Sierra Leone

Executive summary
In 2017, UNICEF Sierra Leone and partners supported the implementation of the President’s Recovery Priorities.

In health and nutrition, UNICEF supported the Ministry of Health and Sanitation (MOHS) to strengthen basic health care services, specifically:

- UNICEF strengthened routine immunization, cold chain and outreach campaigns (in partnership with WHO) with two maternal and child health (MCH) weeks, reaching over one million children with vitamin A (six to 59 months) and Albendazole (12 to 59 months); and two national and one subnational polio vaccination campaigns reaching over 1.5 million children 0-59 months;
- UNICEF procured US$ 7.6 million of essential medicines and supplies for women who are pregnant or lactating and under-five children under the free health care initiative, and supported the national distribution of 4.3 million long-lasting insecticide treated nets (LLINs);
- UNICEF improved the equity of health service delivery and reduced preventable newborn deaths through development of the Sierra Leone Every Newborn Action Plan, training frontline health workers at all peripheral health units (PHUs) in essential newborn care and the operationalization of the UNICEF regional special baby care units;
- UNICEF increased women and children access to information and basic services in hard-to-reach places with the launch of the National Community Health Worker Policy and in training of 5,362 community health workers and peer supervisors.

UNICEF and partners increased access to WASH services with the following:

- An additional 90,750 people are living in open defecation free (ODF) communities and washing their hands with soap and water, and an estimated additional 165,094 people were provided with safe water sources;
- Comprehensive WASH services were provided to 96 per cent of 175 targeted peripheral health units and 296 primary schools, the latter reaching an estimated 44,152 boys and 46,375 girls;
- Over 6,500 displaced people in camps and affected communities were provided with around 12 million litres (21 litres/person/day) of safe drinking water through water trucking/rainwater harvesting, and benefited from the construction of sanitation facilities and distribution of 1,000 household hygiene kits and water disinfection tablets.

UNICEF supported the Government of Sierra Leone in securing US$ 17 million from the Global Partnership for Education for the education sector. UNICEF and partners supported through in-kind grants 17,300 vulnerable girls in junior secondary school to access and remain in school. UNICEF advocated to place early childhood development (ECD) at the forefront of the Government’s agenda through its work with partners, and advocated for the Government to review the integrated ECD policy, launch a national advocacy campaign on ECD, and continue implementation of a pilot of community-based ECD interventions across four districts in hard-to-reach communities at 31 community ECD centres, benefitting 2,176 children.
In child protection, 4,299 children, including children in contact with the law, received protection services. Support to the Legal Aid Board enhanced timely and quality socio-legal support to 9,905 children in conflict with the law. Through UNICEF support, the Family Support Unit (Sierra Leone police) provided services to 3,523 child victims and 903 children in contact with the law.

UNICEF partnered with the Office of the First Lady to end child marriage, supporting participation in a high-level meeting to end child marriage and at the Conference of the First Ladies of West Africa and the Sahel, where First Ladies committed to support the implementation of the ECOWAS Strategic Framework for Strengthening National Child Protection Systems.

In social planning and policy, UNICEF advocated for the implementation of the community engagement strategy, leading to the signing of a memorandum of understanding with the Government and a consortium of civil society organizations (CSOs) for the implementation of a CSO-led accountability initiative. Additionally, 1,115 communities were supported to develop community action plans.

Over 500 people were killed by devastating floods and a landslide in August. UNICEF supported the Government to respond with provision of WASH services, infection prevention and control materials and essential medicines at the temporary displacement centres and in health facilities to prevent and mitigate the propagation of disease such as cholera. Support was provided to affected children, including psychosocial support (through establishment of child friendly spaces in six locations), learning services (through provision of teaching materials) and identification and response to child protection concerns.

With DFID funding, UNICEF, in collaboration with Government and partners, supported the roll-out of a cash transfer programme for 1,840 affected people. U-Report was used to generate data on the emergency response as well as engage affected populations and to support the recovery phase cash transfer programme.

**Equity in practice**

UNICEF supported the Government of Sierra Leone in reducing newborn mortality, which still accounts for almost one third of under-five mortality in the country. In 2017, support focused on improving the equity of health service delivery to reduce the number of preventable newborn deaths. This was achieved through development of the Sierra Leone Every Newborn Action Plan, operationalization of four regional special baby care units in Western Area and three regional hospitals, and capacity-building frontline health workers to deliver essential newborn care at health facilities nationwide. With UNICEF support, MOHS launched the National Community Health Worker Policy and trained 5,362 community health workers and peer supervisors to increase equity of access of women and children to health and nutrition information and basic services in the hardest to reach places.

Challenges that adolescent girls face in Sierra Leone as a result of gender inequalities rooted in social belief expose them to early pregnancy and child marriage. In response, UNICEF developed a National Standardized Life-skills Manual and 31,780 adolescents were empowered with knowledge and skills to better protect themselves.

Efforts to strengthen the child protection case management and information system resulted in 4,299 children receiving protection services, and capacities were strengthened at the local level to identify, report, refer and manage child protection cases within existing national protocols.
Nineteen local councils developed actions plans to improve coordination and monitoring of child protection service delivery, especially for alternative care of children.

For better community participation and bottom-up planning across the twelve districts, 1,115 communities were supported to develop community action plans. In addition to creating opportunities for building local capacities in community planning, the process enabled communities to develop plans that reduce disparities and increase demand for basic services in health, education and water.

The UNICEF 2016 Out-of-School Assessment Report indicated that 22 per cent (235,958 children) of primary school-age children were out of school, the majority of who were from rural areas. UNICEF supported 81,545 (116 per cent) of the targeted 70,000 vulnerable children to enrol and stay in school, with a focus on girls (68 per cent of the total supported). The supported vulnerable children were made up of 57,112 in primary school (26,411 boys; 30,701 girls); 17,300 vulnerable girls in junior secondary school benefiting from UNICEF in-kind support grants; and 7,133 girls regularly attending the learning centres as part of the accelerated learning (many of whom were pregnant or lactating adolescents), to be mainstreamed into formal schools.

**Humanitarian assistance**

In 2017, humanitarian assistance focused on the response to the flooding and landslide that occurred on 14 August and killed more than 500 people. UNICEF and partners played a critical role in responding to immediate humanitarian needs, including averting an outbreak of cholera and other waterborne diseases through immediate WASH response and social mobilization of the affected communities. During the WASH response, UNICEF’s U-Report platform was used to support and relay messages to affected communities and gather data on issues of concern.

UNICEF supported MOHS with the procurement of more than one million doses of oral cholera vaccine, enabling the vaccination of over 500,000 people in affected communities in each of two rounds of the preventive oral cholera vaccine campaign. Through the RapidPro platform, UNICEF supported MOHS to rapidly collect and monitor real-time information on suspected cholera cases and malnutrition referrals from community health workers. Educate families and caregivers on behaviours, especially how to avoid cholera and malaria, UNICEF and partners trained 550 community health workers to work in and around the affected sites, reaching 97,201 caregivers across the landslide/flood-affected areas in Freetown.

To support the recovery of affected households, the Government’s National Commission for Social Action, with technical support from UNICEF and funding from UK Aid, established a humanitarian cash transfer programme benefitting 1,840 households. The programme provided two sets of targeted cash transfers: the humanitarian cash transfer (in three tranches) and a one-off early recovery cash transfer (to households that consented to leave the camp or affected areas). A grievance redress mechanism and mobile technology-based monitoring allowed real-time tracking of the payments and the performance of the mobile money transfer agent.

Targeted cash transfers offset some costs incurred by families affected by the landslide/flood, including school fees. UNICEF partners rehabilitated and equipped three damaged schools and provided a package of learning materials to affected children. Moreover, 7,592 teaching materials were distributed through the Ministry of Education, Science and Technology (MEST) to affected schools. Other supplies UNICEF provided included 15 tents, 15 recreation kits, 30 tables, and pallets to establish six temporary learning spaces in two camps. The 3,846 teachers
received training in psychosocial support to counsel affected children. Thirty nursery/pre-school teachers received training on using ECD kits. UNICEF supported capacity development for 550 MEST personnel to conduct emergency preparedness, planning for response and recovery across 14 districts.

In collaboration with the Ministry of Social Welfare, Gender and Children’s Affairs (MSWGCA) and partners, UNICEF established child friendly spaces in six locations that enabled 17,085 children to access recreational activities and receive psychosocial support, and an additional 1,994 children received psychological first aid in the same locations.

Protection desks run by the Family Support Unit were established in eight locations for identification and response to protection issues. UNICEF led the family tracing and reunification sub-committee and a mental health and psychosocial support sub-committee that bridged the gap between the psychosocial support providers and mental health nurses. This was done through on-site coaching sessions that clarified and strengthened referral pathways, and equipped psychosocial support providers with the knowledge and skills to better deal with cases related to mental health issues and the psychological well-being of disaster-affected persons. The sessions provided training on stress-management support for caregivers, to help parents recognize signs of their own stress and develop coping mechanisms, and equally recognise and respond to signs of stress in their children.

**Emerging areas of Importance**

**Climate change and children.** To reduce the impact of climate change on WASH services, UNICEF supported the Government in the construction of resilient water and sanitation systems in flood prone areas by elevating water sources to avoid the inundation and contamination of water wells, and supporting communities and institutions in protecting sanitation facilities.

In collaboration with UNDP, climate change risk management tools will be developed for the revised National WASH Policy and Strategy to guide implementation of climate change sensitive WASH programming. Environmentally-friendly alternative water sources such as natural gravity-fed water systems and rain water harvesting systems, mitigated the impact of climate change.

**Urbanization and children: Cash transfer in urban emergency**

The 14 August landslide/flood emergency in Freetown left many households exposed to a series of vulnerabilities and shocks. In partnership with partners and in collaboration with National Commission for Social Action and the Social Protection Secretariat, 1,840 affected households were provided with two forms of transfer. The humanitarian cash transfer supported affected households to respond to immediate social needs (including meeting children’s back-to-school needs) and non-food needs. The early recovery cash transfer enabled households who consented to leave the displacement camps to resettle and re-start their lives in a less disaster-prone location. Grievance redress mechanisms were set-up, and U-Report and focus group discussions were used with communities to resolve grievances with the support of the Anti-Corruption Commission and the communication pillar of the response committee.

**Accelerate integrated early childhood development (ECD).** To ensure that all girls and boys have access to quality early child development, UNICEF worked with CSO partners and the Government to review the integrated ECD policy, launch a national advocacy campaign on ECD and establish pilot community-based ECD interventions. The pilots were implemented in 22 poor communities across four districts of Port Loko, Koinadugu, Moyamba and Bombali, through three CSOs, under the technical leadership of MEST, benefiting 31 community ECD centres and 2,176 young children with support of 1,403 caregivers (605 male, 798 female) to improve
early stimulation, play-based sessions and community based child rearing practices.

ECD features in the Sierra Leone Every Newborn Action Plan, where ECD is incorporated from pre-conception onward; and in the national community health workers’ training curriculum, where care for the development of the child is delivered through the workers’ home visits. ECD is linked to promotion of infant and young child feeding (IYCF) activities at facility and community levels, through community health workers and mothers’ support groups.

**Children on the move in Sierra Leone.** UNICEF Sierra Leone is starting to consider the issue of children on the move, following the annual consultation between IOM and UNICEF held in Geneva in September 2017 where the two organizations adopted a Global Action Plan on protection of children on the move. In response, UNICEF Sierra Leone attended a joint training in Dakar on the identification, assistance and protection of children on the move in West and Central Africa.

### Summary Notes and Acronyms

**Acronyms**

- BOS - business operating strategy
- COMMUNITY HEALTH WORKERS – community health worker
- CO – Country Office
- CSOs – civil society organizations
- DCT – direct cash transfer
- ECD - early childhood development
- ECOWAS – Economic Community of West African States
- HACT – harmonized approach to cash transfers
- ICT – information and communication technology
- IYCF – infant and young child feeding
- JCC – joint consultative committee
- KPI - key performance indicators
- LAB - Legal Aid Board
- LLINs - long lasting insecticide treated nets
- LTAs - long term agreements
- MAM - moderate acute malnutrition
- MCH - maternal and child health
- MEST - Ministry of Education, Science and Technology
- MHM - menstrual hygiene management
- MHPSS - mental health and psychosocial support
- MOHS - Ministry of Health and Sanitation
- MOSS - Minimum Operating Security Standards
- MSWGCA - Ministry of Social Welfare, Gender and Children’s Affairs
- NCC – National Commission for Children
- NCHWP- National Community Health Worker Policy
- NIDs - National Immunization Days
- ODF - open defecation free
- OR - Other Resources
- PHU - peripheral health unit
- PMTCT - prevention of mother to child transmission of HIV
- RR - Regular Resources
- SAM - severe acute malnutrition
- UN – United Nations
**Capacity development**

UNICEF Sierra Leone supported MOHS to equip 1,485 peripheral health units (Peripheral health units) nationwide on essential newborn care with basic skills to end preventable newborn deaths and 490 units with intermittent preventive treatment for infants training in four pilot districts (to prevent malaria, the second largest cause of death in under-five children).

UNICEF supported the National AIDS Control Programme in training 160 health workers on paediatric HIV case detection, contributing to over 19,663 children reached with HIV testing; 100 health workers trained on prevention of mother-to-child transmission of HIV based on the revised HIV testing guidelines contributed to 158,621 pregnant women who were tested for HIV; and 85 health workers on early infant diagnosis contributing to 476 HIV-exposed infants receiving HIV testing.

Two hundred and fifty child justice actors from government ministries, departments and agencies and CSOs were trained on the child justice training manual that was developed, printed and distributed to partners. One hundred police officers (including from the Family Support Unit and general duty police) and court officers were trained on crime database management, child justice and sexual gender-based violence. Following the development of the national standardized life skills manual, 40 CSO staff were trained on knowledge/skills to inform adolescents.

The capacities of 3,834 community health workers were strengthened in interpersonal communication for engaging families, especially during campaigns, that ensured that 80 per cent of caregivers on average were aware of campaign dates and strategies prior to vaccination campaigns or the long-lasting insecticidal net (LLIN) distribution mass campaign.

**Evidence generation, policy dialogue and advocacy**

With UNICEF support, MOHS launched the National Community Health Worker Policy in February 2017; elaborated the Sierra Leone Every Newborn Action Plan (2017-2021) to end preventable newborn deaths and stillbirths; and finalized the Sierra Leone Anaemia Reduction Strategy. UNICEF supported National AIDS Secretariat to develop a catch-up plan, detailing how the country will scale up evidence-based interventions to reach national 2017 targets, and to conduct a prevention of mother-to-child HIV transmission bottleneck analysis and update the prevention of mother-to-child HIV transmission strategic plan. A domestic financing WASH scoping study was implemented and findings disseminated at the 2017 national WASH conference to advocate for investment in WASH to meet SDG targets.

The 2016 Annual School Census was completed using the education management information system; the data was used to develop the new Education Sector Plan 2018-2020.

The ‘Cost of Ebola’ studies for health and education, the child poverty report and the MICS 6 will provide evidence to support investment for children in Sierra Leone.

To understand the barriers to demand for and access to basic health services, a knowledge, attitude and practice (KAP) study was commissioned on child survival and development, providing baselines and targeting behaviour change interventions.
A cabinet paper on the regulation of marketing breastmilk substitutes was finalized, and development of the legislative act by the Law Reform Commission is envisaged in 2018.

UNICEF, in collaboration with sector partners, successfully lobbied for the enactment of three WASH bills that will improve quality of services delivery.

A diversion policy framework and an alternative to detention framework were developed, and a proposal to amend the Criminal Procedures Bill is in place, awaiting approval, and bail and sentencing guidelines were developed whilst the sentencing guidelines specific for juveniles is being drafted.

**Partnerships**

UNICEF supported and coordinated successful development of the Global Partnership for Education, raising US$ 17 million for the next three years.

With MOHS, WHO and GAVI, UNICEF supported submission of the programme support rationale and cold chain equipment optimization platform applications, resulting in US$ 22.5 million of GAVI support for the next five years.

With WHO, UNICEF provided technical support to MOHS to implement the comprehensive cold-chain assessment, informing the 2017 cold-chain equipment Operational Deployment Plan, that will result in availability of additional cold chain equipment for Peripheral health units.

With MOHS, with the Clinton Health Access Initiative and other partners, UNICEF procured free health care drugs/commodities to benefit all women who are pregnant or lactating and under-five children nationally. UNICEF supported the country coordination mechanism to develop the Global Fund for HIV, Tuberculosis and Malaria, and health system-strengthening programme continuation requests. To date, over US$ 30 million for the HIV programme for the next three years was approved.

UNICEF fostered partnership through a memorandum of understanding with the Office of the Chief of Staff and the CSO consortium to implement CSO-led accountability initiatives using community scorecards. Other partnerships to reach most vulnerable children included the World Bank and UNICEF social safety net programme, the National Commission for Social Action, the mobile money agent, the World Food Programme and UNICEF partnership on emergency cash transfers, and the joint UN Country Team pilot on community engagement in Port Loko.

UNICEF partnered with the Office of the First Lady, including participation in a high-level meeting that strengthened the region’s alignment with commitments to end child marriage, and the Conference of the First Ladies of West Africa and the Sahel, where First Ladies committed to put their influence behind implementation of the ECOWAS Strategic Framework for Strengthening National Child Protection Systems to prevent and respond to violence, abuse and exploitation against children.

**External communication and public advocacy**

The Country Office identified ECD and ending violence against children as the two priority public advocacy campaigns for the remainder of the Country Programme Action Plan. An integrated and innovative ECD campaign around Father’s Day created products that were used globally by UNICEF. The social media reach of the CO continues to grow, with 2.53 million people reached in the year through Facebook, Twitter and Instagram.
The landslide/flood emergency response was a point for the team, with interviews given to almost all international media outlets, raising a timely voice for children, highlighting the needs of those affected and supporting visibility for UNICEF and its donors. Social media posts during the emergency period received interest, including publication in an article by CNN. Twitter followers in the year nearly doubled from 6,800 to 13,100. International contractors produced strong video/photo products for project and donor visibility, including films on the EU-supported infrastructure work, the landslide response and helping girls return to school after pregnancy.

Two external partnerships provided a platform for the future and achieved greater results in voice and engagement in the areas of children’s radio broadcasting, and radio programming on health governance.

**South-South cooperation and triangular cooperation**

In collaboration with UNICEF China, and support from the UNICEF West and Central Africa Regional Office (WCARO), UNICEF Sierra Leone submitted two South-South Cooperation Assistance Fund multi-country proposals to the Government of China. One proposal, “China-Africa pre-primary teacher trainer capacity-building for quality early childhood education”, included Uganda, Zimbabwe and Sierra Leone, and had a budget of US$ 4.3 million for three years. The other focused on capacity expansion for education administrators and school principals in five African countries (Ethiopia, Sierra Leone, South Africa, Uganda and Zimbabwe), with a budget of approximately US$ 500,000 per year for three years.

UNICEF Sierra Leone worked jointly with UNICEF China to submit a US$ 1 million proposal “Health system strengthening for improving quality and coverage of newborn care services in Sierra Leone” as part of an eight-country initiative under the South-South China-Africa Cooperation Assistance Fund.

UNICEF and the ECD team of the MEST participated in the National ECD Conference in Nigeria, at the invitation of the UNICEF Nigeria CO. Over 200 players in ECD in Nigeria and representatives from the USAID, World Bank, UNESCO and UNICEF offices attended the conference.

With UNICEF support, a delegation from the MOHS, the National Office for Births and Deaths, the Ministry of Internal Affairs and the National Civil Registration Authority, attended the 4th Africa Ministers Conference on Civil Registration and Vital Statistics in Mauritania.

The Government was supported to attend the ECOWAS First Ladies’ Forum in Niamey that resulted in the adoption of the ECOWAS Strategic Framework for Strengthening National Child Protection Systems to prevent and respond to Violence, Abuse and Exploitation against Children in West Africa.

**Identification and promotion of innovation**

U-Report is an innovative approach for engaging communities directly and increasing participation of young people and adolescents in national development debate. Over 94,000 registered U-Reporters helped in generation of real time data to inform programming, including during emergencies. The platform was used for information dissemination. During the landslide/flood emergency response, U-Report was used to engage directly with affected populations, identify priorities, share health promotion messaging and, for the first time, support the cash transfer programme. Registration of U-Reporters increased, by 47 per cent from 61,703 in December 2016 to 94,003 by December 2017.
With UNICEF support, a Government-led “National eHealth Coordination Hub” was officially launched by the Chief Medical Officer in March 2017, with regular meetings resulting in improved coordination and reduced duplication of the country’s digital health initiatives.

UNICEF supported MOHS in deployment of RapidPro use cases, including: during the landslide/flood emergency response (generating daily community health workers reports on community engagement activities, referrals of severely malnourished children, and monitoring breastfeeding substitutes in communities); for supply chain management (HIV stock outs, LLIN mass campaign preparedness/stock management, free health care drug/commodity distribution); and to solicit recommendations from PHU in-charges for the new National Health Sector Strategic Plan, among others. Results informed policies, strategies, programmes and the implementation of corrective actions, as appropriate.

In the education sector, a “Situation Room” that functions at both national and district levels collected RapidPro data from approximately 80 per cent of Sierra Leone’s 8,907 schools on a monthly basis providing real time information on performance indicators including student and teacher attendance, functionality of school management committees and availability of school development plans. The first national toll free line on education was launched, enabling prompt actions to be taken to address challenges in education service delivery.

**Support to integration and cross-sectoral linkages**

Sierra Leone’s flagship national community health workers programme integrated maternal, newborn, child and adolescent health, nutrition, WASH and ECD interventions as a community platform to promote behaviour change across sectors.

A core of 500 religious leaders built skills on infection, prevention and control for large-scale cross-sector behaviour change using the religious platform. A total of 660,592 caregivers were reached for improved parenting on child survival and development and protection. To enhance these efforts, 10,000 message booklets encompassing essential family practices and ideal behaviours across sectors were disseminated to religious leaders, village development committees and change agents operating at community level.

To increase demand for health services and increase access to lifesaving information on maternal, newborn, child and adolescent health, 41 “Allman Business” radio drama episodes were broadcasted on 46 radio stations nationwide. “Kapu Sens” radio drama episodes were broadcasted on 46 radio stations featuring girls’ education, teenage pregnancy and personal hygiene messages.

Through the participatory community monitoring and accountability process, the CO enhanced cross-sector relationships at the community through the bottom-up approach and engendered downwards accountability fostering sectoral convergence at the communities through village development committees.

**Service delivery**

UNICEF supported MOHS to operate four special baby care units, reaching almost 2,000 newborns between June and November; to distribute two million LLINs during a national campaign, along with quarterly distribution of LLINs and malaria drugs; and to support community health workers to treat malaria, pneumonia and diarrhoea in four districts, reaching over 4,000 children per district per month. Over half (53 per cent) of under-fives were screened for malnutrition through mothers’ support groups and community health workers; with over 31,000 severe acute malnutrition (SAM) cases admitted (98 per cent discharged as cured). Ninety-eight per cent of
children six to 59 months and children 12 to 59 months nationwide were reached with vitamin A and Albendazole respectively through two integrated campaigns, and over 1.5 million children under 59 months were reached through three rounds of polio national immunization days (NIDs) and one sub-NID.

UNICEF partners increased access to WASH: 90,750 more people (60 per cent of 2017 target) are now living in open defecation free communities and wash their hands with soap and water, and an estimated additional 165,094 people (against a target of 34,400) were provided with safe water sources. Comprehensive WASH services were provided to 96 per cent of 175 targeted Peripheral health units and 296 primary schools, the latter reaching an estimated 44,152 boys and 46,375 girls.

Learning materials were distributed to 948 primary schools across nine districts, directly benefiting over 214,635 children.

Through strengthened case management, 4,299 children, including children in contact with the law, received protection services. Support to the Legal Aid Board enhanced timely and quality socio-legal support to 9,905 children in conflict with the law; and Family Support Unit provided services to 3,523 child victims and 903 children in contact with the law. UNICEF supported the Government to register 36,274 boys and 37,114 girls under five through the routine system in Peripheral health units.

**Human rights-based approach to cooperation**

To improve accountability for children’s issues, UNICEF supported the Performance Management and Service Provision Directorate in the office of the Chief of Staff on community engagement, including implementing the participatory-community monitoring and accountability framework in child-friendly community accountability and decentralized development processes.

Capacity building of 38 staff from government ministries, departments and agencies and local councils who were trained in results-based management and human rights-based approach to programming ensured that duty bearers have the required skills to design, implement and monitor human rights-based and results-based interventions. Six out of 12 local councils developed district development plans that reflect in community action plans the needs and aspirations of children and communities in hard-to-reach areas.

To enhance child engagement, the Country Office engaged children’s clubs in the communities and schools across the country that provided peer support to end violence against children. With support from UNICEF, the National Commission for Children (NCC) engaged children from seven districts to participate in the national budget process. In the participatory community monitoring and accountability process, children in 1,115 communities across 12 districts participated in the monitoring of service delivery at the community level and held service providers accountable.

UNICEF worked with the National Commission to respond to queries in the fifth and sixth country status reports on the Convention on the Rights of the Child submitted by the country. The Commission disseminated concluding observations on the United Nations Committee on the Rights of the Child. UNICEF will support the NCC to monitor implementation of the observations. Also, the Child Rights Coalition was supported to submit an alternative report of the country status report to the UN Committee on the Rights of the Child.
The UN gender technical community of practice for gender-based violence raised awareness through radio programmes and public campaigns and engaged boys in schools on ending violence.

**Gender equality**

A priority of UNICEF Sierra Leone is to end child marriage. Under the framework of the global programme, UNICEF worked to ensure prevention, protection and care services across sectors for girls at risk of and affected by child marriage.

Total budget and expenditure for the global programme in 2017 was US$ 200,000. To promote the rights of girls to marry after the age of 18, UNICEF supported 7,704 adolescents (4,800 girls and 2,900 boys) to participate in life-skills sessions, and to access sexual reproductive health (including menstrual hygiene management) information through 242 safe spaces in six districts.

Community engagement reached 12,000 members and 149 paramount chiefs developed 253 community action plans for implementation. U-Report platforms were used to gather adolescents’ opinions on issues such as child marriage and teenage pregnancy, along with recommendations for redress.

Gender mainstreaming in education resulted in 17,300 vulnerable girls in junior secondary school benefitting from in-kind support grants to access and remain in school. Support was provided to MEST to develop and implement a national school safety guide for all schools that was piloted in 924 junior secondary schools to develop capacity of school heads, and for schools to develop actions plans for improving safety on school-related gender based violence. A total of 1,790 school heads and 1,627 school mentors (2,451 males, 966 females) from 924 junior secondary schools were trained to prevent and address school-related gender based violence and improve safe learning environments for girls. Additionally, 1,761 school heads and 1,692 school mentors (2,610 males, 843 females) from 924 junior secondary schools were trained on the school safety guide to promote girls’ safety in schools.

WASH programmes in 226 primary schools constructed latrines with menstrual hygiene spaces for access by 23,901 adolescents (2,818 boys and 21,083 girls). Additionally, 373 teachers (105 male and 268 female) were trained on menstruation hygiene management (MHM) messages in schools. A total of 23,280 MHM booklets were distributed to partners to be used by adolescent girls in schools. UNICEF supported a CSO to provide 200 HIV-infected or affected adolescent girls with reusable sanitary materials and skills on menstrual hygiene management.

**Environmental sustainability**

UNICEF’s WASH programme focused on mitigating the impact of three environmental risks: abstraction of water; pollution from faecal and other waste disposal; and damage from flood and climatic events.

UNICEF supported the Government to undertake geo-physical assessments before construction of water infrastructures to protect the environment, and promoted environmentally-friendly water sources such as rain-water harvesting, natural gravity water systems and deeper, motorized boreholes. Following enactment of the national water resources management legislation, UNICEF supported the Government to develop and implement water resource management guidelines including assessments to promote environmental sustainability. The risk of pollution was assessed and minimised through regular sanitary inspections. Through school management committees, drainage from hand-washing points that could lead to stagnant water and encourage vector breeding was regularly cleared.
UNICEF partners ensured that schools and health care facilities had adequate solid waste disposal facilities and promoted responsible waste disposal and good drainage at household level.

UNICEF supported the Government in the development and finalization of the national water safety plan that is expected to provide structured road map on safely managed WASH services. The programme ensured that WASH facilities in locations prone to flooding are constructed on high ground to prevent contamination from storm waters. To promote environmental sustainability, solar energy was incorporated into health facility/WASH construction/rehabilitation efforts in 47 health facility structures and 42 water points in communities, schools and Peripheral health units.

**Effective leadership**

UNICEF Sierra Leone enhanced programme and operations efficiency and effectiveness with a stronger oversight system. Key performance indicators (KPI) were monitored monthly by the country management team and weekly by programme sections. The CO implemented ten out of 15 audit recommendations from 2016. Implementation of priority results/activities in the annual management plan was underway.

Planning and oversight of programme monitoring were strengthened through more structured travel/trip planning (requiring terms of reference linked to country programme action plan outcomes, outputs, programme cooperation agreements with partners, and action points identified in previous trips).

To promote the CO’s focus on programme decentralisation and mitigate risks in programme implementation/monitoring, UNICEF’s two field offices almost reached full technical capacity of recruited staff, given funding availability. In a participative process, the UNICEF Sierra Leone CO Standard Operating Procedures and Accountability Framework 2017-2019, that details the roles and responsibilities of the field offices in relation to the main office, were developed and validated to enhance programme efficiency and effectiveness (human rights-based approach and results-based management principles).

Functionality of the statutory committees (country management team, HACT, Committee on the Rights of the Child, joint consultative committee (JCC) and PSB) was maintained. To ensure regular exchanges with staff, UNICEF held all-staff meetings on a bi-weekly basis, boosting staff morale and fostering team spirit. To enhance cross-sectoral synergies and monitor key performance indicators, meetings for heads of sections were held bi-weekly (with field offices participating remotely). All programme staff met monthly. In all meetings, action points were tracked for accountability and performance.

UNICEF improved quality assurance of office processes including a programme cooperation agreement review (with improved in-house guidelines for the new templates), results assessment module, planning and reporting. Improvements were noted in quality and timeliness of reporting compared to 2016.

**Financial resources management**

The CO introduced a new version of the invoicing tracking tool with advanced and user-friendly features including a dashboard component. The upgrade in the VISION Bank Communication Management platform with the adoption of the straight-through process increased the speed that payments are cleared within 24 hours when released at the GSSC to the bank. The CO
continues to maintain the 25 per cent threshold minimum balance in its cash optimization, and has seen a marked improvement in the clearing of open items and return rate of payments with the GSSC.

The CO recruited a fund monitoring specialist in 2017 to strengthen budget management and utilization of funds. The CO maintained the mechanism established in 2016 of review of indicators covering utilization of funds, DCTs, donor reports, expiring grants, amongst others, at the bi-weekly meeting of heads of sections. Also, bi-weekly budget updates and budget alerts related to fund utilization rates and expiring grants were shared and followed up with programme sections.

The allocation utilization rate at the end of December for Regular Resources (RR), Other Resources (OR) and Other Resources –Emergency (ORE) reached 100 per cent, 98 per cent and 87 per cent, respectively. The balance of DCT was US$ 9.37 million as of December, of that US$1.19 million was outstanding for more than nine months, due to challenges with leadership in the MSWGCA. However, with leadership changes, the issue will be resolved soon.

All programme assistants were trained in VISION and Insight, giving them hands-on experience on grant life-cycle and monitoring of the commitments as well as DCT management and reporting that contributed in enhancing the funds monitoring. A standardized approach of providing financial data across programmes and projects was established.

Fundraising and donor relations
The 2015-2018 Country Programme Action Plan proposed a ceiling of US$ 241.4 million (US$ 35.8 million RR and US$ 205.6 million in OR). In 2017, allocations of US$ 45.5 million were available to the CO, of that US$ 9.4 million was RR, US$ 30.5 million was ORR and US$ 5.2 million was ORE. Ninety-four per cent of allotted OR funds (ORE and ORR) were utilized against allotment for 2017.

To mobilize resources in 2017, the CO revised the 2016 fundraising strategy that included a trend analysis of the top ten donors and top ten UNICEF National Committees in the current Country Programme and an analysis of support from international financial institutions. As Sierra Leone moves from post-emergency to recovery and development, there was a need to diversify funding from these sources and focus efforts on 1) strengthening the relationship with UNICEF National Committees; 2) exploring opportunities under the South-South cooperation; 3) reaching out to non-traditional donors, such as the BRICS countries (Brazil, Russia, India, China and South Africa) and Gulf States; and 3) strengthening the partnership with international financial institutions such as the World Bank, African Development Bank and Islamic Bank.

To ensure that the quality of donor reports meet organizational standards, a reporting schedule was generated and shared with section chiefs and programme managers. Reports were reviewed by the section chief and submitted either to the reports specialist or communications specialist for copy-editing and proofreading, then to the Deputy Representative for clearance before the final deadline. This approach improved the timeliness and quality of reporting in 2017 compared to 2016. In addition, based on identified capacity building needs, a training with an international facilitator was organized to improve report and proposal writing skills for relevant programme staff.

Evaluation and research
The overall performance of the 2017 CO PRIME was partially achieved. Out of a planned total of one evaluation, two baselines, two studies and one research activity nearly 70 per cent was
achieved. The education evaluation of the 2015-2018 Country Programme and the social norms study on open defecation free sustainability were not fully achieved.

A management response to the recommendations of the nutrition evaluation was prepared, uploaded and closed. The usual procedure to commission an evaluation in the CO is with independent evaluators to ensure objectivity, impartiality and relevance. The overall impact of these studies was geared towards improving programme quality, behavioural change and to establish the basis for the progressive monitoring of the achievement of planned outputs and results of the programme.

UNICEF Sierra Leone in collaboration with the Government commissioned a study in four districts on the relevance, effectiveness, cost-efficiency and sustainability of the models for scaling up, through the Government and other ECD service providers. For the education programme evaluation, recruitment of a consultant was ongoing for work in 2018.

**Efficiency gains and cost savings**

In 2017, the CO streamlined its internal travel process requiring terms of reference with deliverables for any trip outside of Freetown. Improving monthly travel planning reduced the expenditures on local travel (daily subsistence allowance). The CO spent US$ 510,195 on in-country travel in 2017 compared to US$ 660,023 in 2016, a reduction of about 35 per cent.

The CO participated in developing the current business strategy road map for Sierra Leone, including the collection and analysis of the required data. Sierra Leone is expected to implement a fully-fledged business operating strategy in 2018. The CO takes advantage of United Nations’ agencies’ long-term agreements (LTAs) to source goods and services that are reciprocated in the country. This reduced the amount of staff time directed to a full procurement process in some cases. Having common LTAs for printing, travel and fuel gave UNICEF and UN agencies stronger bargaining power.

As a result of closer consultation and coordination, the CO negotiated better contractual terms with the internet service provider based on an existing UNDP contract. The cost per megabyte was reduced from US$ 1,000 to US$ 450.

In 2017, the CO changed its approach in calculating transportation for distribution charges from mileage covered to weight and volume combined, creating efficiency and more control on distribution costs.

**Supply management**

Supply chain expenditure on goods, services, freight and procurement services in 2017 totalled US$ 23.4 million (representing 68 per cent of the total procurement plan for 2017), or 33 per cent of the total CO expenditure.

Programme supplies $11,424,830
Operation and administration supplies $521,785
Services $3,851,347
Freight $1,085,376
Procurement services $6,530,264
Total value of supplies (good & services) $23,413,603

In 2017, 348 containers were received and cleared within an average of 25 days. For in-country logistics operations, a total of 20,000cbm of programme supplies valued at US$19,614,617
were delivered to partners, including 2.1 million LLINs; DFID in-kind contribution; and relief items for infection prevention and the landslide/flood emergency response.

A change in transportation distribution calculation from mileage to weight and volume resulted in efficiency and cost control. Interagency collaboration in procurement and supply management allowed the CO to negotiate better terms with suppliers and save time in solicitation process.

The CO was able to use WFP vehicles for distribution during the landslide emergency. Relief items valued at US$33,000 were lent to UNICEF Burkina Faso to support their stock shortfalls for critical nutrition activities.

The CO reduced the total value of supplies in its warehouse from US$18.9 million in January to US$7.8 million in December 2017, of that US$3.2 million of supplies were prepositioned in the Port Loko warehouse for emergencies.

In 2017, the CO reviewed its sales and purchase order creation and approval process, and established a guideline to help staff apply due diligence to mitigate risk due to conflicts, lack of clarity or insufficient information. Combined with stronger review processes, this has since reduced the incidence of errors.

The warehouse premises security status was validated by UNDSS both in terms of Minimum Operating Security Standards compliance and potential risk of pilferage. To enhance security, surveillance cameras (CCTV) were fixed around the premises.

Standard operating procedures to streamline and strengthen the process of requesting and monitoring transport for distribution are near completion.

**Security for staff and premises**

Security and safety for staff was given importance in the CO and was the first standing agenda item in the country management team monthly meetings.

There was a noticeable increase in house break-ins and petty crimes such as bag snatching from vehicles in the country, due to poverty and unemployment. Therefore, this remained a concern for staff and dependents. UNICEF continued to monitor and enforce mandatory staff participation at the security briefing conducted by UNDSS during on-boarding. The UNICEF security officer gave security briefings and security advisory notices to staff in addition to those of the UNDSS.

In 2017, the CO reinforced the monitoring of drivers on trips outside the capital through HF/VHF/Sat-phone/cell phone. The staff of the private security company hired by UNICEF received surveillance and fire-fighting training in 2017. The fire evacuation plan was reviewed and drills conducted to prepare staff for similar incidents. In 2017, the security and safety officer participated in the training organised by UNICEF WCARO on emergency trauma bag management. Gearing up for the upcoming elections, the CO alerted staff and reviewed the MOSS for its office in Freetown and the two field offices.

**Human resources**

Following a recruitment drive to cater for the emergency needs and the recovery situation of the previous years, 2017 witnessed a stabilization on the Sierra Leone staffing with a total of 140 staff. Nevertheless, a significant number of recruitments (33) were completed to support the programme and two staffing reviews during the year enabled the office to have the right mix of
competencies required. In addition, sections were invited to review the competencies of their staff that were adjusted through capacity-building and recruitment of temporary missing technical capacities.

The breakdown of staff numbers was as follows: 31 international professional, 47 national officers, 61 general service and 26 special service agreement.

Performance management culture change was introduced in early 2017 with weekly reminders for supervisors-supervisees to hold frequent discussions. These efforts were afterwards enforced by a performance culture change workshop organized in October 2017 with participation of 133 staff.

A task force was established to develop an action plan to address the three areas rated the lowest in the Global Staff Survey, that were merged with the staff retreat recommendations and action points. The task force decided to have a quarterly progress review through the joint consultative committee.

The CO was engaged in the Sierra Leone UN Cares programme to promote partnership with the UN and encourage staff living with HIV in the following activities: prevention activities that include reaching out to staff through learning activities, prevention with positives, reduction of stigma and discrimination, advocacy, policy dialogue and communications, psychosocial support and referral for treatment and reaching out to children through learning. The office hired a person living with HIV who engaged staff on advocacy sessions.

**Effective use of information and communication technology**

Information and communication technology (ICT) developed various SharePoint applications like Transaction Tracking Systems that includes Invoices, DCT, travel authorizations and contracts. These tools helped the office to track workflow processes defined for each type of transactions and allows real-time tracking, monitoring and reporting with interactive dashboards done in Excel that can easily be used by management. A transport management tool was developed to book transport requests for trips to the city centre, the system is being tested in operations and is yet to be launched office wide.

Also, ICT developed a centralized document repository databases for storing of final working documents for easy access by all staff and counterparts with proper access rights. This will improve access to information at a centralized location in the Cloud. As suggested by the auditors during the 2016 audit, the office made better use of OneDrive to share large files. eTools application was launched and is being widely used by all staff in planning trips and reporting. Skype for Business is being used for meetings and interviews, and improved collaboration between head office and the field offices.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1** Improved and equitable use of high-impact MCH intervention from pregnancy to adolescence and promotion of health behaviours

**Analytical statement of progress**

There are indications that the support from UNICEF and other partners contributed to improvements in several health outcomes. Delivery by skilled birth attendants increased from 61
per cent in 2013 to 93 per cent in 2017, measles vaccination coverage increased from 78.6 per cent in 2013 to 87.3 per cent in 2017, treatment with ORS and zinc of children 0-59 months with diarrhoea increased from 73 per cent in 2015 to 88 per cent in 2017, and pneumonia treatment with antibiotics increased from 90 per cent in 2013 to 94 per cent in 2017. However, 4+ ANC visits by pregnant women showed a decrease from 75 to 64 per cent. The decrease in the ANC 4+ could be explained by the new ANC protocol adopted by the MOHS that instituted strict compliance to focused timing of four ANC visits, and that more recent data capture only women who had their ANC visit as per protocol.

In 2017, four special baby care units were established and are now fully functional in the regional hospitals of Bo, Kenema, and Makeni, and the Ola During Children's Hospital in the Western Area. Each was staffed by a team of one paediatrician and three nurses with the paediatricians carrying out on-the-job capacity building of the nurses in the units. UNICEF supported the MOHS to obtain equipment and instruments for the special baby care units.

A total of 1,565 sick newborns were managed, of these 1,205 (77 per cent) recovered and were discharged and 360 (23 per cent) did not survive. In addition to supporting the pre-service training of 840 maternal child health (MCH) aides expected to graduate in December 2017, UNICEF supported on-the-job capacity building of 1,485 health workers in immediate essential newborn care (essential newborn care) and emergency obstetric and newborn care (EmONC), nationally. This contributed to increasing availability of skilled health workers nationwide.

To increase access and equitable basic health services, the MOHS launched the national community health workers policy and subsequently developed the curriculum for the community health workers' training package. UNICEF supported the cascading of training to 6,468 community health workers and peer supervisors in Kambia, Kono, Bo, Bombali, Tonkolili and Bonthe districts; and the procurement and distribution of supplies and job aids to 14,772 community health workers and peer supervisors from all 14 districts. Following their training, the community health workers in six districts conducted 19,205 postnatal care home visits; treated 6,298 children with pneumonia, 9,483 children with diarrhoea and 77,490 children with malaria; screened 87,396 children for acute malnutrition and referred 1,362 children with acute malnutrition to facilities for treatment.

UNICEF supported the timely procurement and distribution of free health care drugs and commodities to all public health facilities in the country and thus minimized stock-outs of essential drugs and supplies for pregnant women, lactating mothers and under-five children.

UNICEF supported MOHS to conduct a National MCH Week integrating it with a LLINs mass distribution programme; one million under-five children received vitamin A and deworming tablets and 4.3 million LLINs were distributed. One million five hundred under-five children were vaccinated during each of three rounds of polio NIDs that UNICEF supported. Community health workers played a critical role in mobilizing communities and supporting LLINs distribution.

To strengthen the HMIS, UNICEF supported MOHS to conduct regular PHU’s in-charge and stakeholder meetings and supervision. In October 2017, 95 per cent of Peripheral health units reported complete HMIS data, with 94 per cent reporting on time. This was an improvement compared to the completeness and timeliness rates of 87 and 15 per cent respectively in December 2016. Gradual improvements in data consistencies were observed using interlinked tracer indicators. PHU in-charge meetings provided regular monitoring and feedback on HMIS data, while the reproductive, maternal, newborn, child and adolescent health scorecard was
customized and launched. MOHS supported district health management teams to improve HMIS data which is the source of most indicators in the scorecard.

HMIS action point trackers were introduced in all 14 districts to establish a mechanism for tracking HMIS issues and action points, with district health management teams regularly discussing issues from the trackers at district health management team programme meetings. Under the leadership of the Directorate of Policy Planning and Information (DPPI), the MOHS launched and institutionalized the National eHealth Coordination Hub. Coordination Hub meetings were held with development partners engaged. By the end of 2017, UNICEF had supported the MOHS to deploy seven RapidPro use cases.

In emergency response, achievements included the accelerated clearance and delivery of 1,036,300 doses of oral cholera vaccines to implement two rounds of pre-emptive campaigns in 25 communities affected by landslide and flooding. Two campaign rounds were conducted two weeks apart between September and October, and 518,103 and 500,000 people respectively were vaccinated. These interventions helped prevent a cholera outbreak. UNICEF dispatched infection prevention and control supplies, cholera kits, items for burials and disinfection of sites, and supplies for oral cholera vaccine campaigns and for the treatment of survivors of the emergency. This contributed to the safe burial of 270 people and the treatment of about 390 victims in health facilities. Adequate coordination among partners during emergencies helped ensure efficiency and timeliness in delivering the intervention.

Key challenges encountered included stock-outs of essential medicines, weak community monitoring and evaluation system, and weak MOHS capacity to implement and monitor programs.

**OUTPUT 1** Increased capacity of health facilities to deliver a package of high-impact health interventions for mothers, newborns 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 Sierra Leone Every Newborn Action Plan was developed, finalized and sent for printing this year, under the leadership of the MOHS and following extensive consultation with partners. Four special baby care units were established and fully functional across the regional hospitals of Bo, Kenema, Makeni and Ola During Children’s Hospital in Western Area. A team of one paediatrician and three nurses supported the respective hospitals’ special baby care unit teams to build the capacity of the staff on newborn care. Over the six-month period they were operational, a total of 1,565 sick newborns were admitted and received services at special baby care units, of whom 1,205 (77 per cent) recovered and were discharged, and 360 (23 per cent) did not survive.

This year, 840 maternal child health aides were trained with an average grade of 90 per cent, to graduate in December 2017. MOHS expressed a need to train an additional 1,281 maternal child health aides. However, an assessment of maternal child health aides adherence to protocols and quality standards is needed to inform programmatic improvements and to justify further investments in the trainings.

UNICEF supported on-the-job trainings of 1,485 health workers to build capacity in essential newborn care and emergency obstetric and newborn care (EmONC) nationally in 2017. Construction work on 47 health structures (20 new, 20 expanded, seven rehabilitated) was
completed across 11 districts to improve access to quality health service delivery. Technical monitoring was ensured through joint visits with MOHS.

GAVI Programme Support Rationale and Cold Chain Equipment Optimization Platform with technical support from UNICEF and WHO was approved to support Sierra Leone with US$ 22.58 million over five years. The cold chain comprehensive assessment was completed and informed the development of the year one cold chain equipment operational deployment plan for procurement, distribution, installation and commissioning of cold chain equipment for about 315 sites in the country.

UNICEF supported the procurement, customs clearance and transport up to the warehouse of free health care drugs and commodities. In the current round, 159 items were distributed to Peripheral health units. This will help address the recurrent stock-outs of essential drugs and commodities for pregnant women, lactating mothers and under-five children.

OUTPUT 2 Increased capacity to deliver high impact community based health interventions for women, new-borns 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
MOHS launched the revised community health workers policy in February 2017 to strengthen community health systems. To operationalize the policy, UNICEF supported the MOHS with procurement and distribution of kits (all printable guides and forms, backpacks, raincoats, rainboots, ARI-timer, torches, T-shirts) for 14,772 community health workers. UNICEF supported the training of 36 master trainers and 216 district trainers who equipped 6,468 community health workers and peer supervisors with necessary skills through module 1 and 2, and 5,507 community health workers and PS on all the modules in Kambia, Kono, Bo, Bombali, Tonkolili and Bonthe districts. In addition, 22 national experts were equipped with training quality assurance skills and conducted onsite observation in training sessions in all districts to ensure quality of care.

Community health workers in turn provided a package of promoted and preventive RMNCAH health services (family planning, ANC, institutional delivery, early PNC, maternal and under-five nutrition, ECD and WASH) and lifesaving treatment to children with pneumonia, diarrhoea and malaria through integrated community case management (iCCM) protocols. Equipped with the skills and supplies, community health workers conducted 19,205 postnatal care home visits, treated 6,298 children with pneumonia, 9,483 children with diarrhoea and 77,490 children with malaria, screened 87,396 children for acute malnutrition and referred 1,362 children with acute malnutrition to Peripheral health units for treatment.

To strengthen monitoring and support to the community health workers programme, 20 staff from the Directorate of Primary Health Care, Kono and Kambia District Health Management Teams and IRC received master training on RapidPro use. These staff trained 187 peer supervisors, currently rolling out the skills to community health workers in Kambia and Kono districts.

UNICEF supported the MOHS to conduct one national MCH week, integrated with LLINs mass distribution where 98 per cent of a total of 4.3 million LLINs were distributed simultaneously, over one million under five children received vitamin A and deworming tablets. Through three rounds of Polio NIDs, 1.5 million under-five children were vaccinated during each NIDs.
Community health workers played a critical role in house-to-house sensitization and mobilization of communities as well as distribution of LLINs and provision of vaccines. Appropriate use of the LLINs in communities will be addressed by ongoing UNICEF-supported community engagement process.

Key challenges were stock-outs of essential medicines, a weak community M&E system, delays in certification of trained community health workers, and the uncertainty on the official start date of community health workers’ incentive payments, addressed through joint work with MOHS and development partners.

**OUTPUT 3** The Government has a strengthened political commitment, accountability and national capacity for policy development, programming and evidence/information generation for scaling-up MCH interventions for children, adolescents and women of child bearing age by 2018.

**Analytical statement of progress**

As a tool for monitoring indicators, the RMNCAH scorecard was customized for Sierra Leone, and officially launched in 2017. With support of UNICEF, MOHS continued to support District Health Management Teams to improve HMIS data that are data sources of most indicators selected for the scorecard. UNICEF will provide technical support to district health management teams in data review, calculation of monthly/quarterly data and use of the scorecard.

To strengthen HMIS systems, UNICEF supported DPPI to conduct PHU in-charge meetings, stakeholder meetings and supportive supervision. As a result, in October 2017, 95 per cent of Peripheral health units reported complete HMIS data, and timeliness was 94 per cent in the same month. This is an improvement compared to 87 per cent and 15 per cent respectively in December 2016.

Gradual improvements in data consistencies were observed using interlinked tracer indicators. PHU in-charge meetings served as an effective platform to provide regular monitoring and feedback to HMIS data that Peripheral health units reported monthly. HMIS supportive supervision by M&E officers was instrumental in coaching poor-performing Peripheral health units. In 2018, District Health Management Teams and UNICEF will put more emphasis on data use for informed decision-making.

HMIS action point trackers were introduced in 14 districts to establish a mechanism for tracking HMIS issues and action points. At least one action point was work-flowed by each district health management team to MOHS central level. District health management teams regularly discuss issues from action point trackers at their programme meetings. Low use of the tool is observed in some districts due to requirements of M&E officers’ time for reviewing all action point trackers, and lack of resources required to resolve issues raised by Peripheral health units.

The National eHealth Coordination Hub was launched by the MOHS Chief Medical Officer and was institutionalized with the leadership of DPPI. The Coordination Hub meetings have regularly been held with the engagement of donors and partners. In 2017, seven RapidPro use cases were deployed. Identification of bottlenecks and implementation of corrective actions are recognized as challenges. In the first half of 2018, a transition roadmap will be implemented with a focus on continued skills transfer to MOHS.
OUTPUT 4  Health emergency preparedness and response with special focus on children and women of child bearing age is implemented by the Government of Sierra Leone, UNICEF and its partners in a timely manner during the country programme cycle.

Analytical statement of progress
The emergency preparedness and response plan prepared in 2016 was shared with MOHS and concerned authorities. It was guidance for risk informed programming in UNICEF, strengthening cross sectors for emergency preparedness and response.

The achievement in collaboration with MOHS and other partners included the accelerated clearance and delivery of a total of 1,036,300 doses of oral cholera vaccine for the implementation of two rounds of pre-emptive oral cholera vaccine campaigns in the 25 communities affected by the landslide and flooding in 2017. Two rounds of the campaign were conducted two weeks apart between September and October, vaccinating 518,103 and 500,000 people respectively during the campaigns. The interventions contributed to avert a cholera outbreak.

Upon request of MOHS and other partners, UNICEF dispatched infection prevention and control supplies, cholera kits, items required for burials, disinfection/decontamination of sites and mortuaries, setting up of infection prevention and control sites at facilities, as well as drugs, consumables and other supplies for the oral cholera vaccine campaign and treatment of survivors of the emergency. Supplies contributed to the safe burial of not less than 270 people in body bags and 295 in coffins, and provided treatment of not less than 390 victims in the health facilities. The supplies contributed to the work of about 400 grave diggers.

One lesson learnt was proper and adequate coordination among partners during emergency to ensure efficiency and timeliness in delivering interventions and to avoid duplication among partners. Activation of the overall Emergency Operation Centre within MOHS and coordination among partners on different pillars (case management, infection prevention and control and management of dead bodies/burials and logistics) was critical for a rapid, coordinated response.

A priority in 2018 will be to implement the recently endorsed MOHS Integrated Hazard Emergency Response Plan and apply the new concept of ‘Operation Plan’ in preparedness and response to any emergencies.

OUTCOME 2  Improved and equitable use of nutritional and care services by communities with a special focus on nutritionally-at-risk children and women residing in the hard to reach areas by end of December 2018

Analytical statement of progress
The nutrition programme achieved 14 out of 17 output targets for 2017 through collaboration with MOHS, UN agencies, SUN national networks, international and national development partners and implementing partners. By the end of September 2017, 85 per cent of the health facilities that offer and report on integrated management of acute malnutrition (IMAM) services (554 of 655) provided quality IMAM services in line with SPHERE standards of >75 per cent cure rate. The factors contributing to these were: (1) over half of the under-five population were screened for malnutrition quarterly by trained community health workers and mother support groups; (2) 45 per cent of severely malnourished children (31,142 out of 69,219 annual burden) were admitted to 773 outpatient therapeutic programme sites and 20 inpatient facilities nationwide from January to September 2017 and (3) 97.6 per cent of severely malnourished children admitted in the programme were cured, 1.2 per cent defaulted, 0.9 per cent died, and
0.3 per cent were referred for further medical assessment from the 29,303 children discharged from the programme.

IMAM services were complemented by preventive services offered at the community level. According to the validated results of the 2017 National Nutrition Survey, 62 per cent of children under six months in the country were exclusively breastfed compared to the 59 per cent of children under six months who were exclusively breastfed in 2014 National Nutrition Survey.

Regular nutrition counselling conducted by trained community health workers and members of 14,301 mother support groups operating in the country. By the end of October 2017, 71 per cent of mothers with children under two years of age were counselled by community health workers and mother support groups. Two rounds of integrated immunization, vitamin A and deworming campaigns were conducted in 2017 with 98 per cent of children six to 59 months covered by two, six-month rounds of high dosage vitamin A supplementation, and 98 per cent of children 12 – 59 months were covered by two, six-month rounds of deworming.

Emergency preparedness and response activities allowed UNICEF and the nutrition sector to provide timely and adequate nutritional support to under-five children affected by the August 2017 landslide emergency in Western Area districts of Sierra Leone; 183 out of the 13,647 children under-five (1.3 per cent) screened for malnutrition by community health workers were severely malnourished and 284 (2 per cent) were moderately malnourished. A total of 104 severely malnourished children referred in emergency-affected outpatient therapeutic programme sites were admitted; 94 were discharged with a 99 per cent of cure rate and one per cent defaulter rate.

At the national level, UNICEF supported the enabling policy environment and coordination mechanisms in nutrition. UNICEF supported: (1) the NGO Doctors for Africa CUAMM to conduct the IMAM verification exercise that demonstrated that IMAM service quality improved in randomly-selected outpatient therapeutic feeding programmes located in seven target districts; (2) validation of National Anaemia Reduction Strategy in October 2017 led by MOHS and Helen Keller International and (3) revitalization of the SUN UN Network/REACH including its activities in strengthening multi-sector nutrition engagement.

The challenges encountered in the implementation of the nutrition programme were: (1) limited capacity of MOHS health workers and supervisors to provide quality nutrition services and information; (2) inadequate logistics support for supply distribution, supervision and monitoring activities; (3) vertical management of nutrition supplies and data including services at the community level through mother support groups, and; (4) reduced donor funding for programme management.

In 2018, UNICEF and MOHS will focus on addressing these challenges by (1) improving collaboration with partners on building capacity of health workers to provide IYCF support services to mothers in health facilities; (2) decentralizing supervision and programme monitoring to district and chiefdom levels through the District Health Management Team; (3) exploring avenues for integration of nutrition supplies with national supply chain and nutrition data with the HMIS; (4) strengthening linkages between mother support groups and community health workers and engaging community health workers more for community nutrition services; (5) improving quality of nutrition data and reports to demonstrate results and encourage donor support and (6) supporting multisector engagement and strategy development through SUN.
OUTPUT 1 By December 2018, Ministry of Health and Sanitation (MoHS) improved capacity to provide equitable and quality integrated management of severe acute malnutrition services to children under the age of five in all districts with focus in hard to reach communities.

Analytical statement of progress
The IMAM programme outcome was acceptable in relation to SPHERE standards. A quarterly average of 654,856 children (53 per cent of the under-five population) were screened for malnutrition by 10,161 trained community health workers and trained members of 14,301 mothers’ support groups. Sixteen per cent of children screened (107,763 out of 654,856) in communities from January to September 2017 were identified as severely malnourished and were referred to outpatient therapeutic programme sites.

Out of the 121,969 children (severe cases; borderline moderate cases; sick children) referred to outpatient therapeutic programme, 25 per cent (31,142) were admitted in the 773 outpatient therapeutic programme sites and 20 inpatient facilities across the country resulting in only 45 per cent admission coverage (2017 SAM burden is estimated at 69,219).

The accuracy of screening at the community level and transport costs to referral sites may be factors affecting admission rate. Despite the low admission rate, good programme performance was sustained with a 97.6 per cent cure rate, 1.2 per cent defaulter rate, 0.9 per cent death rate and 0.3 per cent non-response rate from the 29,303 children discharged from the programme.

Of the 773 IMAM sites providing treatment services, 655 (85 per cent) provided timely reports. Fifty-eight per cent of those that reported (554 of 655) provided quality IMAM services, in line with SPHERE standards of >75 per cent cure rate. A monthly average of 76 per cent of IMAM sites experienced zero stock-outs.

Key bottlenecks and challenges affecting quality of services were: (1) limited capacity of district and chiefdom supervisors to supervise and monitor the programme; (2) inadequate logistical support for intra-district distribution outside of quarterly distribution period; (3) inequitable geographic access to the programme across the country; (5) vertical management of IMAM supplies and data; (6) reduced donor funding for programme management and (7) unresolved poor data quality at the outpatient therapeutic programme/IPF level.

In 2018, UNICEF Sierra Leone and the Directorate of Food and Nutrition will focus on addressing these bottlenecks by: (1) finalizing the national strategy for IMAM scale up and training; (2) decentralizing supervision and programme monitoring to district and chiefdom levels through the district health management team and Directorate of Food and Nutrition; (3) exploring avenues for integration of nutrition supplies with national supply chain; (4) strengthening linkages between mother support groups and the national community health workers programme for coordinated community nutrition actions and (5) building district capacity to manage the programme and address bottlenecks in service delivery.

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**

The cabinet paper crucial to regulation of the marketing of breastmilk substitutes was finalized, but the coordination and development of the legislative act by the Law Reform Commission moved slowly.

By the end of October 2017, 14,301 established mother support groups with at least two members trained on IYCF counselling and nutrition had been verified. Seventy-one per cent of the groups (10,161 out of 14,301) were supported by community health workers. UNICEF supported distribution of 48,248 IYCF message booklets, 43,947 IYCF participant manuals, 28,000 IYCF counselling cards, and 2,477 IYCF training booklets for distribution to the groups in all districts. However, there is currently no assessment organized in 2017 to determine distribution status of IYCF related supplies at the community level.

Availability of IYCF education and counselling materials allowed trained mother support group members to provide peer-to-peer nutrition counselling and address barriers to uptake of optimal IYCF practices. However, mother support group counselling coverage decreased from 79 per cent in the first quarter to 71 per cent in the third quarter, possibly due to reductions in funding to support these groups. It was difficult to determine progress in the uptake of IYCF practices in 2017 because service delivery indicators (i.e. exclusive breastfeeding, complementary feeding) were not defined in the HMIS, affecting data collection and interpretation. For example, according to HMIS data, a total of 179,228 mothers were able to initiate breastfeeding within an hour after birth, against 159,835 reported livebirths.

In 2018, Directorate of Food and Nutrition and UNICEF will focus on improving: (1) collaboration with partners on building capacity of health workers to provide IYCF support services to mothers in health facilities, (2) strengthen linkages between mother support groups and community health workers and engage community health workers more for community IYCF services and (3) quality assurance, supervision, and monitoring system to oversee IYCF services and information at facility and community levels.

**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**

The final draft of the National Anaemia Reduction Strategy was validated in October 2017 through the Anaemia Working Group led by MOHS and Helen Keller International with technical contribution from UNICEF and development partners in health and nutrition. The strategy will guide programmatic actions to reduce anaemia by 2018; the development of a strategic plan will be prioritized to implement strategy recommendations.

Two rounds of integrated VAS and deworming campaigns were conducted in 2017. In both campaigns, community engagement and radio messages on the importance of vitamin A and deworming were done to ensure participation to campaigns. In the June 2017 campaign, independent monitoring on knowledge revealed that vitamin A was known to “prevent sickness and blindness” while deworming was known to “improve growth in children”. Thirteen districts (excluding Kenema) had a vitamin A and deworming coverage of >95 per cent during the June 2017 integrated campaign that allowed the programme to reach 98 per cent of children six to 59 months with vitamin A supplements and 98 per cent of children 12–59 months with Albendazole. Data for the second round (October 2017) of the campaign were not yet available.
Transition of VAS and deworming from bi-annual MCH weeks to routine services is envisaged by 2020. VAS and deworming routine services were strengthened using a phased approach to ensure that children continue to access these services by bundling vitamin A and deworming services with other essential reproductive, maternal, newborn, child, and adolescent health services through six monthly contact point in three districts.

**OUTPUT 4** MoHS, UNICEF and other development partners have the ability to carry out research, plan, monitor and evaluate equity focused nutrition interventions for children and women of child-bearing age by the end of December 2018.

**Analytical statement of progress**

After initiation in 2012, the REACH movement was revitalized in January 2017. In early January 2017 after an international REACH mission, the UN network was established and the UNICEF Representative was elected as the UN Network chair. During this period, UNICEF (i) reviewed the terms of reference for the UN Network; (ii) provided technical input to terms of reference of other networks - donor network, business, CSO and government networks; (iii) coordinated with stakeholders to develop a multisectoral vision for Sierra Leone; (iv) led the development and finalisation of the REACH work plan with other United Nations agencies (FAO, IFAD, WFP, WHO), SUN secretariat, MOHS, Ministry of Agriculture, Forestry and Food Security, Ministry of Water Resources, Ministry of Finance and donors (Irish Aid and European Union); (v) provided technical support in the budget tracking exercise; (vi) led recruitment of the national REACH facilitator, and; (vii) coordinated with the Regional REACH Facilitator and global UN Network/REACH Secretariat.

As per the work plan, UNICEF provided technical and analytical support to SUN Secretariat and National REACH Facilitator on (i) the multi-sectoral policy and programme overview, (ii) stakeholder mapping, and (iii) the UN Inventory. This information will guide the development of national multisectoral nutrition plan of action including costing and an M&E framework. The global REACH coordinator, during his visit in October 2017, supported the road map to mobilize greater resources for nutrition. A consultant to draft the National Multisectoral Nutrition plan of action was identified and will be on board by December 2017.

The IMAM verification exercise was completed in August 2017. The exercise demonstrated that IMAM programme service quality improved in randomly selected OTPs located in seven target districts (e.g. rates of recovered (cured) improved from 60.2 per cent in 2015 to 76.7 per cent in 2016). Several aspects of the IMAM programme that could be improved were identified, including low-quality clinical management of children with medical complications and inconsistency in data across the different data collection tools, among others. Recommendations were proposed to address bottlenecks and further improve the quality of IMAM services that will continue to be addressed in 2018.

**OUTPUT 5** MoHS, District Health Management Teams and other development partners and communities have enhanced capacities to plan, prepare and respond to emergencies particularly for children in the most vulnerable and hard to reach communities by December 2018.
Analytical statement of progress

In early 2017, the emergency preparedness and response plan was updated and the necessary supplies were procured and pre-positioned. In August 2017, the Government of Sierra Leone activated level three (L3) emergency after Freetown experienced heavy rains resulting in a flooding/landslide emergency. In response, the nutrition sector mobilized immediate delivery of food and nutrition services to the affected population.

Prior to the emergency, community screening, identification and referral of SAM children were not actively implemented, and the information on community health workers activities was not well documented. With the nutrition emergency response, community health workers were: (1) re-oriented on community screening, identification and referral of severely malnourished children; (2) equipped with the materials to conduct these activities and (3) trained to report on the activities through RapidPro, an open-source SMS-based approach to manage data collection and group coordination using basic mobile phones and existing mobile operator networks.

Collaboration among stakeholders on community nutrition activities was strengthened with the Directorate of Food and Nutrition under the MOHS, District Health Management Teams, UN agencies such as UNICEF, WFP and WHO, and NGO partners such as Action Against Hunger and Development Initiative Programme working closely together to coordinate supervision and monitoring.

In affected districts, 13,647 children under five were screened for malnutrition by community health workers from 23 August 2017 to 18 September 2017. Out of 13,647 children screened, 183 (1.3 per cent) were severely malnourished, and 284 (two per cent) were moderately malnourished. During the same period, 215 SAM children and moderately malnourished children with medical complications were referred to outpatient therapeutic programme sites. Apart from referrals made by community health workers screening for malnutrition during triage assessment in health facilities continued. Both efforts resulted to the admission of 104 severely malnourished children in emergency-affected outpatient therapeutic programme sites of whom 94 were eventually discharged. Ninety-nine per cent of SAM children admitted and discharged from the programme during the emergency period were cured while one per cent defaulted.

MOHS with UNICEF and the WHO informed district health management teams on the potential harm of breastmilk substitutes and infant formula donations during the emergency response. Fortunately, there were only two reported cases of infant formula donation at the start of the emergency that was immediately addressed.

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

Analytical statement of progress

Following the use of the CLTS approach and ODF declaration in 458 communities, 90,750 more people (out of targeted 150,200 people) no longer practiced open defecation. A total of 12,964 household latrines were constructed in these communities, along with hand washing facilities. UNICEF’s WASH programme will continue to strive to achieve the ODF targets and put more emphasis on post-ODF follow up to ensure sustainability of behaviour change, including supporting the upgrading of households sanitation facilities from basic to safely-managed facilities.
A total of 165,094 more people out of the targeted 34,400 were accessing safe drinking water from 164 improved water sources. The target was exceeded in part because of the momentum generated from the ambitious WASH targets in the post-Ebola Presidential Recovery Priorities, and because the programme diversified its water supply delivery approach, bringing in gravity systems improvements that provided water to larger populations.

UNICEF supported the Government to implement water sources sustainability action plans that include training and equipping community-based mechanics, and facilitating the availability of hand-pump spare parts at the local level. Non-functional hand-dug wells and the high cost of water borehole drilling continued to be constraints to safe water access. Constraints to sustainability of improved water sources included scarcity of hand-pump spare parts in the local market, and inadequate reagents and logistics to support mass water quality testing in all newly improved water sources.

As a short-term measure, sanitary inspection reports were used to determine high-risk water sources that should be prioritized for water quality testing. In 2018, the programming priorities will involve interventions in water supply system sustainability and sustainability checks, water safety plans, household water treatment, rainwater harvesting, public private partnership, WASH climate change impacts and enabling environment strengthening.

All targeted health care facilities and primary schools were provided with comprehensive package of WASH services that included improving water sources, construction of sanitation facilities and hygiene education services. However, the installation of WASH services in health care facilities’ delivery rooms was ongoing and will be completed by 2018. Approximately 144,000 more people and 75,258 more children were accessing improved WASH services in 168 Peripheral health units and 273 primary schools, respectively.

The challenges for WASH in institutions include: the cost of water source improvements in areas with insufficient underground water reserves; drying up of shallow hand dug wells that are unreliable; reaching hard-to-reach areas; lack of dedicated resources to support the maintenance of institutional WASH facilities; and the overall high cost of implementing WASH in health guidelines.

In 2018, the programme worked on sustaining WASH services and providing alternative and more reliable water sources, supporting the implementation of WASH FIT tools and scaling up the school sanitation, health education sessions in primary schools and care of WASH facilities and strengthening MHM.

On enhancing enabling environment for WASH, focusing on accountability, sustainability, policy, advocacy and evidence generation, UNICEF in collaboration with 11 district councils established a joint monitoring system at community and district levels. The system was designed to enhance transparency and facility ownership. In collaboration with the regional office WASH team, the CO is conducting a study of the secondary data from the 2016 national WASH baseline survey. The evidence from this study will assess the programme impact during final evaluation in 2019.

In collaboration with the UNICEF Regional Office, the CO supported a WASH scoping study that identified domestic funding sources that can be used to accelerate the achievement of WASH-related SDGs.
Together with UNDP, UNICEF started discussions with the Government on the impact of climate change on WASH services. Climate change resiliency and other environmentally friendly strategies such as rainwater harvesting, underground water extraction and construction of higher hand dug well platforms/aprons in flood prone areas have been mainstreamed. Key challenges under enabling environment include: accessing in-country technical capacity to support WASH studies; limited resources to implement climate change initiatives; and limited government institutional capacity to monitor the implementation of national policies/strategies. In 2018, UNICEF will continue to support the Government to improve the quality of WASH service delivery through regular monitoring, along with reviews of policies, strategies, technical guidelines and standards.

UNICEF continued to support the Government on institutionalizing the national WASH sector coordination platform and ensured that the emergency pillar remained active. UNICEF, with government leadership and in collaboration with other WASH sector partners, delivered an effective, timely and coordinated response to the August 2017 flooding/landslide emergency. During the response, 6,500 people in internally displaced person camps and holding centres, and an estimated 3,500 people in surrounding host communities, were provided with basic emergency WASH services.

Key challenges in emergency response included inadequate preparedness, particularly the stockpiling of essential resources by the WASH sector partners and weak inter-sectoral coordination. However, UNICEF in collaboration with WASH sector partners supported the Government to document lessons learnt in the previous emergencies and use the same to develop a list of essential resources, that WASH sector partners should stock to support sudden emergencies. UNICEF is implementing and advocating for the implementation of emergency sensitive development programmes. The development activities in disaster prone areas, including the peri-urban slums should be provided with disaster-resilient wash facilities such as raised hand pumps aprons to prevent contamination by storm water/debris during flooding.

OUTPUT 1 Communities in the targeted districts have improved capacity to achieve sustainable ODF status by 2018.

Analytical statement of progress
Using the CLTS approach and with support from UNICEF and other WASH sector partners, the MOHS certified 458 communities (out of planned 751 communities) or 90,750 people (60 per cent) in 11 districts as ODF. The 458 communities were verified, certified and declared ODF by their respective District Health Management Teams and local councils, while the outstanding 293 communities at different stages in the ODF conversion process will be declared ODF after their ODF status is verified.

A total of 1,502 natural leaders, who were trained as community-based mobilisers now collaborate with community health workers and other community resource persons to reinforce the OD to ODF conversion process, support CLTS triggering and post ODF monitoring, and promote behaviour change communication for good hygiene practices.

More households in the targeted communities accessed improved sanitation facilities. Of a total 151,600 people, 90,750 used 12,964 latrines (out of planned 21,657 latrines) and 12,964 hand washing stations (of the planned 21,657) that the programme supported to construct and install. Use of latrines and hand-washing stations increased following the implementation of a sanitation and hand-washing promotion campaign that provided soap.
At national level, MOHS capacity to lead CLTS triggering and behaviour change communication was strengthened through regular coordination and review meetings. UNICEF in collaboration with MOHS reviewed behaviour change communication materials and the CLTS protocol to ensure coherent implementation by all partners. At district level, the programme supported district-led monitoring and WASH focal persons’ orientation training and mobility.

To strengthen the sustainability of programme outcomes and to maximize the impact of the various interventions, the programme will continue to use the CLTS approach, integrating it with nutrition and community health interventions in the same communities. It will strengthen behaviour change sustainability by intensifying post-ODF monitoring to prevent relapse, strengthen integrated monitoring at the local level, support continuous use of safe hygiene practices and improve basic latrines to safely managed ones.

During the year, the programme faced challenges in quality latrine construction, the sustainability of safe hygiene practices, subsidies, and behaviour change sustainability. To mitigate these challenges, actions were taken to promote local production of sanitation products, safe water supply sources in ODF communities, and quality triggering and post ODF monitoring through local structures.

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

Analytical statement of progress
A total of 165,094 more people in 11 districts now access safe drinking water from 164 improved water sources constructed. The number of new people benefiting exceeded the total planned for 2017 (34,400) by 130,694, because the support from the Presidential Recovery Programme was scaled up and because the programme diversified its water supply delivery approach, bringing in gravity systems improvements that provided water to larger populations through extended tap stands.

UNICEF will complete the construction of 27 water sources in 2018, enabling it to provide access to safe drinking water to an additional 27,189 people. To support the continuous functionality of water sources, the programme established several water sources sustainability mechanisms. A total of 736 hand pump care-takers and mechanics and 3,893 water committee members were trained to support the operations and maintenance of water sources. UNICEF worked with the Government to develop an innovative community-based financing system that will support the ongoing operation and maintenance of hand pumps and currently finalizing a water safety plan to provide specific guidelines on safely managed water supply. The water safety plan will be rolled out early next year.

Non-functional hand dug wells and the high cost of water borehole drilling continued to be constraints to safe water access, but the programme supported rain water harvesting options in areas with insufficient groundwater reserves and extended pipe networks from high-yield water sources to address this. Scarcity of hand pump spare parts in the local market and weak supply-chain impeded sustainability of improved water sources. Support for village savings and loan schemes for WASH was revived and strengthened to catalyse the provision of required spare parts and services to maintain water points. Inadequate reagents and logistics to support mass water-quality testing in all improved water sources posed a challenge. As a short-term measure, sanitary inspection reports were used to determine high-risk water sources that should undergo water quality testing.
Emerging needs and opportunities include ensuring government accountability, ownership and monitoring, and the adoption of deep-water boreholes, rainwater harvesting and community based water management models. Programming priorities will therefore involve interventions in water supply system sustainability and sustainability checks, water safety plans, household water treatment, rainwater harvesting, public private partnership, WASH climate change impacts and enabling environment strengthening.

OUTPUT 3 Institutions (Peripheral health units and schools) have improved capacity to provide sustainable safe water and adequate sanitation facilities by 2018.

Analytical statement of progress
WASH infrastructure at 168 peripheral health units (96 of planned) was complete, apart from the improvement of sanitation facilities in some delivery rooms that will be accomplished in early 2018. The programme achieved all targets related to WASH infrastructure in 168 targeted primary schools. More people (144,400) are now accessing peripheral health units that improved WASH services. An estimated 75,258 children had access to child-friendly primary schools while a total of 16,995 adolescent girls have increased knowledge and availability of MHM and reusable sanitary towels respectively. In addition, 195 dedicated menstrual hygiene education sessions for adolescent girls and over 147 school sanitation and hygiene education sessions were held.

The work on WASH in health facilities entailed installation of water supply systems, water storage towers, reticulation to areas within facilities, gender and disability separated sanitation blocks, bathrooms and laundry rooms and a complete medical waste management system comprising an incinerator, placenta pit, sharps pit and incinerator ash pit. The WASH in schools work entailed installation of water supply systems, construction of gender and disability disaggregated sanitation blocks and a school sanitation and hygiene education component implemented through school health clubs. WASH facility ownership was enhanced through the participation of relevant institutional leaders, joint monitoring and verification of the quality of work in completed facilities before handing over. The continued functionality and use of the installed services were under threat because most institutions did not have dedicated resources for WASH service maintenance.

The bottlenecks and challenges that were incrementally addressed include: the cost of water source improvements in areas with insufficient underground water reserves; drying up of shallow hand dug wells that were unreliable, thus causing reduced water supply during the peak dry season; reaching hard-to-reach areas; lack of dedicated resources to support the maintenance of institutional WASH facilities; and the overall high cost of implementing the WASH package of the new WASH in health standards.

In 2018, the programme will focus on engaging public institutions on modalities for sustaining WASH services and providing alternative and more reliable water sources such as rain harvesting systems, supporting the implementation of WASH FIT tools and scaling up school sanitation and hygiene education sessions in primary schools to ensure optimal utilization and care of WASH facilities and strengthening MHM.

OUTPUT 4 Enhanced enabling environment for WASH focusing on accountability, sustainability, policy, advocacy, evidence generation and use by 2018.
Analytical statement of progress
In collaboration with 11 district councils, the programme established a joint monitoring system at community and district levels that continued to be functional and enhanced transparency and facility ownership. The programme continued its support to Government to implement the recently-developed WASH in Health and Schools Standards and Guidelines that drives uniformity of WASH standards across sector implementers.

Equity in WASH programming was further bolstered through support to the Government to use the national WASH baseline survey results to set WASH priorities. The programme started a study of the secondary data of Bonthe and Koinadugu districts to reconfirm the national WASH baseline survey findings and generate evidence for future programming. Although no WASH survey, evaluation or research study was planned, the programme in collaboration with UNICEF Regional Office supported an in-country WASH scoping study that investigated alternative domestic funding sources to be used to accelerate the achievement of WASH-related SDGs. With programme support, WASH sector stakeholders reviewed the progress and challenges of the 2017 planned activities during the annual WASH sector review conference.

The programme started advocacy for the Government to recognize the impact of climate change on WASH services. UNICEF WASH discussed with UNDP on collaboration to mitigate the impact of climate change on WASH services. Climate change resiliency and other environmentally-friendly strategies such as rainwater harvesting, underground water extraction and construction of higher hand dug well platforms/aprons in flood prone areas were mainstreamed into ongoing programming.

As UNDP is the only agency in Sierra Leone accredited by the global climate change platform, funding for WASH climate change initiatives was limited. Also, accessing in-country technical capacity to support WASH studies remained a challenge. To mitigate these challenges, the programme will collaborate with UNDP and the Government on climate change interventions and continue to ensure the integration of WASH climate change interventions in all WASH programming. All planned WASH studies will be completed in early 2018 while the Government will be supported to implement the Sustainability Compact and improve the quality of WASH service delivery through regular reviews of policies, strategies, technical guidelines and standards. The Government will be supported to improve WASH data management, including the regular updating of the existing WASH database with water point mapping information on rehabilitated and newly constructed water sources and district-led joint monitoring and sector coordination.

OUTPUT 5 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 programme strengthened the national WASH sector coordination platform with emergency as a pillar. As part of the WASH sector, it delivered an effective, timely and coordinated response to the August 2017 flooding/landslide emergency. During the response, 6,500 people in internally-displaced person camps and holding centres, as well as an estimated 3,500 people in surrounding host communities, were provided with basic WASH services that included the supply of safe water through water trucking and rainwater harvesting, emergency sanitation facilities, hygiene kits distribution and hygiene education. A sector-wide training on humanitarian
response, emergency preparedness and sector coordination was planned for later in 2017, and targeting representatives from WASH sector partners was fast-tracked in the wake of the flooding/landslide and enabling WASH sectors partners to implement an effective response.

The risk of flooding, landslides and other emergencies in vulnerable districts remained inherent and required sector partners to be in a constant state of alert and preparedness. The country response mechanism, though established, was still weak, especially in terms of intra-pillar coordination and the coordination of emergency response supplies.

Enhancing the capacity of the Government’s disaster department (Office of National Security) in emergency coordination, preparedness and response would address the needs for continued alerts and ownership. The programme will place increased emphasis on general emergency preparedness programming, including the training of frontline personnel on humanitarian response and sector coordination, integrating WASH emergency preparedness and response into regular development programming to enhance resilience, and support for more effective coordination of national emergency supplies prepositioning, stockpiling and distribution and inter-sectoral coordination during response.

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

Analytical statement of progress
UNICEF contributed to improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women and adolescents. With UNICEF support to Government, coverage of prevention of mother-to-child transmission of HIV increased from 74 (2013) to 87 (2017) per cent, while the percentage of children aged 0-14 years living with HIV receiving ART increased from 28 (2013) to 42 (2017). The percentage of children born to pregnant women that receive virological test for HIV within two months of birth increased from 2.6 to 5.3.

Through UNICEF advocacy and technical support, the Global Fund resources (US$ 32 million), which funds approximately 95 per cent of the national HIV response, were influenced to support evidence-based, high-impact programme areas especially for women and children. UNICEF made significant technical inputs into the development of the Catch-Up Plan that detailed how the country will accelerate implementation to reach national 2017 targets. Its implementation increased the Global Fund utilization from 67 per cent as at mid-year to over 80 per cent by the end of the year.

UNICEF supported the national programme by providing technical inputs into the review of the national testing guidelines that includes HIV/syphilis testing as a first line of test for pregnant women. With UNICEF support, National AIDS Control Programme supplied 80,000 HIV/syphilis test kits to support diagnosis in pregnant women. A total of 36,669 pregnant women were subsequently tested using the new technology. An additional 476 HIV-exposed infants were tested for HIV, of that 80 were found to be positive and placed on treatment.

UNICEF started providing support to National AIDS Control Programme to review the existing strategic plan on the elimination of mother to child transmission of HIV (eMTCT) and paediatric HIV care. National AIDS Secretariat and National AIDS Control Programme, with support from partners including UNICEF, updated the training curricula for early infant diagnosis and viral
load monitoring and training of health care workers based on the revised curricula was in progress.

With UNICEF support, a total of 31,780 adolescents were trained on life skills and a total of 90,772 registered as U-reporters. In addition, 200 adolescent girls received orientation on MHM and provided with dignity kits.

Key challenges encountered include: increased focus on a national response and geographical scale up without commensurate attention on improving the quality of interventions. Challenges with early infant diagnosis and viral load sample transportation and relay of results systems, and unavailability of disaggregated data on adolescents.

**OUTPUT 1** The Government improved capacity to provide equitable and quality HIV/AIDS prevention, treatment, care and support services for women and children by 2018.

**Analytical statement of progress**

Key achievements made by the National AIDS Secretariat and National AIDS Control Programme in collaboration with UNICEF and other UN agencies and NGO partners included the updating of the HIV testing guidelines (new testing algorithm, a focus on increasing paediatric case detection and task-shifting HIV testing to other health services). Based on the revised testing guidelines, 160 health care workers from nutrition, infectious disease and paediatric wards were trained in 20 hospitals in paediatric case detection, that contributed to 1,170 children from nutrition centres to be provided with HIV tests between January to October 2017, and 100 Health Care Workers (ANC, labour, maternity) from 20 hospitals were trained on prevention of mother-to-child HIV transmission services. In addition, UNICEF provided 80,000 HIV/syphilis duo test kits that contributed to 158,621 pregnant women to be tested for HIV (of whom 19,073 were provided syphilis testing using duo test kit).

National AIDS Secretariat and National AIDS Control Programme updated the training curricula for early infant diagnosis and viral load monitoring with support from partners and trained 85 Health Care Workers in early infant diagnosis and 85 Health Care Workers in VL and treatment monitoring, that contributed to 476 HIV-exposed infants receiving early infant diagnosis, of whom 80 were HIV-positive (17 per cent). The Government, with support from UNICEF and partners, is conducting a prevention of mother-to-child transmission of HIV bottleneck analysis and updating the prevention of mother-to-child transmission of HIV strategic plan. UNICEF supported National AIDS Secretariat to roll out a real-time RapidPro SMS stock out monitoring tool to 20 high-volume health facilities.

UNICEF support enabled HAPPY Kids and Adolescents, a local NGO supporting children living with or affected by HIV, to reach 100 children with medical support, 200 children with education support and 3,600 children with psychosocial support.

Bottlenecks and challenges were experienced due to suboptimal early infant diagnosis sample transportation system and delays in the relay of results; poor forecasting; late procurement of essential commodities; and limited actions on stock outs reported; inadequate data collection tools in facilities to track progress and critical indicators; and a high number of competing priorities across many partners including the Global Fund make it challenging to move initiatives forward.
The following lessons were learned: the focus needs to be on quality of services rather than on quantity or expanded coverage; programmes/activities should be rolled out in a phased approach to enable adjustments based on lessons learned from supervision/monitoring before the programme goes to scale; confirm actions were taken for stock outs reported and prioritization of activities to maintain focus and use of resources more effectively.

**OUTPUT 2** Adolescents (boys and girls) have improved knowledge and access to sexual and reproductive health services, including prevention of HIV by 2018.

**Analytical statement of progress**

Key achievements made by National AIDS Secretariat and the National Secretariat for the Reduction of Teenage Pregnancy, in collaboration with UNICEF and other UN agencies and NGO partners, included the engagement of 90,772 youth (15 – 24 years) through the U-Report platform; training 40 life skills trainers from CSOs/NGOs that contributed to 31,780 adolescents reached with life skills programmes; sensitisation of 200 adolescent girls on MHM and their provision with dignity kits; and inclusion of adolescent targeted interventions for populations including education bridging programme for sexually exploited children in the Global Fund HIV grant for the 2018 – 2020 programme cycle.

However, bottlenecks and challenges affected programming, including inadequate data disaggregation on age groups; cultural and social barriers to discussing sex and sexuality; lack of information on acceptability of reusable sanitary products; and limited resources for adolescent programming.

The following lessons were learned: resources are available for targeted HIV-prevention activities for populations, and can reach vulnerable adolescents; and integration with teenage pregnancy reduction, ending child marriage and sexual and reproductive health programmes is an opportunity to strengthen and expand HIV programming.

In 2018, UNICEF will continue to work with the Government and its partners to continue advocacy for age-disaggregated data; strengthen integration of HIV services with teenage pregnancy reduction, end child marriage and sexual and reproductive health programmes; and identify funding to support adolescent programming particularly for life skills, sexual and reproductive health and HIV.

**OUTPUT 3** HIV emergency preparedness and response with special focus on children, adolescents and women of child bearing age is implemented by the Government of Sierra Leone, UNICEF and its partners in a timely manner during the country programme cycle.

**Analytical statement of progress**

The achievement made in HIV emergency preparedness was the inclusion of interventions (such as the continuity of treatment, prevention of mother-to-child transmission of HIV and IYCF) in the emergency preparedness plan. During the mudslide and flooding emergency, advocacy was for ART-patient tracing in the communities affected by the landslide and flooding. UNICEF, along with other partners, provided supplies for populations (adolescent girls and women who were pregnant/lactating) affected by the landslide and flooding.

However, bottlenecks and challenges included the limited ability of National AIDS Control Programme to find clients that may be displaced or affected by emergencies to ensure
treatment continuity; and poor coordination and integration of emergency response resulting in limited response.

The following lessons were learned: different service delivery options need to be catered for in emergency situations; and community based organizations are critical for tracing clients and returning clients to services.

Key priorities for 2018: UNICEF is working with the Government and its partners to continue advocacy for mainstreaming HIV programming into sector emergency response plans.

OUTPUT 4 Political commitment, accountability and national capacity are further strengthened to generate strategic information, plan and budget for reducing teenage pregnancy and child marriage and scaling-up HIV interventions for children, adolescents and women of child bearing age.

Analytical statement of progress
Key achievements made by National AIDS Secretariat, National Secretariat for the Reduction of Teenage Pregnancy and MOHS, in collaboration with UNICEF and other UN agencies and NGO partners, included the drafting of updated HIV testing guidelines, ART treatment guidelines and the national strategy on the reduction of teenage pregnancy and child marriage. Also developing a Catch Up Plan to detail how the country will scale-up activities to reach its national HIV targets by 2017; supporting the Country Coordinating Mechanism for HIV, tuberculosis and malaria to develop and submit the HIV programme continuation and matching funds requests; developing HIV grant documents for the next programme cycle 2018 – 2020; and the development of the questionnaire and sampling framework for the Global School-based Health Survey that will provide data on SRH and HIV.

However, there were bottlenecks and challenges affecting programming including inadequate data on that to base programmatic decisions, and many competing priorities make it challenging to move initiatives forward.

The following lessons were learned: coordination and planning are critical to ensure quality deliverables and prioritization of activities is needed to maintain focus and use resources more effectively.

Key priorities for 2018: UNICEF is working with the Government and its partners to support the monitoring of the Catch Up Plan implementation; support the negotiation and finalization of the HIV grant documents for the 2018-2020 programme cycle; support the finalization of the national strategy for the reduction of adolescent pregnancy and child marriage, the HIV testing services guidelines and the ART treatment guidelines; and in supporting the implementation of the Global School-based Health Survey.

OUTCOME 5 Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children.

Analytical statement of progress
The capacity of ministries, departments and agencies, local councils and communities to provide protection services through a case management system was strengthened for coordination, case management and information management, implementation of legal and
policy framework and empowerment of youth participation. Nineteen local councils developed action plans for improving coordination and monitoring of child protection service delivery, especially for alternative care. Through a strengthened case management and information management system, 4,299 children, including children in contact with the law received protection services. A total of 9,905 children in conflict with the law received socio-legal support.

Through continued support to the Sierra Leone Police’s Family Support Unit, the Family Support Unit responded and provided services to 3,523 child victims and 903 children in contact with the law as a result of the establishment of crime databases in all four regional headquarter towns and at the national level; including training of Family Support Unit on the database and child justice. Strengthening data management for the Family Support Unit and alignment of the Family Support Unit data management system with PRIMERO was work in progress.

A conceptual framework was developed on alternatives to detention with technical support of UNICEF. The number of communities with capacity to refer cases to the formal justice system and develop and implement plans for prevention of harmful practices - mainly teenage pregnancy and child marriage - increased from 43 in 2016 to 256 in 2017.

Communities and families engaged in social mobilization and action to change social norms, including the development of action plans and by-laws to prevent and respond to violence against children in relation to harmful practices such as female genital mutilation/cutting, child marriage and teenage pregnancy. In total, 149 Paramount Chiefs developed and implemented 293 community action plans that resulted in identifying abuse cases, referrals to service providers, and monitoring and follow-up on abuse for timely redress.

The National Strategy for Reduction of Adolescent Pregnancy and Child Marriage was drafted for validation. The draft National Strategy for Reduction of Female Genital Cutting was pending endorsement for launch and implementation.

In response to the landslide/flood emergency, in collaboration with the MSWGCA and partners, UNICEF established a child-friendly space in six locations (four disaster-affected areas and two relocation sites), for children to access recreational activities and receive psychosocial support. Additionally, working with the Family Support Unit, protection desks were established in eight locations to ensure that protection-related issues for children, women and families, including cases of gender-based violence, were identified and addressed. UNICEF led the family tracing and reunification sub-committee to develop a mechanism to identify unaccompanied and separated children and to safely reunite them with their caregivers.

To enhance the existence of a free and universal birth registration service within the civil registration system, a mass civil registration with a universal coverage including birth registration of under five children was carried out by National Civil Registration Authority in May and June 2017 with technical and monitoring support from UNICEF, resulting in the coverage of 812,605 (60.8 per cent) of under five children across the country. UNICEF will work with partners in 2018 to link birth notification and birth registration processes between the civil registration and health sectors.

OUTPUT 1 By 2018 relevant Government ministries, departments and agencies, Local Councils and 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 number of districts with ministries, departments and agencies, local councils and communities have can provide protection services through a strengthened case management system remained the same (11) in 2017. However, capacity in the 11 districts was strengthened for coordination, case management and information management, implementation of legal and policy framework and empowerment of youth participation. Through a strengthened case management and information management system, 4,299 (1,299 more than the targeted number) children, including children in contact with the law, received protection services. Technical support to the Legal Aid Board enhanced timely and quality socio-legal support to 9,905 children in conflict with the law (8,905 more than the target of 1,000 children). The CPIMS provided credible data (on vulnerable children) for reporting, monitoring and planning: 15,069 cases of vulnerability were recorded in PRIMERO.

Monthly coordination meetings were held in all 11 districts achieving a 100 per cent target. A functional child protection committee ensured joint planning, monitoring and referral between the Government and civil society actors. Nineteen local councils (100 per cent) developed actions plans for improving coordination and monitoring of child protection service delivery especially for alternative care.

The development of a conceptual framework for diversion and alternatives to detention with technical support of UNICEF will further ensure justice for children.

Number of communities with capacity to refer cases to the formal system as well as develop and implement plans for prevention of harmful practices mainly teenage pregnancy and child marriage increased from 43 in 2016 to 256 in 2017.

The Family Support Units responded and provided services to 3,523 child victims and 903 CICWL from January to September 2017 as a result of the establishment of crime databases in all four regional headquarters towns and at the national level. This included training Family Support Units on the database and child justice. Strengthening data management for the Family Support Unit and alignment of the data management system with PRIMERO was in progress. Increased collaboration is required with MSWGCA for a holistic provision of services to children in contact with the law.

Partnerships with PLAN, CARITAS Bo, FHM, AMNet, DCI, VCFS and CCSL were instrumental in strengthening government and community capacity and service delivery for children and families, providing timely identification, registration, assessment, referral and follow up on children.

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 female genital mutilation/cutting, TP, child marriage and child labour).

Analytical statement of progress

Communities and families in 10 out of 16 districts engaged in social mobilization and action to change social norms, including the development of action plans and by-laws to prevent and respond to violence against children in relation to harmful practices such as female genital
mutilation/cutting, child marriage and teenage pregnancy. In total, 149 Paramount Chiefs developed and implemented 293 community action plans that resulted in abuse cases being identified, referrals to services providers, and monitoring and follow up on incidences of abuse in their communities for timely redress.

In total, 31,780 adolescents (7,704 adolescents, 4,800 girls and 2,900 boys) in 2017 were empowered with knowledge and skills using the National Standardized Life Skills Manual. UNICEF built national capacity training 40 CSO staff to support the Government to cascade the training country-wide. In addition, 90,379 adolescent (68 per cent male, 32 per cent female, of that 56 per cent were 15-24 years) engaged in U-reporting where they voiced their opinion on issues affecting adolescents and young people.

Major strides were made in creating a policy environment conducive for the protection of adolescents. UNICEF supported the Government to participate in the regional high-level meeting on ending child marriage where it renewed the commitment to address harmful practices arising from negative social norms. The National Strategy for Reduction of Adolescent Pregnancy and Child Marriage was drafted and ready for validation. The draft National Strategy for Reduction of Female Genital Cutting was pending endorsement for launch and implementation.

Partnership with line ministries including social welfare, health, youth, local government and education, and CSOs such as AMNet, CCSL, PLAN, CARITAS Bo, FHM and DCI were instrumental in strengthening community capacities to demand and seek service provision to address the needs of the most vulnerable adolescents and women.

OUTPUT 3 By 2018 relevant ministries, departments and agencies, 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 Ebola.

Analytical statement of progress
On 13 August 2017, Freetown and outskirts experienced torrential rains and landslides that affected over 7,000 people in the Western Urban and Rural districts.

In response, in collaboration with the MSWGCA and partners, UNICEF established child-friendly spaces equipped with recreation and ECD kits in six locations (four disaster-affected areas and two relocation sites) that enabled children to access recreational activities and receive psychosocial support. Additionally, working with the Family Support Unit, Protection Desks were established in eight locations to ensure that protection-related issues surrounding vulnerable children, women, and families, including cases of gender-based violence, were identified and addressed. UNICEF led the family tracing and reunification sub-committee to develop a mechanism to identify unaccompanied and separated children and to safely reunite them with their caregivers.

One achievement during the response was the instigation of a mental health and psychosocial support (MHPSS) sub-committee under the protection, psychosocial and gender pillar, with the involvement of MSWGCA, WHO, MoHS-supported mental health nurses and psychosocial support providers. NGOs provided psychosocial support but many practiced different psychosocial support modalities and approaches, and lacked training in dealing with higher-level psychological problems. The MHPSS sub-committee bridged the gap between the
psychosocial support providers and the mental health nurses through on-site coaching sessions, that clarified and strengthened referral pathways, and equipped psychosocial support providers with the knowledge and skills to better deal with cases related to mental health issues and psychological well-being of disaster-affected persons.

From the MHPSS sub-committee emerged the training on stress management support for caregivers, that aimed to enable parents to recognize signs of their own stress and develop coping mechanisms, and to equally recognize and respond to signs of stress in their children. This approach sought to build longer-term capacity, knowledge, and skills on positive parenting and resilience beyond the emergency, ultimately contributing to the prevention of violence and abuse in the broader context.

UNICEF, based on its emergency preparedness plan, will continue to support the capacity building of social workers, community organizations, and NGOs on case management, child protection in emergencies principles, and national and MHPSS Strategy to adequately prepare for such potential emergencies in the future.

**OUTPUT 4** By 2018 Office of Births and Deaths, and NRS have the capacity to register all births within an integrated Civil Registration and Vital Statistics system.

**Analytical statement of progress**

To enhance the existence of free and universal birth registration service within the civil registration system, a mass civil registration with a universal coverage including birth registration of under five children was carried out by National Civil Registration Authority in May and June 2017 with technical and monitoring support from UNICEF. Sierra Leone is continuing to reform its civil registration system to include birth registration systems from 2016 brought about by a change in legislation and establishment of the National Civil Registration Authority that unified all civil registration functions. The new structure supersedes the once fragmented system where various sectors were responsible for registering different vital events to include births.

Technical support provided to NCRA by UNICEF, UNDP, National Office Births and Deaths-MoHS and CSOs in data collection tools development and monitoring of the mass registration process, resulted in the coverage of 812,605 (60.8 per cent) of under-five children across the country. The children were not issued birth certificates due to their unavailability of certificates by National Civil Registration Authority at time of registration.

UNICEF during the review period supported National Civil Registration Authority and printed 61,500 securitized birth certificates to commence the issuance of birth certificates to the 812,605 children for access to a legal identity by these children. This action can be scaled up in 2018 based on availability of adequate resources and contribution by other actors post election.

UNICEF in collaboration with MoHS supported National Office of Births and Deaths and printed 590,300 birth certificates, 545,000 birth records and 10,393 data collection instruments that were distributed to 1,222 Peripheral health units for continued routine registration of children across the country. This action contributed to the improved and timely data collection, registration and issuance of BC to 73,388 (36,274 boys and 37,114 girls) under five children across the country during this review period.
Planned integrated activities on training of health and birth registration for 600 health workers and 1,200 community health workers were not achieved due to weak collaboration between the CP and health units in the planning and coordination of the intervention with MoHS and other partners engaged in this process. UNICEF will work with mentioned partners to ensure that this training is executed in 2018 in order to link birth notification and birth registration processes between the civil registration and health sectors.

OUTCOME 6 Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data by 2018.

Analytical statement of progress
Sierra Leone was the first country to conduct the sixth round of the MICS survey. The survey was being implemented by Statistics Sierra Leone, the Government entity charged with data collection, analysis and dissemination. For the first time, the country used the computer assisted personal interviews (CAPI) to carry out a national survey like MICS, for that lessons were learned to inform similar national household survey using CAPI. For example, the country is planning to use CAPI to collect data for the Demographic Health Survey (DHS).

The capacity of SSL was enhanced in all the processes leading to the implementing of the MICS6, including report writing and analysis. In this respect, a MICS6 data interpretation and report compilation workshop, a milestone in the survey process, was conducted in Freetown with support from the MICS global team at UNICEF Headquarters and the UNICEF Regional Office. An output of the workshop was the generation and review of statistical tables from the comprehensive MICS6 data recently collected from the field and drafting of the Survey Findings Report and Statistical Snapshots. The final report of the MICS6 will be released in the first quarter of 2018.

Also, the CO supported the Government to produce a Child Poverty Report in 2016, the first for Sierra Leone. The report is awaiting launch and dissemination by the Ministry of Finance and Economic Development (MoFED) in collaboration with stakeholders. The report will provide policy options with some potential strategies that the Government could use to address child-related poverty issues in the country.

The capacity of the National Commission for Social Action and the Anti-Corruption Commission was strengthened to deliver social protection programmes during emergency, and policy discussion on the review of the social protection policy. The policy is in its final stage of consultations - all district and national stakeholders participated in the process.

In addition to the social safety nets provided to poor households, the CO supported the provision of humanitarian cash transfers to 1,840 households affected by the August 14th mudslide and floods in Freetown. The use of U-Report was critical in capturing policy awareness and development of a social protection floor for Sierra Leone. The technology was used to monitor the humanitarian cash transfer project that was supported by UK aid with part funding and technical support from UNICEF and WFP.

In partnership with the Inter-Religious Council of Sierra Leone, large scale cross sectoral communication and social mobilization efforts for the promotion of essential family practices was carried out. The capacities of 3,489 pastors and imams were strengthened in interpersonal communication who in turn engaged about 660,592 caregivers through religious platforms to
enhance parenting capacities of caregivers for improved child survival, development and protection. Also, the capacities of 4,000 community health workers were strengthened in interpersonal communication skills that were critical in social mobilization during immunization campaigns.

Following the President’s launch of the community engagement initiative in 2016, with support from UNICEF, the Office of the Chief of State entered into partnership with a consortium of seven civil society organizations to roll out the initiative. The Participatory Community Monitoring and Accountability (participatory community monitoring and accountability) framework – using community scorecards - was rolled out in 1,115 communities in 12 districts. All 1,115 communities developed community action plans that focused on removing bottlenecks that limit access and utilisation of services at the community level. Field reports from the CSO consortium show 432 (39 per cent) of the 1,115 community action plans are being implemented. With increased implementation of the plans, community demand for services is expected to increase, hence access and utilisation.

While recovering from the Ebola epidemic, Freetown was affected by the mudslide and floods of 14 August 2017. In collaboration with the Office of National Security and other stakeholders, the CO supported over 7,000 people affected by the disaster. In responding to the humanitarian situation, the CO provided strategic support in the following sectors: WASH, education, protection and psycho-social support, nutrition and health.

**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**
UNICEF Sierra Leone continues to support the Government in implementing the MICS6 survey with dedicated expert support from the UNICEF Regional Office and UNICEF NY Headquarters. A comprehensive household listing and mapping of the sampled households was completed and this provided the framework for data collection at the household level. A transparent recruitment process that was fair, competitive and credible was used to recruit interviewers for field-work. The vacancy was advertised for a couple of weeks and over 1000 applications were submitted. A written test was administered to get the best 160 men and women to undergo a six-weeks training. The training covered both PAPI and CAPI and it involved pilot testing in selected clusters in Western Area.

The interviewers were in the field for 12 weeks collecting household data using mobile technology to transmit/upload/synch data to the central server at SSL. One hundred per cent of data for the targeted clusters was collected and field work successfully concluded. Two main approaches were utilized as methods of monitoring the quality of the data collection and quality assurance. In addition to field monitoring visits, a daily compilation of field check tables contributed to addressing issues and challenges facing the Teams in the field. A MICS6 data interpretation and report compilation workshop, a milestone in the survey process was conducted in Freetown with support from the MICS global team at UNICEF NY Headquarters and the UNICEF Regional Office. A deliverable of the workshop was the generation and review of statistical tables from the comprehensive MICS6 data recently collected from the field and drafting of the Survey Findings Report and Statistical Snapshots.

The 2016 Child Poverty Report, a first for Sierra Leone, was finalized and awaiting launch and
dissemination by the MoFED in collaboration with stakeholders. An Infographics was developed for dissemination to stakeholders. An addendum to the report is a chapter on Policy Options that provides some potential strategies that the Government of Sierra Leone could use to address child-related poverty issues in the country.

**OUTPUT 2** Provide support to ACC to work with civil society organizations and district committees to address grievances in the social safety net programmes.

**Analytical statement of progress**

The August 2017 mudslide and flash flood caused delays in the implementation of the activities agreed in the RWP for the year but created an opportunity for greater insight into cash transfer response during emergency and its accompanied policy discussions. Over 1840 affected households were provided humanitarian cash transfers and over 80 per cent of these provided early recovery transfers to enable them resettle out of the affected communities and the camps. The project was supported by the UK-AID with part funding and technical support from UNICEF and WFP.

The review of social protection policy was in final stage of consultations as all district and national stakeholders contributed to the process. Nevertheless as a result of the mudslide emergency, it was reviewed to include policy options for cash transfer response in emergencies.

A draft cash transfer in emergency preparedness and response plan was reviewed and should be finalized by next year. In addition to the use of U-Report for capturing policy awareness and development of social protection floor for Sierra Leone, the technology was used in the monitoring of the cash transfer in emergencies. This provided needed data in addition to the focused group discussions at the community to engender effectiveness of the mode of payment. U-report showed that majority of the beneficiaries received their payments except for those delayed due to none clearance of their status on the mobile money platform due to the incompleteness of their registration.

In order to support the capacity of district level stakeholders, 87 participants from all the districts, national stakeholders and the social protection steering committee members had their skills and knowledge improved on social protection. At the end of the training there was an increase skills of participants' knowledge by about 40 per cent (from an average of 30 per cent during the pre-test and 65 per cent at the end of the training from a post-test). Delays occurred in the finalization of the child sensitive expenditure analysis due to technical and logistical hiccups and report should be concluded in the first quarter of 2018.

Over 1700 cases were reported, 403 corruption related cases that are being followed up appropriately.

Work with members of parliament on ending violence against women and children recorded no progress as a result due to political situation in the country and emergency situation, nevertheless plans are the way to follow up on this beginning of 2018 after elections.

**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
Following the President’s launch of the ‘Community Engagement Initiative’ in 2016, the Government under the leadership of the Office of the Chief of Staff, UNICEF and CSOs consortium entered into partnership to rollout the initiative nationwide.

To ensure availability of the requisite skills to implement the community engagement initiative, 521 staff from seven CSOs consortium, ministries, departments and agencies, local councils and village development committees were trained to implement ‘the Participatory Community Monitoring and Accountability using community scorecards. All 14 local council leadership and core staff were orientated to participate in the process and critical resolutions were reached among the councils to support the process. The participatory community monitoring and accountability process, using community scorecards were rolled out in all 1,115 Peripheral health units and its catchment communities in the country. All the PHUs and its catchment communities, under the leadership of the VDCs developed community action plans. Of the 1,115 community action plans that were developed, only 432 (39 per cent) were implemented to increase awareness among communities to access, utilize and demand services.

The participatory community monitoring and accountability process empowered communities to hold service providers accountable for their actions and inactions, and more community groups and institutions were galvanizing their efforts to remove bottlenecks preventing access, utilization and the provision of quality services.

With support from UNICEF, the Office of the Chief of Staff through the Performance Management and Service Delivery Directorate made available 2,900 copies of the 2017 Abridge Version of the Performance Contracts for ministries, departments and agencies, LCs, TIs and SOEs to the public. The availability of the abridge version of the performance contracts will empower ordinary citizens to demand accountability from public servants, thereby promoting transparency and improved service delivery.

The inadequate coordination of ministries, departments and agencies was one of the challenges faced with improved service delivery. To remove this bottleneck, the Office of the Chief of Staff (PMSD) is working on mechanisms for effective and efficient coordination and collaboration among ministries, departments and agencies in the same cluster, that will reduce duplication of efforts and wastage of resources for an equity focused programmes. A steering committee is being constituted to coordinate this process.

Due to the limited funding availability, the interventions with the local councils to link the CAPs with the District Development Plan has not been carried out.

OUTPUT 4 Capacities of communities, stakeholders and beneficiaries are strengthened to participate actively in collective action to increase demand for and utilization of services, adoption of optimal caregiving/wellbeing practices, abandonment of harmful social norms (e.g. Child Marriage, female genital mutilation/cutting, open defecation) and humanitarian action by 2018.

Analytical statement of progress
Intensive, large-scale cross-sector communication and social mobilization for the promotion of preventive essential family practices continued. In partnership with the Inter-religious Council of
Sierra Leone, capacities of 3,489 pastors and imams were developed in IPC who in turn engaged about 660,592 caregivers through religious platforms enhancing parenting capacities of caregivers for improved child survival, development and protection.

During the course of the reporting period three NIDs and one sub-NID were conducted. Partnering and improving the interpersonal communication capacities of about 4000 community health workers to support social mobilization ensured parental awareness prior to arrival of vaccination teams. In February, March, and October 2017 campaigns, parental awareness stood at 82.7, 80.4 and 81.8 per cents. For the June bed net distribution campaign, awareness levels rose to 89.7 per cent. This contributed and ensured over 90 per cent coverage rates for each of the campaigns.

Similar community mobilization response efforts were undertaken following the mudslides and floods in August. For affected communities to practice preventive behaviours for diarrhoea and cholera, about 97,198 caregivers were engaged across all the affected zones in Freetown.

Radio drama tagged Allman Business through 46 community and private radio stations across the country rolled out in February 2017 covering themes in maternal, child, adolescent and reproductive health, basic education and protection. Forty-one out of the planned 52 episodes representing 79 per cent were relayed so far. A recent focus group discussion on one of the episodes in a vulnerable community triggered a lot of discussions and moments of reflection and debate.

Registration of U-Reporters increased by 47 per cent from 61,703 in December 2016 to 90,916 by December 2017. This enabled more young people and adolescents to express independent views on policy issues and changes that directly affect them.

Regardless of the above achievements, 65 per cent of parents do not know how many rounds of vaccines a child requires to be fully immunized. While the development of Community Action Plans provides a rare opportunity for bottom up planning, coordination of the tripartite relationship between UNICEF, PMSD and CSO consortium was challenging. Due to technical and programmatic inadequacies at Inter-Religious Council of Sierra Leone, managing the partnership required too much professional time of UNICEF staff. Overall listenership of the radio drama series is low.

**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**
The year 2017 experienced the worst natural disaster in the history of Sierra Leone on August 14 2017. Freetown was affected by devastating landslide and floods affecting over 7,000 people both from the Western Rural and Western Urban districts of the country. The concurrent floods affected the livelihoods of about 6,474 farmers’ households countrywide.

The sheer scale of the disaster resulted in the scaling up of the security/emergency to L3. The CO support to the Government’s humanitarian response and recovery efforts were coordinated by the Emergency Team working through Government-led emergency response pillars and NGO partners. UNICEF areas of accountability were met: WASH, education, child
protection and psycho-social support, nutrition and health. UNICEF provided shelter tents and facilitated humanitarian cash transfer, ensuring social safety net and resilience in the recovery phase.

Among the challenges and risks encountered was that the plan for cholera, flooding and Ebola were not updated. The communication for development section supported the social mobilization effort, but more could have been done on communication in the affected communities. NGO partners and Government could have been better coordinated on emergency response and recovery. Due to the lack of coordination, the registration of affected persons by the Ministry of Social Welfare lasted over three months. Obtaining reports from the communities on the emergency issues within 72 hours was very challenging.

Notwithstanding, the following achievements were recorded: training on Early Warning Early Action was conducted in the UNICEF CO for staff; pre-positioning of emergency kits by the UNICEF sections; emergency working groups were formed in UNICEF and other sectors both in the Government and NGOs.

For the way forward, coordination and communication are critical. It is imperative to build capacity of Government ministries, departments and agencies, NGO partners and community leaders. Stakeholders in disaster management shall develop and finalize a training module for DDMC and community preparedness and response. Other considerations are advocacy on budget allocation for emergency preparedness and timely response.

**OUTCOME 7** 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**
Focus was on generating content and raising visibility of UNICEF programmes and activities, especially those that relate to donor visibility, when the country experienced an emergency crisis (the landslide and floods). For almost a month, UNICEF focused on emergency communications and provided support to the emergency response.

UNICEF kick-started a USAID-funded health media and governance project with the Initiatives for Media Development; facilitated training of 150 local radio journalists from across the country; and held an orientation meeting with 20 local radio station managers on the project. This will launch a nationwide network of journalists on health-sector governance and accountability.

UNICEF championed ECD advocacy by weaving it into the International Fathers’ Day with good results and lessons learnt. UNICEF participated in the World Children’s Day activities, working with the National Commission for Children and facilitating a children’s ‘takeover’ of radio and TV stations and a school session. UNICEF sponsored a youth who participated at the Africa Dialogue Forum in Accra, Ghana to empower children and youths on pertinent issues. UNICEF continued to support the Office of the Representative with talking points and the organization of strategic events. UNICEF hosted two donor visits. UNICEF produced 12 press releases and held four press conferences on the main launch and mini-launches of the European Union funded MDG four and five projects. UNICEF strategically positioned donor visibility (European Union, DFID and USAID) by producing videos, posters, banners, social media posts and received good feedback.
UNICEF facilitated strategic trips of local journalists to cover the mass distribution of LLINs and the MCH week. Facebook 'likes' rose from 14,706 to 17,234; Twitter rose from 6,772 to 13,337 and Instagram from 2,689 to 3,469.

**OUTPUT 1** By 2018, be the leading voice for and with children with strategic and emotional storytelling, evidence-based messaging, and proactive and innovative communication to boost awareness of child rights.

**Analytical statement of progress**

The ERA team produced communications projects, making the most of the LTAs signed in 2016. LTA supplier Namuh Productions visited in January and produced two films; photographer visited twice, producing a range of products; and Reel Media visited in November with a series of video products expected. These are all helping to tell the story of child rights in Sierra Leone with a human face and through powerful high-quality storytelling.

Web story/blog production continued a downward trend over the past few years (post-Ebola) but targets were still met. Facebook advertising started this year that helped highlight content.

The global rollout of the new website platform was delayed and is likely in 2018. Work started towards the end of 2017 in preparing material. The implementation of the planned media training was delayed due to a change of approach from human resource to procurement sections. The bidding process was open.

**OUTPUT 2** By 2018, greater numbers of people, including duty bearers and influencers, are engaged to take action for children through integrated campaigns, media partnership and a global approach to influence public policy and drive resources for children.

**Analytical statement of progress**

The campaign around Father’s Day with an ECD theme was a high point, with UNICEF’s first attempt at a complex integrated campaign. The campaign was well planned and activities followed through with each element boosting other elements. Analytic statistics on the campaign were strong, and the work was appreciated and highlighted by the global campaign team. Innovations included the use of Facebook Live, and the commissioning of a U-Report poll that provided evidence for advocacy. The weeks of planning allowed communications products to focus on strong inspirational stories that created stand-out products.

The two office advocacy priorities (ECD and ending violence against children) were agreed by the country management team and both campaigns were planned and in implementation stages. The advocacy working group membership was revised to better focus on the priorities, and a new terms of reference was drawn up and shared with the regional office (in line with audit recommendations).

A programme cooperation agreement was agreed under the USAID Health Governance project with IMDev. Both the NCC and the IMDev projects provided strong radio platforms for reach, voice and engagement.
OUTPUT 3 Draft and publish articles and human interest stories for insertion in reports.

Analytical statement of progress
Donor visibility was a priority for the office, and the addition of new donor funding for visibility combined with the LTAs enabled a detailed plan for creating visibility. Notable innovations included a visibility plan with DFID; regular social media posts tagging donors and reporting to DFID; and quality communications products specifically for DFID (SLP and GATE) and the European Union. The launch of the European Union construction work was appreciated with attendance by the European Union ambassador and the Head of State. The visibility work on the mudslide response was of a high quality.

Donor visibility faced two challenges: 1) providing visibility for projects that were slow to get off the ground and 2) last minute communication of visibility requirements before production of the final report. Both situations created difficulties, but UNICEF produced impressive donor visibility regardless.

Moving forward, UNICEF will continue working on donor visibility requirements, including under SLP, and for the cash transfer project.

Document centre

Evaluation and research

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