

Executive Summary

In the Health sector, there were remarkable results due to the continuation of Free Health Care Initiative. There were 2.5 times more children benefiting from health services than before the Free Health Care. The pneumococcal vaccine was introduced in 2011. The country program contributed to developing a 'Reproductive Newborn Child Health policy and Strategic Plan'.

The education sector finalized a Capacity Development Strategy which addresses capacity constraints affecting the education system. A new Country Status Report for Education finalised during the year will support the revision of the Education Sector Plan envisaged for 2012.

The child protection section supported the Ministry of Social Welfare, Gender and Children's Affairs in drafting a Child Protection Policy. A child justice system assessment was undertaken, giving guidance to the government to strengthen diversion and mediation mechanisms in this field.

The Country Office led the development of a Concept Note to rally partners including the World Bank in developing an Implementation Plan for the Social Protection (SP) Policy. This work had led to close collaboration with the World Bank, leading to UNICEF and the Bank co-supporting government staff in an SP training and an assessment of existing SP interventions. In 2012 UNICEF and the Bank will co-support a national meeting on the Social Protection Floor and development of the Implementation Plan for the Social Protection Policy.

C4D work focused on strengthening mothers groups in the areas of education and nutrition. A strategy to mobilise the mothers groups work in social and behaviour change was completed. The strategy envisions community development based on the needs of the communities/mothers and not development agencies. For example, issues of microfinance, food security will be tackled along side traditional issues of health, nutrition and education. A learning and partnership summit was organized in October bringing together mothers group members, NGO implementing partners, village chiefs, councilors and potential partners in adult literacy, microfinance and livelihoods.

UNICEF Sierra Leone continues to lead the Development Partners Groups in education together with the Ministry and co-chairs the Health Development Partners Group with Dfid. The Health COMPACT was signed by the end of 2011. UNICEF supported the set-up of a development partners group in Water and Sanitation which met twice in 2011. UNICEF provided financial, technical and administrative support to the REACH program, a coordination body with the aim of linking all relevant partners in the area of nutrition.

The UN Country Team has drafted the Transitional 'Joint Vision' (UNDAF) for 2013-2014. The program reflects the transition from a post conflict situation to long term development. This period is likely to also mark the end of UNIPSIL's mandate and presence in Sierra Leone.

In view of the upcoming elections in 2012, emergency preparedness is a priority. An emergency simulation was conducted by the Country Office in December.

The office also focused on implementing the audit recommendations from 2010, and this was done successfully for all but one by the end of the year. All technical staff were trained in Results Based Management. A refresher training to consolidate skills acquired has been slated for the first quarter of 2012.

Country Situation

Sierra Leone has been on the move, having emerged from a debilitating war in 2002 with some of the worst child health, education and protection indicators in the world. Attendance of school has improved and as many boys as girls are attending primary school. Maternal mortality has declined though it remains high. Child mortality remains a big problem due to shortcomings in nutrition, immunisation, hygiene and disease management.

Child marriage and teenage pregnancy are affecting a high percentage of children in Sierra Leone thus drastically reducing the opportunities for girls to complete school, gain employment and be empowered to play their rightful role in society. HIV/Aids prevalence, though low, has the potential of becoming a major health and socio-economic problem given the low level of comprehensive knowledge on the disease, limited testing and limited use of condoms.

Decentralisation plays an important role in effectively delivering health, education, water and sanitation services but is hampered by constraints in financial, human and management capacity. Individual and community participation in decision-making at the local level is considered important but the space for engagement, especially for women, young people and children is severely limited by tradition and socio-economic changes that undermine participation.

The nature of relations between men and women is dynamic and does allow opportunities for empowerment of women. In most cases though women are relegated to caring for children and families which limited opportunities for them to fully participate in social, economic and political spheres.

Inequities in access and utilisation of services persist, indicated by disparities in the status of children and women based on geographic location, income, gender and level of education. This clearly shows that service delivery, *per se*, is necessary but not sufficient to lift all children, women and other vulnerable parts of the society out of poverty and ensure equal opportunities in livelihoods and use of basic services.

Safety nets such as removal of user fees, food assistance, credit, engagement in public works and transfers in cash or kind are needed to support the most marginalised children and women who need a helping hand to overcome transaction and opportunity costs and other bottlenecks in accessing services. Support for women, youth and children to participate in community affairs, contribute to planning at local government level, gain information on rights and services, engage in mutual accountability and increase utilisation of services is important to improve the situation of children in Sierra Leone.

Who are the deprived children in your country context?

The most vulnerable groups in Sierra Leone are pregnant women, lactating mothers, under fives, adolescent girls, especially those out of school in rural areas.

Infant and under-five mortality rates in Sierra Leone are high. This is the result of several factors like lack of disease management, improper management of illnesses such as malaria, acute respiratory infection and diarrhea as well as poor hygiene practices. Malnutrition and late immunization also contribute to the high mortality in children. The maternal mortality rate has improved but remains too high to reach the Millennium Development Goals by 2015 without accelerating efforts.

Net attendance rate (74%) in primary schools has improved. However, a large proportion of children of school-going age, especially in rural areas are not attending school due to starting late and dropping out. Early marriage remains a vexing problem in Sierra Leone. Among girls between 15-19 years, 8 % were married before the age of 15 in 2010 compared to 15 % in 2005. In rural areas girls of this age group were more than twice as likely to be married by 15 years than in urban areas.

In 2010, 26 % of 10-14 year-olds who lost both parents were not attending school compared to 16 % of children with both parents alive and children living with at least one parent.

Children with disabilities have little educational support as there are no government schools to cater for their special needs. The few non-state schools that received government grants are expensive and can not meet the educational demands of disabled children.

Data/Evidence

UNICEF and other UN Agencies are working with the government and its partners to improve the availability of reliable information which is needed to serve as evidence to address the rights of children. To this end a joint programme has been implemented by the UN. The aim is to support the government, particularly its Information Management Agency 'Statistics Sierra Leone' through capacity building to collect, manage and analyse relevant information on the social indicators in health, education and child protection.

In addition to the Multiple Indicator Cluster Survey (MICS) done in 2010 and 2011, an integrated household survey has been conducted by Statistics Sierra Leone with technical and financial support from UNICEF, UN agencies and other partners. Results from these surveys will contribute to the development of the third Poverty Reduction Strategic Plan (PRSP) of the government that is due in 2013. The available data from MICS4 also influenced the Situational Analysis and Assessment (SitAn) of children and women in 2011. The SitAn served as a basis for the drafting of the 2013-2014 Country Programme Document (CPD).

Monitoring Mechanism

The Country Programme is monitored through national M&E systems especially in health, education and children and social welfare. The CO supports Information Systems in health and education. A pilot system is also being developed in the Ministry of Gender, Social Welfare and Children's Affairs. There are also a few country office specific data bases which are used such as in nutrition (CMAM Database).

As a response to the last Audit, a number of monitoring tools have been developed to harmonise office wide monitoring. Check lists in supply monitoring for example have been developed.

UNICEF along with the Excom agencies is now implementing the Harmonized Approach to Cash Transfer (HACT) with its partners. In addition to the necessary MACRO and MICRO assessments that have been done, UNICEF continuously works with its partners through assurance visits to ensure that programmatic and financial management principles are adhered to and, where necessary, identified risks in programme implementation are addressed. The government with support of UNICEF developed a harmonised capacity development guide that was used as a basis for a systematic approach to capacity building of partners. The guide is also recommended to be used as a tool for training on the site to address capacity gaps in programme and financial management. A list of agreed programmatic indicators have been developed to enable the evaluation of the achievement of programme results. For this reference is regularly made to the equity tracking matrix that was developed for the country office during programme and section meetings

Support to National Planning

UNICEF's key partner in the Child Survival and Development programme is the Ministry of Health and Sanitation (MOHS) at national level, and the District Health Management Teams at district level. Other key counterparts/partners include among the UN agencies WHO, WFP, UNFPA and UNAIDS, donors and among NGOs, World Vision, Sierra Leone Red Cross Society, Catholic Relief Service, and others. Close collaboration is also made with the private medical sector and the National AIDS Secretariat and the Liverpool School of Tropical Medicine. UNICEF partnered with VALID International to conduct National Community-based Management of acute Malnutrition coverage survey. UNICEF co-chairs with DFID the Health Development Partners group for coordination and aid harmonization among donors and development partners and for technical support to Government.

UNICEF also co-chairs the Education Development Partners Group with the Ministry of Education, Science and Technology (MEST). The education development partners for Sierra Leone include the Ministry of Local Government, WFP, UNESCO, UNFPA, NGOs and the World Bank, AfDB, EC, DFID, SIDA, JICA and GTZ. In addition, UNICEF is working closely with UNESCO BREDIA, (UIS and Pole de Dakar), the World Bank and the Government to develop a new Country Status Report for Education to support the revision of the Education Sector Plan in 2012. Even though the cluster approach is not enacted in Sierra Leone, a good working relationship is established with, Save the Children and the International Rescue Committee for work with the Government on Education in Emergencies focusing on preparedness.

Through the UN Joint Vision programmes collaboration with UNDP and UNIPSIL on Access to Justice was instrumental in integrating child justice issues into wider justice sector strengthening. Children's issues were included in trainings to the police and judiciary as well as in operating procedures for the Family Support Unit of the police.

The Ministry of Social Welfare Gender and Children's Affairs (MSWGCA) and especially Save the Children have been important partners in the discussion around strategizing for strengthening of the child protection system. The national Child protection Committee, chaired by the MSWGCA and comprising of national and international NGOs, is critical for strengthening coordination and common strategies for child protection.

Any other relevant information related to data/evidence?

During the year, the Country Office supported the MICS 4. In addition a Situational Analysis for Children in Sierra Leone was completed. Various evaluations and studies were undertaken. These are referenced to in different sections of this Annual Report. Some of the evaluations and studies include:-

An Evaluation of the Community Led Total Sanitation (CLTS) Programme in Sierra Leone

Opportunities for Sanitation Marketing in Sierra Leone. A Demand and Supply Chain Assessment for Sanitary Latrines in Urban and Rural Areas of Sierra Leone

Baseline and KAP survey for Hygiene Promotion and Public-Private Partnership for Hand Washing with Soap (PPHWS) in Sierra Leone

Report on Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage (SLEAC) and Semi-quantitative Evaluation of Access and Coverage (SQUAEC) of the Sierra Leone National Community-based Management of Acute Malnutrition (CMAM)

Sierra Leone Multiple Indicator Cluster Survey (MICS4), Final Report December 2011

Situational Analysis of the status of Children in Sierra Leone

Country Programme Analytical Overview

The Country Office will advocate to the Government of Sierra Leone to embrace the emerging concept of a Social Protection Floor as a programmatic platform to enable marginalised groups access services. In addition, the Country Office has already successfully advocated for the Joint UN to have a cluster on Social Protection in the Transitional United Nations Joint Vision 2013-2014. In 2012, the CO has laid ground work to partner with the World Bank and the National Commission for Social Action (NaCSA) to develop a Social Protection Implementation Strategy in line with the current Social Protection Policy. A Concept Note has been shared with all partners and a programme of work for 2012 has been agreed.

The CO will develop a programme of work using C4D strategies to raise awareness amongst communities on available services and how to access them. C4D will also be used to engender social and behaviour change to elicit community participation. C4D will be used to ensure that all interventions are Community Demand Driven (CDD) in their design, implementation and monitoring.

Based on research results in 2011, the CO will develop adolescent nutrition programmes as a strategy to reduce chronic malnutrition. The CO will enhance nutrition information communication to mothers as well as feeding programmes and safety nets to protect under-five children who are most at risk of chronic malnutrition.

In 2012, programming will also focus around mothers and parents other than community committees. This is based on evidence emerging from the Teenage Pregnancy Study that found that a close relationships and open communication between parents and daughters is an important factor in preventing teenage pregnancy. The study found that daughters were influenced by their mothers more than the mothers realised. An out of school study also clearly showed that mothers are instrumental in keeping children in school.

Effective Advocacy

Mostly met benchmarks

A committee for Advocacy, Partnerships and Leveraging Resources (APL) consisting of all section heads, the Representative, the Deputy Representative and the external relations and advocacy office meets monthly to ensure the advocacy strategy developed in 2010 is put into practice. The committee reviews and monitors advocacy partnerships and fundraising activities. Coordination between External Relations and Programmes has substantially improved.

The External Relations Office in cooperation with the sections evidence based developed advocacy messages for each programme for use in drafting Talking Points, Press Releases, Programme Briefs, Presentations and Human Interest Stories. The office identified 24 main occasions for the most effective use of these messages (for example, visit of Regional Director, the first anniversary of the Free Health Care Initiative, Mother and Child Health weeks, the Day of the African Child etc.). The equity focus is reflected in the messages. Media reporting on UNICEF related matters exceeded expectations (target was 15 media reports per month; actual coverage had an average of 25 media reports).

UNICEF Sierra Leone developed indicators aiming at advocating for the allocation of public funding in education, health and child protection. These indicators were submitted to the budget support donors (e.g. the European Commission, DfID, AFD, the World Bank) to get their support and thus gain more influence on government budget allocation. A tracking system will be developed next year so we can better influence and monitor public spending.

External Relations started engaging with the parliament to advocate for child rights. An orientation meeting was held with the Parliamentary Oversight Committee on Education to equip the Committee with knowledge to advocate for the advancement of girls education in Sierra Leone.

The Country Office hosted and organised three media trips reporting on health related issues. One of the broadcasting media reports on Sierra Leone done in cooperation with the GAVI Alliance contributed to GAVI receiving 4.3 billion U\$ at a pledging conference in London. The money will be used to immunize 250 million children in the poorest countries of the world. GAVI is now looking into the possibility of funding cold chain equipment for Sierra Leone through the UNICEF Country Office.

Furthermore the UNICEF Country Office has successfully worked with the media through a crisis situation involving missing medication for the Free Health Care Initiative. A regular stock take revealed in its report that a proportion of Free Health Care medical supplies distributed in 2010 were unaccounted for. The country office secured new funding for improving control and monitoring systems.

Changes in Public Policy

UNICEF's continuous advocacy to ensure continuation of Sierra Leone's Free Health Care Initiative contributed to its success – with 2.5 times more children benefitting from health services than before the implementation of Free Health Care initiative launched in April 2010.

Furthermore, the UNICEF health program supported the development of a 'Reproductive Newborn Child Health Policy and Strategic Plan'. This policy outlines the main areas of intervention in regards to reproductive, newborn and child health, and it clarifies and coordinates interventions.

UNICEF's Health Section also contributed to the development of a 'Community Health Workers Policy'.

Health workers in Sierra Leone have limited training in specific health areas. The policy outlines what health workers can and are allowed to do, and in which areas of the health sector they can contribute.

The UNICEF Sierra Leone CSD Unit also advocated for a new pneumococcal vaccine which was introduced into the routine immunization program at the beginning of 2011. UNICEF and other partners supported the government in developing the proposal that was sent to GAVI who is funding the new vaccine.

UNICEF's Water and Sanitation Section supported the launch of a national 'Water and Sanitation Policy and Implementation Strategy' which was the basis for a road map to develop relevant water policies.

The Nutrition Section contributed to the drafting of a 'Breast Milk Substitute Code' to better control the quality of commercial breast milk substitutes, and to a 'Salt Iodization Policy' which will be used to pass a law requiring all imported salt to be iodized.

The progress made in the education sector has been achieved through policy advocacy and sector reform support. A capacity development strategy finalized in 2011 addresses capacity constraints affecting the whole education system.

To influence 2011 budget allocation to education, 30 Sierra Leonean Parliamentarians were trained on budget issues. Furthermore, 560 community representatives were trained to participate in the budget process at local level.

Child Friendly Schooling Standards have been developed and the Ministry of Education, Science and Technology is leading the inter-ministerial conference due to be held in 2012 which will lead to the adoption and roll out of those standards.

UNICEF supported the Ministry of Social Welfare, Gender and Children's Affairs to draft a Child Protection Policy. There is a continuing dialogue on child protection systems approach, which resulted in greater synergy and understanding among key stakeholders. A draft 'Alternative Care Policy', including a regulatory framework for Children's Homes is in its final stages. The relevant government staff in the districts with orphanages was trained on monitoring the minimum care standards. As a result nine of ten districts started implementing monitoring plans.

To complement a child protection system assessment done in 2010, a child justice system assessment was undertaken, giving guidance to the government to strengthen diversion and mediation mechanisms. Input was given to the training manual of paralegals, developed by *TIMAP* for Justice, to ensure child protection issues are included.

A Social Protection Policy was developed. In 2012, a Social Protection Implementation Plan will be developed.

Leveraging Resources

UNICEF Sierra Leone established a contact between the International Finance Corporation (IFC) of the World Bank and the Health Development Partners in Sierra Leone. The IFC was on a scoping mission in Freetown to look at opportunities for government and private sector partnerships in particular in regards to maternity and paediatric health care in Freetown, Bo, Kenema and Makeni. Their focus included challenges in regards to infrastructure and staff. The aim was to agree with the government and to select one district for a pilot project. As chair of the Health Development Partners meeting, UNICEF Sierra Leone invited the IFC representative to be present at the HDP meeting. This was followed by discussion with partners and resulted in a so far informal agreement with the government.

The Water and Sanitation unit in UNICEF Sierra Leone has established contact with the Water Supply Programme of the World Bank and leveraged 150,000 U\$ for the government for water point mapping. UNICEF will add another 250,000 U\$. With the project, experts from the Water Supply Programme will come in the country to build capacity within the government team.

UNICEF supported the Ministry of Education to prepare a case for the Global Partnerships for Education (former Education for All Fast Track Initiative) to be extended. The GPE aims to provide the incentives and resources to empower poor nations to build and implement sound education plans.

UNICEF together with UNFPA and WHO developed a proposal for the EU-MDG initiative. 24.2million Euros was successfully mobilised through that initiative.

Capacity Development

Partially met benchmarks

A capacity development strategy has been developed by the Ministry of Education, Science and Technology for the Education sector in 2011. The strategy was completed with technical and financial support from UNICEF and endorsed by the education development partners group. It summarises critical capacity issues, key strategic objectives, and proposes a number of strategic actions aiming to enable children receive quality education.

The strategic objectives cover:

1. Policies, legislation and regulatory frameworks
2. Human resources
3. Teacher recruitment, deployment and performance management
4. Planning for development and service delivery
5. Data collection
6. Decentralisation
7. Budgeting
8. Communication
9. Monitoring and supervision
10. Supply management
11. Technical, Vocational Education and Training
12. Non-formal education
13. Early Childhood care and education
14. Special Education needs

The capacity development strategy will be implemented in 2012.

The CO supported capacity development efforts in the health sector through training of Maternal and Child Health Aids (lower cadre staff). A partnership has been signed with the Liverpool School of Tropical Medicine to provide further training. Enhanced skills among the MCH Aids will contribute to reducing maternal mortality.

Communication For Development

Mostly met benchmarks

C4D contributed significantly towards the achievement of programme objectives in 2011. A LLIN-use C4D strategy was rolled out during the year, as a follow up to the universal distribution of LLINs in November 2010. According to the LLIN post-campaign survey, 96.8% of household heads recognised mosquito bites as the cause of malaria, but only 25.7% identified LLINs as a preventive method.

Intensive social mobilisation activities were conducted for six rounds of polio NIDs and biannual Maternal and Child Health Weeks in 2011, which included strategic engagement with Chiefs and religious leaders. Campaign awareness throughout the year ranged between 79% to 85%. Various health communication activities were undertaken during the year to support different aspects of the Free Healthcare Initiative, including supply distribution to health facilities and information on services available to target beneficiaries. An HIV Prevention and Communication Strategy was developed in an effort to increase knowledge on HIV transmission and prevention, and encourage the adoption of preventive behaviours. A baseline study on handwashing and hygiene practices was undertaken which will serve as the basis for the development of a hygiene promotion C4D strategy in 2012.

To support the enrolment, retention and completion of school by children, especially girls, a radio drama was developed in 4 languages and rolled out through 13 radio stations across the country. The content of the radio drama focused on Code of Conduct for Teachers, Orphan and Vulnerable Children, Girls Education and the Relevance of Reading. Fifty radio listener groups were set up across the country for participatory monitoring of the radio broadcast and to serve as content feedback platforms. In 2012, a further 100 listener groups will be established. Radio stations were oriented and engaged to report more effectively on Sexual and Gender Based Violence (SGBV) issues. Community theatre, extremely popular in the country, was used in selected communities to facilitate community reflection and trigger action on SGBV and health issues.

To better understand the dynamics of community participation in Sierra Leone and strengthen community structures including *Wi Pikin* mothers groups, extensive field work was undertaken during the year including a study on the quality and rigour of Community Participation in the country. The study formed an important part of the updated Situation Analysis, and will help guide programming in the next country programme. The research also contributed significantly towards the development of a *Wi Pikin* strengthening strategy that recommends the need for UNICEF to facilitate community level partnerships and improve communication among *Wi Pikin* groups, NGO partners, Chieftaincy and District Councils for enhanced outcomes for children, greater accountability and good governance. Based on the recommendations, a first *Wi Pikin* Learning and Partnership Summit was organised in October 2011 which brought together Councillors, Chiefs, *Wi Pikin* mothers and potential partners from the field of microfinance, adult literacy, livelihoods and health.

C4D also supported 13 District Health Management Teams (DHMTs) in the revitalisation of their respective District Social Mobilisation Committees for better health communication and social mobilisation planning, coordination and resource mobilisation.

Service Delivery

Mostly met benchmarks

Service delivery is key to programme implementation in Sierra Leone. Over the years, UNICEF Sierra Leone has worked with its partners to ensure that necessary essential services reach and are utilised by the rights-holders. Focus is on the vulnerable and the most disadvantaged.

The education sector put its main emphasis on the training and retraining of teachers to ensure active learning and a relevant curriculum to benefit children attending school. Furthermore learning materials are delivered to children in remote areas through the involvement of local councils who take responsibility for the distribution of the supplies in their districts. Supply delivery is based on the selection criteria of schools in the most remote areas including community schools. End-user monitoring of supplies is regularly conducted.

In child protection, UNICEF collaborates with national and international NGOs and local groups like Child Welfare Committees to monitor and report on violations of children's rights including child abuse and gender based violence to relevant authorities. The Family Support Units of the Sierra Leone Police are key partners in this process.

The basis for the implementation of the Free Health Care Initiative (FHCI) in Sierra Leone was research that showed that user fees in health care delivery posed the biggest barrier for access to health care. By removing the user fees for pregnant and lactating women and children under five years old, the FHCI is expected to increase demand for services significantly among the most vulnerable group in the country and particularly among people in hard-to-reach areas. The aim is to achieve the needed coverage with essential interventions that would result in improved maternal and child health and eventually lead to a reduction of the high mortality rates. There has since been 150 % increase in maternal complications managed at health facilities and 61 % reduction in maternal case fatality rate in the first year of FHC . Medical care for children under five has increased by 214%, and there has been a dramatic reduction in the case fatality rate for malaria in public hospitals by approximately 90%. The number of acceptors of modern family planning methods at facilities rose by 140 %.

UNICEF has focused on providing the Government of Sierra Leone with expertise in logistics and supply chain management (procurement, clearing, transportation, warehouse management and supply monitoring); communication and community mobilization; monitoring and evaluation (M&E - printing and distribution of registers and cards, development of indicators); capacity building (training of health workers, logistics management information systems); and infrastructure development (rehabilitation and equipment of three district medical stores, construction of a maternity ward with a potential service base of as many as 500,000 people, and strengthening of basic emergency obstetric and neonatal care (BEmONC) services in 65 peripheral health units (PHUs).

Accountabilities have been clearly defined for all partners involved in this initiative. Monitoring for the initiative is intensive to ensure that any issues constraining service delivery are addressed in a timely manner and children and lactating mothers receive the best health care possible

Strategic Partnerships

Mostly met benchmarks

UNICEF Sierra Leone continues to lead the Development Partners Group in Education together with the Ministry of Education, and co-chairs the Development Partners Group in Health together with DfID. UNICEF actively supported the Ministry of Energy and Water Resources in setting up a development partners group for Water and Sanitation. UNICEF also provided financial, administrative and technical support for the REACH programme, an initiative linking all partners working in the area of nutrition.

In May UNICEF Sierra Leone strengthened its partnership with Save the Children in country through an exchange of letters and agreed that both heads of organisation would meet on a quarterly basis to exchange ideas and avoid duplication of activities.

To strengthen UNICEF supported *Wi Pikin* nutrition and education mothers groups in the country, and respond to group member's needs, the C4D team started engaging organisations working in the areas of microfinance, adult education, agriculture and livelihoods in the country. A first *Wi Pikin* Learning and Partnership Summit was organised in October which brought together selected *Wi Pikin* group members, NGO implementing partners, Chiefs, Councillors and 8 potential partners to share experiences and best practices and develop a platform for expanding community level partnerships.

For the same purpose, UNICEF has started to closely engage with Paramount and Village Chiefs who are often the first to be approached with cases of child abuse. Continued trainings and better links to the special unit of the police dealing with abuse cases as well as with child welfare committees shall help improving the referral system to the benefit and in the best interests of the children concerned.

UNICEF Sierra Leone continues to partner with the Health for All Coalition for the monitoring of Free Health Care Supplies.

The UN Country Team has successfully drafted the Transitional 'Joint Vision' (UNDAF) covering the period 2013 – 2014. The document reflects the country's transition from a post conflict situation under a UN security council mandate to a long term development. This period is likely to also mark the end of UNIPSIL's mandate and presence in Sierra Leone.

The UN Country Team continues to meet once a week with the technical groups working on the seven priority areas of the UN Joint Vision meeting monthly. In view of the upcoming elections, the UN Communication Group has started to meet at least once a month to ensure a smooth information flow and coherent messages.

Partnerships with NatComs were strengthened through the Sierra Leone Country Office hosting 10 NatCom visits, of which three were media trips. The UNICEF Country Office also set up a quarterly newsletter specifically designed to meet the needs of the NatComs. Furthermore, donor toolkits providing comprehensive information on the programmes and on the funding needs of each section have been developed for all three sections: Child Survival and Development, Education and Child Protection.

Mobilizing Partners

UNICEF supported the Ministry of Energy and Water in drafting Terms of Reference to set up a new Development Partners Group in Water and Sanitation. The group met twice in 2011. UNICEF Sierra Leone also drafted Terms of Reference for a Development Partners Group in the sector of Child Protection and started first discussions on it with the Ministry of Social Welfare.

As chair of the Health Development Partners Group, UNICEF substantially contributed to the Health COMPACT signed at the end of 2011. Furthermore a Joint Programme of Work and Funding has been set up as a work plan for government and development partners. For the internal use of health development partners, a work plan has been drafted and was agreed on.

With the aim of strengthening the weak supply chain management when it comes to the distribution of Free Health Care medical supplies, UNICEF entered into a partnership involving the government, Dfid, the EU, Irish Aid and the Global Fund. All parties agreed on a risk control matrix outlining the control and monitoring mechanisms needed for a functioning supply chain.

UNICEF Sierra Leone provided financial, administrative and technical support to the REACH programme, a coordination body with the aim of linking all relevant partners working in the area of nutrition. REACH did a situation analysis and shared the results with development partners and the government on national and district level. REACH also asked Irish Aid and USAID to co-chair a food and nutrition security working group that regularly brings together all stakeholders. REACH furthermore aims at linking the Ministry of Agriculture and agricultural programmes to nutrition so that food security is closely linked to nutrition security. The National Nutrition Policy Implementation Plan is being finalised with support from REACH.

In a more strategic approach towards reaching the Millennium Development Goals by 2015, UNICEF strengthened its partnership with Dfid which resulted in Dfid committing to fund projects in Education, Health and WASH over a period of three years with all together 64,868,720 U\$.

To support fundraising for the UN's Joint Vision, UNICEF funded a consultant who drafted a fundraising and communication strategy for the UN family and produced a first set of promotion brochures highlighting the activities of the Joint UN.

Knowledge Management

Partially met benchmarks

During 2011, the Country Office put a focus on knowledge management (KM) as a mechanism to increase knowledge sharing between programmes within UNICEF and with our external partners. After a series of "stakeholder" meetings – between the planning unit and all section chiefs, a KM architecture was drafted, to help outline the broader office goals, as well as the roles that staff member should play. TORs were developed, with input from all Section Chiefs and management, and 'KM champions' were identified. These staff members are to serve as focal points for KM within their own units.

A series of brownbag discussions – on topics including the online photo database, the shared drive, and UNICEF's online Communities of Practice – were conducted for all staff. Each unit was also sent information and links to Communities of Practice and other intranet sites that apply to their area of work or expertise. The KM champions are tasked with uploading relevant documents (both technical on the work we do, and analytical on the larger themes of our work) for use in their own sections and office-wide.

The office has created a dedicated drive on the local network where all staff have access to knowledge products. These are documents, Standard Operating Procedures, evaluation reports and other such products generated by all sections

Human Rights Based Approach to Cooperation

Mostly met benchmarks

The human rights-based approach to programming continues to be a key focus for the UNICEF Sierra Leone Country Office, especially sharpening the equity components to reach the most marginalized and disadvantaged. To strengthen staff knowledge and skills in this area, the Human Rights Based Approach (HRBAP) and equity focus were components of the Results Based Management (RBM) training completed by most staff in March 2011.

The Sierra Leone 2010 MDG report indicates that only one of the eight MDGs (HIV/AIDS, Malaria and TB – but in Sierra Leone this only applies to HIV/AIDS) is likely to be achieved by 2015, while an additional three MDGs (child mortality, maternal mortality and development partnerships) have the potential of being achieved with sustained effort. MDG 2 is inconclusive due to limited information. MICS4 data shows that although great progress has been made in promoting the rights of children and ensuring access to the relevant services, much more needs to be done. As 2015 draws closer, it is increasingly imperative to develop strategies to reach those women and children that have not been reached yet. Management is strongly encouraging the scaling up of programmes where funds and available capacity permit.

As a basis for programming, the country needs data disaggregated by sex, region and other socio-demographic factors that will be used for advocacy at policy level to ensure equity. UNICEF will continue to invest in building capacities of service providers, other stakeholders and their institutions to ensure programmes/projects have a human perspective. UNICEF will continue to support the establishment and efficient operations of sectorial databases, as well as of a national database. Advocacy for the adoption of DevInfo as the national database software will continue to ensure access to nationally acceptable data for information and planning purposes. The appointment of a Social Policy Specialist, a Gender and an Emergency Specialist in the country office will ensure that the concerns of the vulnerable are considered in programming.

In 2011, a mapping of UNICEF programme interventions and their locations was done to identify the underserved areas for planning purposes.

In producing reports on the implementation of the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), UNICEF has worked with its partners in the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) and the Ministry of Foreign Affairs (MOFA) to ensure that the reports address the rights of children and the girl child in particular.

Gender

Partially met benchmarks

In 2011, the Country Office integrated gender equity systematically into programmes by recruiting a Gender Consultant, placing a strong gender component in the Situation Analysis, and implementing Gender Equity Markers scoring into the 2011/ 2012 results matrix.

Gender mainstreaming needs to be anchored into the planning, monitoring, and evaluation systems, to promote good practices on gender programming, and develop learning strategies. The Country Office will hold a gender audit in 2012 to identify barriers and entry points for institutionalizing the gender mainstreaming process.

A gender analysis of the school curriculum was completed. Its findings will guide the revision of the curriculum which is going to start in 2012. Guidance on the topic "Emerging Issues" was developed to enable teachers highlight examples of gender bias and stereotypes in primary school textbooks.

To improve access, performance and completion rates of girls in selected primary and junior secondary schools, a mentoring programme that started in 2010 was scaled up, establishing new girls' clubs, peer mentoring initiatives and study groups, to encourage experience sharing and empower girls to deal with problems that hinder their academic and social development. Monitoring reports show that the active involvement of School Management Committees (SMCs) is enhancing enrolment and retention, reduction in children's absenteeism and dropout rates.

Local police units (FSU) in four pilot districts have been supported by UNICEF, to collect data on sexual gender based violence (SGBV), on victims and offenders disaggregated by sex and age. The data has so far uncovered evidence of sexual abuse of boys as well, providing an entry point to discuss a taboo subject.

In response to research findings on teenage pregnancy, UNICEF is implementing projects in seven districts to increase knowledge and acceptability of measures for reproductive health promotion, while addressing damaging gender-based social expectations and norms that fuel the dynamic of transactional sex and relationships. Strategies for community dialogues on gender roles and sexual violence, including theatre for development and community radio programmes, help communities discuss and address negative behaviours.

The Free Health Care programme continues to benefit pregnant and lactating mothers and their under 5 children. The disparity of HIV prevalence among pregnant women, particularly rural women with low access to services was addressed by integrating Prevention of Mother to Child Transmission services into the Maternal and Child Health Week where women were referred for HIV counselling and testing.

The consolidation of various community based clubs for mothers into single "Wi Pikin" Groups has strengthened the platform for mutual information seeking and sharing with and among mothers, on a wide range of issues.

UNICEF currently chairs the UN Gender Theme Group, helping to implement Joint Vision Programme 17 on Gender Equality and Women's Empowerment. In 2011, the group developed its Joint UN Approach to Peacebuilding and Gender Equality.

Discussions with the government for supporting gender mainstreaming in the Ministry of Social Welfare, Gender and Children's Affairs will result in a mid-term evaluation of the National Gender Strategic Plan in 2012.

Mostly met benchmarks

The emergency preparedness response plan was updated and key risks with regard to environmental hazards were identified and planned for. Response activities were planned in line with CCCs and incorporated into the Rolling Work Plan for 2012. Building on the opportunity we had by recruiting an Emergency Specialist, support areas were identified with respect to working with the government's department of disaster division. This also strengthened interagency collaboration with UNDP, WHO, UNHCR in terms of harmonising support to government for disaster management.

South-South and Triangular Cooperation

UNICEF Sierra Leone Country Office started implementing the Direct Project Support (DIPS) (Sierra Leone equivalent of Harmonized Approach to Cash Transfer (HACT)) in November 2010, after training UNICEF staff and a first group of eleven Implementing Partners (IPs) rated medium to low risk in a micro-assessment. The Country Management Team (CMT) decided that full implementation would be achieved by June 2011. The UNICEF DIPS-HACT taskforce agreed that two taskforce members would carry out a fact-finding mission at the UNICEF Ghana Country Office which has been implementing HACT since 2008. The aim of the mission was to become familiar with the HACT implementation process and to explore good practices particularly in those areas that may be problematic. The mission lasted for three days, from 28th February – 2nd March 2011.

Interviews were held with UN staff and implementing partners and a desk review of Programme Corporation Agreement (PCA) documents, payment vouchers, liquidation documents and Fund Authorization and Certificate of Expenditure (FACE) forms was conducted, as well as of IPs financial/programme documents. Observations on the use of tools, and discussions on procedures have offered a useful insight into critical areas which the Sierra Leone office may need to focus on to ensure that HACT tools and procedures are used correctly.

Good practice lessons from the Ghana office include:

1. The coordinated and institutionalised decision taken on the cash transfer modality for all partners regardless of risk rating in order not to delay activities, but then with intensified assurance visits for high risk partners
2. The development of a timetable for assurance visits
3. The use of a standardised narrative reporting format (although developed by the Education Section and used by that section only in Ghana).

Challenges experienced from which the Sierra Leone office can learn include:

1. Inconsistencies in the use of the tools, such as UNICEF Project Officers not always completing their section of the FACE form to indicate acceptance of expenditure or/and approval of budget
2. Difficulties experienced in completing the implementation of the assurance activities plan thus ensuring that partners are visited on a regular basis.

No solutions related to areas such as the harmonisation of the Programme Manager System (ProMS) procedures and HACT procedures on reprogramming and re-phasing of funding for:

1. Activities for which advances have not been liquidated for over 6 months
2. Expiring Project Budget Allocations (PBAs)

In Ghana, implementing partners are still requested to refund outstanding un-liquidated amounts.

Country Programme Component: Child survival and development

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
By 2012, Under five mortality rate and Maternal Mortality Ratio reduced by one third		3 FA1OT1, FA1OT4, FA1OT5, FA1OT6, FA1OT7, FA1OT9, FA1OT12, FA1OT13 (c)

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/ (3) * 100
OR-E	0.00	6457693.00	3478946.00	53.87
OR-R	38721658.00	24907568.00	19525566.00	78.39
RR	7615000.00	3625210.00	3532916.00	97.45
Total	\$46,336,658.00	\$34,990,471.00	\$26,537,428.00	

Results Achieved

The Free Health Care Initiative led to 2.5 times more children benefitting from health services. Half the consultations were malaria cases that were treated with the recommended ACT therapy. The therapy was scaled up nationally as part of the support to provision of essential drugs.

The health program contributed to an advocacy and policy enabling environment by developing and validating the 'Reproductive Newborn Child Health Policy and Strategic Plan 2011-2015' and the 'Community Health Workers Policy'.

Service provision improved through:

- Training of 300 health staff in Emergency Obstetric and Newborn Care
- Support to the training of 550 Mother and Child Health Aides in 11 districts
- Provision of vital equipment to 65 health facilities

The immunization program added the pneumococcal vaccine. Coverage improved: The DPT3 for infant increased from 60.3% in 2008 (DHS) to 66.6% in 2010 (MICS4).

Nutrition

Exclusive breastfeeding for the first six months of a child's life increased from 11% (2008) to 31.5% (2010). To promote appropriate infant and young child feeding, 90 implementing partner's staff were trained. A Breast Milk Substitute Code and a Salt Iodization Policy were drafted to control commercial breast milk substitutes and pass a law requiring all imported salt to be iodized.

As a result of on the job training and supportive supervision, 58% of health facilities implemented treatment of severe acute malnutrition according to Community-based Management of Acute Malnutrition (CMAM) national protocols. UNICEF conducted a CMAM coverage survey which revealed low coverage of services (12%).

WASH

With the launching of the National Water and Sanitation Policy and Implementation Strategy, government stakeholders were sensitized and a road map to develop relevant water acts was agreed on. District water focal points were trained on budgeting processes. Twelve out of thirteen District Water Offices are complete and support water safety plans and the hand pumps spares supply chain.

Sierra Leone has 13,660 communities of which 4,554 have been triggered on Community Lead Total Sanitation (CLTS). Of these, 1,869 communities were verified Open Defecation Free (ODF). However, 60% of ODF communities lack access to safe water. 25% of the target communities in ODF sites can access safe water supplies. 207 out of 244 Peripheral Health Units (PHUs) in ODF communities have access to WASH facilities. Piped water was installed in 5 PHUs.

HIV/AIDS

64% of HIV positive women received Anti-Retro Viral prophylaxis and 23% of HIV positive children received Anti-Retro Viral Therapy. 650 sites are available and equipped to work on the Prevention of Mother to Child Transmission (PMTCT), 151 established in 2011. Five pilot sites were established for early infant diagnosis. The elimination of PMTCT activities was integrated into the Mother and Child Health Week.

The percentage of young people (15-24) with comprehensive knowledge about HIV/AIDS increased from 18% (2008) to 23% (2011). Condom use increased from 7% to 12%. 678 peer educators were trained for HIV prevention. A national Prevention and Behaviour Change Communication Strategy was developed. The government is mainstreaming support for Children affected by AIDS into national social protection mechanism.

Most Critical Factors and Constraints

Inadequate funding was a major constraint for the rehabilitation of health facilities supposed to provide Basic Emergency Obstetric and Newborn Care (BEmONC). The same constraint affected transportation to conduct monitoring at district levels.

A shortage of human resources coupled with inadequate skills especially at community level has continued to hamper the delivery of health services. This has led to weak support supervision on national, district and health facility levels. Furthermore some services are not accessible or welcoming towards young people especially in relation to sexual and reproductive services.

Delays in the clearing of nutrition supplies due to the privatization of the port and leakage of Ready to Use Therapeutic Food (RUTF), identified by UNICEF during a stock take, resulted in a five month interruption of the supply chain of RUTF and thus in a halt of treatment services. Efforts to improve coverage and achieve the targets were slowed down.

A survey revealed coverage of Community-based Management of Acute Malnutrition (CMAM) treatment services at 12% of the population. Main reason for the low coverage was a lack of awareness of caretakers. Many were not aware of the programme, many did not realize their child was malnourished. Long distances between home and treatment site was another obstacle. Inadequate social mobilization compromised the demand for nutrition services, active case finding, early presentation of acutely malnourished children, and follow-up. Additional challenges faced by the project included low recovery rates and poor reporting.

Lack of accurate baseline data on the target population posed difficulties in measuring progress. Health management information systems are weak and data was not always available. Inadequate information in specific programme areas (such as the situation of Children Affected by AIDs) made it difficult to plan effectively. The lack of efficiency and accuracy in reporting by NGOs or government partners had a negative impact on monitoring and evaluation activities.

Programme performance was often delayed by weak systems for maintenance of equipment, particularly the cold chain, as well as irregular supply of commodities. Delays in Customs Clearance led to loss of funds and medicines quality. During the rain season, there were challenges with sustainability of the chlorination of wells.

The cost effectiveness and efficiency of integration of interventions was a key lesson learned in 2011. Defaulter tracing for routine immunization, screening of children for malnourishment as well as referral of pregnant women and their partners for HIV testing during house-to-house supplementary activities during the maternal and child health week was effective.

A comprehensive PSM system reduces leakages of medical supplies. Day-to-day supervision at all levels of the supply chain was crucial to ensure better quality of inventory, warehousing operations and reporting. Utilizing information and monitoring data for planning was equally important. Community participation is important for programme sustainability. Capacity analysis prior to scale-up is crucial for the success of high impact interventions.

Key Strategic Partnerships and Interagency Collaboration

UNICEF's key partner in the Child Survival and Development programme is the Ministry of Health and Sanitation (MoHS) at national level, and the District Health Management Teams (DHMT) at district level. Other key counterparts/partners include the UN agencies WHO, WFP, UNFPA and UNAIDS, donors and the NGOs World Vision, Sierra Leone Red Cross Society, Catholic Relief Services, and others.

UNICEF is also closely collaborating with the private medical sector like the Liverpool School of Tropical Medicine and the National AIDS Secretariat. UNICEF partnered with VALID International to conduct a national Community-based Management of Acute Malnutrition (CMAM) coverage survey. In addition the nutrition project partners with 14 NGOs (both national and international).

UNICEF and DFID co-chair the Health Development Partners (HDP) group for coordination and aid harmonization among donors and development partners and for technical support to the government. The CO led the HDP in developing a Work Plan which will be implemented together with the Ministry of Health and Sanitation.

UNICEF also continued to play a leading role in the Interagency Coordinating Committee (ICC) and the Country Coordinating Mechanism (CCM), coordinating bodies for the health sector.

The structures of the Free Health Care Initiative were modified in 2011 and used to coordinate the Sierra Leone health partnership under the Country Compact which was signed at the end of 2011 as well as joint activities for the implementation of the National Health Sector Strategic Plan and its related initiatives such as the Free Health Care Initiative (FHCI). UNICEF is a member of the Health Sector Coordinating Committee (HSCC) and the Health Sector Steering Group and is represented in all the six Sector Working Groups. UNICEF also closely partners with the Global Fund to fight Malaria, TB and HIV/AIDS.

In collaboration with other UN agencies (FAO, WFP, WHO) UNICEF provided support to the 'ending child hunger and under-nutrition REACH initiative' aimed to address challenges and accelerate progress towards MDG 1, Target 3 (halve the proportion of underweight among children under five) in Sierra Leone.

Humanitarian Situations

There has been an increase in cases of diarrhoea and vomiting (D&V) has been registered in Western Freetown since the beginning of November 2011, with approximately 350 cases and over 10 deaths at the end of 2011. UNICEF is supporting the Ministry of Health (Disease Prevention and Control) and its partners through provision of medical kits, oral rehydration salts (ORS), chlorine for chlorination of wells, and Aquatabs for households, strengthening of hygiene practices in households and communities through training and support of Blue Flag Volunteers, C4D activities including radio programs, community sensitization meetings; and monitoring.

Summary of Monitoring, Studies and Evaluations

During 2011 a number of surveys and studies were conducted within the programme including:

- A survey on the CMAM intervention impact to evaluate if the programme is functioning optimally and reaching the maximum number of eligible children. The report is available. The national coverage of CMAM was found to be 12%. Due to the low coverage, the programme will focus on scaling up treatment for Severe Acute Malnutrition (SAM).
- An 'Impact Evaluation of the CLTS on increased Sanitation Uptake and Use of Latrines' revealed that among Open Defecation Free (ODF) communities in Kenema District, the number of households with latrines increased from 17% before CLTS to 83% after CLTS intervention. Furthermore the number of children under five years who were reported ill from diarrhoea and malaria two weeks prior to the survey was consistently lower in ODF sites compared to Non ODF sites in most districts.
- A survey conducted after UNICEF's distribution of LLIN showed that close to 90 % of households own at least one mosquito net, and almost 70 % own more than one. The vast majority of mosquito nets owned by households are LLINs (98 %). However, there is poor utilisation of the nets.
- A joint comprehensive review of the National PMTCT and Paediatric HIV care programmes. This review was used as basis for future work plans of UNICEF, government and other partners.

Future Work Plan

Maternal, newborn and child health high impact interventions with accelerated through capacity building for health workers, the District Health Management Team (DHMT) and local councils. The procurement and supply chain system will be continuously strengthened through establishment of a National Public Procurement Unit (NPPU).

Treatment for Severe Acute Malnutrition (SAM) will be scaled up, the National Food and Nutrition Policy and Implementation Plan will be finalized. A formative research on complementary feeding practices will be conducted. Infant and Young Child Feeding will combine counseling and the supply of Micronutrient Powder (MNP) as supplements. A consultant will determine how best to use Rapid Short Message Service technology to improve information collection on feeding practices.

The elimination of mother to child transmission of HIV will be given priority and activities will continue to be integrated in the Maternal and Child Health Weeks. Services for early infant diagnosis will be rolled out to four new districts. A study will be conducted on the Most At Risk Adolescents (MARA).

6 districts are targeted to become 100% Open Defecation Free (ODF). Sanitation marketing and public private partnerships will be promoted. WASH facilities in Peripheral Health Units (PHUs), Basic and Emergency Obstetric and Newborn Care (BeMONC) health facilities and in ODF communities will be rehabilitated.

The expected Intermediate Results for 2012 are as follows:

- IR1. Increased uptake of integrated Maternal and Newborn Health and care services with special focus on poorest quintile by 2012
- IR2. Increased coverage of immunization services (including routine, supplementary immunization) and population schedulable essential interventions
- IR3. Increased uptake of community case management of illness and conditions affecting children and mothers
- IR4. Adequate provision and management of Medicines and Consumables for FHC at all levels
- IR5. Increased coverage and quality of Community-based Management of Acute Malnutrition Services with special focus on hard to reach areas by 2012
- IR6. Increased uptake of Infant and Young Child Feeding services in 4 high stunting districts with special emphasis on mothers of children under two by 2012
- IR7. Increased uptake of micronutrient interventions services with special emphasis on children under two, adolescents, pregnant and lactating women by 2012
- IR8. 50% of households and all government public health units in 6 districts councils have access to sustainable safe water by end 2012
- IR9. 100% of communities in 1 district council and at least 50% of communities in 5 districts councils achieve sustainable sanitized status by end 2012
- IR10. 13 district councils develop and manage implementations of water and sanitation strategies and plans by end 2012.
- IR11. 80 % of HIV positive pregnant women and 35% of children respectively receive ARVs by 2012
- IR12. 50% of adolescents and young people (15-24) have improved health seeking behavior and adopted safer sex practices by end of 2012
- IR13. By 2012, 20% of children affected by HIV/AIDS receive care and support services
- IR14. By 2012, 20% of children affected by HIV/AIDS receive care and support services
- IR15. CSD (Health, Nutrition, WASH and HIV) policy framework and strategies for children and women of child bearing

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
By 2012, 85% of children both boys and girls have access to quality basic education nationwide.		3 FA2OT2, FA2OT3, FA2OT4

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/ (3) * 100
OR-E				
OR-R	5000000.00	5139202.00	5082002.00	98.89
RR	2329667.00	1678817.00	1642450.00	97.83
Total	\$7,329,667.00	\$6,818,019.00	\$6,724,452.00	

Results Achieved

In 2010 the primary school attendance rate increased from 69% in 2005 to 74%. There are still significant regional disparities (urban, 85% and rural, 63% – MICS 2010). Gender gaps have nearly disappeared in primary education but persist in secondary schools. Barriers to girls' education include child marriage and teenage pregnancy, a largely unfriendly school environment and socio-cultural biases. Almost 55% of children in primary school are over-age and about 40% of teachers are inadequately trained and qualified. Orphaned children continue to be the most disadvantaged with 26% of 10 - 14 year olds with both parents dead not attending school compared to 16% of children with either one or both parents alive.

The 2011 Education Annual Review conducted jointly by the government and development partners confirmed that the programme has made progress, but acceleration is needed to reach the MDGs. The UNICEF Education Programme has contributed to these achievements through policy advocacy and sector reform support at the central level as well as at district and community levels. A capacity development strategy finalised in 2011 addresses the capacity constraints which affect the whole education system.

A new Country Status Report for Education to support the revision of the Education Sector Plan in 2012 is in the process of being prepared throughout 2011. MICS4 and the school census data are key sources for this analytical work.

Strategies have been developed to increase coordination of district level implementation and information flow between local and central level. These include strengthening partnerships between District Education Offices, Local Councils and NGOs.

To influence 2011 budget allocation to education, 30 Sierra Leonean Parliamentarians were trained. In addition, 560 community representatives were trained to participate in the budget process at the local level.

Monitoring reports shows that approximately 50% of the 3,465 male and 1,571 female teachers trained are applying Child Centred Teaching Techniques and incorporating Emerging Issues in the classroom. In a case study assessment of children in 28 schools across the country, only 28% of children at the end of class 3 scored to the level expected in the area of reading and comprehension.

Work has been ongoing to ensure child friendly schooling. The Child Friendly Schooling Standards have been developed and Ministry of Education, Science and Technology is leading the inter-ministerial conference due to be held in early 2012 that will lead to adoption and roll out. Community by-laws and action plans on school enrolment and retention were drafted in 11 districts nationwide to enhance school enrolment and retention.

27.81% of primary schools in the 6 targeted districts have functioning safe water supply. 247 male and 97 female teacher/guidance counsellors were trained to provide guidance counselling services to children nationwide. A large sensitisation campaign has contributed to the increase in enrolment in districts.

Most Critical Factors and Constraints

A funding shortage at the beginning of the year and staffing shortages in the Ministry of Education, Science and Technology delayed progress in both the primary school curriculum revision and the adoption and roll out of the Child Friendly Schooling Standards. This is expected to happen now in early 2012.

The work at district level has shown that strong district coordination, gives a clearer picture of what is happening at community levels hence avoiding duplication of efforts among partners.

Monitoring and supervision in schools still needs to be strengthened. However the use of cluster monitoring in pilot districts has improved regular school inspection and supervision using the developed Schools Inspection Protocols.

The capacity in the education system at all levels in Sierra Leone still needs strengthening to improve the speed and quality of programming. However the well-designed Capacity Development Strategy – if funded and implemented soon – should unblock many of the bottle necks.

Key Strategic Partnerships and Interagency Collaboration

UNICEF co-leads the Education Development Partners Group with the Ministry of Education, Science and Technology (MEST). UNICEF has facilitated the strengthening of strategic sector planning, implementation and monitoring. The education development partners for Sierra Leone include the Ministry of Local Government, WFP, UNESCO, UNFPA, NGOs and the World Bank, AfDB, EC, DFID, SIDA, JICA and GTZ. UNICEF is working closely with UNESCO BREDIA, (UIS and Pole de Dakar), the World Bank and the Government to develop a new Country Status Report for Education to support the revision of the Education Sector Plan in 2012.

Even though the cluster approach is not enacted in Sierra Leone, a good working relationship is established with Save the Children and the International Rescue Committee for work with the Government on Education in Emergencies focusing on preparedness.

Humanitarian Situations

In partnership with Save the Children Fund and the International Rescue Committee, education in emergency trainings were conducted across the country for 71 stakeholders (58 male, 13 female) and emergency stock for 10,000 children has been pre-positioned.

Summary of Monitoring, Studies and Evaluations

During 2011 an Evaluation of the Emerging Issues teacher training programme and a study of Child Centred Teaching Techniques teacher training programme have been undertaken. The results will be available in 2012.

Future Work Plan

The Education Sector Plan will be revised in 2012, ensuring disparities in the provision of education are addressed. This will be used to leverage further donor support for the education sector. The WASH in schools programme will scale up to reach 100% school coverage in 6 districts over the next 3 years. In 2012 the Ministry of Education, Science and Technology will develop the necessary tools for a national learning assessment and UNICEF will continue to support the strengthening of teaching of reading.

The expected Intermediate Results for 2012 are as follows:

- IR 1: Education governance systems (planning, coordination, monitoring) are strengthened by 2012
- IR 2: Teachers in targeted primary schools contribute to a safe learning environment and apply child-friendly teaching methodologies including emerging issues by 2012
- IR 3: Pupils in targeted primary schools in six districts practice at least three critical hygiene behaviours both school and at home by 2012
- IR 4: Primary schools have functional School Management Committees and other community structures supporting primary education with special focus on girls, and other vulnerable children by 2012
- IR 5: Education emergency preparedness and response capacity of partners is strengthened by 2012

Country Programme Component: Child protection

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
The protective environment for children against violence, exploitation, abuse and deprivation from primary caregivers is strengthened at all levels by 2012		2 FA4OT2, FA4OT5, FA4OT7, FA4OT9, FA4OT10

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/ (3) * 100
OR-E				
OR-R	1750000.00	1443773.00	1107209.00	76.69
RR	1364333.00	935555.00	82556.00	8.82
Total	\$3,114,333.00	\$2,379,328.00	\$1,189,765.00	

Results Achieved

UNICEF supported the Ministry of Social Welfare, Gender and Children's Affairs to draft a child protection policy through a consultative process. The dialogue on the child protection systems approach resulted in greater synergy and understanding among key stakeholders. A draft Alternative Care Policy, including the regulatory framework for Children's Homes, is in its final stages. All relevant government staff in the ten districts with orphanages was trained on monitoring the minimum care standards. Nine of the ten districts started implementing monitoring plans which cover licensing of orphanages, gate keeping, finalising care reviews, ensuring proper documentation on children and regular monitoring visits. All orphanages are cooperating in the process.

Research findings on teenage pregnancy in 2010 supported the development and implementation of programmes on the prevention and response to teenage pregnancy and sexual abuse in seven districts. Programme interventions included capacity building of health workers and teachers, implementation of a referral protocol for victims of sexual abuse, community dialogues, strengthening Child Welfare Committees (70 committees at chiefdom level), and establishing peer support groups. A combination of Communication for Development (C4D) approaches were used to inform, influence and engage community groups, women and children in dialogues on sexual abuse and teenage pregnancy.

Fourteen community radio stations in six districts piloted child protection Information, Education and Communication (IEC) materials on behaviour change, on messages that influence and support households. Community groups and opinion leaders were also identified for the adoption and sustained practice of desired behaviors around child practices and sexuality to promote increased trigger knowledge on child rights violations, especially sexual and gender based violence.

UNICEF contributed to two research initiatives related to community based child protection mechanisms. The outcomes should inform policy development and programming. Research done by the Columbia Group provided valuable information on community perceptions and actions. The survey focused on how linkages between community and formal systems can be built. Research done by Harvard Kennedy School tested the role SMS can play in inducing heightened community response to child protection issues. 124 focal points at community level in two districts were trained in identifying and responding to abuse.

To complement a child protection systems assessment done in 2010, a child justice systems assessment was undertaken, giving guidance to the government to strengthen diversion and mediation mechanisms. Input was given to the training manual of paralegals, developed by "TIMAP!" for Justice, to ensure child protection issues are included. Through a pilot in four districts, data collection and case management on children in contact with the law was strengthened. An MoU to improve collaboration in case of child (sexual) abuse between Chiefs, the specially trained police units and the Ministry was signed.

Most Critical Factors and Constraints

The human, organisational and financial capacity of the Ministry of Social Welfare, gender and Children's Affairs (MSWGCA) is weak. UNICEF has an international consultant based in this Ministry which proved to be effective in terms of supporting capacity building with regard to systems strengthening, coordination and planning, creating understanding and skills among staff and improving the quality and flow of information between the Ministry and partners.

The MSWGCA has still not devolved all of its functions and its staff, which leads to ambiguity with regard to responsibility for child protection at district level. UNICEF is supporting capacity building of and collaboration between staff of the local councils and the Ministry so as to avoid gaps and increase efficiency at district level.

Coordination among NGOs is weak, partly due to lack of leadership from the Ministry. UNICEF addressed this through regular meetings with implementing partners working in the same geographical or thematic areas, encouraging mutual learning and understanding of issues. Collaboration at field level among NGOs has improved considerably as a result.

Child Welfare Committees (CWC) are stipulated in the Child Rights Act (CRA) as the structure to prevent and respond to child protection at community level. Much effort from NGOs has gone into setting up the CWCs. However, the CRA requirements are heavy and CWCs tend to crumble when the NGO who supported the set-up of the committee leaves. As the formal child protection system has limited reach in Sierra Leone, a form of community child protection mechanism is necessary. The current research on community based child protection mechanisms should give valuable information on the way forward. Meanwhile UNICEF works with NGOs through the Ministry to take a realistic approach with regard to the CWCs and the demands put on them.

Key Strategic Partnerships and Interagency Collaboration

The UN Joint Vision programmes collaboration with UNDP and UNIPSIL on Access to Justice was instrumental in integrating child justice issues into wider justice sector strengthening. Children's issues were included in trainings to the police and judiciary as well as in operating procedures for the Family Support Unit of the police.

Through the UN Joint Vision programme on Gender, funds were received from the Peace Building Fund to expand the referral protocol for child victims of sexual abuse and include adult victims. As member of the National Committee for Gender Based Violence (NaCGBV), UNICEF ensures that the laws, policies and programmes on gender based violence developed at national level take into account the rights and interests of children.

The MSWGCA and especially Save the Children have been important partners in the discussion around strategizing for strengthening the child protection system. The national Child protection Committee, chaired by the Ministry and comprising of national and international NGOs, is critical for strengthening coordination and common strategies for child protection.

UNICEF is a member of the donor group of the Justice Sector Coordination Office through which child justice issues are mainstreamed into the wider justice sector development. The NGO Defence for Children International (DCI) has been an important implementing partner for piloting child justice interventions and strengthening information and case management for children in contact with the law in four districts.

Four partners, Save the Children, ChildFund, Council of Churches Sierra Leone and Restless Development, are implementing the teenage pregnancy programme in seven districts. The Child Protection section is collaborating with the HIV/AIDS, Health and Education sections for a coordinated approach and intervention with regard to teenage pregnancy and associated issues like reproductive health and prevention and response to sexual abuse.

UNICEF strengthened its relationship with community radios, which play an important role as sources of information in communities. Through training and some logistical support the radios are geared up for focussed programmes on child protection issues and promoting community dialogues on these issues.

Humanitarian Situations

Not Applicable

Summary of Monitoring, Studies and Evaluations

UNICEF supported the Ministry of Social Welfare, gender and Children’s Affairs (MSWGCA) in conducting an assessment of the child justice system in Sierra Leone. Recommendations are used to inform policies of the Ministry and UNICEF’s interventions in the justice area. Focus will be on developing community mediation mechanisms and inclusion of child rights into diversion guidelines and practices of the police and courts. UNICEF is contributing to two research projects on community based child protection mechanisms. The first phase of the Columbia Group research has produced valuable information on community knowledge, beliefs and practices with regard to child wellbeing. The findings are used to inform policy on community structures for child protection. Furthermore they are used to adjust trainings and sensitisation activities on child rights by NGOs and in trainings of social workers and community-based child protection focal points. The research by Harvard Kennedy School on the role that SMS can play in inducing heightened community response to child protection issues started at the end of 2011.

Future Work Plan

In 2012, UNICEF will support the Ministry of Social Welfare, gender and Children's Affairs (MSWGCA) in finalising a Child Protection policy and implementation plan to guide the overall child protection systems strengthening. Through further capacity building of local government staff in planning and budgeting skills, an increase in budget allocation for child protection at district level is aimed for.

UNICEF will strengthen some core system components through support to improving coordination and communication by the Ministry. Furthermore UNICEF will support strengthening of data and case management by key stakeholders at district level, and further build the capacity of Child Welfare Committees and social workers at chiefdom level and of child protection focal points at village level. The implementation of a referral protocol for victims of sexual abuse including a case management system, will be continued and enhanced.

Technical support will be given to finalise a policy on alternative care, including reunification guidelines and the regulatory framework for children's homes. The reunification process of 300 children from children's homes back to their families will be finalised. Support will be given to the local councils to implement their monitoring plans of the children's homes, including the closure of sub-standard ones and the transformation of at least one children's home into a short term care centre.

The teenage pregnancy programme will strengthen its interventions with regard to prevention of sexually abusive relationships. Social change approaches will be explored to support these efforts. Community radios and theatre for development will be used to stimulate community discussions on gender roles and child protection concerns. Technical support will be given to the finalisation of the Sexual Offences Bill and the development of a policy by the Ministry of Health and Sanitation on free medical examination and care for victims of abuse.

The Child Justice programme will focus on creating or strengthening diversion and alternatives to detention both at pre-trial and post-trial stages as well as community-based rehabilitation of child offenders. Such interventions will directly address the issue of illegal detention of children in adult jails and promote the principle of detention of children as a last resort. Context appropriate community mediation mechanisms will be explored and support will be given to roll out of the training for paralegals, which includes child rights issues.

The expected Intermediate Results for 2012 are as follows:

IR1. By 2012, core elements of the Child Protection System strengthened

IR2. By 2012, government and community capacity strengthened to care for and protect children not living with their biological parents

IR3. By 2012, capacity of government and communities strengthened and social change promoted to prevent and respond to child (sexual) exploitation, abuse and violence

IR4. By 2012, Child Justice System strengthened to ensure greater protection with special attention to diversion and alternatives to detention

Country Programme Component: Social policy, planning, monitoring and evaluation

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Improved policy analysis, capacity of stakeholders for engendered programme planning, monitoring and Evaluation; strengthened structures for social change, contribute to the achievement of results for children		2 FA5OT1, FA5OT2, FA5OT4, FA5OT5

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/ (3) * 100
OR-E				
OR-R	625000.00	1561923.00	1503250.00	96.24
RR	831667.00	1083826.00	988807.00	91.23
Total	\$1,456,667.00	\$2,645,749.00	\$2,492,057.00	

Results Achieved

Considerable progress was made during the year in building the capacity of partners in evidence based programme planning, implementation and monitoring. Staff (84 out of 101) and partners were trained on RBM/HRBAP training. The training enhanced their capacity in equity programming. Technical support for programme implementation and monitoring was provided. Ninety-four government officials from Ministries, Departments and Agencies (MDAs) and 51 civil society organizations (including NGOs) were trained in DiPS/HACT. This contributed to the county office compliance on IPSAS. During programme annual reviews staff capacity was observed to have improved as a result of the RBM/HRBAP trainings through their contributions.

The report of the MICS 4 conducted in 2010 has been finalized and UNICEF's comparative advantage in Sierra Leone in strengthening the capacity of partners in information gathering, dissemination and management hugely contributed to the successful completion of this survey. Officials from Statistics Sierra Leone benefited from training (supported by UNICEF) in Dakar on questionnaire design, through information gathering to analysis on MICS, which to a large extent made Statistics Sierra Leone take a lead in all the processes.

Emphasis was placed on equity focused programming to ensure the rights of all children. Disaggregation of available data by sex, region and wealth quintiles of care givers was done for all surveys undertaken during the reporting period. An open-dialogue forum was also held with all the thirteen (13) district councils in the country to help map out how UNICEF and the councils would best work with them for the achievement of better outcomes for children in Sierra Leone.

UNICEF management laid greater emphasis on social protection and social safety nets interventions which would help sustain some of the programmes results that are already being achieved. The UN and World Bank developed a paper with heavy input from UNICEF on the implications of rising food and fuel prices and their impact on poor and vulnerable children in Sierra Leone. The paper was used by the ERSG and the UN country team to advocate for action and protection for the most vulnerable in the Sierra Leone. In addition a concept note was developed and discussions were held with the National Commission for Social Action (NaCSA), the Ministry of Finance and Economic Development (MoFED) and the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA) to agree on the implementation of the social protection policy.

Most Critical Factors and Constraints

The country does not yet have a National Monitoring and Evaluation Policy.

There is very limited budget allocation to MDAs by government for monitoring and evaluation of development activities implemented by either government or NGOs. The programmes we support have made additional investment in monitoring programme supplies (The Free Health Care initiative for example). There was limited measurement of results against indicators and targets in the government PRSP (Agenda for Change). This was in part due to a weak Results Matrix in the PRSP.

The lack of coordination between the MDAs and local councils also affected joint monitoring exercises that would help build the capacity of government counterparts and district council staff in results based programme monitoring. The councils missed out of the planning and monitoring of our programmes, which if involved would have added value to what we do.

Planning processes at the district council level and the MDAs are fragmented. There is lack of coordination within the ministries and the councils, which affects implementation of programmes and sometimes duplication of efforts.

There is no centralized data base in the country to help provide strong evidence for most of development work that promote the realization of children's rights. The DAD is not been fully utilized by development partners. The move to help the country use DevInfo for example as the country data base received less support from other development counterparts as it was perceived as a UNICEF only database.

Delays in disbursement of funds affects programme implementation

Community participation in our programmes especially those relating to C4D need to be reinforced and sustained. For change to be effected at both the community and country level, the involvement of communities in the planning, monitoring and evaluation of the programme will enhance sustainable change of knowledge, attitudes and practices.

Key Strategic Partnerships and Interagency Collaboration

In the area of strategic partnerships and interagency collaboration, UNICEF continues to chair the joint UN Gender Theme Group, and contributes to the implementation of the UN Joint Vision Programme 17 on Gender Equality and Women's Empowerment. The group has also developed a "Joint UN Approach to Peacebuilding and Gender Equality". This has resulted in improved coordination and planning of gender issues within the UN, and better knowledge of the work done on gender by other UN Agencies.

UNICEF is also a member of various steering committees and task forces such as the SitAn Steering Committee, the Cholera Task Force, the MICS Steering Committee and the MICS Technical Committee. All these committees comprise of MDAs, NGOs and other UN Agencies

Humanitarian Situations

Emergency preparedness: Programme and operations sections have strengthened preparedness of the CO, with a minimum level of readiness for 10,000 people and have identified main risk scenarios, including political violence and unrest during the Presidential and Parliamentary Elections in November 2012. Based on identified scenarios, the sections have completed "Key preparedness actions" by the end of 2011. Preparedness includes the finalization of an emergency capacity assessment, development of a training plan for 2012, purchase and prepositioning of emergency supplies, participation in contingency plans (Cholera, Liberia elections), planning for national capacity development (NCD) on emergency and support to the Disaster Management Department and the Office of National Security in 2012, a SWOT exercise (emergency simulation). NCD and disaster risk reduction (DRR) are included as main emergency strategies in 2013/2014 CPD.

Summary of Monitoring, Studies and Evaluations

The Planning, Monitoring and Evaluation and Social Policy Section continued work on the inputting and analyzing data collected during the MICS4 survey in 2010. The indicators in the report measure the status of progress towards the achievement of the MDG goals, and have already been used in preparation of the Situation Analysis (SitAn) and Country Programme Document (CPD) (2013-2014). The data will be used to populate the DevInfo database, and will serve as baseline information in the formulation of programmes.

A Situation Analysis for children and women in Sierra Leone was completed this year. The information in the report formed the basis of the Country Programme Document (CPD) and the Common Country Assessment. The components on decentralization, gender, equity and community participation will also be used by other agencies to inform their programming.

Studies and evaluations that were supported included:

- Baseline and KAP survey for Hygiene Promotion and Public Private Partnership for hand washing with soap (PPPHWS) in Sierra Leone
- Opportunities for Sanitation Marketing in Sierra Leone (A demand and supply chain assessment for Sanitary Latrine in urban and rural areas of Sierra Leone)
- An Ethnographic Study of Community-Based Child Protection Mechanisms and their Linkage with the National Child Protection System in Sierra Leone

Future Work Plan

The Planning, Monitoring and Evaluation, and Social Policy Unit has developed seven IRs to address the six components of the Unit – Planning, Monitoring and Evaluation, Social Policy, Gender, Communication for Development and Emergency. The main aim of the unit is to provide technical support to staff and implementing partners in programme planning, monitoring and evaluation, generating knowledge on the situation of children and providing guidance for upstream work. In 2012, the Section will focus on establishing L3 monitoring in the office. The expected results for 2012 are as follows:

IR1. Strengthening of capacity within the office, and of partners and counterparts for evidence based programme planning, implementation and monitoring of the rights of children in various institutions.

IR2. Strengthened support provided to various institutions to conduct quality and strategic research, improve data management, analyse policy and disseminate appropriate information.

IR3. Provide support to programmes to scale up essential family healthcare practices, education and child protection issues

IR4. Expansion and strengthening of strategic partnerships for community action and dialogue to promote social change.

IR5. Strengthening support for gender mainstreaming in all programmes and sectors.

IR6. Strengthening capacity of staff, partners and counterparts to prepare for and respond to emergencies, and for disaster risk reduction

IR7. Strengthening capacity of partners to develop and implement social policies and protection interventions to improve equity for children.

Country Programme Component: Advocacy and leveraging

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Enhanced operational and administrative capacity to support programmes for timely delivery of country programme results by 2012		1 FA1OT11

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/ (3) * 100
OR-E				
OR-R	625000.00	65660.00	50030.00	76.20
RR	499667.00	546424.00	462657.00	84.67
Total	\$1,124,667.00	\$612,084.00	\$512,687.00	

Results Achieved

The Advocacy, Partnerships and Leveraging Committee set up in 2010 met regularly in 2011 to monitor funding gaps and discuss fundraising and advocacy activities. In accordance with the advocacy, fundraising and partnerships strategies, the External Relations Office worked with each section and set up a plan for fundraising, advocacy and partnership activities that were successfully put into practice throughout the year. Programmes and External Relations also developed advocacy messages for each section to be used in speeches, press releases, and promotion materials. The messages included a focus on equity.

The office identified 24 main occasions for the most effective use of advocacy messages (for example, visit of Regional Director, the first anniversary of the Free Health Care Initiative, Mother and Child Health weeks, the Day of the African Child etc.). Media reporting on UNICEF related matters exceeded expectations (target: 15 media reports per month, Outcome: an average of 25 media reports per month).

Fundraising and advocacy materials developed and updated during 2011 included:

- a quarterly newsletter specifically targeting NatComs
- a documentary on the Free Health Care Initiative
- a multi-media slide show on Free Health Care
- district profiles and fact sheets on all programmes were updated
- several human interest stories and articles were published on Panorama, the Regional and Global websites

The office developed NatCom Toolkits for all three programme components to facilitate easier communication with and reporting to NatComs

Other fundraising and advocacy activities led by the External Relations and Advocacy Section were:

- The development of indicators aiming at advocating for the allocation of public funding in education, health and child protection. These indicators were submitted to the budget support donors (e.g. the European Commission, DfID, African Development Bank, the World Bank) to get their support and gain more influence on government budget allocation.
- Engaging with the parliament to advocate for children's rights. An orientation meeting was held with the Parliamentary Oversight Committee on Education to equip the Committee with knowledge to advocate for the advancement of girls education in Sierra Leone.
- The Country Office hosted and organised three media trips reporting on health related issues and involving UNICEF in Sierra Leone. One of the broadcasting media reports on Sierra Leone done in cooperation with the GAVI Alliance contributed to GAVI receiving 4.3 billion US\$ at a pledging conference in London.
- UNICEF Sierra Leone launched a Facebook page in 2011. In October, 1.031 followers *liked* it. The page is linked to the Facebook page of the Greek, French, New Zealand, Spanish, German, Finish, Danish, Argentinian, Philippian and Indian NatCom, as well as to the NatCom fundraising web pages of the Belgian and Icelandic NatComs.

UNICEF continued to strategically position itself within the health, education, nutrition and water and sanitation development partners groups. The development partners group for water and sanitation have successfully been set up during 2011 and have had two meetings. First steps were taken to set up a development partners group for Child Protection.

Most Critical Factors and Constraints

One of the main constraints to advocacy in 2011 was the relatively new structure of the office of External Relations and Advocacy combined with the not yet fully staffed Planning, Monitoring & Evaluation and Social Policy Section. While an action plan for advocacy, fundraising and partnerships activities for each section was followed, advocacy faced a lack of supporting data and policies. One focus in 2012 will therefore be close collaboration between the two sections to ensure an effective evidence based advocacy.

Weak structures within the Ministry of Social Welfare made it difficult to set up a development partners group. Several consultative meetings with the Ministry were held, but the process remains slow. With a new contact person at the Ministry, accelerating the process will be another focus for 2012.

The global financial crisis affected fundraising activities. Financial donations from NatComs have substantially decreased despite several successful NatCom visits the office hosted.

Key Strategic Partnerships and Interagency Collaboration

In view of the upcoming elections in 2012, the UN Communication Group has started to meet regularly to ensure a smooth information flow and coherent messages during elections and afterwards when facing the possible exit of the Peacebuilding Mission in 2013. A UN Communication Group Electoral Strategy has been drafted and all communication officers met at a one day retreat to discuss further actions.

In a recent meeting with the Independent Media Commission involving UNICEF Communication for Development and External Relations and Advocacy as well as a representative of the British Council, all stakeholders informally agreed to closely cooperate in regards to media monitoring and capacity building for journalists.

Every year UNICEF Sierra Leone funds training for journalists to build local capacity in child rights based reporting. An important implementing partner for these trainings is the Sierra Leone Association for Journalists (SLAJ).

When it comes to joint events, press releases or talking points for government officials, the External Relations office cooperates with the spokespeople of the relevant ministries, mainly the Ministry of Health and Sanitation, the Ministry of Education, Science and Technology and the Ministry of Social Welfare, Gender and Children's Affairs. In terms of the Free Health Care, the office works with the Director of Communication of the Presidency.

The children themselves as well as their role models are often the best advocates for child rights. The External Relations office is therefore working closely with the Ministry of Social Welfare, Gender and Children's Affairs, the Children's Forum's Network and selected local musicians.

Humanitarian Situations

Not Applicable

Summary of Monitoring, Studies and Evaluations

The advocacy work of the office is highly influenced by the SitAn and the Country Programme Document. Furthermore studies such as the MICS, DHS or studies done by the different UNICEF sections serve as source for evidence based advocacy.

Future Work Plan

During 2012 the External Relations and Advocacy Section will work closely with M&E and Social Policy to ensure effective evidence based advocacy for all programs. Furthermore the office will put more emphasis on the aspects of gender and emergency preparedness.

UNICEF's position within the aid architecture of Sierra Leone is a strong advocacy tool. Strengthening of development partners groups will be one focus of the office. Special emphasis will be put on the continuation of the development partners groups for Water and Sanitation and for Child Protection.

In view of the elections, the office will intensify contact with the UN communication group and actively support its meetings to ensure coherent messaging during the election period and in regards to the exit of the peacebuilding mission.

Contacts with the international and local media will be intensified through the partnerships with the Independent Media Commission and the Sierra Leone Association of Journalists.

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Contacts with the international and local media will be intensified through partnerships with the Independent Media Commission and the Sierra Leone Association of Journalists.

a Crisis Management Protocol has been established in the country office covering both programme and operations areas.

The expected Intermediate Results for 2012 are as follows:

IR1. Advocacy and awareness raising on child rights issues strengthened within the national development agenda by 2012

IR2. Improved coordination and management of donor resources

Country Programme Component: Cross-sectoral costs

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Enhanced operational and administrative capacity to support programmes for timely delivery of country programme results by 2012		1 FA6OT9, Support 1, Support 2, Support 3

Resources Used in 2011(USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/ (3) * 100
OR-E				
OR-R	750000.00	1018962.00	867664.00	85.15
RR	1420666.00	1439397.00	1168886.00	81.21
Total	\$2,170,666.00	\$2,458,359.00	\$2,036,550.00	

Results Achieved

Please see section on Operations and Management

Most Critical Factors and Constraints

Please see section on Operations and Management

Key Strategic Partnerships and Interagency Collaboration

Please see section on Operations and Management

Humanitarian Situations

Not Applicable

Summary of Monitoring, Studies and Evaluations

Please see section on Operations and Management

Future Work Plan

Please see section on Operations and Management

Effective Governance Structure

1. Ensuring Safe Work Environment –Emergency Preparedness Approach

In an effort to ensure a safe and attractive work environment for staff, a consultant has recently been recruited to ascertain the level of awareness of staff on emergency issues. This was followed by a debriefing with all staff on emergencies and its introduction within the agency. In addition, a simulation exercise was conducted involving key staff. To further strengthen the emergency sector, a communication tree has been developed, which provides names and contact numbers of staff to be contacted during emergency situations. For surveillance purposes a number of CCTV cameras and biometrics have been installed along the corridors, within the compound and on office doors. Furthermore, a BCP Committee has tested the BCP at the Representative's residence which proved to function well. Lastly, all UNICEF vehicles are MOSS-Compliant.

The physical structure of the office has undergone a significant transformation during the year. Additional structures including the erection of containers to accommodate staff, the creation of a Gym and also a Creche to be used by staff and their children respectively. All new office space has been equipped with ICT equipment for a suitable working environment.

2. Major Steps towards Improving in Country Operations

A number of steps were undertaken during the year to improve operations within the country. These include:

- SOPs that were established during the last year are fully operational and are being adhered to by staff members. The introduction of the Harmonized Approach to Cash Transfer (HACT) and the consolidated monitoring tool used to report on assurance visits have significantly contributed to the improvement of partnerships. In preparation for the roll out of VISION in the coming year, a number of trainings have been conducted for all users of the programme.

- The Table of Authority has been updated to determine signature levels per payment request. 13 statutory committees have been set up since 1st of March, 2011 and will be reviewed in 2012. Their overall mandate is to ensure that office operations are in line with set rules and standards. The Country Management Team's monthly reviews of Management Indicators have shown a significant improvement in performance in key areas such as the liquidation of Direct Cash Transfers (DCT), budget utilisation and reporting to see PBAs that are due to expire. The Senior Management Team meets weekly for deliberations on emerging and urgent issues. Meetings at various levels including the Programme Group, Project Assistants, Operations, etc. continue as usual.

3. Major Steps towards the Implementation of last audit findings

In spite of the 'Satisfactory' rating during the 2010 audit exercise, yet a number of issues were identified and required attention. Out of the 21 recommendations only one has not yet been fully implemented and therefore has not been closed. However, the Office is working assiduously to ensure that the remaining one is closed before the end of the year.

Strategic Risk Management

Risk Management

Throughout 2011, the Country Office worked intensively to implement recommendations from the 2010 Country Audit report and Strategic Risk Management. Building on the Country Office (CO) Risk Profile done in 2010, the office undertook four review processes on the risk profile throughout 2011. An office-wide review of the risk library and their ratings was carried out in September. Following the revised Enterprise Risk Management (ERM) guidance from HQ, the risk categories were further revised and risk ratings were re-evaluated. The risk library was edited accordingly and the new ratings were included in the ERM annual report.

Enterprise Risk Management will be integrated into a more intensive quarterly monitoring schedule throughout 2012. Moreover, it will be a feature of all section mid-year and annual reviews in 2012. The CO is implementing actions to mitigate high residual risks in six areas: Results Based Management (RBM), Country Environment, Aid Environment, Knowledge Management, IT Systems and Talent Management. Three of these six high risk areas (RBM, Country Environment, and Aid Environment) need special attention and crisis communication management strategies have already been drafted by the ERA section.

Evidence from the review process during 2011 suggests that there may be an inconsistent understanding about residual risk throughout the office. This resulted in a number of changes to risk ratings which, upon further consultation, were re-adjusted. To make the process of assigning ratings to each risk area as objective as possible, the office is looking into the possibility to further analyse especially those risk components that remain high on a continuous basis. A specific component on risk will be integrated into the forthcoming Results Based Management training.

Simultaneously in 2011, five of the 13 recommendations in the audit report requiring action were satisfactorily closed as of May 2011 and an additional seven were satisfactorily closed by October. Implementation of actions aiming at closing all audit recommendations has continued throughout the year and the majority have been fully implemented. Scheduling difficulties prevented a refresher Results Based Management training for Implementing Partners and Government this year.

The Office of Internal Affairs (OIA) has, as yet, not closed recommendation 5:1 (ii) and (iii) relating to supply and supply capacity building. Closure of the recommendation relied heavily on a successful recruitment process to fill a key supply post. This process suffered delays throughout September and October. However, work has recommenced and a satisfactory outcome resulting in closure is imminent.

Evidence of application and evidence of assurance provided to the OIA will require continuing monitoring throughout 2012 to ensure that individuals, processes and the use of tools continue to be fully compliant. Some spot checks were carried out by PM&E in the last quarter of the year. PM&E will continue to monitor progress. However, it is recommended that individual sections review their commitments on a periodic basis to ensure compliance. Accordingly, this process will now be formally integrated (along with Strategic Risk) into sections' mid-year and annual review processes.

Evaluation

An Integrated Monitoring and Evaluation plan (IMEP) was developed based on the 2011-2012 Rolling Work Plan of the UNICEF Sierra Leone Country Office. As an outcome of an audit done in late 2010, the office has put more emphasis on conducting quality evaluations and studies. To this end, the Planning, M&E Unit worked with various sections to plan quality evaluations and studies for 2011 based on the standard guidelines produced by the Regional Office for West and Central Africa (WCARO).

Of the 24 evaluations, surveys and studies planned for completion by end 2012, eight were completed by end 2011, including one evaluation of Community Lead Total Sanitation (CLTS) and the Multiple Indicators Cluster Survey (MICS) 4.

As we approach the end of the Country Programme Cycle by December 2012, the office plans to conduct sector specific evaluations of the Child Survival and Development, Basic Education and Child protection programmes.

In collaboration with the Regional Office, the office identified consultants to conduct quality and impartial evaluations while refresher trainings through Brown Bag Discussions were given to staff members to increase capacity.

Effective Use of Information and Communication Technology

The Local Area Network in the Freetown Office has been upgraded to Category 6 with Fiber Optic cables linking the switches. A wireless network also exists alongside on a separate VPN to give consultants access to internet facilities. An IP PABX is also on a separate VPN.

We are connected to UNICEF's global network using a VSAT with EMC as our Satellite Provider. The bandwidth was upgraded to 1.256 Mbps duplex link during the course of 2011.

For internet purposes, an Internet Service Provider has installed an iDirect VSAT that is in use to free up some of the bandwidth on the EMC VSAT which is used primarily for UNICEF applications. This VSAT is on the same network as the VSATs in the sub offices. During the course of this year, our EMC link was down due to a technical failure on site and this VSAT served as backup. The link is now 3Mbps/1Mbps downlink/uplink with a contention ratio of 1:3. Our field offices have a VSAT from the same provider, Kenema (512/256kbps) and Makeni (512/512kbps). All of these VSATs are on the same node and are using a bandwidth on demand setup.

Colleagues in the Kenema and Makeni sub offices are using the server based in Freetown for emails. Emails are replicated using Cisco IPSec remote connectivity software. Citrix is also in place for members of the BCP team.

Some equipment has been ordered to upgrade the existing Windows 2003 servers, for the Windows 2008 Virtualization project and we are still awaiting the arrival of the shipment. Virtualization is expected to start in January 2012. All client equipment are using the Windows 7 image.

Emergency preparedness is in place. Additional VHF handsets have been ordered and are expected before 31st December 2011. This will ensure that all staff has VHF handsets. All vehicles have working HF and VHF base communication equipment. Two BCP locations have been setup and we have a working backup system. Both are tested periodically. Thuraya satellite phones are used for emergency communication.

One of the challenges experienced is that there is a limited number of local suppliers and expert software and hardware companies. This has led to delays in our orders and implementation/repairs of some of our major ICT facilities. The ICT unit has therefore put in place a plan to ensure that critical spares are ordered when implementing new solutions. Plans are also on the way to set up a joint UN ICT team that will allow agencies to support each other in emergencies or when critical requirements are needed. This joint UN ICT team is expected to be functional in the first quarter of 2012.

Fund Raising and Donor Relations

The Country Office sent 43 donor reports in 2011 of which six were sent with delay.

The Office has mobilized \$113,240,200 OR funds which is **77.9%** of the CPD ceiling of \$145,300,000.00 for the period 2008 to 2012.

The Utilization level for 2011 stands at \$ 45,123,262.75 which is 96.7% of funds allocated.

Regular fund monitoring and exchange of needs and ideas by the committee for Advocacy, Partnerships and Leveraging resources (APL) supported fundraising activities in a strategic way.

Through the APL committee, the UNICEF Country Office set up a strategic plan in regards to fundraising which included the mapping of donor interests and funding needs. The plan also outlines concrete fundraising activities for the different sections of the office.

Those activities included:

- The development of NatCom toolkits for each section. All of them are published on the funding market place of Panorama by the end of 2011.
- A quarterly newsletter to keep donors and especially NatComs updated on particular funding needs of the Country Office and provide a regular update on UNICEF's activities in the field. Four issues of the newsletter have been published during 2011.
- A Facebook page launched in 2011. In October, 1.031 followers *liked* it. The page is linked to the Facebook page of the Greek, French, New Zealand, Spanish, German, Finish, Danish, Argentinian, Phillipian and Indian NatCom, as well as to the NatCom fundraising web pages of the Belgian and Icelandic NatComs.
- Visits to NatCom Offices:
 - o The Country Office Representative was invited to the US Funds for UNICEF 2011 Annual Meeting where he presented Sierra Leone with a focus on the theme 'Reaching the hardest to reach'. His presentation resulted in two visits by the US NatCom in 2011, each time with a different potential donor.
 - o Other members of the senior management held meetings with and gave presentations to the Italian, German, Austrian, Swiss, French, Swedish and Dutch NatCom.
- Hosting and facilitation of donor visits. The Country Office hosted 8 donor visits. The US Funds came twice, once with a private donor, once with KIWANIS. Other NatComs the office hosted were the Icelandic, the Czech, the UK with Century Films, the Italian and Dubai Cares. Furthermore the office supported Dfid carrying out a review on health programmes and Doctors with Africa CUAMM looking into different health programmes.
- Hosting and facilitation of media visits. The Country Office facilitated two media visits in 2011. One was organized by the GAVI Alliance and aimed at advocating for a pledging conference in London. The group in particular visited immunization programs and other health related activities. The media footage of that visit contributed to GAVI receiving 4.3 billion U\$ at the pledging conference. The money will be used to immunize 250 million children in the poorest countries of the world. GAVI is now looking into the possibility of funding cold chain equipment for Sierra Leone through the UNICEF Country Office.

Management of Financial and Other Assets

In 2011, UNICEF Sierra Leone made payments worth over US\$22 Million to Government Counterparts, NGOs and Service Providers. The total number of payments was 4,490.

Finance provided a series of trainings for staff members on Table of Authority (TOA), Financial Controls, Roles and Responsibilities of authorising, certifying, approving and paying Officers. Trainings were also provided on VISION Finance Modules.

In close cooperation with HR, Finance successfully rolled out VISION SAP HR. This system, which replaced ProMS PNP, has been used since to make payroll payments to staff.

We continue to maintain our bank accounts (Sierra Leone Leones and US Dollars) with Standard Chartered Bank. Replenishment of the Sierra Leone Leones Bank Account is done based on a competitive bidding process. This has not only led to savings for UNICEF, but has also forced our local bank to make more competitive offers.

As a continuity of Harmonized Approach to Cash Transfer (HACT) implementation, UNICEF rolled out all NGOs into HACT in 2011. This resulted in partners now submitting a Funding Authorization and Certificate of Expenditure (FACE) for liquidation, and UNICEF staff members undertaking assurance visits to implementing partners.

Original Direct Cash Transfer (DCT) to government and implementing partners as at 14th December 2011 amounted to US\$20.57 Million. Out of this, US\$14.66 was liquidated, leaving an outstanding balance of US\$5.91 Million as follows:

0 – 3 Months	US\$4.10	69.4%
3 – 6 Months	US\$1.34	22.6%
6 – 9 Months	US\$0.47	8.0%
> Months	NIL	NIL

ADMIN

Admin deals with office management, security, assets (NEP), travels, communication & fleet. During 2011, Admin faced an increase of activities due to an increased number of staff following the implementation of the Free Health Care Initiative.

In addition to the existing office building, a gym/crèche was installed and a kitchen constructed in the Freetown Office. 16 warehouses were added to the three previous ones.

To strengthen the security system, 18 additional CCTV cameras were installed in the Freetown office. The number of security guards increased as a result of the increased number of warehouses. All UNICEF vehicles are MOSS compliant and 80% of residences of international staff are MORSS compliant. Refresher trainings on basic security and safety and first aid were given for all staff. Fire Wardens, First Aiders and Wardens received a more intensive training.

To save fuel for the generator, the Freetown office installed a transformer to better use the power supplied by National Power Authority. Since most office generators were old, four generators were purchased.

An increased number of mobile phones including black berries and modems were given to staff members and District Logistics Officers.

The travel desk issued more than 1,500 Travel Authorisations during 2011. With the increase of field missions, vehicle hiring increased.

All assets and programme supplies were fully recorded in Lotus Notes though with constraints in regards to programme items. Physical count was done every 6 months as well as individual inventory.

All admin contracts were monitored and supervised and quarterly meetings held with each vendor.

Supply Management

Supplies, covering teaching/learning materials, food complements, medical supplies, equipment and consumables represent a significant proportion of UNICEF support towards promoting the welfare of women and children in Sierra Leone through the government. UNICEF through its Supply unit also supports the government in construction/rehabilitation of health, water supply and sanitary facilities to enhance effective service deliveries.

In 2011, UNICEF Sierra Leone procured over \$14.6million worth of supplies and equipment, of which \$ 10.8 million was spent on offshore supplies. Local and direct orders account for \$2.2 million, while freight accounted for \$1.6million. A total of 209 supply requisitions (PGMs) were raised of which 148 were for local and direct order supplies. In addition the UNICEF Supply unit has also facilitated procurement of supplies for the Ministry of Health & Sanitation and other partners through the UNICEF procurement Services Centre in Supply Division.

A cumulative amount of \$1,063,000 was spent on various completed construction/rehabilitation projects ranging from construction of water supply division offices, incinerator shelters, and a maternity ward in Pujehun.

In-country logistics pose remarkable challenges as a result of cumbersome government bureaucracies that led to considerable delays in customs clearance. The number of storage facilities in Freetown has grown from three in 2010 to five in 2011, as distribution of supplies from Freetown to the districts has been very slow. Long Term Arrangements (LTAs) for key supplies and particularly for transportation have been established to facilitate distribution of supplies from Freetown to the districts and other communities. A total of \$ 1,184,697.52 has been spent so far on in-country logistics covering clearing, storage and distribution of supplies.

Supply/Program/counterpart collaboration has improved considerably in 2011 and this has enhanced efficiency in end-user monitoring of supplies. Supply/program undertook several joint end-user monitoring trips to the field in 2011.

Human Resources

ENABLING WORK ENVIRONMENT & OFFICE CULTURE - During 2011, the office maintained an excellent relationship with the staff association to promote a conducive work environment. The management has involved the staff association in all major decisions affecting UNICEF's work and staff well-being. The chairperson uses the Country Management Team and the Joint Consultative Committee (JCC) to channel staff concerns for management's action.

Seven international staff members, five Fixed Term and two Temporary Appointments joined the office in 2011. An orientation guide prepared by the office is given to new staff members upon arrival to help a smooth integration into the system and the country. This document contains the UNICEF Mission Statement, values, guiding principles, standards of accountability, staff rules & regulations, fraud policy & relevant financial circulars and prevention of harassment.

MANAGING STAFF PERFORMANCE DEVELOPMENT - A Performance Evaluation Report (PER) monitoring system is in place.

A Monthly Management Indicators Report was instituted and proved to be a good mechanism to strengthen the management of performance in the office. As of November, ninety-four (94%) of staff had completed their 2011 key outputs and mid-year discussions in their PER or in the Electronic Performance Appraisal System (EPAS). The remaining 6% are being followed up for completion.

The 2011 Office Learning Plan (OLP) focused on change management and VISION. One staff member participated in the Core Group training in New York and 10 staff members were trained as Super-Users in Dakar. By end of November, the office completed its vision training for all the various streams bringing the overall learning plan implementation to 96%. The OLP included training in Harmonized Approach to Cash Transfer (HACT), International Public Sector Accounting Standards (IPSAS), Windows 7, Results Based Management (RBM) and Vision. Seven individual learning plans were approved in addition to staff participation in regional workshops. Two staff members participated in the UNICEF/Ohio Communication for Development (C4D course).

The office continued to make use of the Brown Bag training initiative which was used to update staff knowledge on new developments in ICT, HR, Admin, Finance, Programme Management and Caring for Staff.

STAFF WELL-BEING & SECURITY – The construction of a recreational centre and crèche has been completed and the facility is ready for opening.

UNICEF was one of the major advocates within the UN Country Team to increase national staff salaries. Following a comprehensive salary survey conducted in October 2011, staff salaries were increased effective 1 October 2011 by 6.7% for General Staff and 2.4% for National Professional Staff.

To improve the communication and information flow, management and the staff association hold regular meetings with all staff. Specific issues highlighted by staff in the Global Staff Survey have been addressed though JCC and other forums. Low national staff salaries continue to pose a problem for both the office and the staff. The office took action to recruit three female drivers, a profession that has been dominated by men for over 16 years in the office.

The Sierra Leone Country Office has maintained a good partnership with key service providers through signed Long term Agreements (LTAs) for car hiring, office stationery, travel agency and hotel services; this has resulted in a significant reduction of transaction processing and is thus having a positive effect on time and cost saving.

The Office has recently signed a new corporate agreement with Airtel, a local mobile phone company which has led to a reduction of telecommunication costs by 10 % for all staff- staff/consultants communications. Under the UN common services umbrella, UNICEF has been contributing to UN Cares, UN Cost sharing for Joint Security and has provided transportation services for the joint UN shuttle. There has been a significant impact on cost savings for UNICEF as other agencies also render their contributions for all UN joint services.

The office has closely collaborated with the government to expedite clearing of supplies from the port for those supplies to reach their beneficiaries as quickly as possible. UNICEF and the government agreed on clear procedures which allow clearing of goods from the port within two weeks.

Changes in AMP and CPMP

As basis for the 2012 Annual Management Plan (AMP), the management took the recommendations of the last internal audit as well as observations from the front office review and staff retreat. The AMP will also build on the successful strategies used in 2011 and focus on knowledge management and those areas which have been identified as high risk at the Enterprise Risk Management (ERM) and Risk Control Self-Assessment (RCSA) review workshops. The aim is to secure evidence-based decision-making, mitigate potential risks and maximise the use of opportunities and results.

The Office will submit the a new Country Programme Management Plan together with the Integrated Budget to the Programme Budget Review (PBR) in April 2012 for the new Country Programme 2013-2014. The current management structures have proven to be effective in achieving the goals and objectives of the Country Office. The Country Management Team might discuss a few changes to reflect staffing requirements in line with VISION to produce greater synergy.

The following areas have been listed by the Country Management Team for improvement:

sensitisation of staff on energy and water saving through better utilisation of air conditioners, and disconnection of electrical appliances

better management of fleet, fuel consumption and field monitoring

better management of drivers' time and realignment of workload balance to reduce overtime claims

improvement of security

Equipping the 3 BCP sites, including upgrade of internet, and generators.

Ensure good quality furniture at the work place especially in regards to chairs

Increase of office space including car park

Ensure adequate ICT equipment for VISION implementation and staff participation in Webinars

better in-country logistics transportation arrangement to end users

better government capacity building in line with Procurement System Management

Timely clearance of programme supplies from the Port.

Summary Notes and Acronyms

AfDB	African Development Bank
ANC	Ante Natal Care
ARI	Acute Respiratory Infection
BEmONC	Basic Emergency Obstetric and Neonatal Care
C4D	Communication for Development
CAG	Cash Advance to Government
CBO	Community Based Organisation

CCC	Core Commitment for Children
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CFN	Children's Forum Network
CLTS	Community Led Total Sanitation
CMAM	Community-based Management of Acute Malnutrition
CMT	Country Management Team
CPD	Country Programme Document
CP	Country Programme
CPAP	Country Programme Action Plan
CPMP	Country Programme Management Plan
CRA	Child Rights Act
CRC	Convention on the Rights of the Child
CWC	Child Welfare Committee
DCT	Direct Cash Transfers
DEO	District Education Officer
DEVINFO	Development Information Database
DEPAC	Development Partners Committee
DFID	Department for International Development of U.K
DHMT	District Health Medical Team
DHS	Demographic Health Survey
EC	Europe an Commission
EFA	Education for All
ePAS	Electronic Performance Appraisal System
EPI	Expanded Programme of Immunization
FAO	Food and Agricultural Organization
FACE	Fund Authorization and Certificate of Expenditure
FSU	Family Support Unit
FHCI	Free Health Care Initiative
GAVI	Global Alliance for Vaccines and Immunisation
GOSL	Government of Sierra Leone
HACT/DIPS	Harmonised Approach to Cash Transfers/Direct Program Support
HIV/AIDS	Human Immune Virus/ Acquired Immune Deficiency Syndrome
HR	Human Resource
HRBAP	Human Rights Based Approach to Programming
HSCC	Health Sector Steering Committee
ICC	Inter-agency Coordinating Committee
ICDB	International Children's Day of Broadcasting
ICT	Information Communication and Technology
IEC	Information Education and Communication
IMEP	Integrated Monitoring and Evaluation Plan
IP	Implementing Partner
IPSAS	International Public Sector Accounting Standards
IT	Information Technology
IYCF	Infant and Young Child Feeding
KAP	Knowledge Attitude and Practice
LLINs	Long Lasting Insecticide Treated nets
LTA	Long Term Agreement
MCH	Mother and Child Health
MEST	Ministry of Education Science and Technology
MOFA	Ministry of Foreign Affairs
MOFED	Ministry of Finance and Economic Development
MOHS	Ministry of Health and Sanitation
MSWGCA	Ministry of Social Welfare, Gender and Children's Affairs
MICS	Multiple Indicator Cluster Survey
MTCT	Mother to child Transmission

MTR	Mid-Term Review
MTSP	Mid Term Strategic Plan
NAS	National AIDS Secretariat
NaCSA	National Commission for Social Action
NIDs	National Immunisation Days
ODF	Open Defecation free
OIA	Office of Internal Audit
ORT	Oral Rehydration Therapy
OVC	Orphans and Other Vulnerable Children
PBA	Project Budget Allocations
PHU	Peripheral Health Unit
PM&E	Planning Monitoring and Evaluation
PMTCT	Prevention of Mother to Child Transmission
ProMS	Programme Manager System
PRSP	Poverty Reduction Strategy Paper
REACH	Renewed Efforts Against Child Hunger and Under nutrition
RBM	Results Based Management
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SGBV	Sexual and Gender Based Violence
SitAn	Situational Analysis
SMCs	School Management Committees
TBA	Traditional Birth Attendant
TRC	Truth and Reconciliation Commission
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNIPSIL	United Nations Integrated Peace building Office in Sierra Leone
UNJV	UN Joint Vision
VCCT	Voluntary Confidential Counseling and Testing
VISION	Virtual Integrated System of Information
VOC	Voice of the Children
WASH	Water, Sanitation and Hygiene
WB	World Bank
WSD	Water Supply Division

Document Centre

Evaluation

	Title	Sequence Number	Type of Report
1	An Evaluation of the Community Led Total Sanitation (CLTS) Programme in Sierra Leone	2011/001	Evaluation
2	Opportunities for Sanitation Marketing in Sierra Leone. A Demand and Supply Chain Assessment for Sanitary Latrines in Urban and Rural Areas of Sierra Leone	2011/002	Study
3	Baseline and KAP survey for Hygiene Promotion and Public-Private Partnership for Hand Washing with Soap (PPPHWS) in Sierra Leone	2011/003	Study
4	Report on Simplified Lot Quality Assurance Sampling Evaluation of Access and Coverage (SLEAC) and Semi-quantitative Evaluation of Access and Coverage (SQUAEC) of the Sierra Leone National Community-based Management of Acute Malnutrition (CMAM)	2011/004	Study
5	Sierra Leone Multiple Indicator Cluster Survey (MICS4), Final Report December 2011	2011/005	Survey
6	Situational Analysis of the status of Children in Sierra Leone	2011/006	Study

7	An Ethnographic Study of Community-Based Child Protection Mechanisms and their Linkage with the National Child Protection System in Sierra Leone	2011/007	Study
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Other Publications

Lessons Learned

Programme Documents

	Title	Document Type
1	Sierra Leone Annex A	Annex A