Executive Summary

2014 began with positive indications of Sierra Leone’s increasing development, with the improvement in the economic growth rate (11.3 per cent) and the closure of the United Nations Integrated Peacebuilding Office in Sierra Leone.

But on 24 May 2014, the first case of the Ebola Virus Disease (EVD) outbreak was recorded and by the end of the year, there were 9,605 confirmed cases and 2,801 deaths. The EVD outbreak disrupted the implementation of the Sierra Leone Country Programme. Upon the declaration by the Executive Director of UNICEF of a Level 3 corporate emergency, UNICEF Sierra Leone undertook rapid planning for a scaled up emergency response. The emergency response efforts were closely monitored and weekly situation reports prepared and shared with all concerned parties, including the United Nations Mission for Ebola Emergency Response (UNMEER).

Achievements:

UNICEF Sierra Leone supported social mobilization in communities nationwide, which contributed to improved awareness of EVD prevention, treatment and safe burial. UNICEF Sierra Leone supported the procurement and distribution of over 1,500 metric tons of personal protective equipment and other Ebola response supplies for improved protection of health workers and better treatment. UNICEF supported the training of over 4,300 peripheral health unit (PHU) staff in infection, prevention and control, to ensure their safety. A UNICEF-supported mass drug administration campaign for malaria prevention targeted more than 2.5 million people in the Ebola hotspot chiefdoms in eight districts. UNICEF supported the construction of 46 community care centres (CCCs) in Bombali, Tonkolili, Kambia and Kono Districts and the Western Area, providing 418 safe isolation beds that enabled early triage and treatment. A package of water, sanitation and hygiene (WASH) interventions was supported in all Ebola treatment facilities, countrywide. Guidelines for infant and young child feeding, including breastfeeding in the context of Ebola, were revised and new nutrition products were procured and distributed to infants, children and mothers confirmed or suspected of Ebola. UNICEF Sierra Leone also provided 9,314 children with psychosocial support (PSS); reunified 674 children with their families; gave 6,976 children relief packages; and supported the establishment of 13 observational interim care centres to provide care for 193 asymptomatic, contact children without caregivers. To ensure continuity of learning during Ebola-related school closures, UNICEF supported the Emergency Radio Education Programme to air daily lessons countrywide and conducted listenership monitoring.

During the first half of the year, UNICEF Sierra Leone supported the finalization of the National Child Welfare Policy, the Alternative Care Policy, and the National Child Justice Strategy. For the empowerment and protection of girls, UNICEF provided life skills training to over 6,000 adolescent girls and funds for income generating activities; developed training guidelines and tools for implementing the national referral protocol for victims of gender-based violence; and supported the training of district and chiefdom stakeholders. UNICEF Sierra Leone provided
technical and financial support to develop a communications strategy and monitoring and evaluation (M&E) plan for the National Strategy for the Reduction of Teenage Pregnancy.

UNICEF Sierra Leone and the World Bank supported the design of a cash transfer programme for 21,000 extremely poor and Ebola-affected households, with a budget of US$ 11.6 million. The Ministry of Education, Science and Technology (MoEST) was supported to conduct the first Early Grade Reading Assessment (EGRA) and Early Grade Mathematics Assessment (EGMA) in Sierra Leone. As Coordinating Agency for the Global Partnership for Education (GPE), as well as co-chair of the Education Development Partners Group, UNICEF Sierra Leone supported the planning for the GPE grant of US$ 17.9 million, which was approved to support the Revitalizing Education Development in Sierra Leone (REDSL) programme.

UNICEF Sierra Leone supported a mass distribution campaign of 3.5 million long lasting insecticide nets (LLINs) with a coverage rate of 97 per cent, nationwide. A national nutrition Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey was conducted with UNICEF support. The results demonstrated significant improvement across all major nutrition indicators.

UNICEF Sierra Leone supported 977 communities (271,423 people) with sustainable access to improved water sources, 77 PHUs and 17 Basic Emergency Obstetric and Newborn Care (BEmONC) facilities with the installation of water facilities, and 404 schools with WASH facilities benefiting approximately 91,631 children. In addition, 432 villages with a combined population of 86,533 people were declared open defecation free (ODF).

Significant shortfalls:

The Government, partners and UNICEF Sierra Leone were unable to continue with some planned programme activities due to the Ebola outbreak. Normal learning activities in all schools, including public exams, were disrupted as schools were closed. Health facility utilization declined due to apprehension around EVD. These issues will negatively impact gains already made, especially in relation to health care for women and children. Weak social welfare coordination and implementation capacity constrained the rapid scale up of the social welfare response.

### Humanitarian Assistance

The 2014 EVD outbreak affected all 14 districts in Sierra Leone, with 9,605 recorded cases and 2,801 deaths as at 30 December 2014, and a case fatality rate of 32.6 per cent. UNICEF Sierra Leone and partners supported the Government to respond to the epidemic. UNICEF deployed staff to all districts, including hotspot areas, to support and monitor the response and ensure the rights and welfare of children were being upheld.

In order to raise initial awareness on the prevention and response to Ebola, UNICEF supported a three-day house-to-house campaign aiming to reaching every household with life-saving information on the prevention and response to Ebola. This resulted in 94 per cent coverage of households, and the identification of people sick with Ebola, affected by other diseases, pregnant women and corpses. The sick were taken to the hospital or Ebola treatment centres and corpses were buried. Subsequently, more cases were shored up, which triggered the construction of more facilities, including 46 CCCs.
In an effort to curtail the spread of the disease, UNICEF Sierra Leone supported three knowledge, attitude and practice studies on Ebola in the districts (8 in the first round and 10 in the second round). These studies guided the development of messages aimed at reducing cultural practices and factors such as stigmatization that were contributing to the spread of the disease. These messages were broadcast on more than 60 radio stations nationwide. In order to support and coordinate rapid social mobilization and community engagement in Ebola hotspot and hard-to-reach areas in the country, social mobilizers were identified and trained in all districts, and conducted household visits, street-to-street announcements and motorcycle rallies to raise further awareness. UNICEF Sierra Leone also supported the development of a national communications strategy on Ebola.

Due to inadequate bed space for probable and suspected Ebola cases in treatment and holding centres, UNICEF Sierra Leone supported the establishment of 46 CCCs in hotspot areas. These CCCs were for early isolation and treatment in order to minimise the spread of the disease. The safety of health workers was improved through CCC PHU staff training in infection prevention and control and the revision of exiting guidelines on maternal, new born and child health care to ensure maintenance of the ‘no touch’ policy. PHUs in all Ebola-affected areas were also provided with gloves, face masks, plastic aprons, goggles and boots to help protect workers during patient screenings.

UNICEF Sierra Leone supported the coordination of WASH services in 121 treatment centres, holding centres and community care centres. As hand washing is being promoted as one of many prevention measures, 1,162 non-Ebola health centres in Ebola-affected areas were provided with hand washing stations as a safety practice. About 34,245 quarantined households were provided with jerry cans, aqua tabs, and some with soap as part of a home protection and support kit. UNICEF supported the procurement and distribution of ready-to-use infant formula to holding and treatment centres, as well as the screening and referral of children suffering from severe acute malnutrition (SAM).

To address the issue of child care for children whose parents are sick with Ebola, 11 interim care centres and eight observation interim care centres were set up for the care of child Ebola contacts as well as for those children unaccompanied due to the death of parents. These children received psychosocial care and family tracing and reunification (FTR) services. As schools closed, UNICEF supported the daily broadcast of lessons across a network of 62 radio stations nationwide. UNICEF also played a major role in the procurement and distribution of supplies, including protective equipment for treatment and holding centres and PHUs, tents and construction materials for community care centres, consumables and medicines. UNICEF also facilitated news coverage by several international media houses. A health survey covering 1,185 PHUs documenting the impact of the EVD outbreak on the health system was carried out.

**Equity Case Study**

UNICEF interventions for the prevention of mother-to-child transmission (PMTCT) of HIV and paediatric care contributed to supporting the most vulnerable in Sierra Leone. People living with HIV suffer from stigma and discrimination, loss of income and difficulty sustaining themselves. During the Ebola outbreak, UNICEF Sierra Leone supported the National HIV/AIDS Control Programme to continue to provide HIV services to those most in need and follow up on patients. The intervention was extended to specifically trace HIV defaulting children and provide them with life-saving drugs. By the end of November 2014, the defaulter tracing programme had reached about 213 children and 356 women. UNICEF also supported HIV and AIDS Prevention Project for Youths (HAPPY) centres, which provide health, education and PSS. With UNICEF support to HAPPY centres in six districts, more than 500 children and adolescents infected or
affected by HIV were reached. About 400 children and adolescent were empowered as peer educators to sensitize their communities.

Children need safe and caring environments to grow to their full potential. In Sierra Leone, this can be undermined by adverse social norms, low levels of education and poverty, all of which can lead to high levels of teenage pregnancy and child marriage. Children who lack proper care, especially those who live without their parents, are at high risk of abuse and exploitation. They are more likely to miss out on education and vital health services. One fifth of children in Sierra Leone do not live with their biological parents.

Although the number of people living in extreme poverty in Sierra Leone has decreased to about 13.9 per cent, a substantial number of people cannot meet their basic nutritional, educational and health needs. Chronic malnutrition (indicated by stunting) is high, standing at 38 per cent of children under 5, according to the Demographic and Health Survey (DHS) 2013. About 22 per cent of children aged 6-14 years are out of school, mainly due to poverty, according to the Country Status Report 2013. Poor adolescent girls are highly likely to get pregnant while still children themselves. The poverty and deprivation of the poorest is likely to deepen in the aftermath of the Ebola outbreak. However, social protection is limited due to the weak institutional framework, inadequate capacity and lack of funds. In response to this unacceptable state of affairs, the Government, with the support of UNICEF, the World Bank and other partners, developed a national social protection policy, carried out an assessment, included the social protection pillar as a priority in the Poverty Reduction Strategy Paper III - Agenda for Prosperity, and designed a cash transfer to provide regular income to 13,000 extremely poor households and 8,000 Ebola-affected households. These cash transfers will support the extremely poor to meet food needs and other vital basic needs like health care and education for children, thus improving equity.

Summary Notes and Acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>BEmONC</td>
<td>Basic Emergency Obstetric and Newborn Care</td>
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<td>C4D</td>
<td>Communication for Development</td>
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<tr>
<td>CCC</td>
<td>community care centre</td>
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<td>CCCD</td>
<td>Community Centred Capacity Development</td>
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<td>CHW</td>
<td>community health workers</td>
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<td>CFS</td>
<td>child-friendly school</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>CSC</td>
<td>Community Score Card</td>
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<td>DCT</td>
<td>direct cash transfer</td>
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<td>DFID</td>
<td>Department for International Development</td>
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<td>DHS</td>
<td>Demographic and Health Survey</td>
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<td>EGMA</td>
<td>Early Grade Mathematics Assessment</td>
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<td>EGRA</td>
<td>Early Grade Reading Assessment</td>
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<tr>
<td>EMTCT</td>
<td>elimination of mother-to-child transmission</td>
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<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<td>EVD</td>
<td>Ebola Virus Disease</td>
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<tr>
<td>FTR</td>
<td>family tracing and reunification</td>
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<td>GPE</td>
<td>Global Partnership for Education</td>
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<td>HACT</td>
<td>harmonized approach to cash transfers</td>
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<tr>
<td>HAPPY</td>
<td>HIV and AIDS Prevention Project for Youths</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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UNICEF supported the Ministry of Finance and Economic Development (MoFED) to build capacity for participatory community monitoring and evaluation (PCM&E) within national M&E systems. The focus of the PCM&E was on the accountability of pro-poor public service delivery. A general participatory M&E framework was developed, and the comprehensive Community Score Card (CSC) process was used as the operative tool for achieving PCM&E. A team of 30 people drawn from various sectors and non-governmental organizations (NGOs) was trained in
the application of the CSC methodology, and the framework was piloted in six communities in two districts.

The CSC exercise was based on the Social Accountability Framework, which was designed to facilitate a short route to accountability. This was largely based on the notion of direct feedback to service providers, largely at the point of service delivery, such as a school or a health unit, to demand public accountability in the delivery of services.

UNICEF Sierra Leone carried out studies on decentralised service delivery, community self-financing and community centred capacity development to ascertain the status of community mechanisms that can be leveraged to expedite and sustain the development and realization of child rights in Sierra Leone. The recommendations from these studies will inform the implementation of the new country programme.

Recognizing the importance of community and traditional mechanisms, UNICEF Sierra Leone supported decentralised child protection systems aimed at preventing and responding to child protection issues, through local councils, child welfare committees, traditional and religious leaders and community groups/structures. FTR networks were set up in 12 districts.

**Evidence Generation, Policy Dialogue and Advocacy**

UNICEF supported the development of government capacity to generate evidence on programme implementation and results for children and women. Technical and financial assistance provided to the Ministry of Health and Sanitation (MoHS) Directorate of Policy, Planning and Information ensured the provision of timely health information on children, adolescents and women to enable decision-making. UNICEF Sierra Leone also worked with the MoFED to develop a draft monitoring and evaluation policy to guide assessments of progress and impact. Support was provided to the Government to map the interventions and locations of NGOs and community-based organizations in an interactive partnership tool. During the Ebola emergency, UNICEF Sierra Leone helped to map the location of partners, hotspots and facilities such as CCCs that contributed to the response.

The Situation Analysis was also conducted to ascertain the current status of the realization of child rights. UNICEF worked with various government ministries, agencies, local councils and partners to conduct thematic studies on adolescent behaviour; water and sanitation in Freetown; community self-financing; community centred development; and knowledge, attitudes and practices related to EVD. A report to showcase the election of ward committee members and capacity building efforts and to enable the members to contribute to design of a development plan and budget was produced for Moyamba District and other Local Councils were encouraged to follow similar processes.

UNICEF Sierra Leone also supported the MoEST to successfully conduct the EGRA and the EGMA for the first time in the country. The assessment report was finalized in September 2014 but dissemination was stalled by the EVD crisis. However, findings were utilized with stakeholders during the planning process for the next country programme. UNICEF also supported the MEST to set-up and complete the inception phase of a fully functional Education Management Information System. These capacity development efforts and the data generated from surveys and studies contributed immensely to the design and implementation of programmes by UNICEF and partners, thus contributing to results for children.
Partnerships

UNICEF participated in the Development Partners Committee meetings chaired by the Minister for Finance and Economic Development. UNICEF co-chaired the Education Development Partners Group, Health Development Partners Group, WASH Donor Partners Group and the National Monitoring and Evaluation Working Group, providing technical inputs and support to policy-related decisions.

In 2014, UNICEF Sierra Leone continued to lead the Health Development Partners Group. UNICEF was one of the key partners in the Health Sector Steering Committee chaired by the Minister of Health and Sanitation. In addition, UNICEF actively participated in the Global Fund Country Coordination Mechanism as part of the leadership/management team.

Following the EVD outbreak in Sierra Leone, UNICEF was one of the key United Nations agencies in the EVD Response, together with the World Health Organization (WHO) and the World Food Programme (WFP). UNICEF continuously participated in the Ebola Operating Centre, chaired by the Minister of Health and Sanitation, and the National Ebola Response Committee, chaired by the Minister of Defence, upon its establishment in October 2014.

Partnerships were strengthened at all levels, including with the National Ebola Response Centre, the District Ebola Operation Centre, the chiefdom Ebola task forces and the chiefdom social mobilization committees. These partnerships were mostly around social mobilization, child protection, social protection and the provision of medical and logistical supplies.

UNICEF Sierra Leone forged a partnership with the World Bank and the Government to jointly assess existing social protection programmes, develop a social protection strategy, establish the Inter-Agency Forum led by the Office of the President to oversee social protection interventions, set up a social protection secretariat, and implement cash transfers for extremely poor and Ebola-affected households.

UNICEF Sierra Leone maintained strong partnerships with the Scaling Up Nutrition initiative; the GAVI Alliance inter-agency coordination committee; and the Global Fund to Fight AIDS, Tuberculosis and Malaria country coordination mechanism.

UNICEF Sierra Leone worked with international media to report on issues that affect children, women and society. UNICEF and the United Nations Population Fund (UNFPA) supported the Government to implement the National Strategy for the Reduction of Teenage Pregnancy.

External Communication and Public Advocacy

The EVD crisis put the media spotlight on the work of UNICEF Sierra Leone, which created opportunities for acting on behalf of children at both the national and international levels. Before the EVD crisis, UNICEF Sierra Leone worked with partners to produce Pikin News, a glossy magazine written by young people and distributed nationwide. UNICEF produced media content on teenage pregnancy and also highlighted theatre work with adolescents promoting peace and a campaign against physical abuse. In addition, a successful evaluation of the UNICEF ethical media reporting training was carried out.

UNICEF Sierra Leone also supported a nationwide malaria bed net communications campaign. Donors were supported to visit and engage with partners and witness the on-going work. In total, 20 press releases were issued.
In the context of the Ebola crisis, almost every major international broadcaster and local media network carried stories about UNICEF work. Outreach was carried out through digital content and social media platforms, including almost daily posts on Facebook and Twitter. In 2014, eight videos were published on the UNICEF YouTube channel, the number of Facebook page likes nearly doubled to more than 6,200, and the number of UNICEF Twitter followers rose to more than 2,200. In the last three months of 2014, 125 media stories featured the work of UNICEF Sierra Leone in the fight against Ebola. On the UNICEF website, seven stories were published about country-level work in Sierra Leone, up from one story the previous year, and additional stories were published on related web platforms, including the UNICEF blog. To reach a wide audience in Sierra Leone, UNICEF collaborated with Facebook on targeted behaviour change advertising, broadcasting videos on national television, and pushing content to video billboard providers in Freetown. UNICEF Sierra Leone supported the design, development, production and dissemination of posters, leaflets and brochures for communication for development to raise awareness and support social mobilisation for Ebola prevention and response.

**South-South Cooperation and Triangular Cooperation**

To support the Education Sector Capacity Development Strategy, UNICEF supported the recruitment of four public sector experts to provide embedded technical assistance to the MoEST, impart skills and best practices, and mentor colleagues in key areas, including leadership and management, human resources, procurement and supply, and budget execution. Their roles were earmarked to run over the next two years starting in the second half of 2014 but activities had to be postponed until April 2015 due to the EVD crisis.

UNICEF developed the social protection capacity of government ministries and agencies through south-south networking and learning events. Staff members from the Office of the President, the MoFED and the National Commission for Social Action (NaCSA) are part of the Community of Practice on Social Protection supported by the World Bank and UNICEF. Best practices and technical knowledge are exchanged through regular virtual interactions and face-to-face workshops. The latest face-to-face workshops were held in Fortaleza, Brazil and Cape Town, South Africa in 2014 and the Commissioner and Director of Social Protection at NaCSA were supported to attend.

UNICEF Sierra Leone supported a cross-border child protection EVD strategic planning meeting in Freetown with delegations from the Republic of Liberia, the Republic of Guinea and Sierra Leone, and including the participation of the UNICEF West and Central Africa Regional Office (WCARO) and Headquarters (HQ). This resulted in a unified regional approach to scaling up the EVD response for affected children and communities.

**Identification Promotion of Innovation**

UNICEF supported the design, development, implementation and testing of new innovations and technologies that contribute to realization of child rights. The aim was to help improve programme delivery, M&E and management across UNICEF sections. Good progress was made towards the rollout of new innovations and technologies to support programme delivery and monitoring, especially related to the Ebola response.

UNICEF Sierra Leone also supported the RapidPro platform, an open source short message service (SMS) framework that manages data collection, complex workflows, and group coordination using basic mobile phones. Using the RapidPro platform, daily and weekly monitoring and reporting was set up at the Ebola Community Care Centre site to help managers quickly get their registration information back for sharing. Health For All Coalition (HFAC) ‘Myth
Busters’ social mobilization teams in every ward in the country were enabled to observe and report back on the Ebola response with immediate alerts for follow up.

U-Report, a user-centred social monitoring tool using simple SMS messages to pose poll questions, get feedback and share the results was established to strengthen community-led development, citizen engagement and positive change.

**Support to Integration and cross-sectorial linkages**

UNICEF Sierra Leone supported the capacity strengthening of the MoEST, local councils, school management committees and mothers clubs in two districts to implement national child-friendly school (CFS) standards. In these two districts, UNICEF also facilitated the setting up of district steering committees comprised of representatives from local authorities and civil society organizations, as well as administration officials representing district-level education, social welfare, water and health sectors. These committees were tasked with reflecting and acting on issues raised by communities and researchers. In response, the committees initiated community action to align schools to CFS standards by building additional classrooms, recruiting teachers and providing incentives for community teachers. Monitoring data showed that almost half of the targeted schools met at least three of the critical CFS standards.

The National Strategy for the Reduction of Teenage Pregnancy also generated cross-sectorial linkages; integrated education, health and socio-economic factors that predispose adolescent girls to pregnancy; and implemented multi-faceted actions to reduce the incidence of teenage pregnancy and mitigate its consequences. This was supported by UNICEF, UNFPA and other development partners and brought together various ministries, departments and agencies (MDAs).

Social protection efforts were implemented through strong partnership among various MDAs, several development partners and civil society. This reduced the fragmentation of social protection programmes, enabled the integration of health, education and socio-economic outcomes into the strategic aims and led to improved coordination among the many MDAs and development partners involved.

UNICEF Sierra Leone sections worked with the MoEST, the Ministry of Social Welfare, Gender and Children’s Affairs (MoSWGCA), local councils and traditional leaders to organize children to articulate issues affecting them to authorities and parents through drama. Issues included corporal punishment, alternative forms of discipline, teacher codes of conduct and out-of-school children.

**Service Delivery**

Health worker performance was strengthened through supportive supervision, mentoring and on-the-job training for various categories of health work. Some 6,126 communities and villages with a combined population of 1,225,200 were declared ODF. In addition, households were verified as having installed and regularly utilizing hand washing facilities in their respective toilets. Follow up on hand washing with soap promotion and monitoring targeting villages declared ODF was completed in 2,547 villages.

The second round of education cluster monitoring was successfully conducted in 348 target schools across six districts in May 2014. UNICEF Sierra Leone supported the development of a system to integrate decentralized monitoring and data management, and use the data for follow-up actions at the school and in subsequent monitoring visits. All clustered schools received
computers and their accessories, and data entry clerks from six district education offices were trained in hands-on, practical sessions. However, capacity gaps still remain in data analysis and report writing at the district level.

Access to social protection services is set to improve due to the collaboration among UNICEF, the World Bank and the Government. Under this collaboration the Inter-Agency Forum in the Office of the President was established to oversee social protection implementation by MDAs and train about 167 government staff. These efforts also resulted in the creation of a Social Protection Secretariat to coordinate implementation while the Anti-Corruption Commission addresses corruption grievances. As a result, 21,000 extremely poor and Ebola-affected households will begin to receive regular cash transfers in 2015. The total programme budget is US$ 11.6 million.

The radio listener groups established across the country with UNICEF support provided an opportunity for mothers clubs, child welfare committees, and school management committees to listen to, discuss and suggest solutions to challenges related to school access, retention, completion and child protection. The project was evaluated in 2013-2014 and the use of radio and listener groups was found to be an effective strategy for community engagement and empowerment, particularly for women.

**Human Rights-Based Approach to Cooperation**

UNICEF, Government and implementing partner staff have all been trained on human rights-based approaches to programming (HRBAP) and results-based management. Programme cooperation agreements signed with partners are linked to UNICEF results, the United Nations Development Assistance Framework (UNDAF) outcomes and the Poverty Reduction Strategy Paper. The Programme Cooperation Agreement Review Committee has put measures into place to ensure that projects supported by UNICEF promote the realization of women and children’s rights.

In order to monitor and report on critical bottlenecks preventing the realization of women and children’s rights, UNICEF Sierra Leone is implementing the Monitoring Results for Equity System (MoRES), in collaboration with partners. Indicators to address bottlenecks were identified and reported on twice yearly. MoRES indicators positioned UNICEF and partners to advocate with the Government and development partners to increase efforts to remove bottlenecks to achieving sustained results for women and children.

The Country Programme Document (CPD) 2015-2018 approved at the 2014 second session of the Executive Board was informed by the human rights-based Situation Analysis and a series of thematic studies, including on urban WASH, adolescent behaviour and opportunities, community self financing, community centred capacity development, social norms and parenting practices, among others. The Country Programme Action Plan (CPAP) for the Country Programme of Cooperation 2015-2018 is being developed with focuses on results, gender and equity using an HRBAP.

**Gender Mainstreaming and Equality**

The country programme outputs were assessed in terms of their contribution to gender equality. This was done through the organization-wide Gender Equality Marker. Most of the outputs scored a grade of ‘significant’.
As much as possible, indicators at both outcome and output levels are disaggregated by gender. Mid-year and annual reviews also emphasized gender analysis in reporting. UNICEF Sierra Leone supported the inclusion of the gender pillar in the Poverty Reduction Strategy Paper 2013-2018 - Agenda for Prosperity, which aims at the equal rights, responsibilities and opportunities of girls, boys, women and men. UNICEF Sierra Leone also supported the Government to develop the National Strategy for the Reduction of Teenage Pregnancy, which is being implemented by the Government with the support of UNICEF and other development partners.

UNICEF Sierra Leone supported the MoSWGCA to expand the national referral protocol for victims of gender-based violence to include boys, girls, men and women. This was endorsed and is being implemented.

**Environmental Sustainability**

Freetown, the capital city of Sierra Leone and home to an estimated 1.2 million people, faces major environmental challenges. On average, each person generates an estimated 0.5 kilograms of waste every day. The total amount of waste generated every day is about 600 tons, 85 per cent of which is biodegradable. The Freetown City Council collects an estimated 473.15 tons of waste per day. Every day, approximately 127 tons of waste (21 per cent) remain uncollected. Due to lack of control of dumpsite waste collection, it has been difficult to estimate how much of this waste is collected through scavenging. Dumpsites vary, with the dumpsite at Kingtom characterized as shallow and the dumpsite at Granville Brook characterized as deep. In both cases, however, waste is not highly compacted and so poses health risks and generates air pollution, hydrological impacts and visual impacts.

In other parts of the country, the environmental impact of small-scale diamond mining activities is severe due to the clearing and digging up of vegetated areas, which devastates the land. After an area is mined, the land is left exposed and degraded, unsuitable for farming or any other activity. Water collects and stagnates in the dug-out areas, which contributes to health hazards and potentially increases the incidence of malaria and other water-borne diseases.

In addition, the introduction of new approaches that result in the fully sanitized status of entire communities will reduce local environmental degradation, including the faecal contamination of ground and surface water supplies. The WASH programme supported by UNICEF, development partners and the Government emphasizes the use of low-cost but durable technology options that are suited to local conditions, including high rainfall and, in some locations, rocky or collapsing soil. In many areas, vehicle access is difficult and mechanical equipment for emptying pits is not available. Simple pit latrines are therefore used which, once full, must be abandoned and new ones dug. Disposing of excreta in pits poses a far smaller environmental and health risk than open defecation. Nevertheless, the WASH programme will ensure that basic precautions are taken concerning the vertical and horizontal separation of latrine pits and water supplies, to minimize the risk of groundwater contamination.

**Effective Leadership**

UNICEF Sierra Leone management ensured the effective implementation of programmes and the efficient utilization of resources through regular monthly Country Management Team (CMT) meetings to review and monitor management indicators on all important aspects.
Statutory committees and the Harmonized Approach to Cash Transfers (HACT) Committee carried out specific functions, monitored activities and provided advice to management for decision making.

Programme Group meetings are held monthly to monitor the implementation of activities and review implementation strategies.

The Staff Association maintained a close working relationship with management to address staff welfare issues and also participated in the Joint Consultative Committee (JCC) meetings. The Table of Authority, together with the delegation and acceptance of delegation of financial signing authority, is revised every quarter and signed by the Representative and each staff member to whom authority is delegated.

**Financial Resources Management**

The CMT monitors management indicators, including those on financial resources. Some of the ground gained through direct cash transfer (DCT) reforms was affected by the onset of emergencies between June and December. By 31 December 2014, only four outstanding DCTs were six months old and none were more than nine months old.

In 2014, two chartered accountant firms were contracted to conduct spot checks, micro assessment and audit for 32, 74 and 27 implementing partners, respectively. The spot checks and micro assessment (both financial and procurement capacity) were completed with the targeted partners by December. The audit report of selected partners will be completed by the beginning of 2015. The Office of Internal Audit and Investigation conducted an audit of the procurement and supply offices in 2013 and made 17 audit recommendations. All recommendations were addressed by 31 December 2014.

UNICEF Sierra Leone also conducted a pre-audit self-assessment in 2014 to identify areas to work on in preparation for the scheduled 2015 audit.

UNICEF Sierra Leone continued to maintain optimal cash balances in the bank at month’s end as per optimization guidelines issued by HQ. Bank reconciliations were completed accurately and on schedule. The office was compelled to refocus its activities towards the response to the Ebola outbreak. Although UNICEF Sierra Leone received substantial funds within a short period of time, it remained focused on putting measures into place to mitigate financial risk. One of these measures was the establishment of a funds monitoring specialist post to manage all donor funds. By December 2014, UNICEF Sierra Leone had utilized 98 per cent, 100 per cent and 100 per cent of its regular resources, other resources and other resources emergency, respectively.

**Fundraising and Donor Relations**

A report schedule is generated through VISION Performance on a monthly basis and shared with programme officers and senior management. The regularly updated schedule informs staff on submission dates and allows programme officers to flag changes in the reporting schedule. A standard operating procedure that spells out the different steps in the review process and timeline guides the review/clearance/submission process for reports. Submitted reports are marked as ‘sent out’ and are ‘attached’ in VISION Transaction. In addition, an Excel database provides an overview of submitted reports. All reports due in 2014 were submitted on time.
With support from HQ and WCARO, UNICEF Sierra Leone raised more than US$ 60 million for the Ebola response, in addition to other supplementary resources. UNICEF Sierra Leone prepared funding proposals and conducted high-level advocacy presentations with donors to raise the required funding.

**Evaluation**

Both of the two evaluations planned in the Integrated Monitoring and Evaluation Plan for 2014 were completed. These were: 1) Independent Evaluation of Journalists Training on Ethical Reporting on Child Rights Issues in Sierra Leone; and 2) An Evaluation of the Impact of UNICEF Radio Listener Group Project in Sierra Leone.

The management response to the Evaluation of the Impact of UNICEF Radio Listener Group Project in Sierra Leone was prepared. UNICEF Sierra Leone supported the MoFED and the Sierra Leone Information Service (SLIS) to carry out an extensive data collection exercise resulting in the development of an interactive partnership mapping tool. The objective of the tool is to create a visual overview of non-governmental and community-based organisations providing development services in all sectors, showing who is doing what and where, in order to improve coordination, development planning and programming.

UNICEF Sierra Leone supported the State House offices of the Chief of Staff and the Performance Management and Service Delivery Unit to construct a web-based Performance Management and Information System (PMIS) to monitor service delivery and duty bearer performance at the macro level. This makes service providers accountable for the services delivered.

UNICEF also supported the development of a National M&E Policy, an M&E Capacity Development Plan and a Communication Plan. These documents will lay the foundation for a well-functioning National M&E System supporting the production and use of high quality data and enabling accountability and transparency with relevant stakeholders. It will also form the basis of all M&E activities and provide a recipe for developing alignment and coordination mechanisms that establish synergies between and within sectors, and hence avoid duplicating efforts and wasting resources.

**Efficiency Gains and Cost Savings**

Efficiency and cost savings were achieved through the continued sharing of security and health services with other United Nations agencies in Sierra Leone.

UNICEF Sierra Leone signed long term agreements with key service providers selected through competitive bidding to reduce costs and save time. These agreements were for recurrent goods and supply of regular services such as car hire, office stationery, travel agency and conference facilities.

Corporate agreements with local mobile phone companies and use of Voice Over Internet Protocol (VOIP) helped manage telecommunication costs.

**Supply Management**

In the second half of 2014, the UNICEF Sierra Leone response to the Ebola emergency resulted in the massive scale up in procurement and supply management. UNICEF played a key role in ensuring the availability of personal protective equipment and medicine for the majority of
facilities in the country. UNICEF helped to ensure a continued supply of personal protective equipment and medicine by establishing processes for the rapid clearance of Ebola supplies and supporting the Government Central Medical Stores to increase storage and human capacity. Timely delivery was possible through the provision of 25 charter flights between September and December.

UNICEF Sierra Leone also supported the establishment of 46 CCCs in five districts. The rapid establishment of these CCCs was made possible through the emergency procurement of materials and other supplies in close collaboration with the Supply Division. A supply chain supported by UNICEF was established, with hubs in Freetown and Makeni.

The supply and logistics function manages nine warehouses located in Freetown, Makeni, Kenema and Port Loko. Two of these are under United Nations Common Services.

UNICEF Sierra Leone managed procurement for US$ 45.7 million, of which US$ 32.9 million, or 72 per cent, was for programme supplies. Of this, one fifth was purchased locally.

### Security for Staff and Premises

Despite the challenges created by the Ebola emergency, which led to the expansion in the number of UNICEF Sierra Leone staff to 185 by the end of December 2014, efforts were made to create and sustain an enabling and safe work environment.

The expansion of UNICEF Sierra Leone during the past few years has resulted in the disproportionate distribution of the electricity load in the office, which has led to risks to staff safety (i.e. surges and in a few instances, fire sparks). An engineering firm was contracted in late 2014 to review and redesign the electrical structure and distribution system in the office. The assignment will be completed in 2015. UNICEF Sierra Leone complied with the monthly warden and security focal person radio checks. Fire wardens participated in a fire fighting simulation exercise in 2014 to assess the level of preparedness.

UNICEF Sierra Leone tracks all staff on mission outside of Freetown through regular radio calls. Those traveling to remote areas with no radio or telephone coverage are issued satellite phones.

Since the office is located within the Government Central Medical Stores premises, there is a limit to the degree of security enhancements that can be carried out, due to lack of space or sharing of common areas. The side of one block of the office is situated outside of the parameters of the main compound and is therefore exposed to outside interference. In order to mitigate these risks, security lights were installed along that side of the office. Closed-circuit television (CCTV) cameras are also planned for installation in that area to enhance security.

UNICEF Sierra Leone observed all security risk assessment recommendations and has therefore continued to monitor and enhance the Minimum Operational Security Standards (MOSS)-compliant status for all premises and vehicles.

### Human Resources

UNICEF Sierra Leone takes a results-based approach to designing its human resource needs. Several management and staff meetings were held to discuss human resource priorities. General staff meetings were held on a weekly basis, and issues related to programmes, staff welfare and national concerns were presented, discussed, and recorded.
In order to respond to the unprecedented Ebola emergency, the country programme had to change from regular to emergency programming. In September 2014, a Level 3 emergency was declared by the Executive Director of UNICEF. An emergency Ebola Programme and Budget Review (PBR) was held that established 12 fixed term and 122 short term positions. A massive recruitment exercise was undertaken and by November 2014, 30 new additional international professional staff members and 14 national staff members were deployed in hotspot locations to support the UNICEF response to Ebola. Staff strength increased by about 60 per cent for both international professionals and national staff members.

The CMT monitored and made decisions related to human resource issues. However, as a result of the huge emergency, the monthly CMT meetings were postponed and other meetings, notably the daily Ebola emergency coordination meetings, took centre stage.

As a result of the huge impact of the crisis, staff members received PSS from global and regional staff counsellors during the crisis. In addition, UNICEF Sierra Leone recruited a staff counsellor to support staff to manage stress. Relevant information was provided to staff and their families on how to protect themselves and their families against becoming infected with Ebola.

Staff performance continues to be one of the top priorities of UNICEF Sierra Leone. As of the end of November 2014, 99 per cent of staff members had completed their 2013 Performance Appraisal System and by June 2014, 90 per cent of staff had completed their 2014 key outputs.

UNICEF Sierra Leone is an active member of the UN Cares programme and maintains the 10 UN Cares minimum standards. In 2014, however, limited UN Cares activities were held. Lack of basic medical facilities in the country continued to be one of the biggest challenges for staff and their families. One UNICEF staff member was infected with Ebola and was medically evacuated to Europe for treatment, which was successful. One dependent of a staff member was also medically evacuated during the same period, but not due to EVD. Several staff members had Ebola contact and needed to go into 21 days of quarantine.

**Effective Use of Information and Communication Technology**

The bandwidth for the Internet was increased. The connection is through an internet service provider (ISP) fibre optic link. A VSAT service is used as backup. Both links are available for video conferences, VOIP, internet and other UNICEF cooperate applications. The two sub-offices are also connected through iDirect VSAT provided by EMC.

As part of the global rollout, Universal Wi-Fi was successfully setup for the main Freetown Office. UNICEF Sierra Leone completed the migration from Lotus Notes to Microsoft Outlook. Microsoft OneDrive was made available to all staff in Freetown.

Staff now easily share files with other country offices and partners and use this facility as a cloud backup. Microsoft Link, part of the Microsoft Office Suite has improved communication in the office as most staff use this for instant messaging and webinars with other offices.

Challenges were experienced due to the Level 3 Ebola emergency. As a result of the increase in the number of staff members and consultants, the Information and Communication Technology (ICT) Unit had to provide additional laptops and emergency communication
equipment and increase the number of network connections and internet bandwidth to meet minimum requirements for efficiency.

HQ, WCARO and the Supply Division were very supportive. An ICT Specialist was appointed and the Regional Communications Manager was sent to do an assessment. Both communications and ICT equipment were ordered and the bandwidth was upgraded to ensure that staff and consultants were able to work effectively. The ICT facilities in the Business Continuity Plan were further strengthened to accommodate more staff.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1**

By 2014, under-fives, children, adolescents and women of child-bearing age utilize essential high impact child survival and development services (prevention, treatment and care)

**Analytical Statement of Progress:**
The Child Survival and Development programme contributed to the national target of reducing the under-five and maternal mortality rates by one third by 2015 and to UNDAF outcomes 3 and 5. The programme continued to support the implementation of the Reproductive, Newborn and Child Health Strategy and the National Health Sector Strategic Plan at the national level and through the comprehensive district plans developed in close collaboration with district councils. In the second half of the year, in response to the EVD outbreak, substantial resources were diverted away from regular programming, which slowed down progress towards outcomes. However, despite this, various surveys carried out in 2013-2014, including the DHS 2013, the Expanded Programme on Immunization (EPI) Coverage Survey 2013 and the National Nutrition Survey 2014, indicate significant gains made during 2013-2014 on various output and outcomes.

The proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs increased from 30 per cent in 2010 (MICS) to 48 per cent in 2013 (DHS). The prevalence of global acute malnutrition decreased from 9.6 per cent for boys and 7.4 per cent for girls in 2010 (MICS) to 5.7 per cent for boys and 3.8 per cent for girls in 2014 (Sierra Leone National Nutrition Survey 2014). The prevalence of diarrhoea went down from 15 per cent in 2010 (MICS) to 11 per cent in 2013 (DHS). Deliveries in health facilities increased from 25 per cent in 2008 (DHS) to 54 per cent in 2013 (DHS). Finally, the percentage of children aged 12-23 months who have received all basic vaccinations went up from 40 per cent in 2008 (DHS) to 68 per cent in 2013 (DHS).

Support for the delivery of the basic package of essential services, which started in 2008, continued in 2013-2014. The package continued to focus on evidence-based, low cost, high-impact interventions. These included but were not limited to: exclusive breast feeding, hand washing, LLIN use, PMTCT, community case management of malaria, pneumonia and diarrhoea, and screening and treatment for malnutrition at community and facility levels. At the facility level, the programme prioritized integrated management of child and newborn illnesses (IMNCI) with special focus on early treatment of pneumonia, malaria and emergency obstetric and newborn care. This was supplemented by bi-annual Maternal and Child Health Weeks, integrated campaigns including for immunization, deworming, vitamin A, routine immunization, and information, education and communication messages for priority interventions.
**OUTPUT 1** Increased capacity of PHUs and hospitals to deliver a package of high impact health interventions for mothers, new-born and under 5 children with special focus on gender equality and the most vulnerable by 2014.

**Analytical Statement of Progress:**
Through its Country Programme 2013-2014, UNICEF Sierra Leone and its development partners continued to support the MoHS in its effort to improve the health of women and children through an effective and efficient health care delivery system. A comprehensive assessment of health personnel trained in IMNCI found that only 25 per cent of all professional health workers had been trained on IMNCI. There has been a decline in the number of trained staff due to trained staff leaving and new staff who have not been trained on IMNCI joining as replacements. IMNCI trainings were scheduled to commence in August 2014 but this could not happen due to the Ebola outbreak. Guidelines were revised to address the increased requirement of infection prevention and control (IPC) during the outbreak. Training in the revised IMNCI guidelines was initiated with a training of trainers involving 39 participants.

In partnership with the Liverpool School of Tropical Medicine, UNICEF continued to support the MoHS to train health care providers on emergency obstetric and neonatal care. This year, a total of 1,113 health care providers were trained, bringing the cumulative total of trained staff to 2,092. UNICEF Sierra Leone continues to support the pre-service training of Maternal and Child Health Aides. The cohort of 750 enrolled in January 2013 were expected to complete their training in December 2014. However, owing to the EVD outbreak, the schools were closed.

In 2014, UNICEF Sierra Leone began building a new maternity-paediatric complex in Kailahun. UNICEF also supported the rehabilitation of seven Maternal and Child Health Aide schools, of which five are complete. With the support of UNICEF, the MoHS has also started to build a new one. In addition, UNICEF has supported the launch of a large effort (US$ 8.2 million, funded by the European Union) to rehabilitate health facilities.

In 2014, the rotavirus vaccine was introduced as part of the routine EPI programme. The results of the 2013 EPI Coverage Survey carried were published during the reporting period. UNICEF Sierra Leone supported the MoHS to carry out a rapid assessment of all 1,185 health facilities in the country to assess the impact of the EVD outbreak on the utilization of health services. UNICEF also supported the MoHS to conduct an Effective Vaccine Management Assessment. A cold chain improvement plan was developed. UNICEF supported the procurement of cold chain equipment, including a one 20 cubic metre walk-in freezer room, and continued to support the procurement of traditional vaccines (e.g. Bacillus Calmette-Guerin, polio, measles and tetanus toxoid.

**OUTPUT 2** Increased capacity to deliver high impact community based health interventions for women, newborn and under 5 children with special focus on gender equality and the most vulnerable, countrywide by 2014.

**Analytical Statement of Progress:**
High impact and low cost health interventions delivered by community health workers (CHWs) were scaled up from 4 districts to 10 in 2013. In 2014, one more district was added, bringing the total to 11. In 2014, 525 CHWs were trained, bringing the cumulative number of CHWs trained to 8,810. An on-going refresher training for CHWs on the 'no touch policy' in the context of the EVD outbreak reached 985 CHWs.
The results of the decentralized monitoring survey carried out in four districts in 2013 were shared.

The third and final round of the HPV pilot campaign in the Bo District was completed. The planned post vaccine introduction assessment could not take place due to the EVD outbreak. In 2014, the survey was planned to be scaled up to 13 districts, however data collection scheduled to take place in the last quarter of 2014 could not be initiated because of the EVD outbreak.

In June 2014, a national Maternal and Child Health Week was organized, and three high impact interventions were provided country wide: LLINs targeting all households, vitamin A supplementation to children aged 6-59 months, and albendazole to children aged 12-59 months. The Post Campaign Coverage Survey, planned for October 2014, could not be carried out due to the Ebola outbreak. However, the National Nutrition Survey carried out in July 2014 estimated that 90 per cent of children aged 6-59 months were sleeping under a bed net, up from 64 per cent in 2013. Vitamin A and albendazole coverage were estimated at 96 per cent and 94.4 per cent, respectively.

**OUTPUT 3** Enhanced capacity of MoHS to undertake forecasting, procurement and supply chain management for essential drugs and medical supplies by 2014

**Analytical Statement of Progress:**
UNICEF continued to support the MoHS to procure and distribute essential medicines and consumables for the Free Healthcare Initiative (FHCI). In 2014, the proportion of health facilities without life saving supplies was estimated at 65 per cent. The total cost of supplies procured by UNICEF in 2014 was estimated at US$25,616,904. In April 2014, the responsibility of procurement and distribution of drugs and equipment was handed over to the National Pharmaceutical and Procurement Unit.

However, UNICEF Sierra Leone continues to support 14 district logistics officers and one central logistic officer to support the MoHS to manage the drugs at all levels. UNICEF supported a major procurement of 1.69 million LLINs and distributed 3.5 LLIN for the Universal Campaign in June 2014. UNICEF also continued its partnership with the Health for All Coalition, a local civil society organization, to monitor FHC drug distribution, including Ready-to-Use Therapeutic Foods, to ensure end-user monitoring of FHC drugs at district, chiefdom and community levels. In total, 134 40-foot and 31 20-foot containers were cleared and transported to the CMs in 2014. During the reporting period, UNICEF Sierra Leone continued to create cost efficiency gains by integrating the FHCI supplies’ logistics and distribution with other essential supplies such as nutrition items, reproductive health and family planning commodities and Global Fund malaria item logistics and distribution.

**OUTPUT 4** Increased coverage and quality of treatment of severe acute malnutrition with special focus on hard to reach areas

**Analytical Statement of Progress:**
UNICEF Sierra Leone provided technical and financial support to the MoHS and partners to increase the capacity of health workers to deliver quality treatment services to children with SAM through on-the-job health worker mentoring at 426 outpatient therapeutic programme sites. A total of 25,505 children with SAM were admitted into the programme (from January - November 2014) with the cure rate maintained at more than 80 per cent, the death rate at 1.5 per cent and the defaulter rate at 4.9 per cent. The national protocol for the management of SAM was updated and validated to reflect the most recent WHO recommendations and the
regional consensus for SAM management. The validated protocol was revised to include the Ebola context in an abridged version. This delayed the gradual scale up to 70 per cent of PHUs, which was scheduled for the third and fourth quarters. UNICEF Sierra Leone provided essential supplies (Ready-to-Use Therapeutic Foods, Formula 75, Formula 100, ReSoMal and some medical supplies) for SAM management to all 426 sites providing SAM treatment services in the country. UNICEF also supported the MoHS to strengthen the supply chain for these essential supplies. On-the-job trainings will begin as soon as the training on the revised protocol/tools is complete. A total of 4,543 out of 6,111 volunteers have been trained for community mobilization.

The National Nutrition Survey was conducted using SMART methodology and the results and report have been validated. However, the Length of Stay Survey will be conducted following the application of the revised Integrated Management of Acute Malnutrition treatment protocol. UNICEF Sierra Leone prepared self-screening tools (for mothers/caregivers) in the context of the Ebola crisis. After the tools were field tested, Implementing Partner’ (IP) Monitors/Community Health Workers (CHW)/Mother Support Groups (MSG) were oriented on using the abridged version. Decentralised monitoring was not continued due to the additional burden of EVD on the already weak health system and fears of contracting Ebola through anthropometric examination or visiting health facilities.

OUTPUT 5 Improved Infant and Young Child Feeding practices with a special focus on mothers of children under two including micronutrient interventions

Analytical Statement of Progress:
UNICEF Sierra Leone supported community counsellor training for women on infant and young child feeding practices in the form of MSGs. A total of 6,308 counsellors out of 12,414 have been trained so far; 3,691 counsellors have trained MSGs on infant and young child feeding counselling in implementing districts. The phased scale-up of mother support groups to 60 per cent of communities countrywide began in the final quarter of 2014.

In collaboration with Helen Keller International and the MoHS, UNICEF Sierra Leone supported the training of at least one staff member from 788 PHUs across eight districts with 1,317 health workers on the integrated health and nutrition package (i.e. strengthening routine vitamin A supplementation, immunization, infant and young child feeding promotion and counselling, Growth Monitoring Programme (GMP), family planning (FP), HIV/AIDS counselling). The cascaded training was postponed to the second quarter of 2015 due to the urgency of the Ebola emergency response.

In the context of EVD, the revised breast-feeding guidelines were adapted based on global guidelines. Overall, 276 staff members working at Ebola treatment centres/community care centres/Observational Interim Care Centre (OICC)/holding centres were oriented directly by UNICEF staff and implementing partners. Orientation covered the use of these guidelines to reduce the spread of infection from mother to infant and to maintain infants’ adequate nutrition status in the specific centres.

In collaboration with the University of British Columbia, Njala University of Agriculture, the Directorate of Food and Nutrition, and the MoHS, UNICEF Sierra Leone supported the completion of formative research on the introduction of home fortification using multiple micronutrient powder. The report will be validated in the first quarter of 2015 and a home fortification pilot will take place when zero EVD cases is achieved.
OUTPUT 6 Increased capacity of communities in eight districts (Port Loko, Bombali, Tonkolili, Moyamba, Pujehun, Kenema, Bonthe and Koinadugu) to achieve sustainable ODF status by 2014

Analytical Statement of Progress:
The 2013 Poverty Reduction Strategy Paper aims for 66 per cent of the population to have access to sanitation by 2018. With the UNICEF target of 6,212 communities achieving ODF status, the eight districts targeted with interventions (Port Loko, Bombali, Tonkolili, Moyamba, Pujehun, Kenema, Bonthe and Koinadugu) will have achieved 79 per cent access to sanitation (including shared facilities).

Basic household latrines, which are promoted through the Community-Led Total Sanitation programme, have, in some cases, demonstrated sub optimal durability in the context of Sierra Leone’s intense rainy season. Ensuring the sustainability of ODF status has proven to be an additional programmatic challenge. The CLTS programme therefore continuously encourages communities to “climb up the sanitation ladder” towards improved sanitation facilities that use more durable and locally affordable materials and technical options. As of now, 6,126 communities/villages with a combined population of 1,225,200 have been declared ODF.

Follow up on hand washing with soap promotion and monitoring targeting villages declared ODF was completed in 2,547 villages. In addition, a total of 6,126 households were verified as having installed and regularly utilizing hand washing facilities in their respective toilets.

UNICEF is also supporting the MoHS to develop an environmental health and sanitation policy and establish a directorate of environmental health and sanitation. The directorate is expected to ensure that all WASH stakeholders adequately implement government policies and that the sustainability aspect of sanitation interventions is embedded in all sanitation programmes. Although the intervention was on track and the targets could have been met, the activity was suspended in August due to the Ebola outbreak. The sustainability, specifically renovation, was adversely affected by the EVD outbreak.

OUTPUT 7 Households in eight districts (Port Loko, Bombali, Tonkolili, Moyamba, Pujehun, Kenema, Bonthe and Koinadugu) have access to sustainable safe water by 2014

Analytical Statement of Progress:
The aim of community water supply and hand pump spare parts supply chains is to develop a commercial model based on a socio-economic, regulatory, capacity development and accountability framework for a functional hand pump spare parts supply chain. UNICEF Sierra Leone has thus far supported the Ministry of Water and Sanitation, Water Directorate to develop water well standards, maintenance manuals for village mechanics and a standard process for the formation of water user groups. UNICEF is currently implementing a local procurement strategy for hand pumps, which will enhance the ability of private sector development and contribute to the sustainability of local entrepreneurship on hand pump spares. The implementation of the hand pumps spares supply chain has commenced at an accelerated pace with 843 villages having set up financial capacity and committees to repair and maintain their water points. In addition, 863 villages have formed village savings and loan groups and of these, 161 villages have formed water committees.

Communities are increasingly supporting the minor rehabilitation of water points through. However, the availability of hand pump spare parts at the community/district levels is still a challenge. The activity has been adversely affected by the rainy season and the effect of the on-
going EVD outbreak, which has meant that the priority has shifted to providing WASH packages to Ebola care centres.

**OUTPUT 8** Government Peripheral Health Units and BEmONC facilities in six districts nationwide have access to sustainable safe water and adequate sanitation facilities by 2014.

**Analytical Statement of Progress:**
WASH in clinics entails the installation of water and sanitation facilities in BEmONC facilities and PHUs in the six districts. The two types of health facilities require different approaches; however, both will have clean water and hand washing facilities available in delivery rooms in PHUs.

BEmONC facilities will be fitted with piped water reticulated in the building, and the PHUs will have installed water wells with a hand pump and a manually re-filled hand washing facility in the delivery room. Installation of water and sanitation facilities in BEmONC facilities and PHUs in the six districts is being fast tracked. Overall, 172 PHUs are currently under rehabilitation/installation in WASH facilities. All civil works have been completed and hand pumps are currently being installed.

A manually re-filled hand washing facility in the delivery room is under design by the MoHS with UNICEF assistance. Work is on-going on the installation of piping systems and elevated water tanks in 50 BEmONC facilities and so far 31 have been completed. Construction of water wells is on-going for the installation of submersible pumps. Water points have been completed except for the installation of solar powered water pumping stations, which is on-going in the remaining BEmONC facilities. Progress has been affected by the EVD crisis. However, the rehabilitation of water wells has been completed and the installation of hand pumps will be fast tracked during the dry season as part of the WASH package for infection prevention control in PHUs. Water points have been completed except for the installation of solar powered water pumping stations, which is on-going in the remaining BEmONC facilities.

**OUTPUT 9** Increased capacity to provide equitable and quality HIV/AIDS prevention, treatment, care and support services for women and children by 2014

**Analytical Statement of Progress:**
Scale up of the new WHO recommended protocol for PMTCT, option B+, is a priority for both UNICEF and the Government. Efforts were made to scale this up in 645 of the 1,200 health facilities. Overall, 1,308 health workers were trained on option B+. Paediatric care has been extended from the hospital to 44 BeMONC facilities in the Western Area and Northern Province. In total, 82 health care workers were trained to deliver paediatric care services. Replication to other districts was not possible because of the EVD outbreak.

Early Infant Diagnosis (EID) facilities were also extended to 26 BeMONC facilities, based on caseload. The work on supporting children/adolescents living with HIV progressed well despite the EVD outbreak. In total, 600 adolescents were trained as peer educators and 350 children and adolescents received direct education, medical support or PSS.

The Unit also fostered collaboration with other players and partners, including the UNICEF child protection and education sections and the MoHS adolescent health section and with the non-government organization, BRAC, to improve adolescent access to information. During the EVD outbreak, UNICEF supported partners to continue to follow up on patients on treatment to avoid adherence gaps.
OUTPUT 10  Health, nutrition, WASH and HIV/AIDS policy framework and strategies for children and women of child bearing age are in place and operational, including emergency preparedness and response by the Government of Sierra Leone, UNICEF, and its partners by 2014.

Analytical Statement of Progress:

The community health worker policy has been developed with the participation of all stakeholders. The Community Health Working Group, established by the MoHS, has developed a number of documents that will support the harmonization of programme implementation. UNICEF Sierra Leone provided technical support to the MoHS to revise and finalize the National Food and Nutrition Security Policy implementation plan, which was validated in March 2014.

UNICEF continued to support the MoHS to reinforce the Health Management Information System (HMIS), including by supporting the salaries of five MoHS staff members at the central level and 13 district M&E officers.

In addition, UNICEF Sierra Leone continued to support the MoHS to review and finalize the draft infant and young child feeding strategy, which was scheduled to be validated in the fourth quarter of 2014 but was delayed due to the EVD outbreak. The communications strategy and contingency plan have been scheduled for the second quarter of 2015. UNICEF continues to provide technical support to the Scaling Up Nutrition Secretariat to establish coordination mechanisms for food and nutrition security in the country. The Breast Milk Substitutes (BMS) code cabinet paper has been submitted to the Minister and is awaiting presentation to the Cabinet.

UNICEF Sierra Leone also continued to support the MoHS, Environmental Health and Sanitation Division to review and update environmental health sanitation policy and strategy and establish an environmental health and sanitation directorate.

The Elimination of Mother-to-Child Transmission (EMTCT) Strategic Plan was finalized, validated, printed and distributed. In collaboration with partners, the Government is moving to the Test for All, Treatment for All (TATA) initiative to eliminate AIDS in Sierra Leone. EMTCT is one of the key steps towards TATA. The new Global Fund grant will partially fund the TATA initiative.

OUTPUT 11  By 2014 girls and boys in targeted primary schools in eight districts have access to improved child friendly WASH facilities and are practicing critical hygiene behaviours both at school and at home.

Analytical Statement of Progress:

WASH in schools entails the provision of a comprehensive school WASH package that includes: construction of water points and installation of hand pumps; construction of child-friendly sanitation facilities; training of school management committees and school health club members; and provision of school cleaning materials in six districts.

Initially, the WASH programme targeted 1,950 schools. However, the targets were revised downwards after it was realized that the each school would need new WASH facilities to be constructed, as opposed to the initial plan that some facilities could be rehabilitated. The current WASH in schools target is 1,050 schools, out of which 836 will benefit from a comprehensive
WASH in school package and 214 will receive School Sanitation and Hygiene Education (SSHE) only.

School management committees and school health clubs (SHCs) have been trained in all covered schools and are active. Implementation is on track and 2014 targets have been completed. However, the sanitation and health education sessions in these schools through SHCs have been suspended because schools are closed due to the EVD outbreak.

OUTCOME 2 By 2014 children, both boys and girls, especially the most vulnerable, access quality basic education

Analytical Statement of Progress:
Remarkable progress was made towards strengthening the policy environment. The Basic Education Curriculum Framework was finalized, with UNICEF supporting all phases of the process. Subsequently, the development of the curriculum commenced and a committee was set up by the Minister of Education to lead the curriculum development process. The 2014-2017 Education Sector Plan was appraised and endorsed by partners and the GPE grant of US$ 17.9 million was approved with the signing and ratification of the grant agreement in August 2014. Additionally, the Department for International Development (DFID) approved US$ 5.5 million from the multi-donor trust fund. Progress towards the achievement of the MoEST selected strategic objectives identified in the 2011 MoEST Education Sector Capacity Development Strategy was made with UNICEF support for the recruitment of four public sector experts. These experts will provide embedded technical assistance to the MoEST in key areas of leadership and management, human resources, procurement and supply and budget execution. Their roles were earmarked to run over the next 2 years, beginning in the last half of 2014, but the activities had to be postponed until April 2015 due to the EVD crisis.

The just released DHS report revealed a decline in participation in primary schooling at the correct age, from 74 per cent in 2010 to 71 per cent in 2014. Additionally, secondary data analysis of 2010 data reported in the 2013 Sierra Leone Integrated Household Survey showed evidence of a drop in net primary enrolment rates. This suggests that problems with achieving right age enrolment and retaining children within schools persist. UNICEF support aimed to increase right age enrolment through the provision of incentives to the most marginalized six-year-old children. Although that activity was planned for September 2014, it stalled by the closure of schools due to the EVD crisis. However, 20,040 six-year-old children were supported to enrol in the 2013/2014 academic year and UNICEF conducted a rapid assessment of the programme in July 2014. Physical head count verifications carried out during the assessment revealed that beneficiaries were two times more likely to have attended school compared to non-beneficiaries (39.8 per cent versus 17.4 per cent). Findings from the assessment informed the redesign of the programme.

The EGRA and EGMA were successfully completed in May 2014 (the first of their kind in Sierra Leone). Results showed that learning outcomes remained constrained. 27 per cent achieved level 2 addition for understanding and application of numeracy. Untrained teachers were reported to be 34 per cent, down from 40 per cent in 2010, reflecting that while there is some improvement, problems in pedagogy remain. The MoEST and partners agreed during performance reviews that bottlenecks previously identified persist, further noting that while a holistic perspective continues to be key to removing the bottlenecks, operationalization of the Teacher Service Commission would be a major step towards improving learning outcomes.
In this reporting period, progress towards setting up the Education Management Information System at the MoEST commenced with the finalization of the inception report. Technical approval of the report by the MoEST Directorate of Planning was granted in August 2014 and approval by the Minister of Education was granted in December 2014. Delays in securing the Minister’s approval hindered opportunities to quickly move on to setting up a system with the flexibility to work in the context of the EVD emergency, simultaneously providing national level data for evidence based planning for school re-opening.

With UNICEF support, in May 2014, the second round of cluster monitoring was successfully conducted in 348 schools in six districts. Technical and financial support was provided to develop a system to integrate decentralized monitoring and data management at the district level. In addition to maintaining copies of completed cluster monitoring tools at the central level, copies are maintained at district education offices and at the monitored school as reference for follow-up actions in subsequent monitoring visits. This system allowed key issues raised during monitoring visits to be noted for discussion at the cluster coordination meetings conducted in June 2014. Additionally, all clustered schools received UNICEF support for computers and their accessories. All six district education offices had two data entry clerks trained in a hands-on practical data entry training session facilitated by UNICEF and Round Two data was successfully captured at district education offices in June 2014. However, capacity gaps still remain in data analysis and report writing at the district level.

Additionally, UNICEF supported strengthening the capacities of MoEST, local councils and community structures to implement national CFS standards through training on the initial draft of the National CFS Standards in two districts. Furthermore, reflective practices were embedded as part of action research, generating evidence in addition to stimulating localized conflict resolution responses at community levels. While UNICEF supported the provision of WASH facilities in 422 primary schools, benefiting 91,651 children, financial resources for the WASH-in-Schools programme were reduced during the reporting period, leading to the halving of the number of schools targeted by the programme, from 1,260 to 648. In the remaining 226 schools, provision was affected by indefinite school closures. Overall, progress towards achieving the target of availability of adequate WASH infrastructure in schools to facilitate quality learning was constrained.

The President’s declaration of a Status of Emergency at the end of July 2014 resulted in a ban on public gatherings, restriction of movement from and to affected areas and an indefinite closure of schools across the country. This constrained most planned activities for the second half of the year.

OUTPUT 1 By 2014 national education governance systems are strengthened and are gender responsive.

Analytical Statement of Progress:
With UNICEF support, the MoEST completed the 2014-2017 Education Sector Plan, which was appraised and endorsed by partners, and the US$ 17.9 million GPE grant was approved. The signing and ratification of the grant agreement was done in August 2014. Additionally, DFID approved US$ 5.5 million from the multi-donor trust fund.

The second round of cluster monitoring was successfully conducted in 348 schools in six districts in May 2014. Prior to this, tools were revised and a refresher training of all monitors and coordinators conducted in April 2014. Twelve data entry clerks from the six districts were trained in March 2014, and computers and printers were procured and distributed to all districts to
support data management at the decentralized level. A system was put into place to support decentralized monitoring, in which data collection tools are in triplicate; a copy is maintained at the school, another copy at the district education office and the remaining copy at the central level. Cluster coordination meetings were conducted in all clusters, with clustered schools drawing issues for discussion from their school monitoring visit copy. Reports for these meetings were compiled and action points for the cluster noted. Implementation of action plans and roll out of another planned cluster monitoring visit was, however, stalled due to the EVD crisis.

OUTPUT 2 By 2014 teachers in targeted primary schools are applying child friendly teaching methodologies and emerging issues in the classroom

Analytical Statement of Progress:
The declaration of a Status of Emergency by the President at the end of July 2014 resulted in a ban of public gatherings, restriction of movements from and to affected areas and an indefinite closure of schools across the country. As a result, the in-service teacher training of 516 teachers that was scheduled for the first week of August was indefinitely deferred. However, until this declaration, plans were well under way for the 2014 UNICEF supported in-service training. The facilitators and participants were screened and selected for the training. The selection process for the 516 teachers had been completed. The training intended to focus on teachers drawn from the six pilot cluster monitoring districts in order to maximize the capacity development of teachers in the school clusters. Another dimension of the training is that the Peacebuilding, Education and Advocacy (PBEA) teacher training manuals are being consolidated into one manual, with the contents being less theoretical and more activity oriented so that teachers can easily identify with strategies for dispute resolution and adopt more peaceful classroom management. The training will take place as soon as the situation returns to normal. In the meantime, the MoEST has instituted the Emergency Radio Education Programme and a total of 1,182 teachers nationwide were trained and participated in community sensitization. In addition, the coverage, quality and listenership of the radio lessons were assessed countrywide between November and December 2014.

Additionally, in the reporting period, UNICEF supported the MoEST to successfully conduct the EGRA and the EGMA and develop a communications strategy for disseminating the findings. The assessment report was finalized in September 2014 and findings showed that learning outcomes remain constrained. 27 per cent achieved level 2 addition for understanding and application of numeracy.

OUTPUT 3 By 2014 girls and boys in targeted primary schools in eight districts practice at least three critical hygiene behaviours both at school and at home.

Analytical Statement of Progress:
UNICEF supported provision of child-friendly WASH facilities in 422 primary schools, benefiting 91,651 children. However, financial resources for the WASH-in-Schools programme were reduced during the reporting period, leading to halving of the number of schools targeted by the programme from 1,260 to 648. Progress in the provision of WASH facilities, hygiene and sanitation promotion activities in the remaining 226 schools, which was scheduled to commence in the second half of the year, was affected by the indefinite school closures due to the EVD crisis.

In total, 4,500 school health club members in 450 primary schools were trained in SSHE/School-Led Total Sanitation (SLTS) and are promoting sanitation and hygiene in their
schools and communities. In 2014, more than 60 per cent of schoolchildren were reported to wash their hands with soap at critical times in the 450 target schools, a significant improvement from below 25 per cent in 2012.

In collaboration with natural leaders, at least three catchment communities per school were mobilized to achieve or maintain their ODF status. Only 43 per cent of school catchment communities in the targeted project sites have reached and maintained their ODF status, against a target of 60 per cent.

**OUTPUT 4** By 2014 targeted schools and communities support peace and child-friendly schooling with special focus on girls, adolescents and other vulnerable children.

**Analytical Statement of Progress:**
UNICEF supported strengthening the capacities of the MoEST, local councils and 120 community structures (i.e. school management committees, mothers clubs and child governments) to implement national CFS standards through training on the initial draft of the National CFS Standards in two districts. Furthermore, reflective practices have been embedded as part of CFS/action research, generating evidence and stimulating localized conflict resolution responses at the community level. Given the linkage between CFS and conflict-affected contexts, the action research is capturing problems and is creating localized means of addressing these issues through action research groups at the community level (i.e. adult and children’s groups with 551 in and out-of-school children). Through these reflective practices, community stakeholders have initiated community responses to align schools to CFS standards by building additional classrooms (e.g. Maranda Primary), recruiting, and providing incentives for community teachers. District steering committees were set-up in Pujehun and Tonkolili with representatives from local authorities, traditional leaders, civil society, district MoEST officials, social welfare, water division, district administration, and health administration. These committees are tasked to ensure that everything done is documented to allow for reflection, learning and also experience sharing, with UNICEF playing a facilitating role. Data on attainment of the CFS standards showed that close to half of the targeted schools meet critical CFS standards. However, progress in the last half of the year was stalled by the EVD emergency.

Community structures (780 mothers clubs) have supported 2,757 children (1,253 boys and 1,504 girls) to enrol and remain in primary school in 12 districts. This support includes school materials, such as bags, books and uniforms. Additionally, 16,200 girls are participating in the girls mentoring programme, focusing on providing PSS, including life skills training by role models and peer counsellors.

However, support aimed at increasing right age enrolment through the provision of incentives to the most marginalised six-year-old children at the start of the 2014/2015 academic year was stalled by the indefinite closure of schools. During the 2013/2014 academic year, 20,040 six-year-olds were supported to enrol. A rapid assessment of the programme was conducted in July 2014 and physical head count verifications revealed that programme beneficiaries were two times more likely to have attended school compared to non-beneficiaries. Findings from this assessment informed the redesign of the programme as part of preparations for rollout in September 2014, but progress was stalled by the closure of schools.

**OUTPUT 5** By 2014 gender-responsive education in emergency plans and peace building are integrated into education programmes.
Analytical Statement of Progress:
The Basic Education Curriculum Framework was finalized. This followed wide and inclusive consultations conducted in 2012, as informed by findings of the Conflict Analysis. Various stakeholders (youth and children included) were involved in prioritizing issues and defining values and objectives on which the national curriculum framework for basic education was then based. The Curriculum Framework focuses on the role of education as a driver for social cohesion, equity, peace consolidation, including civic education, peace education, life skills, celebration of culture and gender sensitivity; promoting active learning for pupils and critical thinking; and ensuring that the topics taught across the subjects are relevant for a modern Sierra Leone. The finalised Curriculum Framework for Basic Education is now the main reference document for a review of the Basic Education Process. The next phase, which entails the development of the curriculum, has now commenced. The Minister has set up a committee to lead the curriculum review process. This will lead to the development of individual gender responsive syllabi.

In response to the EVD emergency, UNICEF supported the MoEST to develop the Education Response Plan to the EVD crisis, set up technical working committees and develop the monitoring framework for the response. Additionally, support was provided to MoEST to ensure continuity of learning for children during school closures through the Radio Education Programme targeting 1.8 million children and the prepositioning of supplies. Listenership monitoring is being done on a weekly basis and on average, about 44 per cent of households with children of primary school age listen to the radio lessons each week. UNICEF also supported a more comprehensive house-to-house monitoring and sensitization campaign for the Radio Education Programme, which covered about 11,834 households with school-age children across the 394 wards in the country. In total, 1,182 teachers were trained and participated in this activity. Data collected as part of this campaign is being captured and preliminary results are expected within the first quarter of 2015. UNICEF and partners also started working on a draft guidance note and protocol for operating safe school environments in EVD outbreaks. This includes plans for assessments before school reopening.

OUTCOME 3 By 2014, children, especially the most vulnerable, are better protected from abuse, violence, and exploitation, with a specific focus on children lacking primary care givers, child justice and gender-based violence in seven districts

Analytical Statement of Progress:
In 2014, the legal and policy framework was strengthened through the Child Welfare Policy and the Child Justice Strategy. The Child Welfare and Alternative Care Policies approved by the Cabinet and key tenets are already included in the National Agenda for Prosperity. To rollout the 2012-enacted Sexual Offences Act, a plan was developed, which included revision of National Referral Protocols for children and victims of gender-based violence, the training manual on the National Referral Protocols, referral tools, the Case Management Handbook for Family Support Units, and modules on gender, sexual and gender-based violence and child justice for the police and Family Support Units (FSUs). Implementation of policy and legal frameworks is challenging given the limited decentralised capacities.

Recognising the important role of community and traditional mechanisms, UNICEF supported decentralised child protection systems through local councils, child welfare committees, traditional and religious leaders and community groups/structures. At the community level, assistance was provided to 102 child welfare committees, 400 traditional and religious leaders, 202 paralegals and 171 community groups to prevent and respond to child protection issues, such as violence against children, diversion of children and adolescents in conflict with the law.
from the formal judicial system, FTR of children not living with their biological parents. FTR networks have been set up in 12 districts.

The National Strategy for the Reduction of Teenage Pregnancy was launched by the President and implementation was supported through the development of a communications strategy, M&E framework, partner mapping and life skills curriculum for in and out-of-school adolescents. The results of a qualitative evaluation of previously supported projects guided the scale up of the project to empower adolescent girls socially and economically in four districts. Based on two research studies on female genital mutilation, a national strategy for the reduction of female genital mutilation/circumcision is being developed. Two other research studies on street-associated children and the impact of extractive industries on children and women were completed and action plans for implementing recommendations are under development.

With the support of both the national and international community, the Government of Sierra Leone put a National Ebola Response Plan into place. The Plan is comprised of public mobilization, sensitization and education geared towards prevention; clinical/medical treatment, which includes screening and testing of suspected symptomatic cases; surveillance and contact tracing within the framework of emergency response; and a child protection/PSS/gender pillar to support PSS, family tracing and reunification and survivor support.

OUTPUT 1 Priority core elements (capacity building of professionals and communities; development of national child protection policy) of the child protection system at national and sub national level strengthened

Analytical Statement of Progress:
Considerable progress has been made towards strengthening child protection mechanisms. Following the 2010 child protection systems mapping and assessment, the Government, in collaboration with NGOs, the United Nations system and other stakeholders, finalized the Child Welfare Policy, which guides the strengthening of families and communities. Regional consultations and validations were conducted with key stakeholders, including children. The Cabinet has approved the Policy. The 2013-2017 National Agenda for Prosperity includes child protection prevention and responses as a major priority that is essential for national development.

Support was provided for the development of the social work curriculum outline and this needs to be populated. The MoSWGCA recruited 90 new social workers. UNICEF is supporting the capacity gap analysis of the MoSWGCA and the development of a costed implementation plan for the Child Welfare Policy. Technical and logistical support was provided to convene the national, regional and district level child protection committees. This resulted in the achievement of FTR networks, Child Welfare Policy development, and referral system strengthening at the district level (meetings have occurred at the national level, bimonthly at the regional level and monthly at the district level in Kambia, Koinadugu, Tonkolili, Bombali, Kono, Bo, Kenema, Pujehun, Kailahun and Moyamba districts.

Officials from 19 local district and town councils were trained in 14 districts on children’s rights following the March 2013 announcement by the MoSWGCA that key functions are devolved to local councils. Research studies on street-associated children and the impact of extractive industries on children and women have been completed and an action plan to implement recommendations is being developed.
The MoSWGCA was supported with the finalisation of the state party report to the African Charter on the Rights and Welfare of the Child. Child participation guidelines and tools are being developed in support of the MoSWGCA and the National Commission for Children. As a part of the support for the implementation of the Child Welfare Policy, a comprehensive communications strategy for child welfare has been developed.

**OUTPUT 2** Government and community capacity strengthened to care for and protect children not living with their biological parents

**Analytical Statement of Progress:**
Progress was made towards building the capacities of the MoSWGCA, local councils and communities to care for children not living with parental care. An Alternative Care Policy approved by the MoSWGCA was also approved by the Cabinet. Implementation of the Policy is captured in the MoSWGCA Strategic Plan (2013-2017) and the Agenda for Prosperity (2013-2018). MoSWGCA and local council staff in 14 districts have been trained on their roles, and are better able to regulate the 63 existing residential child care facilities (RCCFs) hosting 2,159 children, and support FTR.

Local councils and the MoSWGCA were supported to regulate the care of children in RCCFs. Local councils together with management of children’s homes and focal organizations for FTR carry out care review processes and reunify children with their families or place them in foster care in line with the minimum standards of care for children in RCCFs. Four NGOs are being supported to develop foster care networks reaching approximately 80 children in four districts. These provide family-based care alternatives for children without parental care.

FTR networks have been established in 13 districts and the Western Area, and formalised through the signing of a Memorandum of Understanding between the MoSWGCA and focal FTR agencies. A total of 34 staff members from focal organizations in all districts and 57 staff members from 19 local councils were trained on FTR. Identification, documentation, tracing and reunification forms were finalized and printed. National-level Child Welfare Secretariat capacities were strengthened for data collection, storage and management of FTR, but additional support is required to collect, analyse and manage data on separated and unaccompanied children.

Community radio stations in four districts were trained and sensitised communities on the risks of alternative care. Partnership agreements have been signed with four community radios in Bo, Kenema, Waterloo and Freetown.

**OUTPUT 3** Capacity of government and communities strengthened to promote social change, formulate strategies and implement mechanisms to prevent and respond to gender based violence against boys and girls

**Analytical Statement of Progress:**
Support was provided for the implementation of the National Strategy for the Reduction of Teenage Pregnancy, including through the development of a communications strategy, M&E plan, partner mapping, development of a harmonised life skills curriculum, including a sexual and reproductive health in education curriculum, and coordination at the ministerial, technical and district levels. The Strategy was launched in 2013. Teenage pregnancies are at pandemic levels, as corroborated by initial results of a study on the impact of the extractive industries on children.
A qualitative evaluation of the pilot projects on teenage pregnancy determined the most effective intervention. This evidence guided scale-up of BRAC social (adolescent clubs and life skills) and economic (financial literacy, livelihoods/microfinance support) empowerment of adolescent girls, which is reaching 6,684 girls through 210 adolescent clubs. A baseline survey has been conducted for this project.

An implementation plan and reader-friendly version of the Sexual Offences Act (2012) was developed. A training manual on the National Referral Protocol for victims of gender-based violence was developed and piloted, as were monitoring and referral tools. A total of 207 service providers were trained on the National Referral Protocol and use of monitoring and referral tools. Advocacy meetings with the Minister of Health resulted in commitment to provide free health services. In addition, 80 senior health workers were oriented on the National Referral Protocol. Modules on gender-based violence and sexual and reproductive health were included in the training curricula of health professionals and community health workers. Standard operating procedures and a case management handbook were developed for FSUs, and modules on gender, sexual and gender-based violence and child justice were developed for police and FSUs.

UNICEF supported the government and civil society organizations to develop a national strategy for the reduction of female genital mutilation/circumcision. Technical support was provided to the Forum on Harmful Practices, which brings together various actors working on the reduction/elimination of female genital mutilation/circumcision.

A peace-building project for 3,200 out of school adolescents is being implemented in two districts. This includes life skills training, sports, participation in decision-making at community and district levels and economic support.

**OUTPUT 4** Child Justice at formal and community level strengthened to ensure greater access and protection for boys and girls with special attention and alternatives to detention

**Analytical Statement of Progress:**
Progress continues to be made to ensure that children in conflict with the law are diverted away from the justice system and deprived of liberty only as a last resort; and that children in contact with the law have access to justice and are not re-traumatised.

The Child Justice Strategy was launched in April 2014. The Strategy outlines five key strategies, including the prevention of delinquency, the development of a system more responsive to children’s needs, diversion through the informal justice system, rehabilitation and reintegration, and strengthening legislation for child justice. The strategy also includes an M&E framework.

UNICEF supported a baseline study to assess the current status of outcome indicators. UNICEF is also supporting the implementation of outputs related to strengthening data collection, diversion of children from the formal justice system and the rehabilitation and reintegration of children in conflict with the law. Research was completed on traditional justice mechanisms for handling cases involving children. This will contribute to informing the diversion of children using the traditional justice system.

A partnership for strengthening probation services and a social enquiry reporting process for MoSWGCA was signed in June 2014. This will support children’s cases in courts, as it will consider the child’s background and situation.
Training was supported for 80 civil society and community-based organisations and paralegals providing legal aid to vulnerable groups, including children and women. The training resulted in an increase in the use of tools by paralegals and more referrals from civil society organizations to paralegal service providers.

**OUTPUT 5**  Improved capacities of Birth and Death registration systems by end 2014

**Analytical Statement of Progress:**
UNICEF supported the establishment of the interagency National Taskforce for Births and Deaths, which is led by the MoHS. The Taskforce works to implement the draft strategic plan for 2012-2015. This guides the improvement of birth registration systems through technical support to government policymakers, as well as financial and technical support to civil society partners in campaign efforts. Collaboration between Plan International and UNICEF has improved and a memorandum of understanding is being drafted to consolidate this collaboration and strengthen birth and death registration in Sierra Leone. Both Plan International and UNICEF have been incorporated into the National Civil Registration Task Force established in 2014, which is working towards a unified national civil registration and national identity card system. A project document prepared for 2015-17 for integrated civil registration now also includes an output on birth and death registration, drawing on input from Plan International and UNICEF.

UNICEF conducted an assessment of 47 BeMONCs to assess their status for birth and death registration. It is proposed that these centres serve as civil registration centres once the new integrated civil registration system commences.

UNICEF conducted an assessment on integrated civil registration and identity management to inform UNICEF engagement in the civil registration system processes.

**OUTCOME 4** By 2014, government and partners undertake equity-focused and gender-sensitive policy analysis, programme planning monitoring and evaluation

**Analytical Statement of Progress:**
A capacity assessment of MDAs, local councils and other partners, including a self-assessment (based on the UNAIDS M&E Capacity Assessment Framework), and key informant interviews on M&E capacity elements was conducted to identify the strengths and weaknesses of current M&E systems. A Capacity Assessment Report and Capacity Development Plan have been prepared. The development of the M&E Communication Plan and National M&E Policy has been delayed. Initially this was due to the late submission of the capacity assessment questionnaire and subsequently the report, which is expected to provide inputs for the development of the policy; and later on these activities were delayed by the EVD emergency.

The DHS has been completed and the report launched. UNICEF provided technical and financial inputs into the process to in order to ensure the issues of children were considered. Plans for conducting the census were well underway. Data collection was scheduled for December but was postponed to April 2015 due to the EVD outbreak, which affected all districts. A pilot census was done and the report prepared. MICS – Round 5 was also postponed, as the DHS data would be available for MDG reporting in 2015.

The training on DevInfo for Statistics Sierra Leone (SSL) provided an opportunity for the Government to customise the platform for Sierra Leone and give ownership to SSL. Preparations for customisation and the launch of DevInfo, including a planned refresher training
for MDAs and local councils, and training of UNICEF staff was put on hold as a result of the emergency.

The Participatory Community Monitoring and Accountability Framework was piloted in six communities, and follow up visits were made to monitor the implementation of the action plan developed by the communities and service providers to address identified issues. Planning meetings were held with partners for the expansion of the PCMA framework (a social audit tool) to 20 additional communities and the selection and training of these communities. These plans were thwarted by the EVD outbreak.

The Social Protection Implementation Framework was completed and will be launched as soon as the go ahead is given.

OUTPUT 1 Increased knowledge and Skills of Government Ministries, Departments and Agencies (MoHS, MoFED, local councils, MIC, MoSWGCA, OCOS) and partners for equity-focused policy analysis, budgeting, programme planning, monitoring and evaluation by end 2014

Analytical Statement of Progress:
The National M&E Policy is not yet in place. The development of the Policy was initially delayed due to the late submission of the capacity assessment questionnaires by MDAs, which resulted in a delay in the preparation of the report. The Capacity Assessment Report and National Capacity Development Plan are now available and should provide inputs for the M&E Policy. However, the EVD emergency further slowed down the process as the consultative meetings with stakeholders have been put on hold.

Recognizing the importance of tracking NGO and community-based organization development interventions nationwide, the partnership mapping tool was developed, completed and launched. Creating a functional web-based interactive mapping interface is, however, yet to be completed. The MoFED/SLIS is currently updating the mapping tool with newly available data and maps for hosting on www://partnershipmappingtool.sl.org.

In order to showcase the proper selection of ward committee members and the development of plans, UNICEF supported the process in Moyamba District. The District Development Plan articulated priorities identified by ward committees and is being implemented. The Ebola outbreak disrupted efforts to showcase it to other local councils and work with the Local Government Finance Department and Decentralisation Secretariat to make it a required practice for the proper election of ward committee members and their involvement in identifying priorities.

In order to ensure monitoring and evaluation of government performance contracts, and for the provision of real-time information, UNICEF is supporting the establishment of the PMIS. This will ensure that the performance contracting process is digitalised and more transparent, accessible and accountable to the public. As an outcome of a consultative review meeting, the initial scope of the initiative and participating institutions has been revised and expanded. This will further delay the process. In all, 96 institutions will be targeted (24 ministries, 19 local councils, 7 tertiary institutions, and 46 agencies and commissions).

The preliminary data and maps of services in communities are available and being utilized. However, the mapping of under-served communities was not approved because of the high cost involved, and was discontinued. The geographic information system Atlas Mapping Project,
which has similar objectives as the under-served communities mapping project, is being considered.

**OUTPUT 2**  Strengthened capacity of MDAs (MOHS, MEST, MEWS, MSWGCA, SSL) and partners at national and local levels for coordination and management of information systems for women and children by 2014

**Analytical Statement of Progress:**
Due to the Ebola outbreak, data collection for the 2014 National Population and Housing Census was postponed to April 2015. The pilot census was done and the report completed. The implementation of the MICS5, using the updated national sampling frame for the 2014 census, was also postponed to 2015. The 2013 DHS thus provides the most recent source of data on child welfare indicators.

The customization of DevInfo for Sierra Leone, the training of staff and refresher training of partners on DevInfo, which were scheduled for September, have been put on hold due to the Ebola emergency.

Plans for the results-based management/HRBAP training for MoSWGCA staff were well underway and the identification of a facilitator was in progress. The Ebola outbreak has, however, put the implementation of non-Ebola related interventions on hold.

The MoSWGCA Strategic Plan, which provides a road map of activities, has been completed but not yet officially launched, partly as a result of the Ebola outbreak. Planned interventions are being implemented, however.

**OUTPUT 3**  Increased knowledge and skills of Government (MOHS, MEST, MSWGCA, MOFED, MIC and the office of the chief of staff) and partners to promote community planning, implementation, monitoring and evaluation for equitable behaviour and social change by end 2014;

**Analytical Statement of Progress:**
Only one set of Maternal and Child Health Week activities was launched. The national launch gave visibility to Maternal and Child Health Week 2014, and was also used as an opportunity to raise awareness on the Ebola epidemic. The second Maternal and Child Health Week was overtaken by the EVD outbreak.

The MoHS did not put forward a plan for National Immunization Days for 2014 because there is no polio threat in Sierra Leone and neighbouring countries – Guinea and Liberia – at the moment. However, two successive Mass Drug Administration malaria campaigns were carried out in targeted districts.

The training for core trainers to scale up the use of the Wi Pikin training package, which was scheduled for July, was overtaken by the EVD response. This activity will be carried over to 2015. One of the offshoots of the Wi Pikin framework has been a consultancy to develop a Community Centred Capacity Development (CCCD) approach. This will become one of the overarching approaches in the new country programme. The consultancy report has been finalised and circulated.

Follow up on the pilot communities showed that considerable progress had been made in implementing their action plans, which were developed to address bottlenecks in accessing and
utilizing health and education services. However, plans for the expansion of the (participatory community monitoring and accountability (PCMA) framework to 20 communities were put on hold due to the Ebola outbreak. The framework will be rolled out in 2015.

Following the evaluation of 51 radio listener groups, a concept note was developed that made recommendations for the second phase of the project. Follow-up activities for this project have been forestalled by the EVD outbreak. However, community and commercial radios are being used considerably in the on-going EVD response. The C4D Unit will look more closely at empowering radios so they can work together as partners.

OUTPUT 4 Increased capacity of Ministries, Departments, and Agencies (MDAs) (MoSWGCA, MoFED, NaCSA, Ministry of Labour, the Office of the Chief of Staff and other relevant institutions) and local councils to provide social protection for the extremely poor, children, women and vulnerable households

Analytical Statement of Progress:
The Social Protection Strategy and Implementation Plan is ready but has not been launched as previously planned due to the Ebola outbreak. The Plan will be launched as soon as the green light is received from the State House. The Plan was updated with the latest poverty data and in line with the priorities in the Agenda for Prosperity. The Social Protection Secretariat, MDAs and the State House participated fully in the process.

A core cadre of staff trained in social protection exists in all local councils and in the Social Protection Secretariat, NaCSA, MoFED, Office of the President, MoSWGCA, MoE, MoHS, and the Ministry of Agriculture, Forestry and Food Security. These staff members will be used as trainers and in the implementation of social protection programmes.

The two cash transfer programmes for vulnerable families in six districts and for families affected by Ebola in an additional four districts are being implemented now and the collaboration and coordination between MDAs, civil society, the Social Protection Secretariat, the World Bank and UNICEF has been exemplary. This has resulted in a well-designed programme and smooth implementation.

The social protection coordination meetings are useful fora for policy guidance from ministers and oversight for the implementation of social protection programmes. There has been enthusiasm by directors and officials from various MDAs to contribute technical information and this has helped ensure the timely and smooth design of cash transfer programmes.

OUTPUT 5 Increased capacity of MDAs (MoSWGCA, MoFED, NaCSA, Labour, Office of the Chief of Staff and other relevant institutions) and local councils to provide social protection for the extremely poor, children, women and vulnerable households

Analytical Statement of Progress:
Social Protection remains inadequate given that there are about 143,000 extremely poor households in Sierra Leone, according to the Integrated Household Survey 2011. As these programmes get implemented, scaling up of successful components will be important for poverty reduction and the realisation of children’s rights. The Social Protection Secretariat is working with the World Bank, UNICEF and MDAs to implement the strategy, including a cash transfer programme for more than 20,000 extremely poor households. However, a key bottleneck is inadequate funding to provide support for extremely poor households.
The Social Protection Secretariat was supported with equipment and funding for policy oversight forums. MDA and local council staff were trained on designing, implementing and monitoring social protection programmes in order to address the issue of low capacity.

OUTCOME 5 By 2014, strengthened relevant development partnership platforms and media capacity for increasingly reflecting issues concerning the rights of children and women in accordance with international ethical standards.

Analytical Statement of Progress:
During the reporting period, Ebola Recovery Assessment (ERA) facilitated the strategic participation of the Representative and other senior management staff in various fora through the development of talking points, fact sheets, photos and videos that highlighted issues affecting women and children in Sierra Leone. The development partners’ platforms that ERA supported in their establishments – health, education and child protection – are still up and running.

The local media’s capacity to ethically and effectively report on children’s issues is being strengthened through trainings. Though there were no trainings in 2014, an evaluation of the previous two trainings established that they were effective and contributed to supporting the skills of journalists to ethically report on children.

International media interest in Sierra Leone increased significantly during the Ebola outbreak, with various high profile media outlets reporting on Sierra Leone on a regular basis. ERA continued to facilitate many field visits by international journalists to Sierra Leone and pitched stories on the impacts of Ebola on children and women. The Representative, Ebola focal point and other key staff members responded favourably to a barrage of international media requests for interviews, thereby increasing the visibility of the work of UNICEF Sierra Leone in the Ebola response.

Social media, such as UNICEF Sierra Leone Facebook and Twitter accounts, continued to highlight issues affecting women and children and the UNICEF response to the Ebola outbreak. The number of followers on both platforms spiked significantly. The YouTube account featured videos of UNICEF Sierra Leone work from time to time.

There was a significant increase in the number of human interest stories, articles, social media posts and likes in 2014, mainly due to the Ebola outbreak and the media interest that developed around it. Press releases or news notes were produced on all significant events that were undertaken by the office or jointly carried out with government counterparts. As a result, increasing media attention developed around the work of UNICEF.

Although an advocacy strategy tailored to key UNICEF programme interventions in health, education and child protection was in place prior to the Ebola outbreak, implementation was disrupted by the emergency situation in the country and the sub-region. However, an advocacy strategy for Ebola was also developed, which guided the UNICEF Sierra Leone advocacy drives in response to the outbreak.

UNICEF Sierra Leone has continued to enjoy good relationships with donors and National Committees over the years. Overall, 100 per cent of high quality donor reports were sent on time during the reporting period. Between January and June 2014 (prior to the Ebola outbreak), ERA hosted 11 donor/National Committee/media visits. ERA continues to maintain its reputation of organizing good field visits as 100 per cent of the visits were well organized and executed,
according to the continuous positive feedback from the donors/National Committees after their field visits. ERA was on course to exceed the expected target if the Ebola outbreak hadn’t disrupted normal programme activities and led to donors/National Committees ceasing their visits to the country.

**OUTPUT 1**  By 2014 increased awareness on issues relating to the rights of children and women

**Analytical Statement of Progress:**  
Programme visibility needs to be further developed. Press releases were issued on key UNICEF interventions, such as the malaria campaign and social mobilization work. However, during the Ebola crisis, there was a need to increase their reach. Press conferences were very few and need to be increased.

Standalone talking points need to be developed based on the UNICEF Sierra Leone advocacy messages.

Calendars were produced efficiently. All four editions of the UNICEF newsletter were produced but out of the four editions of Pikin News, only one was produced. The Ebola outbreak made it difficult to reach out to children.

Social media (Facebook and Twitter) attracted increased followers, especially during the Ebola outbreak. YouTube was a platform that also increased the visibility of UNICEF Sierra Leone.

The journalist training was not accomplished due to unavailability of staff and the limited time available.

**OUTPUT 2**  The media has enhanced capacity to report ethically and increase coverage on children's and women's rights.

**Analytical Statement of Progress:**  
In some instances, Pikin News was not promptly distributed by field offices, which resulted in dozens of issues undistributed to their intended audiences.

It was suggested that regular meetings be held with local and international journalists in order to brief them on issues relating to women and children.

Issues relating to children were unethically reported on in the media, which exposed the child to harm and stigma. Two of these trainings had been held in the past and there have been some improvements in reporting on children.

After two rounds of journalist trainings carried out over the past two years, it was deemed appropriate to conduct an evaluation of such trainings in order to determine their impacts.

**OUTPUT 3**  Donor and National Committee relations increased and strengthened to ensure adequate resources for children

**Analytical Statement of Progress:**  
Relations with donors and National Committees were sustained and strengthened through the production of quality documentation and advocacy materials. In 2014, 66 donor reports were reviewed and 100 per cent were submitted on time. The National Committee toolkits for child
survival and development, education and child protection were updated in February and August 2014; they are now available on the Funding Marketplace. The toolkits include reports, pictures, human interest stories, the results matrix and other reference materials. Most donor and National Committee visits (e.g. GPE, IKEA Foundation, UK Committee for UNICEF/Soccer Aid) took place before the Ebola outbreak. During the virus outbreak, relations with National Committees were further strengthened, in particular with the German and Spanish Committees for UNICEF: interviews and media requests were managed, funding appeals were supported and human interest stories were shared. The section also contributed to the mapping of the private sector in Africa as part of a collaboration between WCARO and the Eastern and Southern Regional Office to strengthen resource mobilization efforts with the private sector.

### Document Center

#### Evaluation

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#### Other Publication

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#### Lessons Learned

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