

## Sierra Leone

### Part 1: Situation update in the country

#### **Changing social, political and economic context in the country**

Sierra Leone held relatively peaceful general and presidential elections in 2018. The All People's Congress that was in power between 2007 – 2018, transferred power to Sierra Leone People's Party (SLPP) which won 51.81 per cent of the vote. This election marked the second peaceful transition of power in Sierra Leone since the end of the civil war.

The SLPP's manifesto, the New Direction, outlines an ambitious vision for how Sierra Leone can become a middle-income country by 2035. The Government aims for 80 per cent of Sierra Leone's population to live above the income poverty line; to increase life expectancy to at least 70 years; to raise employment to 90 per cent; and increase literacy and numeracy to 90 per cent. These policies will rely on partnerships with the World Bank, the International Monetary Fund (IMF), and the African Development Bank, in addition to development partners including United Nations (UN) agencies.

At the core of the manifesto is the Free Quality School Education (FQSE) initiative, launched in August 2018. The initiative aims to provide free education to 1.5 million children in government and government-assisted schools from pre-primary to senior secondary. The Government has increased the education budget from 12.5 per cent in 2016 to 21 per cent in 2018. The Government will pay fees for students, and provide textbooks, classroom materials, sports equipment, and furniture.

In May 2018, the Directorate of Science, Technology and Innovation (DSTI) was established in the Office of the President. Led by the Chief Innovation Officer, DSTI has a vision to transform Sierra Leone into a prosperous nation through science, technology and innovation.

In November 2018 the IMF Executive Board approved a US\$172.1 million arrangement under the Extended Credit Facility for Sierra Leone. The arrangement will last for 43 months and will support accountability and transparency, leading to better governance and macroeconomic stability. Macroeconomic developments in 2018 were slower than projected. The IMF's programme projected growth at 6 per cent in 2018 but has revised it down to 3.75 per cent. A major factor was the poor performance of the iron ore sector and the closure of several mining companies.

UNICEF Sierra Leone mobilized US\$47.6 million in 2018, of which 98 per cent was from bilateral donors and UNICEF's National Committees. Funds from the private sector increased from US\$1.1 million in 2017 to US\$1.6 million in 2018, highlighting the importance of such – a funding base the office seeks to grow in 2019. UNICEF Sierra Leone engaged with South-South donors, including the People's Republic of China and the Gulf States. The People's Republic of China and UNICEF are in the final stages of agreement for US\$1 million to support maternal and newborn care services.

The child survival and education programmes have been the most successful in raising funds in 2018; with Child Protection experiencing fundraising challenges.

## **Situation of children in Sierra Leone**

The 2017 Multiple Indicator Cluster Survey (MICS) showed that the situation for women and children in Sierra Leone is improving, but too slowly to meet the majority of the 2030 Sustainable Development Goals (SDGs). In 2017, Sierra Leone ranked 184 out of 188 countries in the UN Human Development Index, a decrease from 181st of 186 countries in 2015. More than 53 per cent of the population live below the national poverty line.

Positive trends include a 62.7 per cent net intake rate at primary school prior to the Government's FQSE initiative; reduction by 14.2 per cent of women 20-49 who were married before 18; and birth registration increasing by 4 per cent in seven years. While these improvements are encouraging, Sierra Leone is not on track to meet the majority of its SDGs for women and children.

Children in Sierra Leone face a broad range of social and environmental challenges. The country has very low foundational literacy and numeracy among 7-14 year old children, at about 17 per cent and 13 respectively. It has the fourth highest rate of child mortality in the world at 111 deaths per 1,000 live births, and the 12th highest rate of child discipline in the world. Some gender disparities exist but remain low.

The challenges for girls and women are compounded by pervasive negative social and gender norms. In 2017, Sierra Leone ranked 150 out of 160 countries in the Gender Inequality Index. The country has the 19<sup>th</sup> highest rate of child marriage with nearly 15 per cent of women and girls aged 15-29 years married before the age of 15. Some 86.1 per cent of women aged 15-49 years have experience some form of female genital mutilation, resulting in Sierra Leone having the fifth highest rate in the world. A continuing challenge is that 67.8 per cent of all women aged 15-49 years believe such mutilation should continue.

Sierra Leone has a young population with about 42 per cent of its population under 15. About 60 per cent of this youth cohort are structurally unemployed, among the highest in the region.

Rapid urbanization and migration towards Freetown, the capital, has seen children being impacted by poor shelter and living conditions, high unemployment and unaffordable basic services. The water supply system, designed to serve 500,000 people is overstretched, serving an estimated 1.5 million people, with the majority of informal and poor urban settlements not covered.

Sierra Leone has large disparities between the wealthy and the poor, and across rural and urban areas. A critical shortage of skilled health personnel is compounded by most health workers working in urban areas (for example, 40 per cent of all midwives serve in Freetown). Children from wealthier households in urban areas are more likely to attend and complete school than those from poorer families in rural areas. Some 53 per cent of the rural population do not have access to a basic water source, compared to 26 per cent in urban areas. These factors will make it challenging for Sierra Leone to meet the 2030 Agenda's transformative pledge to 'leave no one behind'.

## **Health**

Sierra Leone had the highest maternal mortality rate in the world in 2015, estimated at 1,360 per 100,000 live births by the United Nations Inter-Agency Group on Maternal Mortality. Around 30 per cent of 20-24 year old women had a live birth before the age of 18, elevating risks of

complications; and 90 per cent of newborn and maternal deaths that take place during the first seven days after birth were preventable.

Under-five, infant and neonatal mortality rates remain extremely high. The under-five mortality rate reduced from 236 per 1,000 live births in 2000 to the current rate of 111. This is four times higher than the SDG 2030 target of 25/1,000. Preventable childhood illnesses including malaria, acute respiratory illnesses and diarrheal diseases are responsible for nearly half of all deaths of children under five. Progress in neonatal mortality reduction has been slower, with the current rate at 35 per 1,000 live births.

Post-natal care coverage is high, but service quality is low. Only two-thirds of the checked newborn babies go through weight and temperature assessments, and only 70 per cent have their cord examined. Having access to post-natal care services in Sierra Leone does not increase the chances of newborn survival.

### **Nutrition**

Nearly one-third of children in Sierra Leone are stunted. The rates of children under five with stunting (28.8 per cent to 31.3 per cent) and severe stunting (6.8 per cent to 10 per cent) increased between 2014 and 2017 affecting almost half a million children under five nationwide. Stunting rates vary by region, wealth quintile, mothers' education level and child's sex, wherein boys are more stunted than girls. The prevalence of wasting among children six to 69 months increased from 4.1 per cent in 2014 to 5 per cent in 2017.

Malnutrition in Sierra Leone is directly affected by insufficient dietary intake and highly prevalent child illnesses. Sub-optimal infant and young child feeding practices are prevalent, although breastfeeding in the first hour of life is slowly increasing in Sierra Leone. Over half (54.5 per cent) of all newborns were breastfed within the first hour in 2017 compared to 45 per cent in 2010. Timely complementary feeding at age six to eight months is 64.6 per cent. Overall, dietary diversity score is low at 9.5 per cent.

Vitamin A deficiency in Sierra Leone is moderately high, affecting 17.4 per cent of children aged 6-59 months.

### **Education**

Approximately 82 per cent of children of primary school age attend primary or secondary school. The completion rate for boys in primary school marginally decreased from 79 per cent in 2011 to 76 per cent in 2016, while the girls' completion rate slightly increased during the same period. In 2017, the primary school completion rate was 64 per cent; junior secondary at 44 per cent and senior secondary was 22 per cent. At the current pace Sierra Leone will not achieve the SDG target of 100 per cent completion rate by 2030.

An estimated 864,243 (34.7 per cent) of children aged 6-18 years nationally were out of school in 2017. Only about one in 10 children enrol in preschool and a large proportion of children enrol in primary education unprepared, too young or overaged, putting pressure on the primary education system. Out of school rates are 18 per cent for primary, 19 per cent for junior secondary and 36 per cent for senior secondary schools.

Half of children aged 3-4 years are developmentally on track according to the Early Childhood Development Index but the majority have below average literacy and numeracy skills. About one in 10 children aged 36-59 months attend an early education programme in Sierra Leone.

## **Child protection**

Violent discipline is increasing in Sierra Leone. In 2017, 86.5 per cent of children aged 1-14 experienced some form of violent discipline in the household, up from 64.8 per cent in 2010. This ranks Sierra Leone with the 12th highest incidence of violent discipline globally.

Children in Sierra Leone also experience high levels of sexual violence and abuse. In 2017, 12,029 cases were received by the Sierra Leone Police Family Support Units throughout the country, of which 5,445 cases concerned children and adolescents aged 0-19 years. More than half (57 per cent) were of sexual violence and abuse against girls.

Teenage pregnancy remains high. Data collected by National Secretariat for the Reduction of Teenage Pregnancy showed that in 14 districts in 2017, 576 girls aged 10-13 years, 5,997 girls aged 14-16 years, and 22,116 girls aged 17-19 years, delivered babies at a Peripheral Health Unit (PHU).

One-quarter of children were living with neither of their biological parents in 2017, an increase from 20 per cent in 2010. The majority have both or one parent alive.

Whilst 81.1 per cent of children under five have their birth registered with civil authorities, 28.2 per cent of them do not have a birth certificate.

## **Water, sanitation and hygiene (WASH)**

Access to basic water sources increased from 39 per cent to 58 per cent between 2000 and 2015. Of these, an estimated 28–30 per cent of improved water sources are non-functional at a given time in any year. An estimated 42 per cent of the population (three million people) drink water from unsafe sources; with 85 per cent of drinking water from improved water sources being contaminated (at source and point of use) with *E. coli*.

Sierra Leone reduced open defecation from 26.3 per cent in 2000 to 18.8 per cent in 2015. There is a large disparity in access to basic sanitation between rural (8.4 per cent) and urban areas (23.8 per cent). Some 39.5 per cent use unimproved latrines while 25 per cent and 27 per cent respectively use shared latrines and practice open defecation in rural areas.

An estimated 35 percent of peripheral healthcare units and 26 per cent of primary schools do not have appropriate WASH facilities. More than 80 percent of under-five deaths at hospitals had environmental health and sanitation-related causes.

## **Risks**

While there have been no large-scale natural disasters since the landslide and floods that killed over 1,000 people in August 2017, the risk of flooding remains. Floods account for 85 per cent of disaster-related mortality in the country, followed by landslides and storms. Unplanned settlements in high risk areas, combined by the bottleneck of poor waste management capacity, has made Freetown highly vulnerable to disasters. Flood water affects water quality and availability, and spreads waterborne diseases including cholera and malaria.

Food security in Sierra Leone is another serious risk. An average of 20 per cent of households have poor food consumption and 33 per cent have borderline food consumption, meaning the majority of households do not have an acceptable food intake. The food security situation of those households might easily deteriorate in the event of a shock.

Sierra Leone has an underdeveloped procurement environment, increasing the risk of delays in both emergency and non-emergency settings. Government-agreed procurement lists and funds are often unavailable. Most health goods required for programmes are sourced offshore, resulting in lead times of four to eight months. The local market has limited capacity to deliver on time and in full.

The UNICEF-supported supply chain has a number of risks. Effective governance structures need to be put in place in government-led supply chains to ensure effective support to the Free Health Care and FQSE initiatives. There is need for appropriate warehousing and distribution networks to meet the demand from the health facilities. Thefts and diversion from supply chains is an ongoing risk. Financial risks include slow release of funds and uncertainty of future expenditure on health goods.

## Part 2: Major Results including in humanitarian action and gender, against the results in the Country Programme Documents

### Goal area 1: Every child survives and thrives

UNICEF and the World Health Organization (WHO) supported the Government's delegation to the Global Conference on Primary Health Care in Astana in October. This mission reinforced the country's commitment to universal health care through strengthening primary health care with a fully integrated community health system.

UNICEF supported the successful rollout of the nationwide community health worker (CHW) programme in 2018. The programme improves equitable access to evidence-based and cost-effective reproductive, maternal, neonatal and child health (RMNCH) interventions across hard-to-reach areas. In 2018, the Ministry of Health and Sanitation (MoHS), with support from UNICEF, the United Kingdom's Department for International Development (DFID), the Global Fund and the World Bank, trained 7,191 community health workers in six districts to improve their knowledge and skills on integrated community case management (iCCM) of malaria, pneumonia and diarrhoea, reproductive, maternal, neonatal and child health, and community-based surveillance, resulting in the near completion of training of 15,000 community health workers nationwide (35 per cent female and 65 per cent male). In four districts where UNICEF provided intensive assistance including supportive supervision, mentoring and coaching, CHWs conducted visits to 30,510 pregnant women and 18,990 mother-baby pairs, treated 110,324 children for malaria, pneumonia, and diarrhoea, and screened 104,793 children for acute malnutrition during the year.

UNICEF's assistance helped save the lives of 4,000 sick newborns through the establishment of four Special Baby Care Units (SBCUs). UNICEF supported the MoHS in providing on-the-job training for SBCU staff through embedded technical assistance, conducting quarterly review meetings and joint supportive supervisions, and installing the neonatal equipment. This enabled SBCUs to achieve a survival rate of 78 per cent among 5,095 admitted sick newborns. The survival rate of 42 per cent among extremely low birth weight neonates (< 1000 gm) was particularly encouraging as they would not have survived without SBCUs. Of all admitted sick newborns, 68 (1 per cent) were babies exposed to HIV, and they promptly received antiretroviral treatment.

UNICEF also supported the Government to minimize stock outs of essential drugs and supplies through the procurement of Free Health Care (FHC) drugs and commodities and the distribution of malaria commodities to all health facilities nationwide. UNICEF also procured 220 units of solar refrigerators, 95 per cent of which were installed in PHUs around the country, under the GAVI-supported Cold Chain Equipment Optimization Platform. Nearly 60 per cent of PHUs now have functioning refrigerators, compared to 45 per cent in 2017. Sierra Leone was one of the eight countries in the region which achieved the Global Vaccine Action Plan goal of over 90 per cent of DTP3 coverage. UNICEF contributed to this through ensuring vaccine availability, improving vaccine storage capacity, capacity building of service providers, and demand creation. UNICEF supported the MoHS to initiate the immunization equity assessment with a view to defining the categories of high-risk communities or underserved populations and identifying strategies to address the inequity.

Sierra Leone is close to achieving the 2025 Global Nutrition Target for wasting of below five per cent, with a 2018 prevalence of 5.1 per cent. The MoHS and its partners, including UNICEF, influenced this change by prioritizing integrated management of acute malnutrition (IMAM) and taking it to scale in the past five years. Access to treatment services increased from 33 per cent in 2014 to 59 per cent in 2018 while maintaining above 90 per cent cure rate. UNICEF supported the IMAM programme through procurement and distribution of therapeutic supplies to 777 outpatient facilities and 20 in-patient facilities nationwide to ensure uninterrupted service delivery, and provided technical guidance to MoHS. This resulted in 39 per cent (28,205) IMAM admission coverage against the 2018 national burden of 73,025 severely acute malnourished children under-five; and a 98.8 per cent cure rate in seven UNICEF-targeted districts. Some 84 per cent of outpatient facilities reporting to the District Health Management Team) and the Directorate of Food and Nutrition had a cure rate of over 75 per cent. UNICEF supported the Government to address bottlenecks through community screening and referral in coordination with the CHW Hub and enhanced coaching, mentoring and supportive supervision of health workers, further improving quality of services and admission coverage.

In 2018, UNICEF supported the government to integrate the first round of vitamin A supplementation (VAS) campaign into the polio National Immunization Days campaign. During the first round of the campaign, 1.5 million children aged 0-59 months were reached with oral polio vaccines. Vitamin A supplementation was provided to one million children aged 6-59 months, and de-worming tablets to an estimated 980,000 children aged between 12-59 months. The campaign coverage exceeded its target due to intensive communication and social mobilization efforts; however, the national routine VAS coverage remained low at 14.6 per cent in the first semester of 2018. The UNICEF-supported pilot initiative to bundle VAS with six-monthly contact point package of services was successful in reaching 97 per cent of children 6-11 months with routine vitamin A supplementation. More efforts are needed to increase coverage among children aged 12-59 months.

UNICEF chaired the UN Network to support the Scaling Up Nutrition (SUN) initiative and developed and validated a five-year multi-sectoral plan to reduce child stunting. UNICEF supported the development of this plan through consultations with stakeholders across different sectors, directly contributing to UNDAF Pillar 6.

UNICEF provided technical, financial and material resources (test kits) for multiple HIV testing strategies, including family testing, testing outreach, and testing in non-health facilities. This was a key strategy of the National Catch Up Plan.. As part of the UN Joint Team on AIDS, UNICEF and its partners including “Happy Kids and Adolescents (HAPPY)” supported the

National AIDS Control Programme to pilot community-based family testing, resulting in the screening of 25,119 children and adolescents in HIV-affected families. The pilot referred all 284 children and adolescents who tested positive (1.1 per cent) for confirmation and subsequent treatment and care at nearby health facilities. UNICEF also provided technical and financial support “Happy Kids and Adolescents” to scale up care and support for children living with HIV. A cumulative total of 6,400 children benefited from assorted psychosocial, medical and education support during 2018.

In 2018 the country experienced sporadic disease outbreaks. UNICEF supported the response to a diarrhoea outbreak through provision of oral rehydration salts, and a measles outbreak response through a reactive campaign. While successfully controlled, these outbreaks highlighted the need to further strengthen the health system resilience.

## **Goal area 2: Every child learns**

UNICEF, in partnership with DfiD, the World Bank, the European Union and Irish Aid supported the National Back to School campaign in response to the FQSE initiative. At its launch, the President announced a substantial increase in education financing from 14 per cent to 21 per cent of the national budget. This increase puts Sierra Leone in line with the regional standards, as per Global Partnership for Education (GPE) requirements. The FQSE initiative will make significant contributions towards reaching the SDGs.

In September 2018, the GPE approved US\$17.2 million to support children’s access to quality education, in line with UNDAF Pillar 3. The Government designated UNICEF as the GPE Grant Agent due to its position as a trusted lead partner in the education sector. The programme prioritizes education quality, access and sector system strengthening in line with national priorities outlined in the National Development Plan ‘Education for Development’. As Grant Agent, UNICEF worked closely with the Ministry of Basic and Senior Secondary Education (MBSSE) to oversee programme implementation. As identified in the National Development Plan, education was identified as the SDG accelerator in Sierra Leone. The GPE aims to improve school readiness and learning outcomes, specifically to improve reading and maths skills in early grades (1-3). These outcomes in early grades contribute to academic achievement and therefore will be a contributing factor for long term and sustainable development, growth and advancement of national policies and priorities.

The Ministry of Education validated a strategic early childhood development policy to advance early stimulation and school readiness on a national scale. The policy references the national Early Childhood Care and Education Minimum Standards and Curriculum, which UNICEF provided technical and financial support to Government to develop and validate.

In June 2018, UNICEF, in partnership with the World Bank, the European Union and DfiD, supported the MBSSE in a rapid school assessment exercise to collect data for the 2018 Annual School Census. The assessment was conducted in response to Government priorities under the FQSE initiative. This exercise resulted in a timely release of information to better inform planning and decision-making during the roll out of the FQSE programme in the 2018–2019 academic year. These decisions related to teacher deployment, supply distribution, and resource allocation, among others.

Following the publication of MICS 2017 findings in August, UNICEF supported a MICS-Education Analysis for the Global Learning and Equity (MICS-EAGLE) workshop with technical

support from UNICEF Headquarters (HQ) and the UNICEF West and Central Africa Regional Office (WCARO). UNICEF worked with the MBSSE to address data availability and use through an in-depth thematic analysis of data from the 2017 MICS, the Annual School Census, the Situation Room (real-time data collection via EduTrac) to generate evidence that was not available through regular MICS reporting. The MBSSE will use the MICS-EAGLE data to inform evidence-based planning and set education priorities.

During 2017, 34.7 percent of children aged 6-18 years nationally were not in school. In response, in 2018, in collaboration with MBSSE, UNICEF provided direct support so that approximately 91,720 out-of-school children enrolled in over 5,000 primary schools throughout the country via established community structures. Sierra Leone's out-of-school children rate of 17.9 per cent is lower than WCARO's Key Result for Children (KRC) target of 20 per cent and the SDG 4.1 target of 28 per cent, a considerable result for Sierra Leone.

UNICEF worked closely with Government and partners to provide teaching and learning materials in support of improved learning outcomes (KRC4). Sierra Leone's education system reached a milestone as the MBSSE provided teaching and learning materials to all children in government-assisted schools at the beginning of the 2018-2019 school year to improve the learning environment. UNICEF will continue to support this exercise and work with the Government to ensure equity in provision of teaching and learning materials.

### **Goal area 3: Every child is protected from violence and exploitation**

In 2018, UNICEF focused on strengthening the protective environment through investments in national systems, community dialogue and behaviour change. The Government's 'New Direction' mandate created a strong enabling environment for child protection programming, adopting a 'child-first' approach for child survival, protection and development.

In July, the Government launched the Child Welfare Policy and the Policy on Alternative Care for Children. UNICEF supported the development of these policies, which will guide Sierra Leone's long-term child protection framework. These policies place an emphasis on family and community and seek to strengthen these assets to better care for and protect children. The Government also developed a costed strategic plan for the Child Welfare Policy with UNICEF's technical and financial support. The costed strategic plan will guide the implementation of the policy and provide the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) with the necessary figures to advocate for increased budgetary allocation for 2019 and beyond.

In 2018, UNICEF's Executive Director recognized Primero as one of the organization's three high impact innovations. Sierra Leone was the first country to pilot and use the case management system and continued to be one of its biggest users. Using Primero, the Government and non-government organizations (NGOs) registered 660 new cases in 2018; and 44 organizations used the tool for both case management and information management. These users have registered over 16,000 cases since its launch. UNICEF continued to scale up use of Primero in Sierra Leone, and recruited a dedicated Primero trainer who has trained 300 new users.

UNICEF began a national assessment of the human resource capacity gaps. The findings will shape the development of a human resources strategy to address capacity gaps and to ensure the child welfare system is linked to the quality and capacity of social welfare professionals. The strategy will help the MSWGCA to understand which changes to address to implement the

framework of the Child Welfare Policy.

The MSWGCA and UNICEF started to standardize social work curricula for training of social workers. UNICEF will review, update and standardize college- and university-level curricula to ensure that it is context specific and appropriate for building the competencies required to practice social work in Sierra Leone. The MSWGCA established a technical working group comprising representatives from ministries, academic institutions with social work programs, and NGOs to guide and support the process.

UNICEF supported the Government to strengthen the justice system through the development and training of nearly 300 staff on the Child Protection and Child Justice Manual; the drafting of a Legal Assistance Framework; and the development of the diversion framework. UNICEF trained police and paralegals on data management and continued to strengthen the Police's Family Support Unit crime information management system to improve evidence generation and analysis of data on children in contact with the law.

The Family Support Unit and Legal Aid Board provided 12,000 children with legal services with support from UNICEF in 2018. UNICEF oversaw a community mediation pilot in two districts that reached 60 children in conflict with the law. The pilot provided children with rehabilitation and reintegration services to ensure continuum of care beyond the formal justice system, as well as for children's cases which have been diverted from the formal system.

The National Civil Registration Authority (NCRA) registered 107,567 (49,609 boys and 57,958 girls) children under the age of one between January and October 2018. The NCRA issued these children - approximately 64.2 per cent of all live births in 2018 - with birth certificates. This step contributes towards achieving the WCARO KRC 7 on increasing birth registration.

The NCRA and the MoHS signed a memorandum of understanding (MoU) in October to commit to interoperability on birth and death registration. UNICEF supported the NCRA to develop a conceptual framework for supporting birth registration, to develop a Births and Deaths Registration Procedure Manual, and to conduct an assessment of over 1,300 public and private health facilities' ability to manage birth registration systems. UNICEF sensitized key staff from both organizations on the MoU and Procedure Manual. This contributes towards the KRC7 indicator on the development of interoperable service delivery with health.

In December, the Africa Programme for Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS) Country Assessment was launched in Sierra Leone. This is a continent-wide initiative established to facilitate country-led programmes for reforming civil registration systems. UNICEF Sierra Leone, with assistance from WCARO, worked with the NCRA to respond to a formal request from the Government of Sierra Leone to the United Nations Economic Commission for Africa for the assessment to take place. UNICEF led this process in line with the APAI-CRVS. This will result in the development of a costed national plan and an investment case for Sierra Leone.

#### **Goal area 4: Every child lives in a safe and clean environment**

In line with the Government's New Direction agenda on safe drinking water, UNICEF, in collaboration with the African Development Bank, DFID, the United Nations Development Programme (UNDP) and the United Nations Office for Project Services (UNOPS) provided technical and financial support to the Ministry of Water Resources for the development of

national water safety plans. These plans will mitigate and respond to the high levels of water contamination. UNICEF continued to support innovative digital water quality monitoring pilots, funded by DFID and the Netherlands Ministry of Foreign Affairs. UNICEF completed 50 per cent of the targeted 600 water sources. Real-time data from monitoring will facilitate rapid response on improving water quality and decision-making on developing alternative water sources which are less prone to contamination.

UNICEF and the MoHS, with financial support from DFID, supported decentralized institutions to improve WASH services. An estimated additional 440,000 people accessed peripheral health units that have improved WASH services in 2018. An additional 84,868 children (45,171 girls and 41,697 boys) accessed and used comprehensive WASH facilities in primary schools and early childhood development centres.. UNICEF also strengthened decentralized joint monitoring in partnership with the Ministry of Water Resources, the Ministry of Health and Sanitation, and the Ministry of Local Government and Rural Development. All 11 programme districts are conducting monitoring to improve the implementation, quality and timeliness of the Government's community-level WASH activities.

In line with the organizational approach, UNICEF Sierra Leone's WASH priorities aim at meeting SDGs 6.1 and 6.2 through partnerships with I bodies including Sanitation and Water for All, the Rural Water Network, Water and Sanitation Programme and the Africa Ministers Council of Water. UNICEF Sierra Leone continued strengthening WASH sector coordination by meeting regularly and provided a dedicated technical assistant to support sector meetings and develop partnerships.

UNICEF facilitated a national WASH performance review meeting in partnership with DFID, the African Development Bank, the Freetown WASH Consortium, the Millennium Challenge Corporation and partner NGOs. This performance review evaluated 2018's WASH sector performance and determined priority WASH activities for 2019. Key recommendations to reach SDG 6 included the development of water safety plans, an Open Defecation Free road map, and a review of the 2010 National WASH Policy.

In partnership with the MoHS, UNICEF integrated post-open defecation free monitoring into the primary health care programme's outreach and training activities. This service delivery arrangement will ensure continuous monitoring and promotion of safe hygiene behaviours by the community health workers and sanitation champions.

As a result of collaboration between the Ministry of Water Resources, UNICEF and WHO, an additional 152,712 people used safe drinking water, exceeding UNICEF's target of 119,591. Over 96 per cent of the water sources supported by UNICEF in 2018 were functional and most households supported in 2018 now have less than a 30 minute roundtrip to collect water. Based on Joint Monitoring Programme's annual change rate from unimproved to basic water services of 1.29 per cent, UNICEF supported the surpassing the national target of 92,880 people. National targets for 2018 adopted by UNICEF estimated that 74 per cent of the population would use safe drinking water, 66 per cent would access and use improved sanitation, and 50 per cent would wash hands with soap and water. These targets were not met.

UNICEF and partners supported the MoHS to implement the community-led total sanitation approach in 34 per cent of communities in Sierra Leone. UNICEF remained the Government's primary partner in rural sanitation; and an additional 87,150 people accessed improved

sanitation services and live in open defecation free communities as a result of this programme. The historical annual rate of change (2000-2015) for basic sanitation is 0.4 per cent and 0.5 per cent for open defecation. The number of people who accessed improved sanitation in 2018 through direct UNICEF support surpassed the anticipated national coverage of additional 28,800 people (based on annual rate of change). These achievements demonstrated UNICEF contributions to the sanitation sub-sector as well as in meeting the WCARO KRC8 target for Sierra Leone of 349,547 by 2021.

UNICEF supported the provision of comprehensive WASH packages (sanitation, water supply and hygiene promotion) to 25 early childhood centres, benefiting 2,082 children (1,113 girls and 969 boys). All targeted 149 peripheral health units were provided with improved delivery rooms fully equipped with running water, hand washing facilities and functional toilets and bathrooms. These services greatly enhanced compliance with infection and prevention control policies.

### **Goal area 5: Every child has an equitable chance in life**

Sierra Leone was the first country to implement and launch the sixth round of the MICS. The Government launched the Survey Findings Report and sectoral snapshots in August 2018. The Government commended UNICEF and Statistics Sierra Leone for providing high quality data to guide child-focused development and decision-making.

The MICS data provided evidence for the development of the Government's National Development Plan (NDP), contributing to UNDAF Pillar 7; and the Survey Findings Report serves as a baseline for many of Sierra Leone's SDG indicators. UNICEF trained Statistics Sierra Leone on how to conduct the surveys using computer aided personal interviews (CAPI), in addition to providing technical support on analysis and report writing. The findings also guided UNICEF's situation analysis and the prioritization for the upcoming 2020-2023 Country Programme of Cooperation. UNDP used the MICS data to calculate national ratings for household level multidimensional poverty in Sierra Leone, furthering commitments of the Social Protection Common Chapter group of agencies to accelerate the eradication of extreme poverty.

UNICEF launched a communication strategy to disseminate MICS data to increase uptake of the report for decision-making and advocacy. UNICEF shared a video of the Survey Findings Report on social media. Statistics Sierra Leone uploaded the data to the UNICEF-supported data dissemination tool. This tool provides accessible web-based data and evidence to inform decision-makers.

The Minister of Planning and Economic Development (MOPED) launched the first Child Poverty Report for Sierra Leone. The multidimensional poverty rate was calculated using MICS 2010 and serves as a baseline to Sierra Leone's SDG indicator on child poverty. The report is a fulfilment of UNICEF's commitment to support the Government to routinely calculate multidimensional child poverty rates for Sierra Leone. The second Child Poverty Report is under review. The Ministry committed to use the recommendations for planning and budgeting.

UNICEF continued to work towards institutionalizing multidimensional child poverty estimate calculations in Sierra Leone. The Government calculates multidimensional child poverty using the Bristol methodology, and UNICEF trained over 40 people to apply this methodology. Participants were from national government ministries, departments and agencies,)local

councils, Statistics Sierra Leone, civil society organizations (CSOs), and academia, as well as from UNICEF Gambia and Gambian Bureau of Statistics. The Government added the Sierra Leonean participants to a pool of government employees and CSO partners previously trained in 2016 by UNICEF.

The National Commission for Social Action finalized the National Social Protection Policy with support from UNICEF and the World Bank. UNICEF worked with the Government to ensure the policy adopted a life cycle approach to reflect the needs of children and that stakeholders were able to provide inputs to the reviewed policy. The President approved the policy and his Government committed to support its costing, implementation, strategy review and the development of the Bill.

The Government developed the basic guarantees for the social protection floor for Sierra Leone, in partnership with the International Labour Organization (ILO), the World Bank and UNICEF. These organizations supported the Government to cost the social protection floor using the ILO/UNICEF costing tool Rapid Assessment Protocol. The costed policy will provide evidence for the Government to calculate the return on investment for social protection initiatives and the potential increase of fiscal space.

### **Gender dimension**

In the health sector, UNICEF supported the Government in intensifying nutrition counselling services in targeted districts with 48 per cent of mothers and caregivers of children under-five reached, using a national network of 15,000 community health workers and 13,201 mother support groups.

The Government increased coverage of prevention of mother-to-child transmission of HIV services from 87 per cent in 2017 to 93 per cent in 2018. The percentage of children aged 0-14 years living with HIV receiving antiretroviral treatment increased from 42 per cent in 2017 to 47 in 2018. The percentage of children born to pregnant women who received the virological test for HIV within two months of birth increased from 5.3 per cent in 2017 to 15 per cent in 2018.

UNICEF supported the implementation of the National Catch Up Plan to accelerate the response to the HIV epidemic in Sierra Leone. UNICEF provided technical inputs into the reviewing of the national testing guidelines which includes HIV/syphilis testing as a first line of test for pregnant women. UNICEF procured 80,000 HIV/syphilis test kits to support screening of pregnant women mainly at 20 high volume health facilities. UNICEF provided technical, financial and material resources to support multiple testing strategies.

In the education sector, Sierra Leone achieved gender parity in pre-primary to junior secondary schools. UNICEF worked closely with the MBSSE and partners under the DFID- funded 'Girls Access to Education' (GATE) programme. The Gender Action Plan (GAP)-aligned programme helped increase the enrolment and retention of over 148,000 adolescent girls in 924 junior secondary schools throughout the country of a total of 1,217 schools nationwide. Peer mentors (children) and school mentors (adults) worked with principals and community members to draft school safety action plans in 908 junior secondary schools, designed to improve school safety and create a protective environment for girls. The school mentors were mostly volunteers chosen among the teachers.

UNICEF piloted a menstrual health management project that distributed 25,000 kits to 130 schools in two districts under the GATE programme. The pilot aimed to prevent girls missing

school during their menses and help them to manage health and hygiene issues. A total of 637 beneficiaries (60 per cent female) were trained on menstrual hygiene with support from GATE implementing partners and UNICEF. The training focused on health and hygiene, reproductive cycle, changes in puberty, and how to use the kits.

In line with the GAP priority of addressing child marriage, the United Nations Population Fund (UNFPA) and UNICEF implemented the Global Programme to Accelerate Action to End Child Marriage. This partnership demonstrates the commitment to the Common Chapter objective to address SDG 5.3. UNFPA and UNICEF worked with the National Secretariat for the Reduction of Teenage Pregnancy and launched the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage. This strategy recognizes that adolescent pregnancy and child marriage are inextricably linked and establishes goals and guiding principles for implementation. UNICEF also supported the Law Reform Commission to draft a bill on the abolition of child marriage.

Under the same programme UNICEF trained approximately 6,000 adolescent girls in life skills in 200 safe spaces. Community members participated in inter-generational dialogues and on the importance of supporting and investing in adolescent girls, the need to end child marriage, and the harmful impact of FGM. This progress contributed towards the WCARO's KRC on Reducing Child Marriage. UNICEF also provided financial support to a national symposium on female genital mutilation organized by the Forum Against Harmful Practices intended to generate debate around this issue.

UNICEF Sierra Leone prioritized gender across its research, policy and humanitarian interventions. UNICEF mainstreamed gender perspectives into data collection and development processes of the MICS, Child Poverty Report, and the Social Protection policy and interventions. UNICEF disaggregated all indicators and dimensions in the MICS and Child Poverty Report respectively by gender. The World Bank and UNICEF set a target of 90 per cent of primary recipients of transfers under the Social Safety Net Programme to be women. Out of the 77,138 children who benefited from the cash transfer programme in 2018, 37,490 were male and 39,648 were female.

### **Emergency and humanitarian preparedness**

UNICEF's emergency efforts in 2018 focused on the continuation of the 2017 flood and mudslide response; the response to the 2018 measles outbreak in Koinadugu district; and supporting the Government with preparedness planning.

UNICEF finalized cash transfers in response to the August 2017 floods and mudslide. The project reached about 7,300 people across 1,885 households. The Social Protection Secretariat developed a Social Transfer Emergency Preparedness Plan with financial and technical support from UNICEF. This report was validated and circulated for comments from stakeholders. The Secretariat included lessons from the 2017 response in this plan.

UNICEF supported the MBSSE to rehabilitate schools affected by the 2017 mudslide and to provide teaching and learning materials for over 2,000 affected students and 60 teachers. Around 1,500 teachers participated in Ministry-led Psychosocial Support Training with technical and financial support from UNICEF to address the needs of children affected by emergencies.

UNICEF partnered with the MBSSE to conduct sensitization campaigns as part of emergency preparedness planning during the potentially volatile election period. The campaigns focused

on the Safe Schools Declaration and Safe Schools Protocol. A Safe Schools Manual was shared with 500 district-based leaders during four regional workshops. The MBSSE will continue to promote the Safe School Protocols and the Safe School Manuals throughout the 2018-2019 academic year.

UNICEF supported the development of the Mental Health and Psychosocial Support in Emergencies Strategy for Sierra Leone, officially endorsed by the MSWGCA. UNICEF also supported the training of 60 child protection and social work staff from the Ministry and CSOs in the provision of psychosocial support, in line with the strategy.

To support WASH emergency preparedness in Freetown, UNICEF worked with Operation Clean Freetown, alongside the Freetown City Council, UNOPS, the Freetown WASH Consortium, Ministry of Lands, Country Planning and the Environment, and the Millennium Challenge Corporation. Results include unblocking drainage areas, clearing solid waste, and educating communities on disaster risk mitigation to minimize the risk of flooding.

UNICEF developed plans outlining preparedness and response communication and social mobilization activities for all 149 chiefdoms and 75 wards in Western Area Urban and Rural. UNICEF helped identify focal points for community mobilization and gave orientations in every chiefdom and ward, as well as distributing and pre-positioning 40,000 communication materials for meningitis, Lassa fever, measles and cholera. Community members and focal points used these materials during the measles outbreak in Koinadugu in July 2018.

#### **Technology for development (T4D)**

Following the Government's commitment to the Free Quality School Education initiative, DSTI's collaboration with UNICEF focused on improving analysis of existing data sets for education. UNICEF Sierra Leone approved the secondment of its T4D Specialist to DSTI for one day per week to formalise and strengthen the partnership. The DSTI, UNICEF and other key education stakeholders collaborated to analyse and present education data collected by MBSSE and its partners. The data is used by MBSSE to improve evidence-based policy decisions, including teacher deployment and resource allocation.

In support of the Strategic Plan's Equitable Chance in Life Goal, using technology, UNICEF engaged youth and adolescents through a partnership with the NGO Restless. By November 2018, 130,585 people were registered on the U-Report platform, an increase of nearly 36,000 from December 2017. Over one-third (34 per cent) of users are female – an annual increase of 2 per cent; and 77 per cent of U-Reporters are under the age of 30.

Under the USAID-funded "Strengthening Post-Ebola Health Governance in Sierra Leone" project, U-Report polls were sent to coincide with quarterly nationwide distribution of FHC drugs. The polls provided opportunities for engagement, reminding people about their rights and entitlements to FHC services and gauging perceptions on the effectiveness of health service delivery in their communities. Civil society organizations and media partners used poll data to inform their community engagement activities; expanding room for citizen participation and accountability for service delivery.

#### **Communication for development (C4D)**

UNICEF Sierra Leone supported behavioural change activities to support the achievement of the targets across all programme areas. Actions included the production and dissemination of eight radio drama episodes to promote reproductive, maternal, neonatal, child and adolescent

ideal health practices. Thirty-minute episodes were simulcast on 46 radio stations nationwide. This was followed by broadcasting quarterly interactive radio programmes on 50 radio stations nationwide, which addressed similar issues, in addition to FQSE.

Technical support was provided to the national social mobilization pillar co-chaired by the Health Education Division of the MoHS and UNICEF. The pillar provided communication and social mobilization leadership for health and emergency related communication intervention, and guidance on the quarterly data collection on the essential family practices.. These findings informed mass media programming and interpersonal communication capacity building efforts on the essential family practices. UNICEF provided support to build capacity of 33 health education officers across the country on communication and social mobilization, in addition to aspects of the National Health Promotion Strategy.

Awareness and knowledge levels among caregivers on the essential family practices showed positive trends in 2018. Caregivers who mentioned that pregnant women should make four to six antenatal care visits increased from 55 per cent in August 2017 to 89 per cent in September 2018. Respondents' knowledge that a child becomes fully immunized after six rounds of routine immunization increased from 35 per cent in August 2017 to 53 per cent in September 2018. Those knowing that the use of insecticide treated bednets is the most effective way to prevent malaria in children rose from 90 per cent to 92 per cent of the population; knowledge of the benefits of handwashing with soap increased from 35 per cent to 94 per cent; and knowledge on exclusive breastfeeding rose from 49 per cent to 86 per cent.

Community health workers were supported to mobilize communities prior to the arrival of vaccination teams. As a result, 81.8 per cent of parents became aware of the campaign through communication and social mobilization efforts. UNICEF in partnership with the Health Education Division and the MoHS trained 4,000 of these workers on interpersonal skills, contributing to the vaccination of 91.5 per cent of the targeted children.

UNICEF engaged with the Inter-Religious Council to reduce child marriage and teenage pregnancy; challenging social norms by promoting positive behaviours to 500,000 caregivers in church and mosque congregations. Importantly, 426 religious leaders across the country publicly pledged not to solemnize child marriages in their mosques and churches and stated they will report all child marriages and informal unions in their communities to Paramount Chiefs.

World Breastfeeding Week and Global Handwashing Day were supported by UNICEF through collaboration with religious leaders and interactive mass media. Following the announcement of the Free Quality School Education initiative, UNICEF assumed a lead role in the development and implementation of its communication plan. UNICEF Sierra Leone's collaboration with CHWs played a critical role in ensuring that communities retained open defecation free status. Through CHWs, traditional leaders, local influencers, women and youth groups, and secret societies were engaged to support the maintenance of ODF status by enacting community by-laws that reprimand those defecating in the open and monitoring around their households.

### **Enablers**

UNICEF Sierra Leone saved money and improved efficiency in 2018. Contractors installed solar systems in three offices, saving up to 20 per cent on generator fuel and electricity bills. The plumbing was upgraded in the main country office, reducing water consumption by 13 per cent. Through implementing an innovative management tool, telephone expenditure was

reduced by 40 per cent. In addition, VSAT costs were reduced, saving an estimated US\$26,000 per year, while increasing other bandwidths.

UNICEF Sierra Leone's estimated procurement for 2018 was US\$15 million. However, it reached US\$17,998,149, of which 41.5 per cent was solicited from the local market. Over US\$10.5 million was spent offshore, and the remainder locally. Procurement services support was provided predominantly to immunization, with some small-scale procurements to other UN agencies such as UNFPA, simplifying business processes. Of US\$11.6 million worth of products and services procured for health programmes, US\$8.2 were procured for the Free Health Care initiative. Nutrition programmes were supported with procurement of US\$1.7 million; education with US\$1.1 million; and WASH commodities and services reached US\$442,508.

UNICEF invested significant efforts in optimizing warehousing and inventory management systems. Inventory value was at US\$7.6 million in January 2018, reduced to 40 per cent (\$4.7 million) by January 2019. This allowed UNICEF Sierra Leone to reduce warehousing capacity by 40 per cent, which resulting in annual savings of US\$154,000.

Implementation of VISION HANA significantly improved the general features of VISION transaction processes. These improvements positively impacted the overall performance of data connectivity when using other corporate resources such as Insight, Intranet and Office365.

### Part 3: Lessons learned and constraints

UNICEF Sierra Leone documented lessons at four different levels: the country programme level, the programmatic level, how UNICEF positions itself, and behaviour change communications.

#### **Country programme lessons**

UNICEF Sierra Leone learned several important lessons during the 2018 preparation for the 2020-2023 country programme. The current country programme does not apply results-based management (RBM) approaches effectively, making it challenging to track results through a measurement framework. This has resulted in UNICEF not being able to clearly determine the contribution made towards a higher result that many others were also contributing towards. It also resulted in hierarchical concerns with the Outputs, many of which were crafted at a level well above what UNICEF and its direct partners could be held accountable for. As a result of this lesson, the design process for the 2020-2023 country programme design commenced with situation analysis, programme assessments and deprivation prioritisations, which led to causality analyses, development of theories of change and then the identification of the specific 'changes' where UNICEF would act. Based on this standard RBM planning approach, results frameworks are being drafted.

The process for development of causality analyses and theories of change for the 2020-2023 country programme clearly identified shortcomings in the availability of fiscal and budgetary analyses in the social sectors, as well as limited use of systematic operational research methodologies for pilots/models to support the scaling up. An additional lesson identified during the programme assessment and preparation of programme strategy concept notes for the Strategic Moment of Reflection was that individual programme geographic coverage was

largely opportunistic rather than strategic. UNICEF Sierra Leone will develop an evidence-based geographic targeting plan for the 2020-2023 country programme.

## **Programmatic lessons**

### **Child protection**

In 2016, the Government changed the authority responsible for birth registration from within the MoHS to the NCRA. UNICEF understands lessons from global best practice that the interoperability between birth registration systems and health systems will ensure improved rates of, and increased access to, birth registration at the community level. In response to this lesson, UNICEF advocated to ensure that the NCRA's strategy includes retention of birth registration services in health facilities. To formalize this, UNICEF worked with the NCRA and MoHS to develop a memorandum of understanding, which was signed in October 2018 between the two entities, to ensure their ongoing collaboration and to ensure that the increase in birth registration continues. This improved cooperation will ensure that the Government maintains its upward trajectory in achieving the KRC7 target.

A number of challenges have been experienced by UNICEF in coordinating with NGO partners and ensuring that they adhere to the programme strategy. To better understand some of these issues, with the intention of acting upon the lessons learned, UNICEF undertook an assessment of its child protection implementing partners to assess their capacity, alignment to vision, and ability to achieve the programmatic goals and objectives. The findings of the assessment will guide future programme partnership modalities and strategies.

### **Health**

The four special baby care units established at tertiary and regional hospitals with UNICEF support have been recognized as the state-of-the-art facilities for managing sick newborns in the country. UNICEF's support to creating an enabling environment for service providers included providing equipment, instrument and commodities, and ensuring that the MoHS conducted regular monitoring and quarterly joint review meetings. Strong leadership and ownership shown by high level government officials and hospital management was also critical and has led to increased commitment and positive attitudes of staff working in the units. UNICEF's analysis of, and response to the needs assessment findings were critical to the success of establishing the SBCUs.

Following their outstanding performance, the SBCUs received positive attention from the senior government officials, including the President and Minister of Health and Sanitation, and UNICEF was requested to support its nationwide scale-up. UNICEF will apply lessons learned from the first four units to supporting the Government's scale up.

Repeated stock out of essential drugs and commodities were the major bottlenecks in effective health service delivery. Many factors contributed to the stock out situations, ranging from delays in procurement processes (including custom clearances due to policy changes), to delays in distribution processes, and an absence of storage capacity and associated system strengthening. To overcome these challenges, UNICEF took the following actions:

- Capacity building of Directorate of Drugs and Medical Supplies (DDMS). The DDMS is acting as an interim body to handle the storage and distribution of drugs and medical supplies until the National Medical Supplies Agency (NMSA) becomes fully operational. The capacity building included the DDMS staff visiting to UNICEF Supply Division in Copenhagen to improve their understanding about procurement processes.

- Continuous negotiation and advocacy with the Government to expedite the custom clearance process. This followed the issuance of a Presidential Executive Order in April 2018, which banned all tax and duty waivers for non-diplomatic imports. UNICEF also negotiated discounts with shipping lines and port authorities to minimize unexpected demurrage as a result of delayed clearance.
- Following the phasing out of the agency that had been responsible for storage, quarterly distribution and capacity building of Government in December 2017, UNICEF temporarily supported DDMS with the distribution of FHC drugs and commodities on an ad-hoc basis.

While it is known that quality and coverage of the integrated community case management service depends on the continuous availability of drugs and supplies at the community health worker level, the assumption that periphery health units will distribute 30 per cent of first line antibiotics, ORS-zinc, malaria rapid test kits, and ACT drugs, was not always the case. This was mainly due to lack of commitment and accountability at district and PHU levels. This was a reminder that integrating community health approaches into health systems with strong linkages between PHUs and CHWs is critical in the successful roll out of iCCM services and achievement of universal primary healthcare in the country. To address this constraint, UNICEF engaged with the district health management teams and CHW Hub of the MoHS to pre-pack the medicines and distribute through the PHUs to the community health workers, a strategy which worked well in some districts.

## **WASH**

UNICEF, in collaboration with the Government, has been implementing the Bilateral Sustainability Compact actions signed in 2013. Among the actions, the Government is expected to be fully responsible for monitoring the quality of WASH infrastructure construction, the management of community water sources, and behaviour change. While UNICEF provided institutional and technical support as envisioned in the Compact, it was learnt that some technical aspects related to the operation, maintenance, and financial responsibilities were often beyond the capacity of the decentralized government and the communities. However, recent sustainability checks conducted in two districts in 2018 demonstrated positive developments towards achieving sustainability.

Despite the challenges and variation in the capacities at the local level, the Government has demonstrated an increased interest in implementing the Compact actions. The Government is considering rolling out sustainability checks beyond the two pilot districts, as UNICEF continues strengthening institutional capacities. UNICEF continued lobbying the Government for increased funding to support the devolved authorities to establish systems to support the operation and maintenance of WASH infrastructures and sustain changes in behaviours. The lesson learned is that meaningful implementation of Compact actions, coupled with systematic sustainability checks, contributed to the sustainability of WASH services and motivated the Government to assume greater responsibility.

UNICEF focused on involving communities in the planning, implementation and overall decision-making process for water, sanitation and hygiene initiatives, and linked projects to Village Development Committees. Through these working arrangements, the communities, including local leadership and volunteers, have demonstrated increased ownership over, and motivation to maintain, their WASH infrastructures. It also encouraged the continued use of safe hygiene practices. UNICEF will continue working with its implementing partners and support other sector stakeholders to encourage use of community engagement approaches to increase

functionality of WASH infrastructures and reduce the relapse to open defecation.

### **UNICEF's positioning**

UNICEF has experienced the value of positioning itself to align with Government priorities in 2018, and was able to capitalize on early engagement.

UNICEF leveraged its position as a trusted and respected lead partner in the education sector, as highlighted by the Government's designation of UNICEF as the GPE Grant Agent.

UNICEF Sierra Leone learnt that accessing and using internal expertise can be a powerful tool for positioning, driving innovation, and developing partnerships. In November, the office hosted a mission from a data science team from UNICEF HQ. The mission resulted in a roadmap for 2019 between DSTI, UNICEF Sierra Leone and HQ's Office of Innovation. Early positioning enabled UNICEF to present to the President and Minister of Education a 'beta' version of a visualisation tool for optimisation of education investment. This new model in Sierra Leone has potential to generate wide-ranging insight and learning for the entire organisation, particularly given UNICEF's Strategic Plan's focus on investing in innovation and 'building broader, bolder partnerships that help us reach every child.' UNICEF has developed a strong partnership with the DSTI with substantial work planned out for 2019.

Under the previous Government, the MSWGCA did not adopt and use Primero effectively, with the lack of investment of human or financial resources into the system resulting in its stagnation. Learning from this, UNICEF has advocated for Primero to be at the core of the case management process under the new Government and invested in its strengthening and expansion at an early stage. UNICEF provided refresher training to existing users, and on-the-job support and assistance to case workers.

UNICEF reinforced learning that effective positioning both with the new Government and with donors in 2018 helped in accessing funds and achieving programme outcomes. UNICEF and ILO sponsored the Minister for Labour and Social Security and the Commissioner of NaCSA to attend Social Security training at ILO's International Training Centre in Turin, Italy. The purpose of the training was to increase executive-level commitment and quality decision-making on social protection issues in Sierra Leone. The Minister has reflected this increase in support for social protection verbally both during workshops and at the inter-agency forum.

### **Behavioural change**

UNICEF saw increased level of recognition in coordinating office-wide behavioural change work, but challenges in targeting behaviours remain. There has been limited understanding of socio-cultural beliefs, customs and practices for a wide range of behaviours, including infant and young child feeding practices, child marriage, and open defecation. This has led to programming that is not evidence-informed, and ultimately not effective.

Through the Global Programme to Accelerate Action to End Child Marriage, UNICEF and UNFPA commenced work on a joint study of formative knowledge, attitudes and practices on child marriage. This aims to ensure both agencies are working from the same knowledge base and understanding of the situation, and are able to garner the full support of Government counterparts to be on board with the Programme. The late-2018 launch of the five-year National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage will harmonize strategies and processes more thoroughly.

UNICEF supported the Government in intensifying nutrition counselling services in targeted districts. However, the Government does not have a systematic monitoring mechanism with standardized tools to track infant and young child feeding practices. The Government also does not have a harmonized social behaviour change communication strategy and plan. UNICEF will conduct qualitative research to fill these knowledge gaps and to inform the design of a strategy in 2019.

Working through the central executive committee of the Inter-Religious Council and district coordinators network galvanized religious leaders across the country to advocate and build partnerships for social and behaviour change. In addition to their proven ability to promote essential family behaviours, their position to challenge social norms and pledge against child marriage is a significant step towards the reduction of the practice.

END/