization Pillars and SM desks operationalized at command centres across all 14 districts. This ensured better coordination of partners in each district, facilitated district specific social mobilization and community engagement planning and rapid response in eventuality of a spike in cases at sub-district level.

It is important to retain these structures for coordination of community engagement efforts in the district for the recovery phase since substantial inputs were made in building capacity of the civil society actors engaged in the SM Pillar.

Household visits by social mobilizers were very effective in educating and engaging with families on the EVD response. It was an opportunity for the family to express themselves and share their concerns. Over 1.6 million households visits (cumulative) were conducted by social mobilizers on EVD messaging.

Over 850,000 assorted IEC materials were produced and disseminated to enhance visibility and facilitate interpersonal communication efforts. This was complemented by the utilization of 97 per cent of the total national and community radios for Public Service Announcements (PSAs) as well as interactive radio programming. The Knowledge Attitude and Practice (KAP) surveys conducted in July 2015 highlighted radio as the primary source of information on EVD (94 per cent in KAP4/July 2015).

OUTCOME 8 Strengthened strategic partnerships and media capacity to increase public awareness and to promote the rights of children and women, especially the most disadvantaged, in accordance with international ethical standards and an equitable approach

Analytical Statement of Progress:

Global interest in Sierra Leone remained high in 2015 as the EVD outbreak continued (up to 7 November). The EVD emergency, the need to support the increasing UNICEF reporting, and funding constraints held back work in some areas of Ebola Recovery Assessment (ERA). Nevertheless, some of the agreed activities in the annual work plan with partners were implemented. The social media platforms (Facebook, Instagram and Twitter) established in 2015 performed well, and the CO accounts were among the fastest growing in WCARO with over 500,000 followers. This helped create awareness of the activities of UNICEF in Sierra Leone. The production of web content was impressive with 40 published articles in 2015 on global UNICEF platforms. Twenty press realises were issued or contributed to.

Outside of the EVD outbreak, communications also supported the Representative to organize public events, working in coordination with national communications platforms (NERC Comms pillar and UN Comms Group), and reporting. Work was monitored through a new Output Tracker spread sheet and benchmarked against other UNICEF social media accounts. Notable high points in the year were the Day of the African Child, the Back to School campaign, the MCH Week of Vaccinations, the Day of the Girl Child, and the End Child Marriage campaign.

OUTPUT 1 By 2018 increased awareness and support on issues relating to the rights of children and women, in the EVD and post-EVD context

Analytical Statement of Progress:

The EVD outbreak significantly raised the profile of Sierra Leone and with communications, UNICEF Sierra Leone was able to position children at the heart of global coverage. UNICEF Sierra Leone's social media accounts recorded some of the strongest growth in the WCAR,

giving a platform for material produced by the programme. High-quality and regular social media posts, press releases and web articles (blogs) promoted the rights of children and women; raised visibility; and results achieved by UNICEF and partners in Sierra Leone and the region. Locally, the first post-EVD copy of UNICEF's long-running publication '*Pikin News*' was printed, giving a voice to children in the country.

The marking of advocacy days increased considerably from the previous year, with tens of events celebrated throughout the year and major campaigns around the Day of the African Child, the Day of the Girl Child, and Universal Children's day. UNICEF contributed to campaigns such as the African Union push to end child marriage, increasing awareness of the public on the consequences of such practices. With the adoption of the Sustainable Development Goals, UNICEF Sierra Leone worked in partnership with other UN agencies to inform media and public about these important new targets

OUTPUT 2 By 2018, the media enhanced capacity to report ethically and increase coverage on children's and women's rights including in emergency situations.

Analytical Statement of Progress:

UNICEF Sierra Leone monitoring of media resulted in a marked improvement in the levels of ethical reporting on issues relating to the rights of children and women in Sierra Leone. Out of the 440 articles monitored and reviewed for ethical reporting, 84 per cent were ethical (i.e. the evidence of the impact of UNICEF engagement with the media in Sierra Leone).

UNICEF Sierra Leone produced more than 40 web stories on women and children's rights as well as issues and success stories related to the wellbeing of children and women in Sierra Leone.

UNICEF Sierra Leone supported journalist queries, and set up numerous site visits, including facilitating nationwide coverage of health campaigns. This increased the level of awareness of the general public as well as contributed to the uptake of the health services provided at the campaigns. UNICEF Sierra Leone continued advocacy efforts and helped organise events including an equity-focused discussion for young people in collaboration with the U-Report team, including the involvement of the media in understanding child friendly budgeting issues

OUTPUT 3 Donor and NATCOM relations increased and strengthened to ensure adequate resources for children

Analytical Statement of Progress:

The official end of the EVD outbreak in the final quarter of 2015 created a resurgence in interest in Sierra Leone and a peak in media requests and visits facilitated effectively by the ERA unit. This led to close work with NatComs, particularly from the UK and Japan. The end of the outbreak coupled with extensive media activities of the CO prompted donors to visit again to explore funding impact, and the potential of continued or renewed collaboration and support to the country's post-EVD Recovery Strategy.

OUTPUT 4 Emergency ERA Interventions

Analytical Statement of Progress:

Before the decision to not focus EVD and emergency-related activities in a dedicated output, this output was External Relations work for the response. The principal (and only) action during 2015 in this output line was responding to a request from UNMEER for the production of yellow

armbands to boost the visibility of the EVD response. This UNICEF support for UNMEER created a powerful advocacy tool, was a good example of 'One UN', and made the UNMEER logo and the yellow-coloured campaign to End EVD a visible sight around the city.