

Executive Summary

Sierra Leone is one of the poorest countries in the world and ranks 180 out of 187 countries on the UNDP Human Development Index. After a decade-long war that ended in 2002, the country lacked infrastructure, human resource capacity and other resources. However, free and fair presidential and parliamentary elections in November 2012, the third since the end of the war, marked a sustained return to peace and democracy. The Country Office (CO) has substantially supported the development of a new Poverty Reduction Strategy Paper (Agenda for Prosperity 2013-2017) and a two-year United Nations Development Assistance Framework (UNDAF)/UN Transitional Joint Vision (2013-2014), which will both commence implementation in 2013. The new Country Programme (2013-2014), which also starts in 2013, has been developed and approved.

Important Achievements

Through the CO's continued support to the Free Health Care (FHC) Initiative, important goals in regards to child survival were reached: 60 per cent of pregnant women attended four or more antenatal care visits; deliveries in health facilities rose from a 2010 baseline of 50.1 per cent to 61 per cent; and the percentage of women receiving postnatal care after they delivered in a health facility increased from 38 per cent in 2008 to 61 per cent. In addition, water and sanitation facilities were installed in 284 targeted health facilities, and Sierra Leone became part of the Scaling Up Nutrition (SUN) Movement.

Sierra Leone has reached gender parity (at 1.04) in primary schools. However, disparities still exist in secondary school. The internal efficiency of primary education improved from 58 per cent in 2004/5 to 63 per cent in 2010/11. The CO initiated a participatory Situation Analysis (SITAN) on peace and education that was shared with partners to be used for programme planning.

A major achievement for the CO was the signing of a revised Referral Protocol for victims of gender-based violence (GBV) by all relevant ministries. The protocol now includes free medical examinations and treatment for victims. Following four years of advocacy by the CO and partners, the Sexual Offence Act was enacted. An Alternative Care Policy was finalized, which constitutes an important cornerstone of the child protection system.

Important shortfalls

The main shortfall for programme implementation is weak capacity of partners, especially in planning, implementing and monitoring communication for development (C4D) interventions, which are essential to trigger behavior change in the country. A Capacity Gap Development Strategy for Education that was developed by the government with support from UNICEF could not be implemented in 2012 due to delayed funds. The shortfall will be addressed in 2013.

Important collaborative partnerships

The CO collaborated on a World Bank-led assessment of social protection interventions in the country. As a result, the CO engaged in further cooperation to develop a Social Protection Strategy and Implementation Plan. Through this partnership, the CO has become a leader in social protection.

Country Situation as Affecting Children & Women

Sierra Leone has one of the highest maternal and child mortality rates in the world and ranks near the bottom of the Human Development Index. The country has experience sustained economic growth during the last two years, but it has not yet had a positive effect on the high poverty levels in the country. Despite peaceful elections in 2012, access to basic social services and vulnerability due to poverty continue to be major challenges.

Child Survival and Development

Although child mortality in Sierra Leone has been in continuous decline, rates remain high. Inadequate care, malnutrition, untimely completion of immunization and failure to prevent diseases like malaria, diarrhea and acute respiratory infections are among the main reasons for the high mortality rates.

In 2010, 8.5 per cent of children under five years of age (U5) were wasted, 22 per cent were underweight and 44 per cent were stunted. Poor feeding practices are a key cause. Only 32 per cent of women exclusively breastfed their baby for the first six months, while the introduction of complementary food for infants is unsatisfactory, and poverty prevents people from buying adequate food.

Timely and adequate treatment of suspected pneumonia is only 58 per cent, and treatment of malaria for U5 children is only at 62 per cent, thus increasing the risk of death from preventable causes. The usage of insecticide treated mosquito nets has increased dramatically after a universal distribution in 2010. However, 20 per cent of U5 children and 12 per cent of pregnant women are still not using the nets, even when at least one is available.

Untimely completion of immunization and a significant drop-out for the oral polio vaccine (OPV3) and Pentavalent 3 vaccination add to deaths from preventable diseases. Only 76 per cent of children receive the Pentavalent 3 vaccination.

Antenatal care and delivery in health facilities have improved. In 2010, 60 per cent of women attended at least four antenatal care visits and 61 per cent of women delivered in a health facility. However, poor women in rural areas have limited access to health facilities, thereby increasing the risk of mothers and children dying during childbirth.

Only 57 per cent of households in Sierra Leone have access to improved drinking water, with 40 per cent using improved sanitation facilities. This particularly affects poor and rural households. Hygiene practices in schools and at home are inadequate. In 2010 only 40 per cent of households had soap available.

Child Protection

Child protection systems are weak and the institutional arrangements, capacity and funding are insufficient to respond adequately to child protection needs. The Social Protection Policy has yet to be implemented. A safe and caring environment for children in Sierra Leone is hampered by adverse social norms, low education and poverty, which lead to high levels of teenage pregnancy and child marriage. Children who lack proper care, and especially those who do not live with their biological parents, are at high risk of abuse and exploitation. They are also more likely to miss out on education and vital health services. One fifth of Sierra Leone's children do not live with their biological parents. The child justice system is weak and not sensitive to the particular needs of children.

Basic education

It is vital that the quality of education and learning outcomes improve. Inadequate teaching practices and constraints in school management prevent children from reaching the desired knowledge levels. A case study of grade 3 students shows that their reading skills are far below the expected level. More than half of children start primary school late, especially children in rural areas, those from poor households and those whose mother has no education. Poor children are prone to drop out of school due to informal fees, travel expenses, teenage pregnancy and the opportunity cost of lost labor. The learning environment in schools is often not safe, especially for girls. Poor hygiene facilities and practices in schools are additional reasons girls do not attend school.

Despite efforts to increase secondary school attendance, such as fee subsidies for girls and supply of materials, net attendance in secondary school is low. Only 33 per cent of girls of secondary school age attend school, compared to 40 per cent of boys.

Social policy, planning, monitoring and evaluation

Social protection systems to support poor and vulnerable people are weak. The few programmes lack coordination and are not well funded. Community partnerships to promote social change are rare and the capacity to plan, monitor and evaluate programmes among partners is inadequate.

Country Programme Analytical Overview

To address the barriers identified, the Country Programme was effectively implemented as outlined below.

Child survival and development

The target of 60 per cent of pregnant women attending 4 or more antenatal care visits was met in 2012. Institutional deliveries reached 61 per cent against a target of 70 per cent. On-the-job training was provided for 259 health workers in Emergency Obstetric and Newborn Care (EmONC), while pre-service training of 702 auxiliary nurses was also concluded.

Essential medical supplies for one million U5 children and 230,000 pregnant and lactating women were procured as part of the Free Health Care (FHC) initiative. Of U5 children exhibiting symptoms, 59 per cent were treated appropriately for malaria within 24 hours, 64 per cent received antibiotics for pneumonia and 48 per cent were treated with oral rehydration salts (ORS) and zinc for diarrhea.

The target of 50 per cent of Peripheral Health Units (PHUs) in 7 target districts providing treatment for SAM was met.

Community-Led Total Sanitation (CLTS) resulted in 3,214 communities with a population of 705,203 people being declared open defecation free (ODF). Approximately 1,309 of 1,600 villages with a total population of 215,984 out of 300,000 had water points restored and WASH (water, sanitation and hygiene) committees trained.

Routine immunization is on track with 95 per cent and 90 per cent of children less than 1 year old vaccinated with Pentavalent-3 and measles respectively, surpassing targets. Polio-3 vaccination is at 95 per cent.

Child protection

To improve the care and protection of children not living with their biological parents, an Alternative Care Policy was finalized, and 98 per cent of relevant government staff were trained on implementing quality care standards. All 63 Children's Homes were assessed, with 41 being registered and 6 being closed. Of the 2,159 children in the institutions, 345 were reunited with their extended families.

To address the weak child protection system, the process for developing a Child Protection Systems Policy has begun. A Child Justice Strategy was developed with a strong focus on diversion and alternatives to detention.

Basic education

To address weak governance and management, a plan and tools for monitoring and supervision of schools were developed. Child Friendly Standards were finalized. To ensure appropriate utilization of the school fees subsidy, 453 school management committees have been established. To support children to attend school, 612 mothers' clubs are now functional.

To improve hygiene in schools, standards and construction guidelines for WASH facilities were developed. A baseline study for the Rural WASH in Schools Programme in six target districts was finalized. About 43 per cent of pupils in target primary schools were carrying out good hygiene practices, including washing hands with soap after defecation and before eating.

Social policy, planning, monitoring and evaluation

To strengthen social protection, a strategy to improve coordination, pilot cash transfers for extremely poor people and improve income generation was developed. The country now needs funding to pilot and implement social protection programmes.

Community partnerships to promote social change were supported with 13 district social mobilization committees for health campaigns and 120 radio episodes.

The capacity of partners to plan, monitor and implement programmes was enhanced through Results-Based Management (RBM) training of 125 partners and staff.

Humanitarian Assistance

A cholera outbreak in 2012 affected 12 out of 13 districts, with 22,740 recorded cases and 294 deaths. UNICEF supported the government and partners in procuring and distributing medical, WASH and other supplies, as well as in providing access to safe water and sanitation, promoting hygiene and mobilizing communities. Actions taken aimed to increase access to chlorinated drinking water, prevent the spread of the disease, improve water quality monitoring, support treatment, promote hygiene and strengthen coordination, preparedness and early-warning mechanisms. UNICEF provided guidance to the Ministry of Health and Sanitation (MoHS) to review and update social mobilization plans for cholera response and preparedness. Communication activities used radio, print, mobile phone and TV media, and mobilized communities to encourage proper hygiene behavior. The spread of the disease has been curbed and preparation for future emergencies has been undertaken.

Effective Advocacy

Fully 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 section, met bimonthly to ensure the advocacy strategy developed in 2010 was put into practice and the office could effectively react to changes in the country. The committee reviewed and monitored advocacy partnerships and fundraising activities.

The Country Office (CO) successfully advocated for child survival, in particular Free Health Care, education and water and sanitation issues in the respective development partners' groups. USAID and the EU as a consequence both agreed to provide funding support over the next three years to accelerate efforts in reaching the Millennium Development Goals (MDGs).

The External Relations Section in cooperation with other sections developed evidence-based advocacy messages for each programme for use in talking points, press releases, programme briefs, presentations and human interest stories. Each section identified specific days to be used for effective advocacy work (Day of the African Child, Anniversary of Free Health Care, Maternal and Child Health Week, Girls' Education Week, Global Handwashing Day, etc.).

Sierra Leone became part of the SUN (Scale Up Nutrition) Movement in 2012. This was launched at an event in Freetown to which the former President of Cape Verde H.E. Mr. Antonio Monteiro and several Executive Directors were invited. Acting Regional Director Manuel Fontaine participated on behalf of UNICEF. UNICEF supported the organization of this event including media coverage.

The CO advocated for follow up on "A Promise Renewed," and continued working with the government and partners. Under the leadership of the MoHS, UNICEF is providing support for the follow up on this initiative in collaboration with partners.

Media reporting on UNICEF-related matters exceeded expectations in 2012 compared to the last year. The target was 15 media reports per month, while last year's figure was 25 per month. This year the average was 43.2 reports per month.

The CO hosted and organized four media trips and one interview on Free Health Care, cholera, girls' education, nutrition and child justice. International journalists visited from Century Films, IRIN News, The Lancet and Global News.

After some minor difficulties at the beginning, the UNICEF CO successfully worked with the government and the media through a cholera emergency, updating the media regularly on figures and preventive measures. Donor communication resulted in additional funding for cholera mitigation and prevention.

Capacity Development

Fully met benchmarks

UNICEF supported the training of 48 national officers who in turn trained 1,200 district service providers on Immunization In Practice (IIP) in response to a cold chain assessment completed in 2010. UNICEF supported the procurement of 56 additional cold chain fridges (including 26 new-generation direct-drive solar units) and renovated storage space for central cold room installation. Training to maintain the new cold chain equipment has been provided to 26 solar cold chain technicians.

Training in EmONC was provided to 259 health workers, for a total of 896 against a baseline of 637. In addition, the pre-service training of 702 MCH (maternal and child health) Aides was concluded and they are being deployed to health facilities. Seven Basic Emergency Obstetric and Newborn Care (BEmONC) facilities were constructed during the review period.

A total of 1,500 teachers from 750 schools were trained and provided with resource materials to facilitate classes on Sexual Reproductive Health (SRH), prevention of HIV and AIDS, sexually transmitted infections (STIs) and teenage pregnancy in schools. Collaboration was forged through the Water and Sanitation Programme and partners were trained to adapt the community-engagement methodology for CLTS to include HIV prevention in the communities. Through engaging 11 non-governmental organizations (NGOs) from 6 districts, a target group of 300 communities was reached.

As more than 40 implementing partners in the CLTS and SLTC task force are local NGOs created in response to the needs on the ground in their respective districts, capacity building for local partners was undertaken through a locally identified training team comprised of NGOs and the MoHS. Building national capacity in the WASH sector created an added value for sustainable development.

A total of 235 health workers, implementing partners and 3,666 (out of a planned 4,602) community health workers (CHWs) were trained on the national Community Management of Acute Malnutrition (CMAM) protocol and treatment guidelines. UNICEF supported the MoHS in providing an on-the-job training strategy, which allowed all staff in each facility to be trained and ensured sustainability of the treatment, especially given the high staff turnover. A total of 1,086 members of mothers' support groups (MSGs) have been trained on community-based support to infant and young child feeding (c-IYCF) in 5 districts. A total of 73 implementing partners' staff were trained on c-IYCF in 2012. An additional 32 implementing partners' staff will be trained in December as IYCF facilitators.

A total of 125 staff (94 male, 31 female) from implementing partners and 80 UNICEF staff (38 male, 44 female) were trained on a week-long course on RBM/Human Rights Based Approach. Staff from implementing partners (61: 54 male, 7 female) were trained on a UN Joint Guide on programme and financial management as part of the support to harmonized approach to cash transfers (HACT). The CO supported three civil servants to participate in a course on social safety nets organized by the World Bank and UNICEF. These staff will champion implementation of the Social Protection Strategy that was recently completed with support from the CO. A further 110 staff from local councils were trained on better planning and budgeting for children.

Communication for Development

Fully met benchmarks

C4D continued to be an integral and strong part of UNICEF programming in Sierra Leone, with a focus on strengthening UNICEF-supported women's groups, and strong engagement with community radio stations and religious and traditional leaders in the country.

In 2012, financial and technical support was provided to the National AIDS Secretariat for the development, production and dissemination of the National HIV/AIDS Communication Strategy. The implementation of the strategy will contribute towards achieving the three goals of achieving Zero new HIV infections, Zero HIV-related stigma and Zero HIV-related deaths by 2015.

A radio serial drama (120 episodes) on the four education thematic areas of Code of Conduct for Teachers, Out-of-school and Vulnerable Children, Girls' Education and Relevance of Reading, was implemented through 14 community radio stations in the country. To facilitate community monitoring and content feedback, 51 radio listener groups were set up across the country.

As part of the cholera response, C4D provided lead support to the Government of Sierra Leone for social mobilization and hygiene promotion activities in the ten affected districts. Technical and resource mobilization support was provided for the development and implementation of the cholera response communication plan, development and use of information, education and communication materials (posters, brochures, videos) and coordination through a multi-sectoral task force. The mobilization of the school system was an integral part of the social mobilization response.

In an effort to strengthen the evidence base for the development of an integrated C4D strategy in 2013, a Knowledge Attitudes and Practices (KAP) study on routine immunization was undertaken in the country. Data collection for this activity was undertaken in "urban slum" and "urban non-slum" clusters, in order to better understand C4D-related enablers and bottlenecks in these specific urban environments. Social mobilization for three rounds of Polio National Immunization Days was implemented in 2012.

Service Delivery

Mostly met benchmarks

With financial and technical support from UNICEF and other partners, the MoHS as part of its Free Health Care Initiative has succeeded in increasing service utilization by pregnant women. Seventy per cent attended antenatal care visits four times, against a target of 70 per cent in 2012 and a baseline of 30 per cent in 2008. The percentage of deliveries in health facilities stands at 61 per cent in 2012 against a target of 70 per cent and a baseline of 50.1 per cent in 2010. The coverage of postnatal care for women who gave birth in health facilities stands at 61 per cent against a target of 70 per cent and a baseline of 38 per cent in 2008.

During 2012, approximately one million children aged 9 to 59 months received a measles vaccination in addition to Vitamin A and de-worming tablets during the Maternal and Child Health Weeks (MCHW), which were jointly supported by UNICEF, WHO, Helen Keller International (HKI) and other partners. To ensure all children were reached, the interventions were preceded by detailed micro-planning involving community members to identify poorly covered and hard-to-reach areas. The routine immunization coverage for Pentavalent-3 and measles has reached close to 230,000 children between 0 and 11 months of age, which is over 90 per cent of the targeted population.

High treatment coverage of U5 children was achieved for malaria, pneumonia and diarrhea: 59.3 per cent of children received appropriate treatment for malaria within 24 hours, 63.9 per cent received antibiotics for pneumonia and 48.4 per cent were treated with ORS and zinc for diarrhea. These achievements can be partly attributed to the Free Health Care Initiative supported by UNICEF and other partners.

A total of 126 PHUs were accredited to provide prevention of mother-to-child transmission (PMTCT) services through training of health workers and provision of test kits and antiretroviral drugs (ARVs). HIV testing for pregnant women was integrated in the biannual MCHW, which resulted in the testing of 42,034 pregnant women in 2012. The network of women living with HIV, Voice of Women, was engaged to provide follow up and support to women who tested positive and their families, and encourage them to join support groups. An estimated 2,241 HIV-positive pregnant women were put on treatment as a result of this activity.

Scaling up the number of PHUs providing treatment of SAM was key a priority for UNICEF, the MoHS and other partners in 2012. Strategies included on-the-job training and three consecutive supportive supervision visits, which ensured retention of knowledge. During the first eight months of 2012, there were 26,000 new SAM admissions with 80 per cent cure rate, 2 per cent death rate and 7 per cent defaulter rates. The number of Outpatient Therapeutic Programme (OTP) sites providing treatment to U5 children suffering from SAM

increased from 227 sites (19 per cent of the country's 1,200 sites) to 428 (36 per cent).

By December 2012, over 3,000 villages had been declared open defecation free (ODF). UNICEF will commence the rolling out of a hand pump spares supply chain in 6 districts targeting 4,107 partially damaged water points identified in a water point mapping survey.

Strategic Partnerships

Fully met benchmarks

In 2012, UNICEF Sierra Leone continued to lead the Development Partners Group in Education together with the Ministry of Education, Science and Technology (MoEST) and co-chaired the Development Partners Group in Health together with DFID. UNICEF also provided financial, administrative and technical support for the REACH programme, an initiative linking all partners working in the area of nutrition.

In an effort to improve its partnership performance, UNICEF contracted an external evaluation of its role as lead partner in the education sector. The evaluation was finalized and showed that UNICEF is generally performing well in the role. The CO is now working on a plan to address the recommendations. Moreover, based on the results of a partnership survey assessing UNICEF partners' perceptions, the CO laid out a strategy running until 2014 to reinforce partnership in five key areas: sector coordination, strategic partnership, resource leveraging and corporate social responsibility.

Since May 2012, UNICEF Sierra Leone has been exchanging letters with Save the Children in-country with the mutual commitment to improve collaboration between the two organizations. Through quarterly meetings, the two partners exchanged information and made decisions to improve the way they work together in the areas of programme implementation, coordination, monitoring and evaluation (M&E) and advocacy.

UNICEF has continued to support the Government of Sierra Leone to strengthen Wi Pikin's mothers' nutrition and education groups in the country through community-level partnerships. In 2012, through Wi Pikin Network Summits organized at the regional level, C4D was successful in convening Wi Pikin group members, elected councilors and traditional leaders, as well as microfinance, adult education, agriculture and livelihoods service providers.

The cholera response this year provided an opportunity to strengthen strategic partnerships with radio stations, religious leaders and the Sierra Leone Red Cross Society.

UNICEF Sierra Leone continues to partner with the Health for All Coalition and different NGOs for the monitoring of Free Health Care supplies.

The UN Country Team has finalized the Transitional 'Joint Vision' covering the period 2013–2014. The document reflects the country's transition from a post-conflict situation under a UN Security Council mandate to long term development. This period is likely to also mark the end of the mandate and presence of UNIPSIL (United Nations Integrated Peacebuilding Office in Sierra Leone) in 2013.

UNICEF continued to take active part in the coordination meetings of the seven Joint Vision programmes it was involved in together with other UN agencies. In view of the elections that took place in November 2012, the UN Communication Group met every two months to ensure a smooth information flow and coherent messages.

UNICEF also participated in the quarterly meetings of the Development Partners Committee co-chaired by the Minister of Finance and Development, the World Bank Country Manager and the UN ERSG. Partnerships with National Committees (NatComs) and international media were strengthened through the Sierra Leone CO hosting six NatCom, five media and four donor visits.

Knowledge Management

Mostly met benchmarks

The CO has placed Knowledge Champions/focal points in each section. These champions, who also serve as M&E focal points, have Terms of Reference (ToRs) approved by the Country Management Team (CMT). Essentially, the Knowledge Champions take the lead in storing and sharing knowledge internally and externally. The CO has maintained a dedicated drive for information sharing. Documents from across the CO, such as survey reports, evaluation reports and grey literature, are collated in one repository for reference by programme and operations staff. This encourages all staff to share knowledge office-wide.

DevInfo has now been updated with the major indicators from MICS2, MICS3 and MICS4 (Multiple Indicator Cluster Survey). Selected indicators from the census of 2004 have also been uploaded in DevInfo. Partners will be trained on DevInfo from January 2013 led by the National Statistical Office.

MICS4, finalized in 2011, was launched in 2012, as was a SITAN. Both surveys were shared with partners. The SITAN focused on generating knowledge on gender, community participation and decentralization. A special participatory SITAN on peace and education was finalized and shared with partners. The results have been used to develop part of the education component for the 2013-2014 CP, and are being used to influence the new poverty reduction strategy paper and education sector plan that are currently in development.

An information session was conducted on the new UNICEF Social Protection Framework and another was held on social safety nets. A seminar on the new Results Assessment Module was conducted for programme staff. Further analysis of MICS4 data on the factors associated with female genital mutilation/cutting (FGM/C) was completed. The results were shared with partners in a dissemination meeting organized by the CO.

Development of Lessons Learned/Good Practices/Innovations will be included in staff PERs as a strategy of institutionalizing knowledge management in the office. Following the country's cholera outbreak this year, a participatory Lessons Learned Brief/After Action Review (AAR) was produced that will be used to guide responses to similar outbreaks.

The CO will adopt the WACRO Knowledge Management Strategy developed in 2012 to enhance its knowledge management function.

Human Rights Based Approach to Cooperation

Fully met benchmarks

The provision of training on a Human Rights Based Approach to Programming and RBM to the CO staff (80), government counterparts and Implementing NGOs (120) enhanced the capacities of Country Programme (CP) stakeholders in designing and implementing programmes that address the inequities relating to women and children in the different regions of Sierra Leone.

The CO increased participation of its stakeholders (government ministries, departments and agencies [MDAs], NGOs and communities including children) in its programming cycle. The steering committee that was formed for the preparation of the Country Programme Document (CPD) 2013-2014, chaired by the Ministry of Finance and Economic Development (MoFED), continued their work on the Country Programme Action Plan (CPAP). The CO deliberately involved children in its programming processes including during information gathering and dissemination of studies and surveys.

The programme design process for Peace and Education followed good practice for Human Rights Based Approach to Programming. A thorough analysis of the situation was completed that considers all rights of all children and women, with particular focus on the most disadvantaged. The finalized interventions support the realization of rights, with a focus on the capacities of duty-bearers to respect, protect and fulfill the rights of children and women and on the capacities of rights holders to claim their rights. Rights holders participated in

all stages of the programme design, including consultations, presentation of the situation analysis, undertaking the causal analysis, stakeholder analysis, bottleneck analysis and the final programme design workshop.

In order to have duty bearers at community level take responsibility for critical issues affecting women and children in the localities as mentioned in the 2010 MICS and SITAN reports, the Chiefs as Champions activity was used to disseminate relevant information from these reports for their attention and action. The dissemination of this information galvanized huge interest among community stakeholders in mapping out actions to improve the situation of women and children in their localities.

The review of Programme Cooperation Agreements (PCAs) by the office's Programme Cooperation Agreement Advisory Group (PCAAG) committee ensured that issues affecting women and children in Sierra Leone identified in the 2011 SITAN are addressed in proposals and that programmes endeavor to address the inequities and disparities women and children face, particularly in hard-to-reach localities.

During the 2012 mid-year review, UNICEF programmes facilitated an in-depth bottleneck analysis involving government counterparts and NGO partners to identify impediments to achieving programme results (intermediate results) and find solutions to removing or reducing the impact of the bottlenecks on programme results. This activity provided programme staff, counterparts and partners with the opportunity to understand the root causes preventing the achievement of results and identify strategies to address them.

The CO provided technical and financial support to the Ministry of Social Welfare Gender and Children's Affairs (MSWGCA) to strengthen its human rights mechanisms within the country. The CO supported preparation of the Convention on the Rights of the Child (CRC) report, which will be submitted in the first quarter of 2013 after validation.

Gender Equality

Fully met benchmarks

This year the CO designed a new country programme for two years (2013-2014), based on a SITAN conducted in 2011. A consultant was assigned to conduct an in-depth study on gender in Sierra Leone as one of the components of the SITAN. The findings of the report produced, Gender Analysis of the Situation of Women and Children in Sierra Leone (2011), were used to design the new CP with a focus on equity including addressing gender inequalities.

During the 2012 cholera outbreak, an analysis was made to assess any differences in cases between males and females. Though there were more female cases, the differences were not statistically significant.

The CP intermediate results (IRs) were assessed in terms of their contribution to gender equality. This was done through the organization-wide Gender Marker. Most of the IRs scored a grade of "significant". As much as is possible, indicators at both PCR (Programme Component Result) and IR level are disaggregated by gender. Mid-year and annual reviews have also emphasized gender analysis in reporting.

An internal Gender Audit was carried out in 2012. A set of recommendations and an action plan for implementation have been approved by the CMT. Implementation of those recommendations will improve gender mainstreaming in programming in the CO.

The CO supported the MSWGCA (providing an international and local consultant) to conduct a mid-term evaluation of the National Gender Strategic Plan (2010-2013). A final approved report was disseminated to partners. The results were used to design the new PRSP III, The Agenda for Prosperity (2013 - 2017), and will also be used to design a new Gender Policy and a new National Strategic Plan in 2013.

Environmental Sustainability

Fully met benchmarks

Sierra Leone has a land area of approximately 7.2 million hectares (72,000km²), of which 5.4 million hectares are cultivable, 4.3 million hectares are low fertile arable upland, and 1.1 million hectares are more fertile arable swamps (Lands and Water Division, 1999). Fully 65 per cent of the country was covered by tropical forest, but due to rapid deforestation, only 5 per cent of this tropical forest still exists. Logging (both legal and illegal) is the major direct cause of land degradation in Sierra Leone. Annual per capita water availability is high for Sierra Leone.

The major environmental issues are in the main city Freetown. Freetown has an estimated population of 1.2 million people, which is 20 per cent of the national population. On average, it is estimated that each person generates 0.5kg of waste daily, with the total amount of waste generated per day in the city at about 600 tons, 85 per cent of which is biodegradable. The amount of waste collected by Freetown City Council per day is estimated as 473.15 tons per day; the amount of uncollected waste is therefore approximately 127 tons per day (21 per cent).

Due to lack of control of waste collection from dumpsites, it has been difficult to estimate how much finds its way back through scavenging. The dumpsites cover areas characterized as both shallow (Kingdom dumpsite) and deep (Granville Brook dumpsite). With waste not highly compacted in both sites, there is a likelihood of individual health risks, air pollution, and hydrological and visual impact.

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

The introduction of new approaches that result in entire communities achieving fully sanitized status will reduce local environmental degradation, including the fecal contamination of ground and surface water supplies. No adverse environmental impact is envisaged from the programme; indeed it will substantially improve the overall environment health for a substantial number of poor people.

The WASH programme emphasizes the use of low-cost but durable technology options that are suited to local conditions, including high rainfall and, in some locations, rocky or collapsing soil. In many areas, vehicle access is difficult and mechanical equipment for emptying pits will not be available. Simple pit latrines will therefore be used, which, once full, must be abandoned and new ones dug. Disposing of excreta in pits poses a far smaller environmental and health risk than open defecation, nevertheless the programme will ensure that basic precautions are observed concerning the vertical and horizontal separation of latrine pits and water supplies to minimize the risk of groundwater contamination.

South-South and Triangular Cooperation

In 2012, staff from UNICEF, the MoHS and the MoEST learned about key WASH in Schools interventions at a conference hosted by Dubai Cares and UNICEF in Dubai. The WASH in Schools Baseline Survey in Mali informed the research design of the Baseline Study for the WASH in Schools Programme in six rural districts of Sierra Leone. The research showed correlation between absenteeism of girls and latrine blocks separated by sex in schools, and the need for improving operations, maintenance and behavior change interventions.

Another outcome of the WASH in Schools Conference in Dubai was the selection of Sierra Leone as one of four pilot countries to investigate challenges faced by girls during menstruation and their determinants. The study, carried out by Emory University with the support of UNICEF, then compared the challenges in the four countries. Formative research was conducted in eight primary schools in Western Area. Out-of-school girls were interviewed in two other locations. The findings have informed UNICEF's approach to hygiene education in school.

UNICEF is supporting the government to establish the National Pharmaceutical Procurement Unit (NPPU) in its efforts to strengthen the Procurement and Supply Management (PSM) system for health commodities. To develop capacity, MoHS staff in charge of the NPPU went on a study tour to Zambia and Rwanda. These two countries have several years of experience in running similar PSM systems. The officials benefited from the knowledge, experience and guidance of these two countries.

Similarly, a cross-border meeting for strengthening surveillance and response to epidemic diseases was held in Makeni, Sierra Leone. This meeting was co-organized by the Ministries of Health in Guinea and Sierra Leone, with the support of WHO and UNICEF. The meetings aimed to review the management and implementation of integrated surveillance and response to the cholera epidemic in border areas, identify problems encountered in implementation of cross-border responses and develop an Operational Action Plan for joint activities in areas situated on both sides of the border. Weaknesses in communication between the two countries were pointed out, followed by discussions on how to improve them. At the end of the cross-border meeting, both teams agreed to strengthen their collaboration in the areas of surveillance and the response to the cholera epidemic. They also agreed to develop a common action plan and set up Emergency Management Committees for epidemics in border areas. The meeting recommended developing integrated and coordinated activities on WASH promotion.

MoHS and Ministry of Energy and Water Resources (MoEWR) staff were supported in an exchange visit to Liberia, which was instrumental in preparation of the Sanitation and Water for All High Level Forum in Washington DC. The Forum resulted in leveraging additional funding from the Government of the Netherlands, building on the models and approaches developed through the current programme.

Narrative Analysis by Programme Component Results and Intermediate Results

Sierra Leone – 3900

PC 1 - Child survival and development

 Constrained

PCR 3900/A0/05/001 PCR 1 By 2012 Maternal mortality rate (MMR) & under-five mortality rate (U5MR) reduction and maternal mortality ratio reduced by one third

Progress: The Child Survival and Development (CSD) Programme contributed to the national target of reducing U5MR and MMR by one third by 2012 and to UNDAF outcomes 3 and 5 (target not met). The programme continued to support the implementation of the Reproductive, Newborn and Child Health Strategic Plan and the National Health Sector Strategic Plan at the national level and through the comprehensive district plans developed in close collaboration with district councils.

Support to the delivery of the Basic Package of Essential Services, which started in 2008, continued in 2012. The package continued to focus on evidence-based, low cost, high impact interventions. These included, but were not limited to the following: exclusive breast feeding, hand washing, long-lasting insecticide-treated mosquito net (LLITN) use, community case management of malaria, pneumonia and diarrhea, and screening and treatment for malnutrition at the community and facility level. At the facility level, the programme prioritized integrated management of child and newborn illnesses (IMNCI), with special focus on early treatment of pneumonia, malaria, and emergency obstetric care including essential newborn care. This has been supplemented by biannual maternal and child health weeks (MCHW); integrated campaigns to include immunization, deworming and Vitamin A; LLITN distribution; and information, education and communication (IEC) messages for priority interventions.

The programme has continuously supported government efforts to provide Free Health Care to U5 children and pregnant and lactating women. This has contributed to an increase in the utilization of services by these target groups.

Proxy process indicators measuring interventions supported by UNICEF all indicate a substantial improvement attained with the support of UNICEF in the following areas: antenatal care; postnatal care; facility deliveries; skilled birth attendance; access of children to treatment for common childhood illnesses; pre-service training of health personnel; on-the-job training (in-service training) support to training institutions to improve the quality and the quantity of health personnel; support to the MoHS for health infrastructure construction and rehabilitation (hospitals and health centers); support in the procurement, freight and distribution of essential medicine, vaccines, and Ready-to-use Therapeutic Food (RUTF); and institutional support to the procurement and supply management system.

 Constrained

IR 3900/A0/05/001/020 IR.3. Increased uptake of community case management of illness and conditions affecting children and mothers.

Progress: Improved treatment coverage of U5 children was achieved for malaria, pneumonia and diarrhea. Fully 59.3 per cent of children received appropriate treatment for malaria within 24 hours, 63.9 per cent received antibiotics for pneumonia and 48.4 per cent were treated with ORS and zinc for diarrhea. This can be attributed to the Free Health Care Initiative supported by UNICEF and other partners. UNICEF focused on implementation of the Health for the Poorest Quintile (HPQ) Project, ensuring that adequate numbers of CHWs were trained and deployed in 2 districts (1 per 50 target population). UNICEF also trained, supplied and regularly supervised the CHWs. These gains enhanced access to services by U5 children at the household and community level, thus removing geographic and financial barriers to access.

In addition, the Free Health Care Initiative, which allows U5 children, pregnant and lactating women to access services free of charge, allowed children to receive prompt treatments at the facility level. The Community Health Strategy (2011-2015) and a Costed Implementation Plan have been developed and validated with substantial support from UNICEF. The Strategy will clarify the roles and responsibilities of

various stakeholders, as well as harmonize the implementation of services and programmes delivered at the community level. Other partners, such as civil society organizations (CSOs), significantly contributed to the results by monitoring facility workers' performance as well as undertaking social mobilization activities at the community level.

Despite these apparent gains, more could have been achieved. The upsurge of mining activities especially in the North of Sierra Leone had a negative impact on the retention of CHWs, as some of them abandoned their CHW responsibilities in search of higher income-generating opportunities. Based on past experience, advocacy for selection of more women as CHWs is being conducted as they are less likely to abandon their duty posts.

 Constrained

IR 3900/A0/05/001/031 IR 1. Integrated Maternal and Newborn Health and Care services with special focus on poorest quintile by 2014

Progress: The MoHS officially launched the national Reproductive Newborn Child Health Policy (2011) and Strategy (2011-2015) with financial and technical support from UNICEF. The policy has identified maternal and newborn care as a priority area. Some of the results of the implementation of the policy and strategy include increasing the coverage rate of women who attended four or more antenatal care visits (ANC-4) to 60 per cent against a target of 60 per cent in 2012 and a baseline of 30 per cent in 2008. The coverage rate of health facility deliveries stands at 61 per cent in 2012 against a target of 70 per cent and a baseline of 50.1 per cent in 2010. The coverage rate of immediate postnatal care (within 48 hours of delivery) for women delivering in health facilities has reached 61 per cent against a target of 70 per cent and a baseline of 38 per cent in 2008. The increase in utilization [\[1\]](#) of these high impact interventions is expected to contribute to the reduction of maternal and neonatal morbidity and mortality.

UNICEF has contributed to the attainment of these indicators through on-the-job training of 259 health workers who received EmONC training. In addition, pre-service training of 702 MCH Aides (auxiliary nurses) was conducted. With UNICEF support, the MCH Aides schools enroll students from their districts of origin to ensure the graduates are retained in the districts. The quality of service delivery in 22 public hospitals and 65 BEmONC centers was enhanced through quarterly supervision and mentoring. The upgrading/renovation of BEmONC and Comprehensive Emergency Obstetric and Newborn Care facilities was an additional contribution of UNICEF along with the provision of human resources, infrastructure, essential drugs and equipment, laboratory equipment and water, electricity, sanitation and hygiene facilities.

IR 3900/A0/05/001/032 IR 16. Project Support

 On-track

IR 3900/A0/05/001/035 IR 2. EPI/MCH Integrated services (including routine, supplementary immunization) and population schedulable essential interventions

Progress: The first round of Maternal and Child Health Week (May 2012) had a coverage of more than 90 per cent of the targeted population for all key interventions, which included measles vaccination, vitamin A, deworming tablets, screening for malnutrition and identification of pregnant women for counseling and testing for HIV/AIDS. The second round scheduled for November 2012 was postponed to January 2013 due to the presidential elections held in November 2012.

Routine immunization by the MoHS, with support from UNICEF, is on track. Fully 95 per cent and 90 per cent [\[1\]](#) of children less than one year of age were vaccinated with Pentavalent Vaccine (DPT/Hep B+Hib) and measles respectively. Regarding polio eradication, OPV 3 routine vaccination coverage is at 95 per cent, while the last confirmed case of wild polio virus in Sierra Leone was in February 2010. The country is also on track for Maternal and Newborn Tetanus Elimination and will undergo a validation process during the first quarter of 2013. UNICEF specifically supported the MoHS by ensuring the availability of routine vaccines and consumables through procurement of all traditional vaccines (totaling approximately USD 460,000) and facilitated the provision of procurement services to the MoHS by Supply Division in Copenhagen for the GAVI co-funded new generation vaccines.

UNICEF supported the training of 26 technicians who installed 56 solar fridges and repaired additional faulty ones. Service providers were trained on immunization practices. A detailed chiefdom-level micro-planning activity involving community members was undertaken to identify hard-to-reach and poorly covered areas. This was conducted conforming to the Reach Every District (RED) approach. This micro-planning has contributed to improved quality of service, increased equitable coverage and an increase in demand and utilization of immunization services.

 On-track

IR 3900/A0/05/001/036 IR 15. CSD (Health, Nutrition, WASH and HIV) policy framework and strategies for children and women of childbearing age with special reference to the poorest quintile are in place and operational by 2012

Progress: The Community Health Strategy (2011-2015) and a Costed Implementation Plan have been developed and validated. The Strategy will clarify the roles and responsibilities of the MoHS and various stakeholders as well as harmonize the delivery of services and programmes implemented at the community level. Operationalization of the CHW Policy and Strategy will be conducted in 2013.

With technical support from UNICEF and other UN agencies and partners, the MoHS Food and Nutrition Programme developed the final draft of the National Food and Nutrition Security Policy implementation plan, which is ready for validation. The inter-sectoral coordination and integration of interventions to improve food and nutrition security through strengthening of coordination mechanisms at the national level commenced in 2012. One district (Koinadugu) has established an inter-sectoral coordination mechanism which has had two meetings so far.

The SUN initiative, a global advocacy movement, was launched in Sierra Leone in October 2012. UNICEF provided technical and financial support for the launching of SUN in which the guest of honor was the former President of Cape Verde and nutrition champion for Western Africa. The President of the Republic of Sierra Leone appointed the Vice President to lead the SUN movement. The SUN secretariat will be established to further strengthen the inter-sectoral coordination mechanisms.

In collaboration with the MoHS Food and Nutrition Programme and the Office of National Security (ONS), the development of a contingency plan and training of partners to increase their capacity to respond to emergencies were deferred to 2013.

 On-track

IR 3900/A0/05/001/037 IR 5. Increased coverage and quality of community-based management of acute malnutrition services with special focus on hard-to-reach areas by 2012

Progress: UNICEF supported the MoHS and partners to increase the number of PHUs providing treatment for SAM through the opening of OTP sites in 50 per cent of health centers in 6 targeted districts (Bonthe, Kenema, Port Loko, Kambia, W/Area and Pujehun). Koinadugu and Moyamba districts were also added to the list. The number of sites providing treatment to U5 children suffering from SAM increased from 227 sites (19 per cent of the country's 1,200 sites) to 428 (36 per cent).

A total of 235 health workers, implementing partners and 3,666 (out of planned 4,602) CHWs were trained on the Community Management of Acute Malnutrition (CMAM) national protocol and treatment guidelines. During the first 8 months of 2012, 26,000 U5 children suffering from SAM were admitted to the CMAM programme with an 80 per cent cure rate, a 2 per cent death rate and a 7 per cent defaulter rate (which is within expected international quality standards).

For the scale up of the treatment of U5 children suffering from SAM, UNICEF provided technical support to increase the capacity of staff at health facilities; financial support for the training, monitoring and production of reporting tools; supportive supervision; as well as essential supplies (RUTF, F-17, F-100 etc.). UNICEF supported the MoHS in monitoring the quality of the CMAM programme and adherence to the CMAM programme protocol.

UNICEF supported the MoHS in the provision of on-the-job training, which allowed all staff of the targeted

facilities to be trained, thereby ensuring sustainability of the treatment, which is particularly difficult given high staff turnover. UNICEF collaborated with WFP to ensure continuum of care for SAM treatment and provision of services for moderate acute malnourished children through WFP's Supplementary Feeding Programme. UNICEF and the MoHS are planning to scale up treatment of SAM to 50 per cent nationwide by the end of 2013.

 Constrained

IR 3900/A0/05/001/038 IR 6. Increased uptake of Infant and Young Child Feeding services in four high stunting districts with special emphasis on mothers of children under two by 2012

Progress: UNICEF supported the MoHS to introduce and support counseling skills of community networks in Sierra Leone through training of MSGs on c-IYCF counseling, using UNICEF's global counseling tools that were adopted in 2011. A total of 1,086 members of MSGs have been trained on c-IYCF in 5 districts, and 105 implementing partners were trained on c-IYCF in 2012 as facilitators. UNICEF provided technical and financial support to conduct the training, including financing of implementing partners in six districts to continue cascade training, monitoring and supportive supervision to the MSG members.

District-level monitoring for nutrition activities implemented by partners was successfully established in two districts as planned. A handbook on tools for district monitoring was developed, and results from the district monitoring provided oversight for planning and budgetary estimates for implementation in other districts. UNICEF supported MoHS in the development, collection and management of nutrition surveillance data.

Due to restrictions on health workers training in 2012, it was agreed with the MoHS and partners that all IYCF training for health workers would be deferred to 2013. UNICEF has supported the MoHS in the development of the stunting reduction strategy and action plan, following a regional workshop in Accra. In collaboration with other nutrition partners and the MoHS, it was proposed that formative research on complementary feeding practices and related social norms will guide the development of a communication strategy and messages related to stunting reduction. The stunting reduction strategy and action plan, including the communication component, will be further developed and validated in 2013.

 Constrained

IR 3900/A0/05/001/039 IR 7. Increased uptake of micronutrient interventions services with special emphasis on children under two, adolescents, and pregnant and lactating women by 2012

Progress: The implementation of activities under this result was constrained. In collaboration with the Food and Nutrition Programme of the MoHS, it was agreed that implementation should be postponed to 2013. Planning for the implementation of activities has started. This includes the development of a concept note on home-fortification using multiple micronutrient powder (MNP), the procurement of MNP supplements for formative research, and the drafting of ToRs to recruit a consultant to increase in-country capacity to introduce and scale up MNP supplementation to improve quality of complementary food for children aged 6 to 23 months. The members of the national nutrition technical group have agreed to commence the introduction of MNP in February 2013. The intervention will be implemented in collaboration with the MoHS, Njala University of Agriculture, WHO, WFP, Helen Keller International and World Vision. The technical committee reviewed the draft fact sheet to support iron folic acid supplementation to pregnant women. UNICEF will provide technical support and provide supplies for the implementation, as well as resource mobilization for the scale up.

 On-track

IR 3900/A0/05/001/040 IR 8. By 2012, the proportion of households in six districts councils and all government public health units have access to improved water sources

Progress: During the reporting period, water and sanitation facilities were installed in 284 PHU "clinics" of the 300 targeted. This entailed construction of 284 water wells and 386 latrine blocks. In addition, 1,309 out of a target of 1,600 villages with a total population of 215,984 had water points restored. Technicians from the WASH committees were trained on maintenance and repairs of water points using a manual developed by the directorate of water supply with support from UNICEF. UNICEF and the World Bank's Water Supply Programme implemented the first water point mapping in Sierra Leone. Over 28,000 water points were mapped and their functionality documented. The results of the water point mapping indicate that 60 per cent

of the hand pumps in Sierra Leone are either broken down or not fully functional.

UNICEF and the Government of Sierra Leone conducted a survey to provide an implementation framework for a hand pump spare parts supply chain. The study involved household/consumer research relevant to water – specifically hand pump technology – with an overarching objective of developing a commercial model based on a socio-economic, regulatory, capacity development, and accountability frameworks for a functional hand pump spare parts supply chain. UNICEF will be rolling out a hand pump spares supply chain as a more sustainable approach to rural water supply.

UNICEF has supported the MoHS and partners in response to a large cholera epidemic with over 22,000 cases and 200 deaths. UNICEF provided financial and technical support for cholera prevention and hygiene promotion activities, and also provided Aquatabs and chlorine to the MoHS and implementing partners in addition to coordinating the response with a WASH emergency specialist.

 On-track

IR 3900/A0/05/001/041 IR 9. Proportion of households in six districts councils achieve sustainable sanitation status by end 2013

Progress: In the implementation of CLTS, communities have been assisted in “moving up the sanitation ladder” with technology options to tackle sustainability of structures and promotion of hand washing with soap. The scale up of CLTS meant that a total of 4,929 communities/villages with a population of 1,311,364 people have been triggered and 3,214 communities/villages with a population of 705,203 people have been declared as ODF.

The Poverty Reduction Strategy Paper of 2008 (PRSP II) aims to ensure 66 per cent of the population have access to sanitation by 2015. With UNICEF’s target of 4,929 communities achieving ODF status, the 6 districts targeted with interventions (Port Loko, Bombali, Tonkolili, Moyamba, Pujehun, Kenema, Bonthe and Koinadugu) will have achieved a 79 per cent access to sanitation (including shared facilities). Locally made household latrines, which are promoted through the CLTS programme, have been demonstrated in some cases to have suboptimal durability in the context of Sierra Leone’s intense rainy season. Remobilizing the affected communities to maintain ODF has proven to be an additional programmatic challenge. The CLTS programme therefore continuously encourages communities to “climb up the sanitation ladder” to have better sanitation options using more durable locally affordable materials.

UNICEF conducted a sanitation marketing study in Sierra Leone that included both consumer/household research (demand-side) and a product range and sanitation market assessment (supply-side). The data gathered from these studies diagnosed constraints and identified drivers for improved sanitation, as well as developed benchmark indicators for monitoring and evaluation of sanitation reforms. UNICEF has partnered with WHO in assisting the MoHS to complete the necessary legislation required to guide the sector, and will be supporting organizations in the rollout of sanitation marketing.

 Constrained

IR 3900/A0/05/001/042 IR 10. By 2012, district councils develop and manage implementations of water and sanitation strategies and plans

Progress: UNICEF constructed 12 Water Supply Division (WSD) offices (one in each district). The offices will be used for water quality monitoring, regular coordination of WASH activities at the district level, feeding information to the national level coordination mechanism and setting up mappings of community water points. Six district councils have established coordination mechanisms (CLTS and WASH).

UNICEF is engaged in improving sector capacity in synergy with the UK Government-hired service provider (Adam Smith International, [ASI]) to the MoEWR in the implementation of the rural and community Water Supply and Sanitation Policy (NWSP). The service provider provides technical assistance to the Ministry and local councils in policy, institutional, regulatory and other software interventions. Ongoing reforms in the MoEWR water section will lay a strong foundation in leadership, coordination, planning and increased resource allocation.

All district councils now have draft plans for water and sanitation. Training of WSD staff on budget plans was tied to completion of water point mapping and subsequent analysis. UNICEF is currently focusing on six districts (Port Loko, Bombali, Tonkolili, Moyamba, Pujehun and Kenema), and it was envisaged that the coordination in these districts will be replicated to the remaining seven districts. ASI is helping the councils with coordination, while UNICEF is mainly focusing on the CLTS coordination mechanism. Participants from the MoHS and MoEWR were supported in an exchange visit to Liberia, which was instrumental in preparation of the Sanitation and Water for All High Level Forum meeting in Washington. The Forum resulted in the leveraging of additional funding from the Netherlands Government, building on the models and approaches developed through the current programme.

 Constrained

IR 3900/A0/05/001/043 IR 11. 80 per cent of HIV positive pregnant women and 35 per cent of children respectively receive ARVs by 2012

Progress: The progress on the proportion of HIV positive mothers receiving ART resulted from an increase in the number of health staff trained on PMTCT service delivery, community sensitization and procurement of test kits to address emergency stock-outs. The integration of HIV testing of pregnant women into the UNICEF-supported Maternal and Child Health Week (MCHW) campaign and subsequent follow up contributed to the increase in the numbers of women tested and receiving treatment. A total of 42,034 pregnant women were tested during the MCHW campaign in addition to 1,136,847 pregnant women tested during other outreach activities. Elimination of Mother to Child Transmission (E-MTCT) is now a national priority, and an E-MTCT strategic plan drafted with support from UNICEF and other partners is currently in place. Male involvement in PMTCT continues to pose challenges to the uptake of services. Community mobilization including male involvement in PMTCT will be intensified through partnership with faith institutions.

Early infant diagnosis (EID) has been initiated and scaled up to 14 district hospitals nationwide. A minimum of four health staff at each facility have been trained on the identification, collection and storage and transportation of dried blood spot specimens and follow up and treatment of infected children. An institutional contract signed with a private laboratory has facilitated the expansion of EID. PMTCT service delivery outpaces the EID and pediatric care services mainly due to the late initiation of EID services. A total of 480 children have been put on treatment from the 14 hospitals. Community mobilization for EID and PMTCT will be intensified in the upcoming year.

 Constrained

IR 3900/A0/05/001/044 IR 12. HIV, adolescents and young people (15-24 yrs) have improved health-seeking behavior and adopted safer sex practices by the end of 2012

Progress: The progress made on this result is low. The support provided by UNICEF to develop and disseminate the national communication and prevention strategies has improved the coordination and messaging on HIV and AIDS. The collaboration and mainstreaming of HIV and AIDS into UNICEF WASH, Child Protection, Education and Health Programmes in 2012 provided opportunities for increased uptake of preventive messages. The collaboration with the Education Programme resulted in the training of 1,500 teachers in 750 schools nationwide on HIV/AIDS prevention and stigma reduction, while collaboration with the WASH Programme contributed to improving the uptake of HIV testing and the acquiring of knowledge by young people in communities regarding HIV/AIDS prevention, stigma reduction and the importance of testing, through the training of 11 NGOs that are active in 300 communities. Through collaboration with the Child Protection Programme, HIV and AIDS and teenage pregnancy prevention were addressed through Youth Action Clubs, Youth Friendly Resource Centers, radio programmes and school lessons by trained peer educators. An estimated 5,396 adolescents received access to information and services through 24 youth centers.

 Constrained

IR 3900/A0/05/001/045 IR 13. Proportion of children affected by HIV/AIDS receives care and support services by 2012

Progress: Through UNICEF advocacy, a multi-sectoral committee on children and HIV and AIDS and an Orphans and Vulnerable Children (OVC) focal person in the national response are now in place. The committee is an entry point for greater integration of issues relating to the care and support to Children

Affected by AIDS (CABA) into national child protection programmes and policies. UNICEF support to the Network of HIV Positives in Sierra Leone (NETHIPS) resulted in the registration of 9,000 children affected by HIV. This exercise improved access for children especially for the recipients' support from the KfW (German Funding) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Representatives of each of the 44 People Living with HIV (PLHIV) support groups and social workers and caregivers have acquired skills on care and support to CABA. Work plans for care and support to CABA developed by both the PLHIV support groups and social workers are being implemented.

Stigma continues to negatively affect programme implementation. The recurrence of health problems and education needs of the children undermines the sustainability of the support. The national capacity to provide care and support to CABA is low and home-based care services inadequate. The PLHIV support groups mainly focus their activities on adults, and children's needs are still sub-optimally addressed. Care and support to CABA is not fully integrated into the national Child Protection Programmes and Policies. UNICEF has trained key stakeholders of the MSWGCA, including national, regional and district social workers and is leading advocacy efforts for the review of policies and integration of protection, care and support to CABA into national protection programmes and policies.

 Constrained

IR 3900/A0/05/001/046 IR 14. Health system strengthened with adequate physical infrastructure, PSM system and M&E system that are optimum to deliver quality care

Progress: UNICEF supported the MoHS in establishing the National Pharmaceutical Procurement Unit (NPPU) as a long-term sustainable strategy to strengthen the PSM system. Following consultations between the MoHS, UNICEF (CO and UNICEF Supply Division) and development partners, the process has progressed into the enactment of the NPPU statutes by an Act of Parliament. A bilateral contract between the MoHS and Crown Agents, the company managing the NPPU for an initial three years, is due to be signed. The NPPU will be launched by the Government of Sierra Leone with the support of Crown Agents during the first quarter of 2013. As a short-term strategy to strengthen PSM capacity, UNICEF supported the training of 121 health staff in Logistics Management Information System (LMIS).

UNICEF supported the MoHS to introduce decentralized monitoring (level 3 monitoring) in four districts, with the support of UNICEF HQ. UNICEF also supported the Government of Sierra Leone to renovate and extend four PHUs to become BEmONC centers for delivery of quality services. New pediatric wings in three district hospitals are being constructed with UNICEF support. The number of hospitals reporting no stock-out of essential drugs increased to 10 out of the target of 14 in Quarter 3 of 2012. The number of PHUs reporting no stock-out of essential BEmONC drugs increased to 48, almost reaching the target of 52 in Quarter 3 of 2012.

One hundred per cent of PHUs submitted timely information on the integrated nutritional surveillance. Delays in reporting, and incomplete and poor quality data are some of the challenges that UNICEF will continue to address. An evaluation of nutrition projects implemented by partners was postponed to 2013.

A concept note to introduce and scale up Rapid SMS and mobile health (m/health) surveillance in 2013 has been developed in collaboration with the MoHS

IR 3900/A0/05/001/047 FOR DATA MIGRATION: IR 1.5.2 Integrated nutritional surveillance system in place

 Constrained

IR 3900/A0/05/001/048 IR 4. Adequate provision and management of Medicines and Consumables for FHC at all levels

Progress: UNICEF supported the MoHS to procure essential medicines and consumables targeting approximately one million U5 children, and approximately 230,000 pregnant and lactating women in the framework of the FHC Initiative. UNICEF also supported port clearance and distribution from the central level to the 13 Districts Medical Stores (DMS) and 21 hospitals and then to 1,123 PHUs across the country.

The progress has been substantial during 2012 as the number of the hospitals reporting no stock-out of the essential drugs increased to 10 out of the target of 14 in Quarter 3 of 2012. The number of PHUs reporting no stock-out of essential BEmONC drugs was 48 out of the target of 52 in Quarter 3 of 2012. To increase

accountability and improve management of the health commodities at all levels of the health system supply chain, UNICEF supported the MoHS to strengthen the system through a consultative process involving all stakeholders. The risk control matrix that was developed in 2011 was revised and implemented. This instrument was critical in improving the monitoring of supplies distribution to reach the targeted end users. UNICEF partnered with CSOs to monitor FHC drug distribution and to ensure end-user monitoring of FHC drugs at community, chiefdom, district and central levels.

To ensure optimal and secured storage conditions in all the Central and District Medical Stores, an additional large warehouse was rented, equipped and furnished to provide additional space for the storage of FHC drugs and supplies. To ensure sustainability of the initiative, UNICEF has supported the MoHS to ensure continuous fundraising and continued to advocate for more government funding for FHC medical supplies and related expenses.

PC 2 - Basic education

 Constrained

PCR 3900/A0/05/002 By 2012, 85 per cent of children both boys and girls have access to quality basic education country wide

Progress: In 2012, the first-ever annual school census report for Sierra Leone was published for the academic year 2010/11. As a result, the MoEST is now using verified data to address the identified bottlenecks of improving access to and quality of education as well as equity. These include poverty, informal fees, long distances to schools and late disbursement of grants to schools. About 40 per cent of teachers are inadequately trained and there are few female teachers at all levels. Provision of adequate water and sanitation facilities in schools is low. The draft Country Status Report for education, and consultations for developing the new Education Sector Plan, are due to be finalized in 2013.

The primary level Gross Enrolment Rates for boys and girls are over 100 per cent at 126 per cent and 118 per cent respectively, indicating sufficient space for all 6 to 11 year olds at the primary level. However, the spaces may not be available where they are needed.

Between 2004/05 and 2010/11, there was an approximate 20 per cent increase in female enrolment at the primary school level. Gender parity in primary schools is 1.04. The latest primary school net attendance rates show about 74 per cent of primary-school-age children attend school, with some regional disparities: 79.5 per cent (urban) and 72.2 per cent (rural) in 2010, improving from 63 per cent (rural school attendance) in 2005 and reducing the overall gap between rural and urban from 22 to 7 percentage points. The number of 6 to 11 year olds out of school has dropped by 5 per cent, with attendance increasing from 69 per cent to 74 per cent over the same period. The main inequity remains low access to primary school among the poorest children. The gap between the poorest and the richest quintiles has only dropped from 33 to 29 percentage points, and widens as it goes up through the higher levels of education.

The net attendance ratio for girls in secondary education rose from 17 to 33 per cent and for boys from 21 to 40 per cent.

The internal efficiency of primary level education improved from 58 per cent in the 2004/05 school year to 63 per cent in 2010/11, thus now taking a shorter time for a child to graduate from primary school in 2010/11 compared to 2004/05. However the situation at the primary level with regards to repetition, at 16 per cent, is still more challenging than at the higher school levels.

 Constrained

IR 3900/A0/05/002/031 IR1: Education governance systems are strengthened by 2012

Progress: UNICEF supports coordination activities among partners, including the provision of technical and secretariat support for five education development partners' group meetings in 2012, and the Education Sector Review, where progress by the government and partners in 2011 was presented to stakeholders. UNICEF has ensured increased participation in planning and monitoring in basic education at the local council

level in four of the 13 districts (Kono, Bo, Pujehun and Kailahun). Meetings were held every quarter in these districts, and partners regularly reported their results to the local council. CSOs were supported to monitor fund flow and utilization in the education sector in all 19 local council areas and to advise the councils to take informed and appropriate actions to address inadequacies in budget management, such as late payment of fee subsidies.

An updated approach for cluster monitoring to address issues of ineffective monitoring and supervision of schools and to improve school learning was developed in 2012. In addition, staff of three district education offices (Tonkolili, Pujehun and Koinadugu) were trained, cluster monitoring tools developed and clusters of schools identified in 3 of the 13 districts. However, due to delays in receiving expected funding, progress is constrained and will start in earnest in six districts in 2013.

In 2012, a baseline for Child Friendly Schools (CFS) was completed in 40 schools in identified vulnerable chiefdoms in Tonkolili and Pujehun Districts. This baseline informed the finalization of the CFS standards, which are now agreed on by the MoEST, but are yet to be officially endorsed by the Minister. At this stage, none of the schools exhibit a combination of any 5 critical CFS standards at the same time/level, but 50 per cent of these schools are expected to achieve this indicator by end of 2014. The partnerships between MoEST, civil society and the University will support efforts to achieve the target.

 On-track

IR 3900/A0/05/002/032 IR2: Teachers in targeted primary schools contribute to a safe learning environment and apply child-friendly teaching methodologies, including emerging issues, by 2012

Progress: Classroom observations show the application of child-centered teaching techniques and the incorporation of the emerging issues in the teaching-learning process has changed the teaching methods from rote learning to increased child participation and active learning visible in the classroom.

A total of 750 untrained and unqualified teachers are awaiting their results from the Teacher Certificate lower primary course, which they completed through distance education in 2012 with UNICEF support. An evaluation of the programme by the MoEST shows that although there are shortcomings in the self-learning part of the programme, teachers who have been through the course are effective teachers. The MoEST is considering various options to improve the course.

Approximately 600 teacher-counselors who have been trained with UNICEF support are providing psychosocial and career guidance counseling at the Junior Secondary School level.

In 2012, a UNICEF-supported SITAN for peace and education highlighted that curriculum reform is required to ensure the curriculum supports social cohesion, political literacy and is relevant for children and the economy. With UNICEF technical and financial support, the development process started for the Basic Education Curriculum Framework through broad national- and local-level consultations with different stakeholders. The draft is due to be finalized in early 2013. The subsequent curriculum documents including syllabi that are to be developed will focus on gender as well as the understanding of education as a catalyst for social cohesion and peace consolidation.

 On-track

IR 3900/A0/05/002/033 IR3: Pupils in targeted primary schools in six districts practise at least three critical hygiene behaviors both in school and at home by 2012

Progress: The overall target of IR 3 is anticipated to be achieved by the end of December 2012. By that time, 34 per cent of all the primary schools in the six target districts will have safe water supply facilities, 41 per cent will have adequate sanitation facilities and 24.7 per cent will have functional School Hygiene Clubs (SHC). One hundred per cent coverage is planned by 2015. Twenty schools in Western Area have completed child-friendly WASH facilities and SHCs.

The national standards and construction guidelines for WASH facilities have been developed and are at the

final stage of endorsement. A Baseline Study on the Rural WASH in Schools Programme in the six target districts has been finalized and informs evidence-based planning at all levels. A Menstrual Hygiene Management study has been finalized and informs the improvement of a basic package of WASH in Schools Programme.

However, further work to ensure the sustainability of SHC activities needs to be done. Monitoring of hygiene behaviors needs to be strengthened with disaggregated data and the standard data collection methods. Tools and guidelines have been developed and partnerships have been made with NGOs to strengthen the monitoring of progress.

The strategy of implementing School-Led Total Sanitation (SLTS) and partnering this approach with CLTS, in collaboration with WASH CSD, has produced good results, such as linking schools with catchment communities, and strengthening the sustainability of ODF communities.

 On-track

IR 3900/A0/05/002/034 IR4: Primary schools have functional School Management Committees and other community structures supporting primary education, with a special focus on girls and other vulnerable children by 2012

Progress: UNICEF support for training of School Management Committees (SMC) includes increasing the membership from seven to ten to guarantee at least five women are members of the SMC. This support has increased female participation in decision making at community and school levels. The functional SMCs are ensuring appropriate utilization of the school fees subsidy.

The mothers' club initiative, where mothers in a community come together to support all the children in that community to attend school, has increased women's role in decision making and enabled them to undertake various initiatives in their communities, such as awareness raising campaigns, providing loans to school authorities to subsidize school fee subsidies that come in late, overseeing fund expenditures within the schools, and supporting vulnerable children to enroll and remain in school at both the primary and junior-secondary levels.

Children's social and leadership skills to serve as role models for peers have been enhanced through school club activities. Children within the clubs reach out to younger children through assemblies where they can discuss issues pertinent to them. They also act as representatives of the children at meetings with the teachers to discuss problems that need solving.

The introduction of community initiatives to address problems affecting children enrolling, or remaining, in school has contributed to increased numbers of girls benefiting from the programmes and enrolling in primary school. The action plans that have been developed in all 149 chiefdoms in the country and Western Urban and Western Rural have focused on communities and CSOs coming together to support out-of-school children to enroll and stay in school. The mentoring programme has exceeded expectations regarding the number of girls who have been encouraged to remain in the upper primary and junior-secondary school classes.

 Constrained

IR 3900/A0/05/002/035 IR5: Education emergency preparedness and response capacity of partners is strengthened by 2012

Progress: Due to funding constraints and priorities of key partners, the proposed establishment of a national-level working group for education in emergencies was not completed in 2012. However, all of the district and regional preparedness plans were completed. While the full amount of stock was prepositioned in the field offices (enough for 10,000 children), some supplies were distributed to children and schools that were affected by fires created by ground burning after harvesting. The full stock will be distributed over the next CP and fully replenished to ensure that materials do not get spoilt by lengthy storage.

An additional activity added under this IR was the Conflict Analysis for Peace and Education. Consultations were held country-wide with various stakeholders, including children and adolescents, to ascertain what role education played in the conflict and determine people's expectations in 2002. A final draft report has been shared with partners to inform their programmes.

A three-year education programme in peace building has been developed based on the outcome of the analysis. The main areas of intervention include improving the relevance of education, promoting social cohesion through curriculum development, addressing corporal punishment and improving the quality of education through child-friendly schooling and teacher training. In addition, it was realized that further research is required in the areas of adolescents and education and early childhood development. The findings are expected to inform the Poverty Reduction Strategy and the new Education Sector Plan, which are expected to be finalized in 2013. This plan will be implemented over 2013-2015.

PC 3 - Child protection



On-track

PCR 3900/A0/05/003 The protective environment for children against violence, exploitation, abuse and deprivation from primary caregivers is strengthened at all levels by 2012

Progress: The legal and policy framework has been strengthened. The Alternative Care Policy is in line with international standards, approved by the MSWGCA and is awaiting Cabinet endorsement. The Sexual Offences Act has been approved by Parliament and signed by the President, while the referral protocol for victims of GBV has been amended and signed by all relevant ministries. The Child Justice Strategy was developed in line with international standards and is awaiting approval of the Leadership Group in the Vice President's Office.

The MSWGCA developed and signed a roadmap for devolution of functions, staff and assets from the MSWGCA to the local councils, which will clarify roles and responsibilities of government at the local level. UNICEF supported the MSWGCA in contributing to the Agenda for Prosperity, ensuring child protection is reflected.

Capacity building of local councils by UNICEF and partners has resulted in improved monitoring of Children's Homes and better planning and budgeting for child protection for 2013. These plans and budgets have been used by the central ministry to develop their national budget for 2013, thereby strengthening the planning and budgeting cycle.

Through contributions and support to research on community-based mechanisms for child protection, these mechanisms are better understood, and knowledge is being used for the development of the national child protection policy, which will be finalized in July 2013.

Knowledge on trends and factors contributing to abandonment of FGM/C has greatly increased through two research projects. The evidence produced will be used in 2013 for developing a strategy towards ending FGM/C. Strategies for social change, especially in the area of sexual and reproductive health and sexual abuse, have been tested and an evaluation will be done in early 2013.

The capacity of, and collaboration with, community radio stations have been strengthened in the area of child protection, thus setting the ground for intensified C4D interventions in 2013.

UNICEF worked closely with the MSWGCA and local councils on the above achievements, building capacity, and ensuring ownership and sustainability. UNICEF worked through the National Child Protection Committee, the National Committee for GBV (NaCGBV), and the UN Joint Vision Programme on Access to Justice and Human Rights, to ensure broad collaboration and coordination with government, NGOs and UN agencies. The November elections slowed down the signing and endorsement of approved laws and policies by the Cabinet and President.

 On-track

IR 3900/A0/05/003/001 IR 3.1: By 2012, core elements of the Child Protection System strengthened

Progress: Based on a child protection system mapping and assessment (2010), the government, in collaboration with NGOs, UN and other stakeholders, decided to develop a child protection policy to strengthen the system. This year UNICEF hired a consultancy firm to support the MSWGCA in developing this child protection systems policy. With support from UNICEF, the technical working group for child protection systems has been revived. The group facilitated the first visit of the consultants and is using a power point presentation to inform other stakeholders of the process and objectives of the policy development. The policy is expected to be finalized by July 2013.

In order to strengthen the capacity of local councils and the MSWGCA in planning and budgeting for child protection, three MSWGCA staff from each district (14) and at least one official from each local council (19) were trained in CP planning and budgeting. Draft budgets were developed by all districts. These were used by the central ministry to develop its budget for 2013. This kind of planning and budgeting is a first step towards increasing the budgets for child protection at the central and local council levels.

The Family Support Unit (FSU) was supported in improving its data collection to disaggregate data for sex and age for victims and child offenders. This pilot was successful, and the next step will be for the police to include disaggregation in the FSU main database, which will allow for national statistics on child offenders to be generated. Furthermore, through data collection in three districts by key stakeholders on referral of GBV cases to the FSU, a step is being taken towards measuring the implementation of the case management system.

 On-track

IR 3900/A0/05/003/002 IR 3.2: By 2012, government and community capacity strengthened to care for and protect children not living with their biological parents

Progress: UNICEF supported the MSWGCA in finalizing the Alternative Care Policy and it awaits submission to cabinet. The policy and embedded guidelines, in line with international standards, provide the framework and minimum standards by which alternative care can be practised. To date, 98 per cent of relevant government staff have been trained in implementing quality care standards and the regulatory framework for Children's Homes. This resulted in MSWGCA and local council staff assessing all 63 Children's Homes nationally, registering 41 and closing down 6 that did not meet the standards. The MSWGCA and local councils developed plans with 57 homes on improving quality of care for children. All districts developed a monitoring plan that covers licensing of homes, gate keeping, care reviews, reunifications, documentation of children and regular follow up visits to homes to monitor compliance with minimum standards of care.

UNICEF and partners supported Children's Homes in reunifying children back to their communities as part of the quality care standards. Out of 2,159 children in the institutions, 345 (16 per cent) were reunified with their (extended) families. Individual care plans were completed for 1,536 children (71 per cent). Managers in Children's Homes are promoting reunification of children into their families, and 97 per cent of Children's Homes cooperate with the development of care plans for children. MSWGCA and local councils now have the skills to monitor and support Children's Homes in developing care plans for children.

UNICEF supported the MSWGCA in developing a national family tracing and reunification (FTR) system. The system has been put in place with focal agencies identified in 13 out of 14 districts. FTR and reintegration forms were developed and printed. Staff of the focal agencies have been trained on FTR and the use of the forms. The focal agencies also developed an emergency preparedness plan in preparation for the national elections.

 On-track

IR 3900/A0/05/003/019 IR 3.3 By 2012, capacity of government and communities strengthened and social change promoted to prevent and respond to child (sexual) exploitation, abuse and violence

Progress: Parliament passed the Sexual Offences Act, which was then signed by the President. UNICEF hired an international legal consultant to review the draft bill and make suggestions for alignment of the Act with international standards. The majority of suggestions were incorporated.

The national referral protocol for child victims of sexual abuse was revised to include adults. The NaCGBV took the lead with UNICEF support. All relevant ministries and the Representative of the Civil Society Organizations signed the protocol and it was launched in October. The inclusion of free medical examination and care for victims of GBV is an important achievement.

Through collaboration with the health sector, GBV was included in the policy and strategy on CHWs. This will be followed by training on GBV for these crucial community workers.

In 2011 and 2012, UNICEF developed five projects for prevention of and response to teenage pregnancy and sexual abuse, each with a different focus: peer groups, legal framework, school-based interventions, income-generating activities, and adolescent-friendly health services. All projects include community dialogues with stakeholders. Baselines were established, end line surveys are being conducted, and in early 2013 an evaluation of the projects will be done.

The President initiated the development of a National Strategy for Prevention of Teenage Pregnancy. UNICEF successfully advocated for inclusion of the child protection dimension related to teenage pregnancy.

To improve understanding of the declining rate of FGM/C in country, UNICEF undertook two research studies. An in-depth analysis of Multiple Indicator Cluster Survey (MICS) and Demographic Health Survey (DHS) data was followed by ethnographic research to better understand factors contributing to abandonment. Findings will be used for evidence-based strategy development in 2013.

Collaboration with community radio stations was strengthened, starting with a capacity gap analysis in the area of child protection.



On-track

IR 3900/A0/05/003/020 IR 3.4 By 2012, the child justice system strengthened to ensure greater protection with special attention to diversion and alternatives to detention

Progress: UNICEF supported the development of a national child justice strategy (2013-2017). The strategy includes a strong focus on better integration of child justice issues into the justice sector, and on diversion, alternatives to detention and M&E mechanisms. The process was led by the Justice Sector Coordination Office (JSCO), responsible for coordination, monitoring and evaluation of the National Justice Sector Reform Strategy and Investment Plan (NJSRS&IP). Leadership from the JSCO was strategically important to ensure embedding of the child justice strategy in the NJSRS&IP. The JSCO worked in close collaboration with MSWGCA, responsible for the development of the Child Protection Policy, and synergy between the child justice strategy and protection policy will be ensured. After a consultative process with stakeholders, the strategy was finalized and sent to the leadership group in the Vice President's office for signature.

Development of the inter-agency diversion policy will be undertaken after finalization of the child justice strategy in the first half of 2013. Paralegals have an important role in diversion as well as community-based legal aid, and UNICEF made inputs into their training, ensuring children's rights and needs are incorporated. All 91 paralegals were trained on interviewing skills with children.

UNICEF has taken the lead in a joint project with UNDP, OHCHR and the UK Government, the Access to Security and Justice Programme, which will revise the police training curriculum for new recruits. Draft modules on human rights, including children's rights, child justice, sexual- and gender-based violence, gender and local needs policing were developed for integration into the curriculum, which will be finalized in 2013.

UNIPSIL and UNDP organized training for 2,500 police officers from the Operation Support and General Duty Divisions. UNICEF and Save the Children delivered a session to improve the capacity of the Operation Support Division to protect children's rights during the 2012 elections.

PC 4 - Social policy, planning, monitoring and evaluation

 On-track

PCR 3900/A0/05/004 Improved policy analysis, capacity of stakeholders for engendered programme planning, M&E and strengthened structures for social change contribute to the achievement of results for children

Progress: Weak partner capacity was a high priority bottleneck for the achievement of this result. During the period 2008-2012, UNICEF contributed to building the capacity of MDAs, local councils and counterparts in several areas. Central to UNICEF programming is RBM and the Human Rights Based Approach. One hundred and twenty five implementing partners and 80 UNICEF staff were trained on these principles, resulting in better appreciation of them, and some subsequent improvement in the quality of proposals and PCAs submitted. This training activity will continue for targeted implementing partners in 2013.

In order to develop institutional capacity of local councils and social sector officials at regional and national levels, the government with UNICEF support trained 158 people from MDAs, local councils and CSOs on planning, coordination, budget allocation, and M&E of poverty interventions using participatory methodologies. The aim was also to obtain better poverty assessments and analysis, and improved project formulation, implementation and M&E of the PRSP II. Level 3 monitoring was introduced during the 2012 training.

Training on planning and budgeting for children was provided for 110 local council staff. As a result, councilors, ward committee members and other senior government officials now consider issues of relevance, results, and effectiveness in programme planning. There is also a greater focus on children in the development and costing of local plans.

The knowledge of the situation of women and children gained through the implementation and dissemination of the MICS and DHS has provided an indication of progress towards achieving the MDGs. Though some indicators are still high, the general trend is a decline in most of the indicators relating to women and children.

The severity of some of the issues affecting children have necessitated the development of social policies and the review of existing ones to ensure that they are child friendly. Following the development of the Social Protection Policy in 2011, a Social Protection Strategy and Implementation Plan was developed in partnership with the World Bank and government, and social protection was included in the PRSP III. Policies addressing reproductive and newborn health as well as alternative care have been developed. A Sexual Offences Act was passed. All these will contribute to the reduction of disparities observed in the situation of women and children.

A three year strategic plan (2013-2015) has been developed for improving birth registration.

 Constrained

IR 3900/A0/05/004/015 IR 5. Strengthened capacity of UNICEF and partners for mainstreaming gender equality in UNICEF country programme by 2012

Progress: UNICEF is a member of the UN interagency Gender Theme Group. The UNICEF Country Representative was chair of this Group (policy level) in 2012 until September 2012 when chairmanship rotated to UNDP. The chair's role included supporting the lead agency, and ensuring the work of the GTT is shared with the United Nations Country Team (UNCT). UNICEF also participates in the UN Gender Theme Technical Group, which meets monthly to discuss gender issues in the various agency programmes, provide technical advice and support each other and the government.

The UNICEF Gender Equality Team (GET), comprised of gender focal points from all units in UNICEF, was established to raise awareness among staff and partners about gender needs and entry points for promoting gender equality, as well as facilitate gender mainstreaming (GM). An in-depth gender review of programmes, operations and culture was carried out by the GET, with the aim of assessing the capacity of the CO to

mainstream gender into its internal and external processes and activities. The review was also used for awareness-raising. The GET then developed a Gender Action Plan with timelines for developing a GM strategy. The GET was trained to assess GM in their respective work areas, though it was not possible to train other staff because of lack of funds.

A Mid-Term Evaluation of the National Gender Strategic Plan 2010-2013 of the MSWGCA revealed the need to intensify support to the infrastructure required to ensure gender equity. Recommendations included the development of an M&E framework and popularization of the strategy in the short term; capacity building for MSWGCA staff in gender, programme management and monitoring and advocacy for increased allocation of resources in the medium term; and working with community groups and traditional leaders for social transformation in the long term.

 Constrained

IR 3900/A0/05/004/016 IR 4. Partnerships for social change scale up essential family health care practices, education and child protection issues in target areas by 2012

Progress: Strategic partnerships and engagement with development and civil society partners through District Social Mobilization Committees and Wi Pikin Learning Summits have been key for health campaigns, the cholera response and community development programming. Through the Wi Pikin Learning Summits, microfinance, agriculture and adult education service providers were invited to information fairs to offer their services to UNICEF-supported mother-to-mother support groups.

In a good example of Inter-Agency collaboration, C4D is providing technical and messaging inputs to UNFPA for the development of a radio drama on sexual and reproductive health. As a community feedback mechanism for the education radio drama, 51 radio listener groups were set up in the country. Key lessons learned from this C4D intervention include the difficulty in monitoring the listener groups due to their geographical spread across the country and the non-adherence of radio stations to the agreed schedule for airing the programme. Greater attention needs to be paid to building capacity of implementing partners in participatory techniques and methodologies.

Lack of funding, weak partner capacity to plan, implement and monitor C4D interventions and the absence of a C4D M&E system for social change are high priority bottlenecks for achieving this result. This IR remained unfunded until July 2012, and then funding only came in for the cholera response.

 Constrained

IR 3900/A0/05/004/017 IR 3. Increased support to programmes to scale up essential family health care practices, education and child protection issues in target areas by 2012

Progress: In 2012, C4D strategically supported and contributed to the development of the national HIV Communication Strategy, the national Community Health Strategy and the planning and implementation of the cholera response.

Polio campaign awareness for all three rounds of the National Immunization Days implemented in 2012 achieved 85 per cent awareness, slightly under the global target of 95 per cent awareness. To better understand the communication channels and barriers for uptake of routine immunization in the country, UNICEF supported a KAP study on routine and polio immunization in the country. The study will be used to develop a routine immunization and polio campaign strategy in 2013.

The cholera response provided an opportunity for cross-sectoral collaboration on hygiene promotion among health and education development partners. UNICEF supported the MoHS in the development and implementation of the cholera response communication plan in the 10 affected districts. One thousand teachers were trained on the School Sanitation Hygiene Toolkit as part of routine teacher training and cholera response.

Strong engagement with community radio stations and religious and traditional leaders were key elements of

ownership of C4D activities at the community level. However, the lack of an integrated C4D strategy on child wellbeing (cutting across health, education and child protection), weak partner capacity to plan, implement and monitor C4D interventions, and lack of multi-sectoral coordination at the national and district levels are high priority bottlenecks to achieve C4D programming for results. The C4D strategy will be developed in 2013.

While there is an acknowledgement of the importance of C4D among decision makers at the national and district levels, this important area of development programming continues to be affected by low-profile and limited funding. UNICEF will from 2013 support strong national and multi-sectoral coordination mechanisms to address this gap.

 On-track

IR 3900/A0/05/004/018 IR 2. Strengthened support to the development of quality and strategic research, evaluation and policy analysis, and disseminate appropriate information on effective responses to the rights of children by 2012

Progress: The MICS4 report was launched and disseminated at the national level and in the four regional centers of the country. The MICS4 data was used to establish baseline indicators in the CPD. Data collection for the fifth round of MICS will be done in 2013.

Selected sex-disaggregated data on child rights indicators from MICS4 from the health, education and child protection sectors were disseminated in Kenema, Moyamba and Kambia districts. The targets were district councils, Paramount Chiefs and other community leaders and representatives. Sharing the information with the selected districts helps build capacity within communities for development programming. About 200 representatives participated in the three meetings. Sectoral representatives from the districts were also present. With an understanding of the issues affecting children, and the information provided on the situation of children within their districts, an opportunity is provided for chieftom representatives to discuss, plan together and monitor the implementation of agreed actions that can be taken to improve the welfare of children in their localities.

The outputs of the meeting included the development of chieftom action plans to address child-related issues within the communities. The participants are expected to spearhead the implementation of these plans in their communities. Follow up with these leaders will be made after six months.

The focus for DevInfo for 2012 has been updating it with data from MICS2, 3, & 4, and selected indicators from the census 2004. Staff training has been postponed while the database is being updated. Staff will be trained using the updated database in 2013.

 Met

IR 3900/A0/05/004/019 IR 1. Capacity of staff members, counterparts and partners for evidence-based programme planning, implementation and monitoring of the rights of children strengthened by 2012

Progress: As all partners have been implementing Direct Programme Support (DiPS) (Sierra Leone's version of HACT) since 2011, the focus for 2012 was on assurance visits to monitor programme and financial management.

Eighteen implementing partners (medium and high risk) were reviewed. Recommendations were made for improvement and their implementation monitored. As a result, the risk levels of some partners have been reduced.

To build capacity of partners for implementation of DiPS/HACT, 20 UN staff and 61 implementing partners were trained on the Capacity Guide for Programme and Financial Management, which lays out the required standards for partners, and provides guidance for strengthening weak areas. Trained implementing partners now have the capacity to access, manage and report on funds and programmes through a common and simplified approach.

In order to strengthen the capacity of UNICEF and implementing partners in planning and reporting results, and ensure equity-focused programming for women and children, 80 staff and 125 implementing partners were trained on RBM/HRBAP; 112 of the partners were from NGOs, 8 from line ministries and 5 from the University/training colleges. The expected outcome of this training is an improvement in the quality of PCAs and funding proposals, with strategies and interventions that reduce/remove bottlenecks to the achievement of results.

Technical support provided to MDAs and local councils in planning and implementing sectoral programmes contributed to successful outcomes of planning processes and capacity-building interventions.

Timely reporting on progress against results related to children in the PRSP II has been a challenge because the monitoring of its implementation has not been robust. UNICEF is currently part of a technical working group on M&E for the PRSP III to ensure a strong national M&E framework and monitoring system. A three-year strategic plan has been developed for improving BR.

UNICEF provided technical and financial support to the government to prepare its state party report on the implementation of the CRC.



On-track

IR 3900/A0/05/004/020 IR 6. Strengthened capacity of partners to develop and implement social policies and social protection interventions to improve equity for children.

Progress: UNICEF developed a Concept Note that brought together government, civil society and donors to develop the Social Protection Strategy and Implementation Plan, which were then presented to stakeholders. The strategy will be costed and validated in early 2013 and efforts to design a pilot cash transfer and enhance productivity of labor-based social protection interventions will commence. CSOs played an active role in the development of both the Strategy and the Implementation Plan.

Training on better budgeting for children was used by local councils to analyze the situation of children and plan for their priorities. Each local council incorporated the priorities identified in its development plan and budgeted for them for consideration in the 2013 Budget. There is need to provide support to local councils to incorporate these priorities in the final plans and budgets.

A new pillar on Social Protection has been introduced into the PRSP III (Agenda for Prosperity 2013-2017). The development of this pillar is progressing well and has relied on recent assessments of existing programmes to identify gaps and establish strategic priorities.

Five government officials were helped to attend a community of practice meeting on cash transfers in Nairobi where they learned about, and shared experiences and networked on, planning, targeting, delivery and evaluation of cash transfer programmes. This knowledge will be useful in implementing the pilot cash transfer in Sierra Leone. A complete draft to be incorporated in the final Agenda for Prosperity will be ready in early 2013.



On-track

IR 3900/A0/05/004/021 IR 7. Capacity of UNICEF, counterparts and partners to prepare for and respond to emergencies and for disaster risk reduction are strengthened by 2012

Progress: A training plan was developed for staff and partners to prepare for and respond to emergencies. Training activities have been conducted on rapid assessment, WASH in emergencies, and child protection in emergencies for staff and partners. However, most of the activities in the work plan had to be put on hold while the six-month cholera outbreak was addressed.

The CO responded to the cholera outbreak with emergency interventions in health, WASH, and C4D/social mobilization, through six implementing partners and in collaboration with the MoHS, WHO, the Urban Wash

Consortium and others. The CO raised a total of USD 3,117,000 for the response, and mobilized an emergency team of 8 staff and consultants over time, either recruited or assigned to respond to the outbreak. UNICEF was a prominent member of the National Cholera Task Force and of the Presidential Cholera Task Force, and the co-chair of the Wash and Social Mobilization working group. UNICEF has supported the Government of Sierra Leone, and in particular MoHS and MoEWR, in responding to the emergency, and thus increasing their capacity in emergency response. The number of cases has been reduced from over 2,000 per week to less than 50 per week at the end of 2012 and no deaths have been reported since October. The CO has conducted an After Action Review (AAR), the results of which will feed into risk reduction and preparedness plans for WASH, education, health and C4D for 2013.

Additionally, UNICEF ensured preparedness in view of the 2012 general elections that were held peacefully on 17 November 2012. The CO is currently working with the government and counterparts on cholera risk reduction, preparedness and response plans.

PC 5 - Advocacy and leveraging

 On-track

PCR 3900/A0/05/005 Increased partnership and resource mobilization for the promotion and fulfillment of child rights by 2012

Progress: A Committee for Advocacy, Partnerships and Leveraging Resources met bi-monthly to ensure the advocacy strategy was put into practice and the office could effectively react to changes in the programme or country situation.

As a consequence of successful partnerships and advocacy work by the CO, DFID and the EU agreed to fund USD 24 million and USD 64,868,720 over the next three years respectively, with the aim to accelerate efforts to reach the MDGs. The funding goal for NatComs (USD 5 million) was not reached, with USD 3.9 million having been received. Possible reasons are the financial crisis and the shift of the country situation from emergency to development.

The External Relations Office in cooperation with the sections developed evidence-based advocacy messages for each programme for use in drafting talking points, press releases, programme briefs, presentations and human interest stories. Each section identified specific days to be used for effective advocacy work (Day of the African Child, Anniversary of the Free Health Care, Maternal and Child Health Week, etc.). As a result, media reporting on UNICEF-related issues exceeded expectations, with an average of 43.2 reports per month.

UNICEF supported the launch of the SUN Movement in Sierra Leone by organizing media coverage, drafting talking points and press releases and providing support organizing the event. As a result the event was widely covered in the local media.

The CO hosted and organized four media trips and one interview on Free Health Care, cholera, girls' education, nutrition and child justice. International journalists visited from Century Films, IRIN News, The Lancet and Global News. As a result, the work of UNICEF Sierra Leone was reflected in the international media, an important advocacy tool for attracting international donors.

The CO successfully worked with the government and the media through the cholera emergency. As a result, lifesaving information on cholera was disseminated in all local media, which substantially contributed to the decrease of cholera cases and attracted donors who funded cholera mitigation measures.

UNICEF continued to strategically position itself within the health, education, nutrition and water and sanitation development partners groups and thus advocated for issues concerning children and women in the country to ensure these issues stayed high on the development agenda. A Development Partners Group for Child Protection could not yet be established due to weak structures within the Ministry.

IR 3900/A0/05/005/012 IR 3. Project Support Met

IR 3900/A0/05/005/014 IR 1. Advocacy and awareness raising on child rights issues strengthened within the national development agenda by 2012

Progress: UNICEF's advocacy messages were well reflected in the daily newspapers. The target of at least 15 media reports on different UNICEF related topics per month was exceeded.

Fourteen speeches given by senior management were drafted, many of them reflected in the media and all of them reflecting UNICEF advocacy messages. The speeches were given at strategic events such as the launch of Maternal and Child Health Week, Girls Education Week, Global Handwashing Day, the Day of the African Child etc.

Advocacy activities through UNICEF's strategic position within the aid architecture of Sierra Leone were successful. The CO strongly supported the establishment of a WASH Development Partners Group, which UNICEF is co-chairing with DFID. The planned establishment of a Child Protection Development Partners Group was not successful due to weak structures in the Ministry.

 On-track**IR 3900/A0/05/005/015 IR 2. Improved coordination and management of donor resources**

Progress: Fundraising activities were well coordinated through regular APL committee meetings. Funds were monitored on a monthly basis. Six NatCom visits during 2012, and two more planned visits that had to be cancelled due to travel restrictions during the election period, show that the interest of NatComs in Sierra Leone is still high. However, the funding target for NatComs has not been reached. The target was USD 5 million, and by the end of 2012 the office had received USD 3.9 million. The reasons for the gap might include Sierra Leone's shift from emergency to development, as well as the European financial crisis.

Media work and crisis management turned out to be very important during 2012 due to the country's cholera outbreak. The CO will ensure close collaboration with the media in future years to make media communication easier, especially in crisis situations.

PC 6 - Cross-sectoral costs On-track

PCR 3900/A0/05/006 Enhanced operational and administrative capacity to support programmes for timely delivery of country programme results by 2012

Progress: The Operations Section functioned well during the year under review, as the three operational areas of administration were well administered, and funds well planned and managed. At the end of the year, the implementation rate recorded for Regular Resources (RR) and the Institutional Budget was more than 98 per cent, thus demonstrating steady progress in operational activities. The level of awareness of staff on emergency and security issues has greatly increased. Furthermore, based on the Business Continuity Plan (BCP) tests, the office has started implementing additional security measures to strengthen the three alternate sites. As part of the BCP, staff members have been given VHF handsets and all vehicles are equipped with VHF and HF equipment. The three BCP sites were upgraded with back-up UPS power as well as Internet service through VSAT provided by an ISP.

Finance played a leading role in the interim/year-end closure of accounts, which were successfully achieved. Operations staff played a pivotal role in the successful roll out of VISION and business transactions management. During 2012, Administrative/HR units performed well despite several challenges. Savings were noted in various areas of operations management. Supply provided the required support to programme implementation including support to the government.

The cross-sectoral budgets contributed to support the office renovations to accommodate additional new staff

in line with the Country Programme Management Plan (CPMP) as well as recreational activities, including the gym center and crèche for staff and dependents. This has helped ensure a healthy and fit workforce.

Operations played a significant role in addressing issues related to staff safety and security as well as staff well-being including work/life balance, "Caring for us" and flexi-time.

 On-track

IR 3900/A0/05/006/014 IR 2. Financial resources & stewardship and stewardship of financial resources

Progress: In 2012, UNICEF Sierra Leone made payments worth over USD 36 million to government counterparts, NGOs and service providers, with approximately 4,300 total payments.

Collaboration between Finance and Programmes continues to improve. Section Heads and Programme Managers forwarded monthly cash forecasts to the Finance Unit. This enhanced immense success in the Bank Optimization Project; sufficient liquidity, just in time.

Finance also worked very closely with New York Headquarters (NYHQ) on e-banking. Tokens have been received from Standard Chartered Bank and allocated to all signatories. Training was also provided by Standard Chartered Bank in December for some signatories to be able to use the S2B platform. E-banking will eliminate the use of manual cheque books. Finance also played a leading role in the interim closure of UNICEF's accounts between June and July 2012. Closure schedules were prepared and sent to NYHQ on time. Key areas covered by Admin include office management, security, assets (NEP), travel, communication, fleet, etc.

To strengthen the security system, 28 CCTV cameras and 7 access controls are currently in operation in the Freetown office. The use of ID cards was also enforced. The number of security guards in the 3 UNICEF Offices is 73 (64 guards and 9 supervisors), and there are also 95 guards and 3 field supervisors for the FHC warehouses.

UNICEF Makeni gets water through a local well installed with an electric pump. UNICEF Kenema gets pipe-borne water from SALWACO. Water supply in the CO continues to be a serious challenge. The supply of municipal water has almost stopped and all water is bought. Plans are underway to be connected to a special main water pipe.

 On-track

IR 3900/A0/05/006/016 IR 3. Effective and efficient management of human capacity

Progress: Only 17 per cent of the planned learning activities were implemented. Group learning activities were suspended due to the impending elections and the need to accelerate programme implementation before the November elections. There was improvement in the PER completion rate in 2012, with 98 per cent of staff completing their PERs on time.

 Met

IR 3900/A0/05/006/018 IR 1. Effective and efficient governance and systems

Progress: The ICT unit played a major role in 2012 in the roll-out of VISION, both in the local training sessions and the actual online deployment process, assisting with every technical detail. The virtualization process and upgrade of the three BCP sites' Internet links were undertaken successfully, and the laptops of all critical staff members were set up for operation at the BCP sites. The first phase of online assignment and physical distribution of 24 security tokens to critical staff members for remote access connectivity has been completed. However, an additional 24 tokens are expected from the Regional ICT Chief, which will bring the total number of tokens to 48. This will enhance critical staff members' productivity in the event of an emergency. The migration of email accounts from Lotus Notes to MS Exchange was put on hold by the ITSS department in New York because a hosting company with sufficient data capacity to handle all UNICEF user accounts worldwide could not be identified and contracted in 2012. The inter-agency ICT working group is expected to be revitalized in 2013.

Effective Governance Structure

The CO has continued to monitor actions taken last year to ascertain the level of awareness of staff on emergency and security issues. As a result, the Operations support to the cholera response and to the CO's preparedness for the general elections went well. Based on BCP tests, the office has started implementing additional security measures to strengthen the three alternate sites.

The CO's risk profile and risk control library were reviewed following thorough analysis by various Programme and Operations task forces. The Enterprise Risk Management (ERM) focal point and the CMT ensured close follow up, monitoring and reporting. While the internal audit recommendations have been closed, the office continues to monitor action taken to ensure sustainability of the implementation of the audit observations. In line with the new positions established through the CPMP, the office has renovated the conference room and started with the construction of prefabs to accommodate additional staff in Quarter 1 next year.

The CO made great progress in managing VISION transactions based on effective application of guidelines from the Change Management Office, together with clear roles assigned to staff through APPROVA and VISA.

A total of 29 existing standard operating procedures have been reviewed and revised in line with the new Financial and Administrative Policies. In addition, the CO prepared the Table of Authority together with the Delegation and acceptance of delegation of financial signing authority. Both signed documents form the oversight control for audit purposes.

At the beginning of the year, the office established ten standing committees with clear objectives and responsibilities. Each working group was assigned a Chair, Vice-Chair and Secretary to contribute to the CO's efficiency. The CMT met on a monthly basis with the aim of keeping all resources focused on key results of the CP. In this respect, the CMT monitored both Operations and Programme management performance, reviewed key management indicators, approved decisions on office objectives and enhanced communication on efficiency of business processes. Throughout the year, the CMT has continuously provided clear support to staff safety and security matters, addressed issues related to programme supplies in the warehouses and paid attention to sub-offices' management reporting. In the framework of HACT, assurance visits were conducted to strengthen the capacity of implementing partners. Direct cash transfers (DCTs) over 6 to 9 months were closely monitored during CMT meetings to reduce the outstanding amount that would have required the Regional Director or the Comptroller's approval. This year, the CMT carried out the validation of the new Country Programming Processes, 2013-2014, including the approval of the CPMP/Integrated Budget by the Programme Budget Review (PBR). The Emergency CMT played key management roles to address the outbreak of the cholera emergency in coordination with UN and government partners.

The Operations Section maintained an effective functioning of monthly Operations meetings to ensure the achievement of the section work plan. Task forces were established to review issues related to fleet management, shuttle services for staff, renovation projects and optimization of office space. Quarterly Joint Consultative Committee (JCC) meetings were held to address staff issues.

Strategic Risk Management

The CO uses the organization-wide enterprise risk management/risk and control self-assessment (ERM/RCSA) framework to identify risks in all 21 risk categories. The CO has set up groups that meet at least once a year to assess progress in mitigating risks, identify risks where progress has not been made and document areas where risk has been reduced or eliminated.

The CO utilizes the Risk Control Library as a framework to assess (at least annually) effectiveness and efficiency in the control and mitigation of risks. These are assessed in established cross section/programme staff groups. An updated Risk Control Library is presented to CMT with proposed action plans to mitigate risks.

The CO has an emergency plan, which includes repositioning of supplies in case of an emergency. A regular

update on emergency supplies is provided to the CMT. The programme sections have indicators for monitoring emergency preparedness. Each section has an emergency focal person and an alternate in case the focal person is not available.

Business continuity is monitored through indicators in the AMP. The CO has three sites (residences of Senior Management Team members). This includes continued access to VISION and office files when the office is not accessible. Functionality of the BCP sites is tested at least once a year, though it was not done in 2012 due to time constraints. The BCP Plan is updated at least once a year.

An emergency response tree that guides the office response in case of unfavorable changes to the internal and external operating environment has been set up. This was strengthened during the preparations for the presidential and parliamentary elections held on 17 November 2012.

Evaluation

The CO has an updated Integrated Monitoring and Evaluation Plan (IMEP) (2008-2012), which is reviewed and updated semi-annually together with partners. All the major studies on the IMEP were completed on time. The results were used to inform development of the next two-year CP (2013-2014).

The Participatory Monitoring and Evaluation (PME) section has been enhanced with staff with skills in evaluations. Time limitations and independence, however, require evaluation expertise outside of the office. The office, however, needs skills in prior planning of evaluations and in identifying evaluation questions.

The country has very limited quality evaluation expertise. The CO has partnered with the World Bank and DFID to embark on a process of developing M&E expertise in the country using PRSP monitoring as an entry point. In 2013, UNICEF and the World Bank will co-sponsor a multi-sectoral initiative with the MoFED as the lead to develop national capacity in M&E.

Effective Use of Information and Communication Technology

The Freetown Office is connected to UNICEF's global network using a VSAT with Emerging Markets Corporation as the Satellite Provider. The bandwidth is a 1.280 Mbps duplex link. This link is used for Voice over IP telephony, Internet access and UNICEF's corporate applications. As backup, an iDirect VSAT provided by DreamPerfect Solutions Ltd is used to provide Internet services. The two field offices have a VSAT from the same service provider, the bandwidths being Kenema (512/256kbps) and Makeni (512/512kbps). These offices are not connected to the UNICEF domain. The Inter-Notes connectivity profile of Lotus Notes is used by field office staff for the exchange of emails.

Security Tokens and Cisco AnyConnect VPN Client software are used to remotely connect critical staff to the UNICEF domain.

In 2012, both the hardware and software for all the major servers were upgraded and three virtual host servers were installed. The file print server and the lotus domino servers (Virtual Machines) have been upgraded to Windows 2008 Standard Edition. A Windows Server Update Services (WSUS) server for the automated distribution of Microsoft updates and hotfixes to client PCS and an upgrade of Lotus Domino was also implemented. The LAN infrastructure has been improved as a prerequisite of the virtualization. The current LAN speed is 1Gbps.

For backup and data recovery, Microsoft Data Protection Manager is installed. An automated backup system is in place whereby monthly tapes are stored offsite. Restore tests are done periodically.

As part of the BCP, staff members have been given VHF handsets and all vehicles were equipped with VHF and HF equipment. The three BCP sites were upgraded with back-up UPS power as well as Internet services through VSAT provided by an ISP.

Challenges include a limited number of local suppliers, weak expertise of companies and a poor national telecommunication infrastructure. This has led to delays in orders and implementation/repairs of some of the 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 underway 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 Quarter 1 of 2013.

Fundraising and Donor Relations

The CO sent 35 donor reports in 2012, of which one was sent with delay.

The Office has mobilized USD 132 million in Other Resources (OR), which is 88 per cent of the CPD ceiling of USD 145,300,000 for the period 2008 to 2012. The total OR contributions received in 2012 amounts to USD 28.6 million, of which the National Committees contributed USD 3.9 million, while donor governments and inter-organizational arrangements contributed over USD 24.7 million.

The Utilization level for 2012 stands at USD 49,255,711, which is 91 per cent of funds allocated.

Regular fund monitoring and exchange of needs and ideas by the APL Committee supported fundraising activities in a strategic way. Through the APL committee, the CO agreed on concrete fundraising activities for the different sections of the office, including the update of NatCom donor toolkits for Child Survival and Development, Education and Child Protection, as well as the development of a new toolkit for Planning, Monitoring & Evaluation. All of the toolkits have been sent to Geneva for publishing on the Panorama funding market place.

The update of the Facebook page was launched in 2011. By December 2012, 2,470 followers had "liked" the page. The page is linked to the Facebook pages of the Greek, French, New Zealand, Spanish, German, Finnish, Danish, Argentinian, Philippine and Indian NatComs, as well as to the fundraising web pages of the Belgian and Icelandic NatComs.

The CO Representative visited the Italian NatCom, which resulted in a return visit with a potential new Goodwill Ambassador and in funding for the Kailahun maternity ward. The head of External Relations visited the German NatCom, which also resulted into a return visit, and the NatCom declaring Sierra Leone as their focus country for the Christmas campaign, which included funding of USD 600,000 for child survival.

The CO hosted eight donor visits. The Dutch NatCom visited three times. The office also hosted the German, Lithuanian and Italian NatComs. Furthermore, the office supported DFID carrying out a review of health programmes.

Management of Financial and Other Assets

The year 2012 marked a drastic increase in Administration activities. One reason was the recruitment of additional staff for the implementation of the Free Health Care Initiative.

The CO made about 4,300 payments for over USD 36 million to implementing partners and service providers in 2012. Monthly cash forecasts helped enhance the success in the Bank Optimization Project. The CO worked closely with HQs on e-banking to reduce transaction costs and enhance timely payments to beneficiaries. The local bank gave out tokens that have been allocated to signatories. The bank also provided training to some signatories so they could use the S2B platform.

The interim closure of UNICEF's accounts as part of the process to implement VISION has been successfully achieved and VISION and business transaction management has been successfully rolled out. The replenishment of the local bank account is now being done through a competitive bidding process. For each purchase of the Leones currency, the bank offers an exchange rate that the UNICEF HQ Treasury compares

with other financial institutions. This method has led to savings for UNICEF and has forced the local bank to make more favorable offers.

Finance staff carried out assurance visits to monitor the utilization of cash resources and the programmatic, financial and procurement/supply capacity of implementing partners. Original DCTs to implementing partners as at 17 December 2012 was USD 23.7 Million. Due to a successful liquidation process, the outstanding balance after 9 months was USD 0.03 (0.4 per cent).

To enhance security in the office, the use of staff IDs and visitor cards was enforced. CCTV cameras and access control finger print points were installed. All staff went through refresher training on basic security and safety and a fire drill took place in May. All UNICEF vehicles are Minimum Operating Security Standards (MOSS) compliant.

Following the installation of a transformer, the National Power Authority could provide adequate power supply with proper voltage, which led to a drastic decrease in the use of the generator and savings for the office. The travel desk issued 2,115 TAs in 2012. Thanks to hiring four additional drivers on a TA, the renting of vehicles for field missions has reduced.

A spread sheet of transport items on loan comprising 332 items has been updated and sent to HQs to insert into VISION.

Two Property Survey Board (PSB) meetings were held in March and November respectively and approved recommendations were implemented.

The CO faced challenges regarding water supply and telecommunication. Plans are underway to connect the office to a special main water pipe. The telecommunication infrastructure continues to be poor. Post-paid mobile phone lines and pre-paid mobile phone credit were provided on a monthly basis to eligible staff.

Supply Management

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

In 2012, the CO procured over USD 16.7 million worth of supplies and equipment, of which USD 1.5 million was spent on assets and administrative consumables (typically vehicles on loan to partners). Local and direct orders account for USD 2.1 million, while freight accounts for approximately USD 1.1million. A total of 202 supply requisitions (Sales Orders and Purchase Requisitions) were raised. The offshore Sales Orders and Requisitions resulted in a total of 59 air shipments and 34 sea shipments (Bills of Lading) of 134 containers in total. Additionally, the CO has facilitated procurement of supplies for the MoHS and other partners through the UNICEF procurement Services Centre in Supply Division.

Lengthy government bureaucratic processes and intense congestion at the port caused considerable delays in customs clearance. The Clearing and Forwarding Agent had to be replaced in May following excessive delays in clearance procedures. Currently, the average time to clear a container from the port is 26 days, enabling UNICEF to avoid paying demurrage charges, as there is an agreement in place with the major Shipping Lines for a 30-45 day "free period".

Storage facilities in Freetown are inadequate, especially for the FHC programme for which UNICEF has had to rent additional space for at least 50 per cent of the commodities ordered. Storage of other supplies is spread around three additional warehouses. Emergency supplies are pre-placed in small stores in two regions.

Due to Long Term Agreements (LTAs) with six local transporters, the distribution of supplies has been much

faster this year. Supplies could be delivered to districts and from districts to the PHUs very quickly as soon as distribution plans were authorized by the government. UNICEF enabled the use of three medium-sized trucks located at the Central Medical Store to distribute many of the key supplies. Nearly USD 3 million dollars was spent on in-country logistics covering clearing, storage and distribution of supplies.

The large cholera outbreak necessitated mobilization of emergency supplies from the region and from Copenhagen. A considerable amount of emergency supplies also came as donations by various partners. Many of these supplies came by air.

Human Resources

The Chairperson of the staff association uses the monthly CMT meetings to bring staff's issues of concern to the attention of management. This collaboration has helped promote an enabling work environment. Through monthly programme coordination meetings, management reinforces the office commitment to building the capacity of staff to effectively deliver results for children.

An RBM refresher training activity was held early in the year for all programme and operations staff to help them develop more realistic results-based work plans that are aligned to section and office work plans and to adopt a results-based approach to programming and implementation.

An emergency consultant hired for 11 months in 2012 provided technical assistance to the office in assessing gaps related to emergency preparedness and response in line with the Core Commitments for Children to ensure effective interventions and early recovery in case of emergency. Staff members were trained in rapid assessment; child protection in emergencies; and WASH in emergencies.

A gender consultant who was hired for 11 months was instrumental in assisting the office in conducting a gender audit.

Staff performance continues to be one of the top priorities of the office. As of the end of November, 99 per cent of staff have completed their 2012 key outputs and mid-year discussions. As part of the office's continuous efforts to improve staff wellbeing, a gym, recreational center and crèche were completed and are now in use. The Staff Association appointed a gym manager who is responsible for training of staff and maintenance of equipment.

The two issues highlighted in the Global Staff Survey results, lack of work/life balance and uneven distribution of work, were discussed and addressed during the last JCC. The recommendation was to provide training on the Flexible Workplace policy so staff can make better use of it.

UNICEF Sierra Leone is an active member of the UN Cares programme and maintains the 10 UN Cares minimum standards. In 2012, stress management training was conducted for staff. Staff is also aware of local counseling services.

Poor medical standards in the country continue to pose a problem for staff and the office in general. A number of staff members had to be evacuated to South Africa for diagnoses and treatment. In 2012, the CO recorded six medical evacuations.

Efficiency Gains and Cost Savings

The Sierra Leone Country Office has maintained a good partnership with key service providers through signed 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 CO 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 per cent for all staff-staff/consultant communications.

Under the UN common services umbrella, UNICEF has been contributing to UN Cares, and 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. In line with the FHC Initiative, the office has maintained a close collaboration with the government and the shipping agencies. About 50 per cent demurrage charges amounting to more than USD 11,000 meant for programme supplies have recently been waived off. Measures have been put in place to expedite prompt clearing of supply items in order to avoid future demurrage charges in 2012.

Changes in AMP & CPMP

There will be no major changes in the AMP in 2013. The CO adopted a practice of quarterly reviews of the AMP through a review of management indicators presented to the CMT. The CO will continue the practice.

The CO has developed a new CP (2013-2014), and a new CPMP (2013-2014) has been developed. In the new CPMP, 11 positions were established and approved by the PBR (14 new - 3 abolished). These are:

- L4 Knowledge Management (Social Policy, Planning and M&E)
- L3 M&E (Child Survival and Development)
- L2 Information Officer (Child Survival and Development)
- L2 Programme Budget Officer (Deputy Representative)
- NoC Health - Adolescent (Child Survival and Development)
- NoC Wash Specialist (Child Survival and Development)
- GS5 Programme Assist (Child Survival and Development)
- GS6 Finance (Operations)
- GS5 Admin (Operations)
- 2 GS2 Drivers (Operations)
- NoC M&E Specialist (Social Policy Planning and M&E) (This post offset an NoD post that was abolished.)

Acronyms

- AIDS - Acquired Immune Deficiency Syndrome
- ARV - Antiretroviral
- AWP - Annual Work Plan
- BEmONC - Basic Emergency Obstetric and Neonatal Care
- C4D - Communication for Development
- CFS - Child Friendly School
- CLTS - Community Led Total Sanitation
- CP - Country Programme
- CPAP - Country Programme Action Plan
- CPD - Country Programme Document
- CRC - Convention on the Rights of the Child
- CSD - Child Survival and Development
- DHS - Demographic and Health Survey
- EPI - Expanded Programme on Immunization
- FGM/C - Female Genital Mutilation/Cutting
- FHC-I - Free Health Care Initiative
- HACT - Harmonized Approach to Cash Transfers
- HIV - Human Immunodeficiency Virus

IMEP - Integrated Monitoring and Evaluation Plan
 IR - Intermediate Result
 LLIN - Long-lasting Insecticide treated Net
 LMIS - Logistics Management Information System
 M&E - Monitoring and Evaluation
 MDA - Ministries, Departments and Agencies
 MICS - Multiple Indicator Cluster Survey
 MoEST - Ministry of Education, Science and Technology
 MoFED - Ministry of Finance and Economic Development
 MoRES - Monitoring of Results for Equity System
 MSWGCA - Ministry of Social Welfare and Gender and Children Affairs
 NGO - Non-governmental Organization
 NPPU - National Pharmaceutical Procurement Unit
 ODF - Open Defecation Free
 OR - Other Resources
 PCR - Programme Component Result
 PHC - Primary Health Care
 PHU - Peripheral Health Unit
 PMTCT - Prevention of Mother-to-Child Transmission
 PRSP - Poverty Reduction Strategy Paper
 PSM - Procurement Supply Management
 RR - Regular Resources
 UN - United Nations
 UNICEF - United Nations Children's Fund
 WASH - Water Sanitation and Hygiene

Document Centre

Evaluation

	Title	Sequence Number	Type of Report
1	Evaluation of UNICEF Role as a Lead Partner in Education	2012/001	Evaluation
2	Baseline Study on Rural WASH in Schools Programme in Sierra Leone 2012	2012/001	Survey
3	Mid-Term Evaluation of the National Gender Strategic Plan	2012/002	Evaluation
4	Health for the Poorest Quintile (HPQ) and Health for the Poorest Populations (HPP) projects	2012/001	Study
5	Factors Contributing to the Abandonment of Female Genital Cutting in Sierra Leone	2012/003	Study
6	The Dynamics of Female Genital Cutting in Sierra Leone and the Determinants of Abandonment	2012/004	Study
7	Menstrual Hygiene Management in Schools	2012/004	Study

Other Publications

	Title
1	Situation Analysis of Children in Sierra Leone
2	Multiple Indicator Cluster Survey

Lessons Learned

	Title	Document Type/Category
1	Cholera Response in Sierra Leone - Lessons Learned	Lesson Learned
2	Community-focused Performance Based Financing	Innovation

Lessons Learned / Innovation

1 Cholera Response in Sierra Leone - Lessons Learned

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Lesson Learned	FA5	
Contact Person	Language	Emergency Related
Gaurav Garg, Boniface Kalanda	English	Yes

Abstract

The cholera epidemic of 2012 was the worst to affect Sierra Leone in 15 years and the largest outbreak in the West African region for 10 years. An upsurge in weekly number of cases of acute diarrhoea and vomiting was reported in November 2011. Some three months later, on 16 February 2012, *Vibrio cholera* was confirmed and an outbreak was declared in the coastal district of Kambia.

The absence of a multi-sectoral plan of action with targets and indicators and fragmented coordination hampered swift and rapid response and results monitoring. Response measures were initially ad-hoc and reactive, and driven largely by where NGOs were already working or on the assumption that Freetown, being the most densely populated part of the country, would be home to the largest caseload. The opportunity to strengthen Sierra Leone's disaster management capacity; supply chain and disease surveillance systems was partially missed as a result.

Innovation or Lesson Learned

UNICEF support to MoHS in forecasting, procurement and distribution of cholera supplies to the health centres played a crucial role in the epidemic response. UNICEF WASH and C4D response scaled up rapidly. Internal coordination mechanisms within UNICEF were effective for integrated planning and response.

UNICEF Emergency Management can be further strengthened with the integration of the Emergency unit into relevant programme and operations sections with proper handover from surge support. The EW/EA web portal should be updated with costed preparedness activities (including supplies, training and emergency PCA specific to cholera and the other high risks identified).

With a focus on results, funding for response should include budget for M+E (including field visits and monitoring), supply and logistics support (including delivery of supplies to PHU level either through Long Term Agreements or NGOs).

Response plans should be based on gaps and capacities among government and other partners to ensure appropriate prioritization of activities and based on UNICEF strategy as outlined in EW/EA key action

For strengthening Inter-Agency Cholera Management, a
Epidemiological study and risk mapping should be undertaken to inform an integrated preparedness and response strategy. A costed Cholera risk management plan should be developed and implemented, including prevention, mitigation, preparedness and response strategy (including agreed supplies, activities and who does what where). Based on this risk management plan, roles and responsibilities between government,

WHO, UNICEF and relevant partners including WASH counterparts should be reviewed and re-affirmed.

UNICEF should also advocate for EPR to be included in 2015 UNDAF and support to national EPR plan with clear roles and responsibilities for Office of National Security/MOHS and other ministries. In addition, UNICEF should advocate for a Disaster Management Team (DMT) to be set up as part of the UNCT/HCT

Potential Application

In order to address the key coordination bottleneck, a rationalisation of the coordination architecture at National and District levels is needed. This will require the following actions by the Government of Sierra Leone, with the strong support of UNICEF-

- i. Agree and implement a streamlined 'Cholera Control & Command Centre' (C4) coordination architecture.
- ii. Update the National Cholera Preparedness and Response Strategy (NCPRS) to include national standards and guidelines.
- iii. Develop a multi sectorial risk reduction strategy for cholera and other diseases of epidemic potential.
- iv. Conduct Tri-Cluster coordination training for National and District C4 coordinators
- v. Establish thresholds for declaration of an epidemic emergency.
- vi. Capacitate a National Information Management Unit

While UNICEF is not a sector lead for the Health in the cholera response, it plays a fundamental role in that sector due to its contribution in the procurement and supply management of critical drugs and consumables. UNICEF should continue to support MoHS to establish buffer stocks of chlorine (HTH), cholera kits, drugs, and consumables in 'at risk' Districts, with a national reserve held in the MoHS Central Medical Stores (CMS) and review supply chain management procedures for reporting, ordering of stocks by health facilities, and distribution

WASH aspects should be fully integrated in all levels of response planning and implementation and participatory behaviour and social change efforts in environmental sanitation, and health and hygiene promotion should be designed and implemented.

Issue

The cholera outbreak in Sierra Leone in 2012 affected 22,800 people and caused 296 deaths (as on December 11).

Risk factors identified in this outbreak include lack of access to safe water and improved sanitation, and poor personal hygiene in both urban and rural areas. Typical at-risk areas include peri-urban slums, coastal areas such as Forecariah, and islands and villages lacking access to safe water where basic infrastructure is not available and minimum requirements of clean water and sanitation are not met.

The worst case scenario projections made in August 2012, did not occur.

Strategy and Implementation

A multidisciplinary intervention strategy based on prevention, early warning, preparedness and response for controlling cholera in endemic areas and reducing death rates was implemented.

Initial emphasis was placed on early detection of cases and ensuring prompt access to treatment at District level where suspected cholera cases were managed in cholera treatment centres (CTCs), or, where there were no established CTCs, designated isolation areas within health facilities.

Measures to control the spread of the disease by providing safe water, proper sanitation, health education, and hygiene promotion for improved hygiene and safe food and water handling practices by households were scaled up in known 'hotspot' areas and their surroundings.

The strategy was coordinated by the Presidential Task Force, which provided strategic oversight. A National Cholera Task Force, chaired by the MoHS provided operational coordination of the overall response. A Cholera Control and Command Centre was established in August to provide a mechanism to coordinate

technical support from the 5 thematic working groups as well as to facilitate the scaling up of interventions. The 5 thematic groups included case management; epidemiology, surveillance and laboratory, logistics, social Mobilisation and WASH.

Progress and Results

As a result of the implementation of the multi-sectoral strategy weekly case fatality rates dropped to 1% at the end of August (Week 34), and have remained at or below this threshold ever since.

Setting up of functional Cholera Treatment Centres/Units (CTC/CTU), formal and on-the-job training of health workers in case management led to a reduction in case fatality rates. Access to safe water at community and household level has greatly improved and social mobilisation was highly effective, with the majority of the population reached with clear, coherent, and consistent messaging on prevention, disease recognition and care seeking.

Early warning and disease surveillance, including use of Rapid Diagnostic Tests (RDTs) and daily cholera reporting allowed trends to be picked up relatively quickly, although capacity for District-level data capture, collation and analysis at national level, and feedback between the two, was limited. Collaboration when responding to the outbreak, preparing for transition, and engaging in preparedness planning was good among implementing agencies and with government-led coordination mechanisms. However, clear, efficient, and effective coordination and information management systems took time to emerge, with information management remaining a challenge.

As a result of the cholera response a functional bacteriology laboratory was setup in Freetown.

Next Steps

With the support of WCARO, UNICEF Sierra Leone conducted an After Action Review exercise for the cholera response. At a more global level, a lessons learned exercise has been taken by the Government of Sierra Leone supported by DFID.

The recommendations of the After Action Review will be followed through in the next year. As part of the Rolling Work Plan preparation, cholera preparedness activities are being included in respective programme work plans.

2 Community focused Performance Based Financing

Document Type/Category	MTSP Focus Area or Cross-Cutting Strategy	Related Links
Innovation	FA1	
Contact Person	Language	Emergency Related
Kennedy Ongwae, kongwae@unicef.org	English	

Abstract

Community level interventions have significant potential in accelerating the attainment of health related MDGs if taken to scale. The highest burden of disease for women and children that exist at community level have high chances of being reduced when attended to by competent and motivated CHWs. Such conditions include prevention and treatment of Malaria, Diarrhea, Pneumonia, in under-five children. Reaching women with promotional messages on birth preparedness during antenatal care period and with home visits during the post natal care period has high chances to early detect complications and refer to health facilities.

High drop out rates of CHWs have been observed in Sierra Leone where there are alternative job opportunities in the mining industry. The CHWs regard the services as a form of employment and a form of performance based incentive is necessary to reducing high dropout rates and sustaining access to services

in hard to reach areas.

Innovation or Lesson Learned

The main lesson learned during the initial implementation of community focussed PBF is the importance of keeping the tools and processes for execution of the scheme simple and easy to apply. The second lesson is that it is very important to motivate the trained CHWs to remain as active as possible. And the third lesson is the need for frequent contacts between CHWs and the health facility based professional health staff. Following these lessons learned, four indicators were retained to measure the performance of CHWs- two on governance of the health facility, one on performance of CHWs based on monthly reports and one on performance of facility to conduct outreach services to hard to reach areas.

The payment of performance incentives to community health workers takes place on a quarterly basis and in a meeting forum. The meeting is yet another opportunity of keeping the health workers, other stakeholders from the community and the CHWs in contact.

Potential Application

Given that community focused PBF seems promising as a means to improve the performance and motivation of the CHWs, there is clear potential for and opportunity of incorporating the innovation into the planned training and management of CHWs in the country.

The mining sector is rapidly expanding and as a result changes in community perceptions towards voluntarism are substantial. As more demand for monetary incentives by CHWs are likely to arise, community focused PBF will probably find a place in the overall programming.

Nevertheless, the sustainability of PBF for CHWs still remains a challenge (as all PBF schemes) once donor funding will not be available.

Issue

Performance Based Financing (PBF) is one of the strategies that the Ministry of Health and Sanitation (MoHS) of Sierra Leone has chosen to improve coverage and quality of health services, through a results-focused and motivated health workforce, in order to attain the health related Millennium Development Goals. In its initial phase, PBF was limited to health facilities and facility based health workers.

Community Health Workers (CHWs) were excluded from this phase of implementation of PBF. UNICEF has commenced the implementation of a PBF for CHWs in May 2012 in five designated Basic Emergency Obstetric and Newborn Care centres in Pujehun district, focusing on 150 trained CHWs.

Strategy and Implementation

The training of CHWs in hard to reach areas has increased access to services and coverage in such areas. Outreach services will be used by facility based professional health workers to provide a basic package of services including the provision of health promotion and preventive information. During the outreach visits, the health workers who also provide supportive supervision to the CHWs ensure that the CHWs better serve their communities. They use the opportunity to collect reports from the CHWs and address any emerging issues. The health workers conduct post natal care home visits to mothers and new-borns in hard to reach areas.

The community focussed CHW PBF scheme is expected to result in the provision of more outreach services to hard to reach areas and populations; reduced dropout rates among trained CHWs and increased retention and productivity/results delivery by CHWs. Each Peripheral Health Unit including BEmONC centres are expected to conduct outreach visits to four hard to reach posts monthly. This translates into 12 visits per quarter. The coverage of high impact interventions for women and children will be reported in the District Health Information System (DHIS) and is expected to translate into better outcomes and reduced morbidity and mortality for the target groups.

Progress and Results

The first data collection was conducted in April 2012 to set baselines for the performance indicators and testing of indicators and targets to be reached.

The proportion of outreach visits conducted by the facility staff was over 90% in two of the centres (Sahn

Mallen, Potoru) - which is high both before and after introduction of the community focused PBF. However the remaining four facilities had a lower proportion of expected outreach visits in quarter one but documented a marginal increase in the number of outreaches following the introduction of the community focused PBF scheme.

A comparison of data between the first and the second quarter show little change in the indicators measuring coverage of respective outcomes.

The time span between the times of data collection is therefore too short for any changes in the outcomes of outreach services and community health workers to be noticed. This finding informed further revision of the scoring matrix and the outcome related indicators were removed from quarterly tracking.

Next Steps

Scale up of PBF to all facilities supporting CHWs in Pujehun district and expansion to a total of 9 districts by the end of 2014.

Setting up a proper operations research design around the implementation of the community focused PBF scheme.