

Executive Summary

Sierra Leone is consolidating peace after the civil war of 1991-2002, and in November 2012 went through the third round of credible presidential, parliamentary and local council elections. The UN Security Council, recognising these positive changes, decided to end the mandate of UNIPSIL by 31 March 2014.

The new Poverty Reduction Strategy Paper (2013-2018) – Agenda for Prosperity – was launched in June 2013. Representing the development partners, UNICEF was instrumental in drafting of the Human Development & Social Protection Pillars.

UNICEF continued with the procurement and distribution of medicines under the Free Health Care Initiative to all public health facilities (1200+) in the country. Improved supply management resulted in a significant increase in the availability of essential and lifesaving drugs at health facilities, contributing to increased utilisation of health services by children under five years of age and pregnant women.

Under-Five Mortality has decreased from 217 (MICS 2010) to 158 (DHS 2013). The decrease is confirmed by several outcome indicators related to health-seeking behaviour by women and young children, such as improved rates for ante-natal care, safe delivery and treatment of childhood illnesses. However, according to the 2013 'A Promise Renewed Report', Sierra Leone still had the highest under-five mortality rate in the world.

Complete Expanded Programme of Immunisation (EPI) routine coverage increased to 68 percent (DHS 2013). In August 2013, WHO officially declared that Sierra Leone had eliminated maternal and neonatal tetanus. A new vaccine (HPV) was introduced in one district, targeting all nine-year girls. UNICEF provided support in the establishment of the 'Scaling Up Nutrition' (SUN) Secretariat housed in the Vice-President's Office.

This year the Ministry of Education developed the Education Sector Plan (2014-2018) and finalised a curriculum framework (focussing on education as a driver for social cohesion) with support from UNICEF. A National Social Protection Secretariat was established under leadership of the Chief of Staff (President's Office) with support from UNICEF and the World Bank to coordinate all social protection programmes and implement a cash transfer scheme for extremely poor households.

The President launched a flagship National Strategy for Reduction of Teenage Pregnancy, and a national secretariat was established with support from UNICEF.

Despite this progress, acute shortages of required expertise and poor motivation pervade Government institutions and lead to corruption. Sierra Leone was designated as the most corrupt country in the world by Transparency International's 2013 Global Corruption Barometer. For example, despite official abolishment of school fees in 2002/03, households enrolling their children in public schools still pay unofficial fees.

As coordinating agency for the Global Partnership for Education and member of Management Committee of the CCM of the Global Fund, UNICEF ensured continued operation and additional funding from these global programmes in a high-risk environment.

The scale-up of peripheral health units (PHUs) providing treatment for severe acute malnutrition (SAM) did not take place and was deferred to 2014. Locally made household latrines promoted through the CLTS programme in some cases have sub-optimal durability in Sierra Leone's intense rains. The CLTS programme is working with communities to use more durable, locally affordable materials to enable them to remain Open Defecation Free.

Country Situation as Affecting Children & Women

Sierra Leone has had a decade of good economic growth. The proportion of people living in (income) poverty decreased from 66 per cent to 53 per cent between 2003 and 2011. Poverty is higher in rural areas, but during the same period, it increased in the capital, Freetown, from 14 per cent to 21 per cent. The country is off-track for most MDGs.

MDG 1

Poverty - There are about 860,000 extremely poor people in Sierra Leone. Many of the poor households are labour-constrained with children, the elderly, disabled and chronically ill people. The Social Protection System, through Common Targeting Mechanisms developed in 2013, should enhance Government's capacity to protect the poor and other vulnerable groups.

Nutrition - Wasting among children aged under five years is 9.3 per cent, contributing significantly to child deaths. About 37.9 per cent of under-five children are stunted. Major barriers to better nutrition for children in Sierra Leone are socio-cultural practices and lack of knowledge on proper feeding. UNICEF and partners will need to intensify efforts to improve early detection and treatment of wasting and to help caregivers to have better knowledge on feeding children.

MDG 2

Education - Although primary education is free and compulsory, Universal Primary Education has not been achieved. More than half of children start school late and 22 per cent of children aged 6-14 years of age are out of school, especially the poorest. After three years of schooling, a majority of children do not know the alphabet. About 52 per cent of primary school teachers are not qualified. UNICEF and partners support incentives for six-year-old children to start school on time, teacher training and curriculum development to improve education quality.

Opportunity in Junior Secondary Schools (JSS) is severely limited, with only 995 JSS schools taking pupils coming out of 5,932 primary schools. About 58 per cent of JSS in rural areas are more than one hour away from home, leading many children to drop out of school. Significant additional investments in the new Education Sector Plan are required in order to improve access and quality of basic education.

MDG 3

Gender - Enrolment of girls in school drops sharply as they enter child-bearing age. Parents and carers may be reluctant to allow, or unable to afford, long distance travel or boarding school for the girls. Although transition rates from primary to secondary school are at 77 per cent, less than 50 per cent of girls transit to JSS and only 50 per cent of those complete it.

By age 18, about 47 per cent of girls have begun child bearing. About 16 per cent of women aged 15-49 are married before reaching 15 years of age. Teenage pregnancy and child marriage are causes of maternal deaths and drop out from school. Poverty, social norms and low education contribute to teenage pregnancy and child marriage.

The prevalence of female genital cutting is high at 89.6 per cent. Higher education and declining poverty are determinants of decline in female genital cutting. Traditional harmful practices against females are prevalent. Additional efforts through C4D will be required.

MDG 4

While child mortality has recently declined it remains among the highest in the world, due to malnutrition and insufficient quality treatment for childhood illnesses such as malaria, pneumonia and diarrhoea. The scaling-up of high-impact, low-cost health interventions delivered by community health workers (CHWs) will remain a priority, combined with reduction of stock-outs of free health care drugs. Immunisation rates are relatively high, but there is a significant rate of drop-out for multiple-dose vaccines. Human resources as well as functional cold chain storage capacity remain key bottlenecks.

MDG 5

Sierra Leone has one of the highest maternal mortality rates in the world at 857 per 100,000 live births in 2008, caused primarily by haemorrhage, sepsis, hypertensive disorders, unsafe abortion and prolonged or obstructed labour. Teenage maternal deaths account for 40 per cent of these deaths. Most of the causes are preventable but interventions needed for mortality reduction are not yet being implemented at scale, such as skilled birth attendance, facility deliveries, emergency obstetric and new-born care and family planning.

MDG 6

HIV prevalence has stabilized at 1.5 per cent of the general population, with a higher prevalence in urban areas compared to rural areas. There are an estimated 58,000 people living with HIV in Sierra Leone, of whom 5,800 are children. Amongst 1,200 health facilities, only 131 provide ARV treatment; 687 provide PMTCT services. Only 19 out of 131 hospitals provide HIV paediatric care. Early infant diagnosis would enable timely identification and treatment of infants. Sierra Leone is willing to be the first African country to implement the Test for All, Treatment for All Strategy.

MDG 7

About 57.1 per cent of households use improved drinking water sources, while about 20 per cent require 30 minutes or more to obtain drinking water, with women and girls bearing the greatest burdens. Only 19.7 per cent of the poorest wealth quintile has access to improved water sources, compared to 89.6 per cent of the richest quintile. Clean water and hygiene in schools and health facilities is inadequate.

Only 12.8 per cent of the population has access to improved sanitation facilities. Important bottlenecks include inadequate water infrastructure, poor maintenance of water points and practices that are unhygienic. UNICEF works with Government and partners to improve basic water and sanitation facilities and Community Led Total Sanitation (CLTS) in rural districts. The limited number of functional WASH district offices and weak sustainability of community engagement for ODF remain key issues.

UNICEF and partners undertook an analysis of bottlenecks. Indicators to monitor these bottlenecks have been outlined in a MoRES framework, and some information on these indicators is being collected for education, nutrition, health, and WASH programmes. An action plan for strengthening decentralised monitoring was being finalised at end-2013.

Country Programme Analytical Overview

During the year the Country Programme contributed to addressing identified barriers and bottlenecks for enabling the children (particularly most disadvantaged) to realise their rights.

The country's new Poverty Reduction Strategy Paper (2013-2018) – *Agenda for Prosperity* - was launched in June 2013. Representing the development partners, UNICEF provided technical support for design of the Human Development, Gender and Social Protection pillars of the Agenda for Prosperity.

A Social Protection Secretariat was established with the support of UNICEF and the World Bank to coordinate the implementation of cash transfers for extremely poor households and other social protection programmes.

Under the Free Health Care Initiative (FHCI), UNICEF worked with the Ministry of Health and Sanitation and partners to build capacity of the health system through pre-service and in-service training and supportive supervision. Nurses, midwives, maternal-child health aides and CHWs were deployed to reduce geographical barriers to health care. Rehabilitation and construction of health clinics and hospitals was stepped up to improve quality. Bi-annual Maternal and Child Health Weeks reached most households and included immunisation default tracing to ensure all children are vaccinated.

Integrated Community Case Management (iCCM) of malaria, pneumonia and diarrhoea and Community Management of Acute Malnutrition (CMAM) are being scaled up. FHCI for children below five years of age and pregnant and lactating mothers has reduced financial barriers to health services and increased access to essential and lifesaving drugs. To reach universal access to long-lasting insecticide-treated bed nets (LLINs), a mass campaign of LLIN distribution is planned for 2014 and procurement of LLIN was in progress in late 2013.

UNICEF supported the Government in the development of a new Education Sector Plan (2014–2018). Furthermore, assistance was provided in the development of the National Curriculum for Basic Education, a first step towards major curriculum reform. Baseline research on early grade reading skills was completed and the teacher training programme was developed based on the findings. Hygiene, health and sanitation was integrated in pre-service and in-service teacher training. In 2013 UNICEF commenced support for households, mother support groups and schools through a cash and school uniform incentive scheme to ensure that children six years of age are enrolled in Class 1.

Gender & Girls' vulnerability: UNICEF worked with Government and partners to develop a national strategy for reduction of teenage pregnancy, which was launched by the President in 2013. UNICEF also supports teenage mothers through life-skills training and funds for income-generating activities, reaching more than 6,000 adolescent girls through 200 clubs in four districts. UNICEF supported policy development for an

effective child protection system, including the draft Alternative Care Policy and enactment of the Sexual Offences Act.

Major strategic changes are not expected in the Country Programme in 2014. However, a new Country Programme for 2015-19 is being developed.

Humanitarian Assistance

Emergency Preparedness & Response – The 2012 cholera outbreak, which affected 12 out of 13 districts, with 22,740 recorded cases and 294 deaths, was interrupted in 2013. From January 2013 to date, only 377 cases and two deaths from cholera (Fatality Rate 0.5 per cent) were reported by the Ministry of Health and Sanitation (MoHS). UNICEF and other partners supported the GoSL to implement cholera preparedness, prevention and targeted responses in cholera hotspot districts. Prevention and/or control of cholera was incorporated into rural WASH activities; specifically, by increasing access to safe water and sanitation, promoting hygiene and mobilising communities. Other actions taken included an increased access to chlorinated drinking water, preventing the spread of the disease through WASH in PHUs, improving water quality monitoring, stockpiling of emergency medicines and supplies, promoting hygiene and strengthening coordination, preparedness and early-warning mechanisms. UNICEF and other partners provided guidance to the Ministry of Health and Sanitation on the development of a multi-sector, multi-year cholera preparedness and response plan, and also facilitated district-level cholera preparedness and response micro-plans. Communication activities used radio, print, mobile phone and TV media and mobilised communities to encourage proper hygiene behaviour.

Effective Advocacy

Fully met benchmarks

During the MDG 1,000 Days special meeting by Development Partners Committee (DEPAC) and Government ministers chaired by the Minister of Finance, UNICEF introduced a one-page pamphlet “The Final 1,000 Days of the MDGs: Accelerating Progress for Children in Sierra Leone” highlighting priorities for senior policy makers.

During the many different national celebrations and ‘special day’ commemorations (Day of the African Child, Anniversary of Free Health Care, Maternal and Child Health Week, Girls Education Week, World Water Day, Global Hand-Washing Day etc.). UNICEF actively participated and on several occasions (co-)organised the events. Advocacy material and briefings, including speeches and press releases were disseminated. On most occasions these were picked up by print media and also reported on broadcast media.

During the launch of the two polio campaigns, UNICEF advocated, in particular, for pockets of groups refusing the vaccination to participate. At a forum with all stakeholders present UNICEF advocated for the implementation of an international code of marketing of breast milk substitutes and against the misuse of therapeutic food for malnourished children. The key messages and human interest stories were also reflected on the UNICEF Sierra Leone Facebook page and twitter account, which were updated on a weekly basis.

A series of advocacy videos on (i) Education & Peacebuilding (teacher training); (ii) distribution of Free Health Care drugs; (iii) End Violence campaign; and (iv) video clips in support of World Aids Day were developed and disseminated. The videos were repeatedly broadcast on local TV. Videos were also shared with the Regional Office and Headquarters and published on Facebook and the UNICEF Sierra Leone Youtube account.

Capacity Development

Fully met benchmarks

Given the transitioning of Sierra Leone from post-conflict to development status, the nature of UNICEF’s engagement is rapidly evolving. UNICEF is serving less as a substitute for Government in undertaking service

delivery, and in 2013 has been more focussed on capacity development.

A notable shift is the procurement of medicines under the Free Health Care Initiative. Since its inception in 2010 UNICEF has been procuring the majority of FHCI drugs, and has worked with the Central Medical Store to distribute the supplies to all public health facilities in the country. The transition to a Government-owned system is becoming concrete. The National Pharmaceutical Procurement Unit (NPPU) started its operations as of April 2013. During the first three years of the NPPU's operations, Crown Agents will support the Government to take over procurement and distribution of all drugs and medical supplies in Sierra Leone

UNICEF expanded its partnership with the Liverpool School of Tropical Medicine to provide high-quality, competency-based training in emergency obstetric and new-born care (EmONC). A total of 357 health personnel were trained in EmONC. UNICEF supported 13 district-based schools for MCH aides, with a new cohort of 750 students enrolled for 2013/14.

Five doctors were supported to complete post-graduate training (Paediatrics and Gynaecology & Obstetrics) in Ghana. UNICEF supported the training of 39 health workers in the use of the FT2 fridges tags.

Seventy-six local council officials were trained on child rights programming. Modules on gender-based violence (GBV) and sexual and reproductive health were included in routine CHW training, reaching 65 health workers, and 2,454 community health workers.

Training curricula for police (modules on Gender, SGBV, Child Justice) and revision of standard operating procedures (SOPs) for sexual and gender-based violence (SGBV) was finalised. Nine-hundred police officers out of 12,000 were trained on SGBV case management.

A school clusters monitoring framework was developed. Some 468 schools were monitored using the framework. Thirty-four district-based facilitators were trained on cluster monitoring and supervision, who later trained 348 head teachers, 438 deputies, 64 new monitors and 23 coordinators.

Access to Early Childhood Development (ECD) programmes is grossly limited in Sierra Leone, particularly for children from poor and urban areas. In this regard, the Country Office, in collaboration with the Regional Office and relevant Government ministries, departments and agencies (MDAs), supported Statistics Sierra Leone to conduct a survey on Social Norms and Parenting Practices in the country. The survey report was disseminated to stakeholders, including the ECD steering committee. As a follow-up to the survey, an ECD Costing Models workshop was organised involving participation of a wide range of stakeholders, including civil society organisations and relevant Government MDAs. Eights scenarios were costed, and UNICEF is supporting the Ministry of Education, Science and Technology (MEST) to facilitate a debriefing session on the outcomes of the costing workshop. This process is the basis for a sustainable and affordable ECD programme for the country.

Forty-five UNICEF staff and 80 implementing partners were trained on HACT.

Four Government staff were trained on social protection in Mombasa/Kenya. They have, in turn, trained 82 other staff on social protection, in collaboration with the UNICEF Regional Office.

Communication for Development

Mostly met benchmarks

C4D supported the development of a training package for Wi Pikin, unique groups of community women whose main responsibilities are to support the efforts of the Government of Sierra Leone in promoting access, retention and completion of school by children, as well as to facilitate their protection, health and sanitation, especially girls. The manual will enhance the knowledge and skills of these women in the six universal, interconnected needs of children: relationships, education (including Early Childhood Development, ECD), safety and child protection, nutrition, WASH (including health and sanitation) and psychosocial functioning (including play and income generation). C4D supported social mobilisation for three Mother and Child Health (MCH) Weeks in January, May and December, in collaboration with other partners such as WHO, Helen Keller,

Rotary, and the Health Education Division of the Ministry of Health and Sanitation (MoHS).

C4D spearheaded the development of a Participatory Community Monitoring and Accountability framework, and the training of a core team of facilitators on implementation of the framework from line ministries such as MoHS, Ministry of Finance and Economic Development, Ministry of Education, Science and Technology, Local Councils, and key Implementing Partners including CAUSE Canada, Development Initiative Programme (DIP), and Counterparts in Rehabilitation and Development in Sierra Leone (CORD-SL).

C4D supported the evaluation of 51 'radio listener' groups established by Search for Common Ground to address Basic Education issue of girls education, out of school and vulnerable children, code of conduct for teachers and relevance of reading. Also, in support of the basic education section C4D spearheaded the training of trainers in the use of theatre to build the capacity of adolescent groups to engage parents and school administration on corporal punishment, alternative forms of discipline, code of conduct for teachers and out-of-school and vulnerable children.

The Child Protection programme shared children's perspectives on harmful traditional practices with Members of Parliament and the Office of First Lady during the commemoration of the Day of the African Child. This was the culmination of a consultative children's conference involving 73 children, where a position paper was collectively developed on harmful traditional practices.

Public awareness and resolve to prevent violence against children was improved with training of 72 Muslim and Christian religious leaders. A two-day workshop in four regions resulted in organised special prayers, radio and TV discussions on ending violence against children. Regional Action plans and a Communique were submitted to the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA); the Inter-Religious Council and Council of Churches are overseeing implementation.

This year's celebration of the International Day of the Girl-Child focused on an adaptation of the Global theme (Innovate to Educate) in Sierra Leone, which was "Do it differently! Promote quality education for girls." The highlight of the celebration was partnership development that involved using women in media to "give voices" to girls, especially those from vulnerable and disadvantaged families and communities.

Service Delivery

Mostly met benchmarks

The Free Health Care Initiative continues to be a major flagship initiative to improve access to and provide quality care to children under five, pregnant and breastfeeding women. Stock-outs in health commodities were reduced by quarterly supply of medicines and monthly monitoring of their utilisation in health facilities.

The presence of Community Health Workers was expanded from four to 10 districts in 2013. Treatment for malaria (155,523 cases), pneumonia (58,581 cases) and diarrhoea (73,367 cases) was given to children under five at the community level.

Two rounds of Maternal and Child Health Week (coverage >90 per cent) were implemented, resulting in delivering high-impact interventions (vitamin A, deworming, polio vaccination, malnutrition screening, HIV testing for pregnant women). Of 52,952 pregnant women tested, 573 were positive.

The HPV vaccine was introduced in September, targeting girls aged nine. It was introduced as a pilot in one district and two rounds were implemented (coverage > 95 per cent).

Between January and September there were 24,941 new SAM admissions with an 84 per cent cure rate, 2 per cent death rate and 8 per cent defaulter rate.

Nineteen hospitals were accredited to provide Early Infant Diagnosis (EID). Some 1,117 children were tested using the EID protocol, of whom 110 tested positive).

In the scale-up of CLTS, a total of 1,283 communities, with a population of 256,600, were triggered and 687 communities (137,400 people) were declared Open Defecation Free (ODF). Follow-up on hand-washing with soap promotion and monitoring, targeting villages declared ODF was completed in 2,547 villages. Households in 687 villages were verified to have installed and be regularly utilising hand-washing facilities in their respective toilets.

Implementation of the hand pumps spares supply chain commenced, with 843 villages during 2013 having set-up financial capacity and committees to repair and maintain their water points.

5,712 school health club members in 476 primary schools were trained in School Sanitation and Hygiene Education/School-Led Total Sanitation (SLTS); 119,000 pupils promote sanitation and hygiene in their schools and communities.

1,048 school catchment communities were triggered through community approaches to total sanitation (CATS) of which 785 school catchment communities were practicing ODF through SLTS. A first round of cluster monitoring was conducted in 468 schools in November 2013.

Some 481 adolescent girls were provided with socio-economic support through 10 adolescent-friendly clubs that provide life-skills education and livelihood and micro-finance services in Port Loko district.

Family tracing and reunification networks were established in 14 districts.

Activities to increase school enrolment were implemented in six districts, targeting 20,040 six-year old vulnerable children who are at risk of not being enrolled in school. In addition, 56,000 pupils in 224 primary schools had access to and use of child-friendly WASH facilities.

16,200 girls are presently enrolled in a mentoring programme in 270 primary and junior secondary schools in 10 districts. Of those, 12,022 girls had successfully progressed to the next class level at the beginning of 2013 school year, including 877 that transited to junior secondary school from primary school. Some 8,100 girls in the 270 primary and JSS were providing peer-to-peer counselling in the target schools and communities.

Strategic Partnerships

Fully met benchmarks

UNICEF is a member of the Development Partners Committee, chaired by the Minister of Finance. In October 2013, the DEPAAC agreed on a Mutual Accountability Framework, which emerged from the New Deal and will guide the Government/international community with regard to building mutual trust by providing aid and managing resources more effectively and aligning these resources for results. It should enhance transparency, risk management to use country systems, strengthen national capacities and timeliness of aid and improve the speed and predictability of funding to achieve better results.

During the process of developing the new PRSP, UNICEF represented the development partners for the Human Development and Social Protection pillars convened by Government MDAs.

The Country Office continued to lead the Development Partners Group in Education, together with the Ministry of Education. Its coordinating role ensured that the Education Sector Plan (2014-2017) was developed, and facilitated the development of the Global Partnership for Education Programme grant application that yielded Sierra Leone US\$17.9 million.

Government and partners collaborated in support of child protection priorities through the establishment of the Teenage Pregnancy Secretariat, Justice Sector Coordinating Office and Child Protection Coordinating Committees at national and sub-national level. These partnerships resulted in finalisation of the Teenage

Pregnancy Reduction and Child Justice Strategies, as well as Child Welfare and Alternative Care policies.

Strategic partnerships were established with 72 religious leaders from Muslim and Christian faiths, culminating in a national day of prayer and two regional consultations that resulted in action plans to reduce violence against children, with follow-up discussions on radio and television.

As member of Management Committee of the CCM of the Global Fund, UNICEF actively engaged with all stakeholders to ensure continued operation and additional funding from this global programme.

The Country Office, in partnership with four implementing partners (IPs) – IRC, Save the Children, World Hope International and Childfund – supported the MoHS to coordinate and scale up community health initiatives in the country both at community and national level.

UNICEF supported the establishment of District Social Mobilisation Committees in 13 Districts, comprising local councils, civil society organisations, religious, traditional leaders and media institutions to consolidate communication plans and network all levels of information for dissemination purposes and advocacy to promote behaviour and social change.

The Country Office worked with community groups (Wi Pikin) and structures (child welfare committees, school management committees) to promote the education, nutrition, protection and well-being of children. UNICEF supported the establishment of 148 adolescent theatre groups across the country to engage parents and school administrators on corporal punishment, alternative forms of discipline, code of conduct for teachers and out-of-school and vulnerable children.

The Country Office was in contact with the Dutch, Icelandic, German, Swedish, Polish, UK, US Fund, Slovenian, Norwegian, Australian NatComs and PFP Geneva in 2013. The Country Office prepared, facilitated and accompanied visits of the NatComs as well as:

- 1 DfID review
- PFP Geneva TV crew
- Schools for Africa film team
- Videos on FHC drug distribution, teacher training, Christmas at the Happy Centre, Peace Education in Pujehun, End Violence.

Knowledge Management

Mostly met benchmarks

The Office conducted eight studies in 2013, and also planned to conduct a MICS. However, since a DHS was also conducted, a decision was made at country level to postpone the MICS to 2015. Sierra Leone will also conduct a census in 2014.

The Country Office is supporting the Ministry of Finance and Economic Development (MoFED) to develop two interactive maps: mapping of hard-to-reach areas and of NGO/CBO interventions in the country. These mapping activities contribute to UNICEF's equity agenda and the Government's Agenda for Prosperity (PRSP) by providing relevant information on disadvantaged populations and development programmes in the country. The CO is also supporting the Office of the Chief Staff (OCoS) and the Performance Management and Service Delivery (PMSD) Unit at the State House to construct a web-based information system to monitor service delivery and performance of duty-bearers at the macro level. As a consequence, service providers can be made accountable for services delivered at the decentralised level, which has implications for children's enjoyment of their rights.

In preparation for the Strategic Moment of Reflection, the Office developed three-pagers on the key programme areas highlighting Issues-Actions-Impact-Next Steps. These programme briefs will be used for advocacy and fund-raising.

The CO is in the process of developing a situation analysis (SitAn) in preparation for the development of the 2015-2019 Country Programme. In addition to the overall SitAn, a number of thematic studies will be undertaken: Urban WASH, adolescent behaviours and opportunities, decentralised development and service delivery and community financing.

The CO has a Knowledge Management (KM) Committee. Each section has a KM focal point who is a member of the KM Committee. The KM Committee takes the lead in storing and sharing knowledge internally and externally. The Office maintains 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, encouraging all staff to share knowledge office-wide.

Human Rights Based Approach to Cooperation

Fully met benchmarks

UNICEF supported the Decentralisation Secretariat, through the Local Government Finance Department, to elect 24 ward committee members in the Moyamba District that are properly constituted (five men and five women) and representative of their communities. The skills of the ward committees and council staff were strengthened to enhance planning and coordinate development activities at the sub-national level. An expected outcome of the skills-strengthening of these councils is to enhance their functionality in leveraging resources and delivering on results. This support was given to generate evidence on how micro-planning at Ward level can influence district level plans. This will be followed up with an assessment of the content of the district plans in 2014. It will also be followed up with a quick assessment, comparing Moyamba district and another district (of similar poverty levels) that did not conduct micro-planning, to gauge the effects of micro-planning in improving ward-level development interventions.

Responding to challenges around communities holding service providers accountable for their actions and increasing their participation in humanitarian programme delivery, UNICEF in collaboration with the MoFED, and the OCoS trained staff from 30 civil society organisations, including the local councils, to facilitate the Participatory Community Monitoring and Accountability (PCM&A) framework using Community Scorecards. The PCMA framework (a social audit tool) was implemented in six communities in two districts (Moyamba and Port Loko Districts) in the country. This process was followed by interface meetings between service providers and community members, during which each of the six communities developed their action plans for resolving bottlenecks to communities' access and utilisation of services. The community action plans will be monitored and interventions scaled up in other communities and districts around the country.

The Country Office supported the MSWGCA to prepare the combined 3rd, 4th and 5th country reports on the implementation of the Convention on the Rights of the Child. The report was submitted to the Committee on the Rights of the Child in Geneva in May 2013.

Inputs were made to concerns raised by the UN Human Rights Committee during its 108th session in relation to monitoring progress against the International Covenant on Civil and Political Rights. As a result, the Committee's concluding observations were more child-focused and included key child protection priorities. Inputs were made on conflict-related sexual violence, in preparation for the drafting of the Secretary General's Report for Sexual Violence in Conflict annual report to the Security Council, in compliance with resolution 1960 (2010) on Women, Peace and Security.

Gender Equality

Fully met benchmarks

One of the eight pillars of the new PRSP is specifically on gender, and gender issues are considered to be cross-cutting in all other pillars. UNICEF was actively engaged in the Gender Pillar Working Group.

Throughout 2013 UNICEF highlighted the urgent need for social change strategies to promote a violence-free environment for children and women, which addresses child (sexual) abuse, teenage pregnancy, early marriage, corporal punishment, female genital cutting and other harmful practices. The MDGs will not be met if these negative practices are not addressed.

In collaboration with UNFPA and UNWOMEN, UNICEF convened a national workshop on the Health Implications of Female Genital Mutilation (FGM) in Sierra Leone.

Support was given to address the vulnerability of women and children to violence and the National Referral Protocol for Victims of GBV was launched. It defines the roles and responsibilities of formal and informal providers of support to all GBV victims. Advocacy with the Ministry of Health and Sanitation for free medical care and examinations resulted in the Minister sending a directive; however, implementation at Peripheral Health Units has proven problematic.

A National Strategy for the Reduction of Teenage Pregnancy was launched by the country's President. With support from UNFPA and UNICEF, a National Secretariat was established. Support was provided for the development of M&E and Communication Strategy and the strategy was costed.

Environmental Sustainability

Mostly met benchmarks

The Government is making effort to improve environmental sustainability. However, due to inadequate management of dumping sites, particularly un-compacted dumpsites, some waste still finds its way back to the environment thus threatening individual health, air quality and the water supply. In other parts of the country, small-scale diamond mining activities have led to clearing and digging up vegetated areas. Water collects and stagnates in the dug-out areas contributing to health hazards, potentially increasing the incidence of malaria and other water-borne diseases. In cities, poor urban sanitation, characterized by poor drainage (specifically spillage of raw sewage onto open footpaths and the sea) is contributing to an unsafe environment.

UNICEF, in collaboration with other UN agencies and NGOs, is advocating and lobbying the Government to improve environmental sustainability. UNICEF has incorporated environmental concerns into its wider programme areas: WASH, health, education and emergency interventions include various measures to promote safe environments. For example, siting of water points and sanitation facilities both in schools and community take into account preventive measures to reduce possible local environmental degradation, including faecal contamination of ground and surface water supply. The management of health waste is integrated into overall health facilities' improvements, while children in schools and communities are consistently being sensitised on ways to promote environmental sustainability. UNICEF is supporting the Government in development and implementation of pro-environment sustainability policies and strategies, particularly for urban areas.

South-South and Triangular Cooperation

A South-South cooperation activity was carried out with the Burundi Country Office, which loaned SLCO an innovations expert to identify potential and innovative solutions to enhance programming. The expert met with different sections, and discussed bottlenecks and potential innovations that could be modelled and taken to scale to overcome them.

UNICEF supported the MoHS to support five medical doctors to complete their post-graduate training (in Paediatrics and Gynaecology and Obstetrics) in Ghana.

UNICEF strategically engaged with Airtel Mobile Phone Company, through its implementing partner Innovations for Poverty Action (IPA), to pilot the use of SmS technology for reporting child abuse and the situation of children in Pujehun and Moyamba Districts.

Four staff from MDAs (MoFED, OCoS, the State House, the National Commission for Social Action (NaCSA) and the MSWGCA) were trained on Social Protection in Mombasa, Kenya. These are resource persons that then trained 25 MDA staff on Social Protection. In addition, 57 Local Council staff were trained on Social Protection in a collaboration with the Nigeria Country Office and UNICEF Regional Office.

UNICEF supported a feasibility assessment by an expert from Rwanda (a staff in the Rwandese Civil Service who has implemented a Performance System for the Rwandan Government) to advise the Government of Sierra Leone on how to design a Performance Management Information System to enable real-time reporting on key performance targets. A detailed plan and budget to institute a Performance Management Information System was under preparation in late 2013.

Narrative Analysis by Programme Component Results and Intermediate Results

Sierra Leone - 3900

PC 1 - Child Survival and Development

 Constrained

PCR 3900/A0/06/001 By 2014, under-fives, children, adolescents and women of child bearing age utilize essential high impact child survival and development services (prevention, treatment and care)

Progress:

The Child Survival and Development (CSD) programme contributed to the national target of reducing under-five and maternal mortality rates (U5MR and MMR, respectively) by one third by 2015 and to UNDAF outcomes 3 and 5. The programme continued to support the implementation of the Reproductive, New-born and Child Health strategic plan and the National Health Sector Strategic Plan at national level and through the comprehensive district plans developed in close collaboration with district councils.

Support for delivery of the Basic Package of Essential Services, which started in 2008, continued during 2013. The package continued to focus on evidence-based, low-cost, high-impact interventions, including but not limited to: exclusive breast feeding (EBF), hand-washing, use of long-lasting insecticide-treated nets (LLITNs), community case management of malaria, pneumonia and diarrhoea and screening and treatment for malnutrition at community and facility levels. At facility level the programme prioritised integrated management of child and new-born illnesses (IMNCI), with a special focus on early treatment of pneumonia and malaria and EmONC. This was supplemented by bi-annual maternal and child health weeks (MCHW), integrated campaigns to include immunisation, deworming, Vitamin A, ITN distribution, routine immunisation and information, education and communication (IEC) messages for priority interventions.

The programme has continuously supported Government efforts to provide free health care to children under five and pregnant and breastfeeding women. This has contributed to an increase in the utilisation of services by children under five and pregnant women in Sierra Leone.

Data available on indicators measuring interventions supported by UNICEF from the recent round of DHS conducted in 2013, indicate a substantial improvement attained as a result of this support. These interventions include: antenatal care; post natal care; facility deliveries; skilled birth attendance; and the 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 centres); support in the procurement, freight and distribution of essential medicine, vaccines, and RUTF, in addition to institutional support to the procurement and supply management system.

 On-track

IR 3900/A0/06/001/001 Increased capacity of PHUs and hospitals to deliver a package of high impact health interventions for mothers, new-born and under 5 children with special focus on gender equality and the most vulnerable by 2014.

Progress:

Through its Country Programme for 2013-2014, UNICEF and its development partners have continued to support the MoHS in its effort to improve the health of women and children through an effective and efficient health care delivery system. Rehabilitation of health infrastructure, staff capacity development, provision of essential drugs and commodities and medical equipment were all enhanced. MoHS, with the support of UNICEF, introduced a systematic on-the-job training (OJT) in all the districts, targeting all health workers, conducted by District Health Management Teams (DHMT) with support from central level. UNICEF contracted two institutions to support this effort: VSO, which deployed 14 health professionals, one in each DHMT, and the Liverpool School of Tropical Medicine (LSTM), which provided technical expertise to implement and monitor the OJT. Some 262 health workers were trained as trainers using the revised modules. In addition UNICEF has supported the MoHS to train a total of 448 health care providers in Emergency Obstetric & Neonatal Care.

UNICEF continued its support to the pre-service training of MCH Aides. A new cohort of 750 was enrolled in January 2013 and is expected to complete their training in December 2014. LSTM was contracted to support the MOHS to improve quality of training to ensure that the MCH Aides are qualified as skilled birth attendants after two years of training.

In 2013 UNICEF supported the MoHS to complete the construction of four basic emergency obstetric and neonatal centres (BEmONCs) and three paediatric hospitals. In addition, the process of building a new maternity-paediatric complex in Kailahun was begun, with an architecture design and BoQs already completed.

Routine EPI programme coverage improved from 86 per cent and 91 per cent in 2011, for measles and pentavalent 3, respectively, to 92 per cent and 99 per cent at the end of 2012 (data for 2013 from HMIS were not available at the time of this reporting).

 On-track

IR 3900/A0/06/001/002 Increased capacity to deliver high impact community based health interventions for women, new-born and under 5 children with special focus on gender equality and the most vulnerable, country wide by 2014

Progress: High-impact, low-cost health interventions delivered by a Community Health Worker at the community level were scaled up from districts to 10 districts, with 6,597 new CHWs trained (3,087 on the full package of iCCM and MNH and 3,510 on MNH only) in

2013. This brings the number to a total of 8,597 CHWs deployed in the whole country to deliver life-saving interventions to hard-to-reach populations. In addition, 1,910 CHWs in two districts were trained and equipped in the use of RDTs for diagnosis of malaria. By end-2013, six districts were delivering the full package, including maternal and new-born interventions and iCCM for malaria, pneumonia and diarrhoea in under-five children, while four districts were only implementing MNH interventions, but were in the process of completing the package. The MoHS strengthened the coordination mechanisms by establishing the community-based interventions Working Group, chaired by the Director of Primary Health Care.

Three rounds of Maternal and Child Health Week (January, May and December 2013) were implemented with coverage of more than 90 per cent for all key interventions, which included Polio vaccination, vitamin A, deworming with Albendazole tablets, screening for malnutrition and defaulter tracing for routine immunisation. The country implemented 34 stand-alone polio NIDs (February, April, October), that were synchronised with neighbouring countries.

The last confirmed case of wild polio virus in Sierra Leone was in February 2010. In August 2013, WHO declared officially that Sierra Leone had eliminated Maternal and Neonatal Tetanus (MNT). The programme was expanded with one more vaccine, HPV, which was introduced as a pilot in one district (Bo) targeting all girls of nine years of age. Two rounds were conducted successfully with a coverage of above 95 per cent. UNICEF supported decentralised monitoring in four districts, including district reviews and LQAS.

 On-track

IR 3900/A0/06/001/003 Enhanced capacity of MOHS to undertake forecasting, procurement and supply chain management for essential drugs and medical supplies by 2014

Progress: UNICEF continued to support the MoHS to procure and distribute essential medicines and consumables for the FHCI. In 2013, the proportion of health facilities without stock-outs of life-saving commodities was estimated at 75 per cent, a notable improvement over 2012. The total value of supplies procured by UNICEF in 2013 was estimated at US\$25,616,904.

UNICEF continued to support 14 District Logistic and one Central Logistic Officers to support the MoHS in managing the drugs at all levels. Capacity building of the DHMTs and other staff in charge of health commodities was supported in all districts.

Notable results were achieved; integrated distribution planning led to a greater number and quantities of supplies to the PHUs; improved CMS warehouse management and capacity of 40 percent, by securing purpose warehouse close to port; an increased adherence to the roles and responsibilities of the Risk Matrix ensured transparent and widely informed knowledge and information about distribution; and referring to forecasts as indicators of progress throughout the year and service level provided.

In addition to procurement of drugs for the FHCI, UNICEF also supported the procurement of other supplies, such as LLINs for routine distribution to pregnant women in ANC and 1.7 million LLINs for the universal campaign planned for May 2014. UNICEF also supported the distribution of malaria supplies procured by GFATM. UNICEF funded and procured all the traditional bundled vaccines (BCG, OPV, Measles and TT) and procured on behalf of GAVI all other bundled vaccines (Pentavalent vaccine, PCV, HPV and Yellow Fever vaccines).

UNICEF supported the MoHS to establish a National Pharmaceutical Procurement Unit (NPPU). Crown Agents, an international agency, was contracted by UNICEF to support the MoHS in the process of establishing and launching the NPPU. Under the management of Crown Agents, the NPPU is expected to take over its functions for the procurement and Supply Management (including warehousing and distribution) in April 2014.

UNICEF maintained the partnership with HFAC, a local civil society organisation, to monitor FHCI drug distribution, including RUTF, to ensure end-user monitoring of FHCI drugs at district, chiefdom and community levels.

 Constrained

IR 3900/A0/06/001/004 Increased coverage and quality of treatment of Severe Acute Malnutrition with special focus on hard to reach areas

Progress: UNICEF provided technical and financial support to the MoHS and partners to increase capacity of health workers to deliver quality treatment services for treatment for severe acute malnutrition through training and on-the-job mentoring of health workers in 426 Outpatient Therapeutic Programme (OTP) sites; 352 out of 426 (82 per cent) of OTPs in the country received at least one on-the-job mentoring visit. A total of 6,124 CHWs were trained and supported for screening and referral of acute malnutrition at community level.

A total of 24,941 children under-five suffering from SAM were admitted to the CMAM programme with > 80 per cent cure rate, 2 per cent death rate and 7 per cent defaulter rate (which is within expected international quality standards). In collaboration with the MoHS it was agreed to postpone implementation of the national CMAM coverage survey to 2014 and focus on strengthening the quality of and access to treatment of SAM.

UNICEF provided essential supplies (RUTF, F-17, F-100, ReSoMAL and drugs) for management of SAM to all 426 sites providing SAM treatment services in the country. UNICEF also supported the MoHS in improving the supply chain for these essential supplies.

The national protocol for management of SAM was updated to reflect the most recent WHO recommendations of management of SAM and Western and Central Africa Regional consensus by a joint team comprised of government health workers, training institutions, UNICEF, WHO and non-governmental organisations (NGOs). A total of 30 health workers were trained as master trainers for management of SAM, using the revised protocol with an increased focus on quality of treatment.

UNICEF collaborated with WFP to ensure a continuum of care for SAM treatment and provision of services for moderate acute malnourished children through WFP's Supplementary Feeding Programme.

 Constrained

IR 3900/A0/06/001/005 Improved Infant and Young Child Feeding practices with a special focus on mothers of children under two including micronutrient interventions

Progress: UNICEF supported training of 1,948 women as community counsellors on infant and young child feeding (IYCF) practices. They in turn provided counselling services to more than 10,000 mothers of children under two years of age in 2,280 communities.

In collaboration with Helen Keller International and MoHS, UNICEF supported capacity building for the integrated Nutrition and Health Package training for 80 District Health Management Team members, who were trained as trainer of trainers. This training included strengthening Vitamin A supplementation and counselling on IYCF practices. The cascade training is on-going, with an aim to train at least 1,200 health workers, one per each health facility in the country; so far 248 health workers have been trained.

UNICEF contributed to strengthening of the nutrition surveillance system at district level through semi-annual district level monitoring assessments in six districts. The assessments were implemented jointly with Government and NGO partners, with technical support from UNICEF.

Formative research for the introduction of home fortification using multiple micronutrient powders is being undertaken in collaboration with the University of British Columbia, Njala University of Agriculture and the MoHS Directorate of Food and Nutrition. As a first step, a feasibility study to determine feeding practices for children 6-23 months and delivery channels for home fortification with Multiple Micronutrient Powders commenced in November 2013.

In addition UNICEF provided technical, financial, supplies and logistical support for the planning, implementation and biochemical analysis of a national micronutrient survey.

 On-track

IR 3900/A0/06/001/006 Increased capacity of Communities in eight districts (Port Loko, Bombali, Tonkolili, Moyamba, Pujehun, Kenema, Bonthe and Koinadugu) to achieve sustainable ODF status by 2014

Progress: The poverty reduction strategy paper of 2013 (PRSP III) aims at 66 per cent of the population having access to sanitation by 2018. With UNICEF's target of 6,212 communities achieving ODF status, the eight districts targeted with interventions (Port Loko, Bombali, Tonkolili, Moyamba, Pujehun, Kenema, Bonthe and Koinadugu) will have achieved a 79 per cent access to sanitation (including shared facilities). Locally made household latrines which are promoted through the CLTS programme, have been found in some cases to have sub-optimal durability in the context of Sierra Leone's intense rainy season. Remobilising 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.

In the implementation of CLTS, communities were assisted with 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 1,283 communities/villages (256,600 people), have been triggered and 687 communities/villages (137,400 people) were declared ODF. Follow-up on hand-washing with soap promotion and monitoring, targeting villages declared ODF, was completed in 2,547 villages. Thus far households in a total of 687 villages have been verified to have installed and be regularly utilising hand-washing facilities in their respective toilets. UNICEF also supported the MoHS in the development of an environmental health and sanitation policy, and establishment of the directorate of environmental health and sanitation. The directorate is expected to ensure that Government policies are adequately implemented by all WASH stakeholders, as well as ensuring that the sustainability aspect of sanitation interventions is embedded in all sanitation programmes.

 Constrained

IR 3900/A0/06/001/007 Households in eight districts (Port Loko, Bombali, Tonkolili, Moyamba, Pujehun, Kenema, Bonthe and Koinadugu) have access to sustainable safe water by 2014

Progress: The aim of the community water supply and hand pump spare parts supply chain is to develop a commercial model based on socio-economic, regulatory and capacity development, as well as on an accountability framework for a functional hand pump spare parts supply chain. UNICEF has thus far supported the Water Directorate, under the Ministry of Water Resources, in the development of water well standards (including BOQs) and maintenance manuals for village mechanics and preparation of standard procedures for the formation of water user groups. UNICEF is currently implementing a local procurement strategy for hand pumps; this will enhance the ability of private sector development and contribute to sustainability of local entrepreneurship on hand pump spares.

During the reporting period UNICEF, in partnership with PLAN International and a national NGO, CEDA, developed training materials for master trainers on Training of Trainers in Village Savings and Loan Scheme (VS&LS) and hand pump spares supply chain implementation. The implementation of the hand pumps spares supply chain commenced at an accelerated pace, with 843 villages during the reporting period having set-up financial capacity and committees to repair and maintain their water points. In addition 863 villages formed VS&LS; of these, 161 villages formed water committees.

In collaboration with WSP, MWR and HRMO, UNICEF rolled out a water point mapping exercise. A total of 28,000 water points were mapped, of which 40 per cent were non-functional. The HRMO hired water point mappers who were assigned in all 13 districts; the water point mappers were provided with motorcycles and mapping equipment. The mappers are part of the district councils' human resource within the WASH sector. Dismal performance towards meeting targets was largely due to the rainy season and local

procurement/availability of spare parts, which has now been solved.

 Constrained

IR 3900/A0/06/001/008 Government Peripheral Health Units and BEmONC facilities in six districts nationwide have access to sustainable safe water and adequate sanitation facilities by 2014.

Progress: WASH in clinics entailed installation of water and sanitation facilities in BEmONC facilities and PHUs in the six districts. The two types of health facilities required different approaches; however, both will have clean water and hand-washing facilities available in delivery rooms in PHUs. BEmONC facilities will be fitted with piped water reticulated in the building, and the PHUs will have installed water wells with a hand pump and a manually refilled hand-washing facility in the delivery room.

Installation of water and sanitation facilities in BEmONC facilities and PHUs in the six districts is being fast tracked. A total of 172 PHUs are currently undergoing rehabilitation/installation of WASH facilities. A manually refilled hand washing facility in the delivery room is under design by the MoHS, with assistance from UNICEF.

Work is ongoing on installation of piping systems and elevated water tanks in 50 BEmONC facilities; to date 20 were completed. Construction of water wells is on-going for the installation of submersible pumps.

 On-track

IR 3900/A0/06/001/009 Increased capacity to provide equitable and quality HIV/AIDS prevention, treatment, care and support services for women and children by 2014

Progress:

UNICEF supported the MoHS to elaborate, validate and print a strategic plan on elimination of mother to child transmission of HIV and a training manual on mother-to-child transmission and EID. Forty-seven health care workers were then trained as trainers, and are now in a position to cascade the training to 400 health care workers. The national AIDS Control Programme (NACP) proceeded with the assessment of 23 BEmONC centres to upgrade them as centres for the delivery of anti-retroviral therapy (ART). This will allow UNICEF to continue the extension of EID and HIV paediatric care to all BEmONC centres. UNICEF supported the supply of EID commodities to avoid disruption of services and fill the gap waiting for the Global Fund hand over. UNICEF also reactivated the PMTCT technical working group as a coordination mechanism for all activities linked to PMTCT/EID and HIV paediatric care.

Some 42,034 pregnant women were tested during the bi-annual maternal and child health week campaign in January 2013. The World AIDS Day mass testing campaign allow the NACP to test 116,513 people, including 30,364 pregnant women. UNICEF also supported capacity building of 250 religious leaders and 500 teachers to improve prevention of HIV transmission and knowledge on HIV AIDS. The implementation of activities was constrained by late receipt of funding and the present restructuring within the National AIDS Secretariat (NAS) and NACP. The interventions were implemented in partnership with the NAS, NACP, DHMTs, Happy, Aids Healthcare Foundation and SOLTHIS.

 Constrained

IR 3900/A0/06/001/010 Health, nutrition, WASH and HIV/AIDS policy framework and strategies for children and women of child bearing age are in place and operational, including emergency preparedness and response by the GoSL, UNICEF, and its partners by 2014

Progress:

The community health worker policy was developed and validated in 2012, with the participation of all stakeholders, but the process of launching it was delayed, as the new MoHS senior management decided to start by reinforcing the coordination system. The MoHS has now established a Community-based Health Interventions Working Group (CHWG), chaired by the Director of Primary Health Care and with members from all partners working/supporting community health interventions. The group's responsibility is to coordinate the implementation of community health interventions, including nutrition, HIV/AIDS and sanitation/hygiene through CHWs. The CHWG revised and harmonised training manuals, job aids and registers for CHWs.

UNICEF provided technical support to MoHS in the revision and finalisation of the of the National Food and Nutrition Security implementation plan budget, which necessitated revising the narrative to match with the budget. In addition, UNICEF continues to support the MoHS to review the draft IYCF strategy, which is scheduled to be finalised early next year.


UNICEF continues to provide technical support to the SUN secretariat to establish coordination mechanisms for food and nutrition security in the country. A national workshop was conducted in September to facilitate the establishment coordination mechanisms, leading to the beginning of development of common results framework.

E-MTCT strategic plan finalized, validated, printed and distributed.

IR 3900/A0/06/001/011 Project Support: Staff salaries, travel, missions, other costs

IR 3900/A0/06/001/012 By 2014 girls and boys in targeted primary schools in eight districts have access to improved child friendly WASH facilities and are practicing critical hygiene behaviours both at school and at home

PC 2 - Basic Education

 On-track

PCR 3900/A0/06/002 By 2014 children, both boys and girls, especially the most vulnerable, access quality basic education

Progress:

In its role as Education Sector Coordinating Agency, UNICEF supported the development of a new Education Sector Plan 2014-2018 (ESP), which redefined the strategic directions for the sector and assured the involvement of all education development partners in its articulation. The ESP emphasises effective education service provision through three areas of improvement: 1. Access, Equity and Completion; 2. Quality and Relevance; and 3. System Strengthening. UNICEF also provided coordination of the in-country ESP appraisal process.

UNICEF supported the process that led to the allocation of US\$17.9 million to Sierra Leone by the Global Partnership for Education (GPE) for the implementation of specific components of the Education Sector Plan. Besides coordinating education development partners' involvement in the design of the programme to be funded by GPE, UNICEF assured timely submission of the proposal.

Enrolment was supported through a programme targeting six-year-old children at risk of not accessing education. In 2013, UNICEF initiated an incentive programme whereby 20,040 children at risk of not being enrolled in grade one were identified in six districts and actively enrolled with the support of local authorities and communities. Another 476 children were supported to transit between primary cycle grades from one to six.

To increase retention, UNICEF supported the Ministry of Education to establish a cluster monitoring system to monitor and supervise quality of service delivery. The system got under way with 468 schools grouped in 47 clusters in six districts. At the same time, 1,000 teachers were trained to improve their subject knowledge, classroom management and lesson delivery through child-centred techniques. A Curriculum Framework for Basic Education was also finalised in 2013 with UNICEF support, focusing on the role of education as a driver for social cohesion, equity and peace consolidation.

Universal Primary Education is still a challenge in Sierra Leone. The recent Sierra Leone Integrated Household Survey (June 2013) shows evidence of a drop in net primary enrolment rates, indicating that despite the implementation of targeted interventions, constraints limiting right-age enrolment, reducing repetition and increasing retention still persist in the country. In addition, the delayed publication of school census reports by the Ministry of Education and general unavailability of national level data are constraints to evidence-based planning.

To improve this context, UNICEF plans to support both the Early Grade Reading and Early Grade Mathematics Assessments (EGRA and EGMA) in 2014. This will contribute to the production of data on sector performance, which can further inform planning.

 On-track

IR 3900/A0/06/002/001 By 2014 national education governance systems are strengthened and are gender responsive.

Progress:

With UNICEF support, MEST completed the 2013-2018 Education Sector plan (ESP) in alignment with the 2013-2018 Poverty Reduction Strategy Paper, Agenda for Prosperity and the GPE-funded programme. UNICEF, as the Education Sector Coordinating Agency, assured the involvement of all education development partners in the articulation of the ESP and of the GPE-funded programme. Agreement was reached among the EDPs (including MEST) that the programme will focus, among other things, on the establishment of a Teaching Service Commission, a first step towards the development of effective and efficient teacher record and management system.

UNICEF supported the Ministry of Education to establish a cluster monitoring system to monitor and supervise the quality of service delivery. Cluster monitoring began with 468 schools grouped in 47 clusters in six districts. A first round of monitoring was conducted in all the clustered schools. Once consolidated, the report will provide a baseline for a second round of monitoring, due to take place during the first quarter of 2014. School improvement strategies will be planned in 2014 based on the outcome of the monitoring.

 On-track

IR 3900/A0/06/002/002 By 2014 teachers in targeted primary schools are applying child friendly teaching methodologies and emerging issues in the classroom

Progress: In 2013 UNICEF supported a review of relevant in-service teacher training manuals to integrate conflict sensitivity and peace-building concepts and activities into them. These manuals were used to train 1,000 serving primary teachers in three programmes, i.e., Child-Centred Teacher Training (CCTT), Emerging Issues (EMI) and Teaching of Reading. Five hundred primary school teachers (312 males, 188 females) were trained in CCTT and EMI, while another 500 were trained in Teaching-of-Reading techniques. In 2013, additional measures were put in place to ensure effective step-down trainings by trained teachers to share skills within their schools. The trained teachers were required to sign a bond letter agreeing to carry out the training. According to implementing partners' monitoring reports, this measure is showing good results, with a record increase of teachers complying.

 On-track

IR 3900/A0/06/002/003 By 2014 girls and boys in targeted primary schools in eight districts practice at least three critical hygiene behaviours both at school and at home.

Progress:

56,000 pupils in 224 primary schools have access to and use the child-friendly WASH facilities.

5,712 School Health Club members in 476 primary schools were trained in School Sanitation and Hygiene Education/School-Led Total Sanitation (SSHE/SLTS) and 119,000 pupils promote sanitation and hygiene in their schools and communities.

1,048 school catchment communities were triggered through Community Approaches to Total Sanitation and of these, 785 school catchment communities declared ODF through SLTS.

The WASH Bottleneck Analysis Tool was rolled out at both national and district levels and identified bottlenecks in the enabling environment (investment plan, institutional reforms and private sector development).

The Sierra Leone Sustainability Compact was signed by the Minister of Water Resources to ensure the sustainability of WASH services for at least 10 years.

 On-track

IR 3900/A0/06/002/004 By 2014 targeted schools and communities support peace and child friendly schooling with special focus on girls, adolescents and other vulnerable children.

Progress:

To ensure that out-of-school children are enrolled and stay in school, with the involvement of communities, UNICEF supported 149 chiefdoms and 65 communities in the Western Rural and Urban Districts to review and continue their Community Action Plans for school enrolment, retention, completion and protection of children.

Six implementing organisations nationwide were trained, with UNICEF support, on social norms and “Theatre for Development” for the implementation of the enrolment and retention of out-of-school children and awareness-raising on alternative forms of discipline.

In 2013 UNICEF supported a total of 20,040 vulnerable six-year-old children who were at risk of not accessing schooling in 501 school catchment communities. The children were enrolled in grade one, with the support of local authorities and communities.

UNICEF is also supporting an action research process that started with training of 80 research assistants from 20 school communities and 40 students from a local university. This action research process will encourage community participation, stimulate reflection and action in resolving identified problems at various levels. In addition it will provide programme monitoring data and support the development of case studies for Peace Building, Education and Advocacy. Progress towards programme indicators will be regularly recorded in 2014.

 On-track


IR 3900/A0/06/002/005 By 2014 gender-responsive education in emergency plans and peace building are integrated into education programmes.

Progress:

A Curriculum Framework for Basic Education was completed in 2013. The framework was developed in a highly consultative mode focusing on the role of education as a driver for social cohesion, equity and gender equality and as a strengthening factor for social and political stability. Technical assistance was procured at the end of 2013 to implement a curriculum reform based on the new Framework. Emergency supplies, including Pupils and Teachers Kits, were prepositioned in UNICEF field offices in-country to ensure continuity of schooling for over 10,000 boys and girls in case of emergencies.

IR 3900/A0/06/002/006 Project Support

PC 3 - Child Protection

 On-track

PCR 3900/A0/06/003 By 2014, children, especially the most vulnerable, are better protected from abuse, violence, and exploitation, with a specific focus on children lacking primary care givers, child justice and gender-based violence in seven districts

Progress:

The legal and policy framework was strengthened with the finalised Child Welfare Policy, and approved Child Justice Strategy. The Child Welfare and Alternative Care policies are awaiting submission to Cabinet, although key tenets were included in the PRSP (National Agenda for Prosperity). To rollout the 2012 Sexual Offences Act, a training guide and referral tools for GBV victims, a Case Management Handbook, SOPs on SGBV, and modules on Gender, SGBV and Child Justice were developed for the police and FSUs. Modules on GBV and SRH were included in routine Community Health Worker training, reaching 65 health workers, and 2,454 community health workers countrywide.

Policy implementation remains challenging given the limited decentralised capacities; for example, there are currently 42 social workers countrywide – or 1 per 150,000 people.

The MSWGCA formally devolved district-level functions to the local councils, handing over staff and assets. Social services departments were established in the local councils for implementation of devolved social welfare, gender and child protection functions. Capacity-building of local councils resulted in improved monitoring of children’s homes and better planning and budgeting for child protection.

Decentralised child protection systems were supported through local councils, Child Welfare Committees, traditional and religious leaders and community groups/structures. Sixty community-level paralegals and 82 civil society (CSO) representatives were trained across the country on child justice legislation and child-friendly interview techniques.

A national strategy for the reduction of teenage pregnancy was launched by the President and implementation supported through the development of a communication strategy and M&E framework. A qualitative evaluation guided the scale-up of projects to empower adolescent girls socially and economically in four districts. Two research studies on FGM shed light on trends and factors contributing towards the reduction in FGM. Two other research studies – on street children and the impact of extractive industries on children and women – are underway.

The National Taskforce for Births and Deaths was launched by the Ministry of Health and Sanitation bringing together Government, civil society and donor partners to coordinated strengthening of birth registration systems on a monthly basis. With more mothers delivering in Peripheral Health Units (as a result of the Free Health Care Initiative) more births are being registered. At the same time there are major systemic bottlenecks that UNICEF is working to collaboratively overcome. In particular the fact that civil registration is housed in a

different ministry.

 On-track

IR 3900/A0/06/003/001 3.1 Priority core elements (capacity building of professionals and communities; development of national child protection policy of the child protection system at national and sub national level strengthened)

Progress:

Considerable progress was made in strengthening child protection mechanisms. Following the 2010 CP systems mapping and assessment the Government, in collaboration with NGOs, UN, and other stakeholders, finalised the Child Welfare Policy which guides strengthening of families and communities. Regional consultations and validations were conducted with key stakeholders including children. The 2013-2018 national Agenda for Prosperity includes child protection prevention and responses as a major priority, essential for national development.

The capacity of the Ministry of Social Welfare, Gender and Children's Affairs remains low, with 42 social workers country-wide, as does the investment in social welfare from the Government (0.8 percent of Government expenditure). The MSWGCA developed a strategic plan from 2013 to 2017, and technical and logistical support was provided to convene the national, regional and district level CP Committees.

Officials from 19 local district and town councils were trained in all 14 districts on children's rights following the March 2013 announcement by the Minister of MSWGCA that key functions are being devolved to local councils. To strengthen availability of CP data, a technical working group was established to develop indicators for the inter-agency child protection Integrated Management Information System (IMIS), which will be rolled-out to all districts in 2014. The MSWGCA recruited a consultant to develop a social work curriculum for the training college. Research studies on street associated children and the impact of extractive industries on children and women are underway. Regular child protection coordination meetings were conducted at the regional and national levels.

UNICEF supported the Government, children, traditional and religious leaders to celebrate and commemorate key international days such as International Day of the Girl Child, Day of the African Child and Day of Prayer and Action for children. This enhanced high-level political will towards the fulfilment of children's rights.

 On-track

IR 3900/A0/06/003/002 3.2 Government and community capacity strengthened to care for and protect children not living with their biological parents

Progress:

Progress was made in building Government (MSWGCA and Local Council) and community capacity to care for children without parental care. An Alternative Care Policy to guide service provision and care of children without parental care was approved by the Minister of MSWGCA and is awaiting Cabinet approval. Implementation of the Policy is captured in the MSWGCA five-year strategic plan (2013-2017) and the Agenda for Prosperity (2013-2018). MSWGCA and Local Council staff in 14 districts were trained on their roles, and are better able to regulate the 63 existing Residential Child Care Facilities (RCCFs) with 2,159 children and to support Family Tracing and Reunification.

Local councils and MSWGCA were supported to regulate the care of children in RCCFs. At admission they should carry out care review processes and reunify children into their families in line with the Minimum Standards of Care for children in residential care facilities. Four NGOs are being supported to develop foster care networks reaching approximately 80 children in four districts, which can provide family-based care alternatives for children without parental care.

FTR networks were established in 12 districts and the Western Area, and formalised through the signing of a MoU between the MSWGCA and focal FTR agencies. Thirty-four staff from focal organisations in all districts and 57 staff from 19 local councils were trained on FTR. Identification, documentation, tracing and reunification forms were finalised and printed. National-level Child Welfare Secretariat capacities were strengthened for data collection, storage and management of FTR, but additional support is required to collect, analyse and manage data on separated and unaccompanied children.

Community radio stations in six districts were trained and sensitised communities on the risks of unregulated care for vulnerable children in communities. Partnership agreements were signed with four community radios in Bo, Kenema, Waterloo and Freetown.

 On-track

IR 3900/A0/06/003/003 3.3 Capacity of government and communities strengthened to promote social change, formulate strategies and implement mechanisms to prevent and respond to gender based violence against boys and girls

Progress:

Implementation of the national flagship Teenage Pregnancy Strategy, including the development of a communication strategy and M&E framework, after the President launched the strategy in 2013.

Earlier, five projects were supported to prevent and respond to teenage pregnancies and sexual abuse, each with a different focus: 103 peer groups in seven districts, bye-laws revision, interventions in 139 schools, income-generating activities through 63 clubs, and adolescent-friendly health services in 103 chiefdoms. A total of 14,352 children were reached. Baselines were established, and in 2013 a

qualitative evaluation determined the most effective intervention. This evidence guided scale-up of BRAC social and economic empowerment of adolescent girls, which is reaching 6000 girls through 200 adolescent clubs.

As a follow-up to the enacted Sexual Offences Act of 2012, a roll-out plan was developed in 2013. The National Referral Protocol for child victims of SGBV was revised to include adults, ensuring free medical examinations and care for victims. Some 375 police officers were trained on the protocols, jointly funded by UNDP and UNICEF. Advocacy meetings with the MoHS resulted in the development of standard operating procedures and dissemination of an internal memo to facilitate free medical examinations.

Modules on GBV and SRH were included in the training curricula of health professionals and community health workers. SOPs and a Case Management Handbook, and Gender, SGBV and Child Justice modules were developed for the Police and FSUs. Referral tools and standardised training modules are under development, and discussions are underway to revise the FSU/SLP database. Two FGM/C research studies (analysis of MICS and ethnographic research) showed that improved sensitisation and education through Pentecostal churches, combined with urbanisation trends, are reducing FGM/C incidence.

 On-track

IR 3900/A0/06/003/004 3.4 Child Justice at formal and community level strengthened to ensure greater access and protection for boys and girls with special attention and alternatives to detention

Progress:

Progress was made to ensure children in conflict with the law (CICWL) are diverted away from the justice system and deprived of liberty only as a last resort, whilst children in contact with the law access justice and are not re-traumatised.

The Child Justice Strategy was finalised and approved by the Leadership Group (chaired by the Vice President) in November 2013. It lays out five key strategies with accompanying outputs and targets, and includes an endorsement of diversion for CICWL accused of minor crimes. This aligns with the Police (SLP) goals to facilitate alternative dispute resolution processes. In preparing the Child Welfare Policy, discussions were organised concerning the role of probation officers and civil society in the provision of reintegration services. Initial discussions are underway on police guidelines for handling CICWL. Research is commencing on how traditional justice mechanisms handle cases of children accused of wrongdoing. The SLP were supported to develop training modules on child justice and SGBV. These modules were disseminated to the Police, and a training of trainers for 25 officers was supported in preparation for rollout in 2014.

UNICEF undertook an assessment of the condition of children in detention focusing on the two Remand Homes where juvenile offenders await sentencing and the Approved School for sentenced child offenders. The conditions were deplorable with significant human rights violations and systematic criminalisation of children, often for minor offences. This report prompted a visit by the Deputy Minister of MSWGCA. The NGO Timap for Justice was supported to build capacities of community-based legal services working in conjunction with the judicial system. Sixty Timap paralegals and 82 CSO representatives were trained on child justice legislation, child-friendly interviewing, as well as referrals and follow-up guidelines.

IR 3900/A0/06/003/005 Project Costs - Child Protection

 Constrained


IR 3900/A0/06/003/006 3.6 Improved capacities of Birth and Death registration systems by end 2014

Progress: Limited progress was made in strengthening civil registration systems. Birth registration rates for children under five years are around 55 per cent. The Registry is housed with the Birth and Death Registration Office in the Ministry of Health and Sanitation, which is disconnected from Civil Registration, which is under the National Registration Secretariat of the Ministry of Interior. The Birth and Death registration office is severely under-resourced and staffed, and its headquarters are in dilapidated, temporary rental offices; district offices are housed in similarly unsuitable conditions. Birth registration records were damaged and destroyed in the war, and there is no database in place to keep birth registration records.

In 2013 UNICEF supported the establishment of the Interagency National Taskforce for Births and Deaths, which is led by the MoHS and works to implement the Strategic Plan (2012-2015). This guides improvement of birth registration systems through technical support to Government policymakers as well as financial and technical support to civil society partners in campaign efforts. Plan International is implementing an ongoing project to register births at static sites and to support digitization of the birth registration process. UNICEF is working to find ways to improve collaboration between births and deaths, and civil registration, especially with UNDP support to the National Registration Secretariat to convene a Task Force for National Civil Registration and Central Database.

With Government/UNICEF support of the Free Health Care Initiative, more children are being born in Peripheral Health Units. Support was provided to the Births and Death Unit to meet countrywide to review their priorities for 2014. In January 2014 a rapid needs assessment, review of development partners' contributions and potential for collaboration will take place. The meeting will aim to provide strategic guidance on how UNICEF and partners can engage in this area.

PC 4 - Social Policy, Planning, Monitoring and Evaluation

 On-track

PCR 3900/A0/06/004 By 2014, government and partners undertake equity-focused and gender-sensitive policy analysis, programme planning monitoring and evaluation

Progress:

A Capacity Assessment of MDAs, Local Councils and other partners, including a self-assessment (based on the UNAIDS M&E Capacity Assessment Framework) and key informant interviews on M&E capacity elements, was carried out to find the strengths and weaknesses of current M&E systems. Analysis of the data is ongoing, and a draft report on the findings from the assessment of Local Councils was prepared. The findings will be used to develop a M&E Action Matrix (detailing strengths and weaknesses), a Capacity Development Plan, and an M&E Communication Plan, as well as to provide inputs for the development of a National M&E Policy.

Data collection for the DHS was completed. UNICEF provided technical and financial inputs to ensure that children's issues were considered. Data entry was completed in 2013, and data analysis is ongoing. Information from the report will be used in the Secretary General's report on the MDGs.

The Participatory Community Monitoring and Accountability Framework was piloted in six communities. Issues identified by both the communities and service providers were discussed at an open meeting, and an action plan developed to address them.

The draft Partnerships-Mapping tool (showing Who is Doing What and Where) was developed, but finalisation was delayed by data gaps at district and chiefdom levels. These gaps will be addressed during the first quarter of 2014.

UNICEF, in collaboration with Government, hired a consulting firm to collect data and develop maps of under-served communities nationwide to facilitate planning and service delivery. This will facilitate equity-focused planning.

UNICEF contributed to building equity-focused programme planning, monitoring and evaluation capacity of partners in several areas. These include HACT, DevInfo, social protection and the community scorecard process. Forty five UNICEF staff and eighty IPs were trained on HACT; of these, 17 staff members were also trained on spot-checks. Nine Statistics Sierra Leone staff and eighty nine (89) MDAs and Local Councils staff were trained on DevInfo. The training on DevInfo for statistics Sierra Leone (SSL) provided an opportunity for the Government to customise it for Sierra Leone and ensure ownership by SSL. Four IPs and 57 Local Council staff were trained on Social Protection principles, design, targeting, delivery and monitoring and evaluation.

 On-track

IR 3900/A0/06/004/001 4.1 Increased knowledge and Skills of Government Ministries, Departments and Agencies (MOHS,MOFED,LC,MIC,MSWGCAOCOS) and partners for equity-focused policy analysis, budgeting, programme planning, monitoring and evaluation by end 2014

Progress:

An M&E mapping and capacity assessment tool (based on the UNAIDS M&E Capacity Assessment Framework) developed by a Government consultant (supported by UNICEF) was used to assess M&E capacity in Government and NGOs nationwide. Delayed submissions of the assessment findings by some MDAs slowed the development of the M&E Capacity Development Plan, M&E Communication Plan and National M&E policy.

The draft Partnerships-Mapping tool (showing Who is Doing What and Where) was developed, but finalisation was delayed by data gaps at district and chiefdom levels, which will be addressed during the first quarter of 2014.

The CRC country report was submitted by the Government to the Committee on the Rights of the Child well after the stipulated date, due to difficulties encountered in collecting the required information. This will affect the timely implementation of the full reporting process and the release of concluding observations by the Committee.

UNICEF supported the election and training of 24 Ward Committees in Moyamba District. The impact of the training on ward level planning (micro-planning) will be assessed to determine how Ward Plans are integrated in the final District Plans. This will be used to showcase and advocate to central Government and other Local Councils the crucial role that micro-planning can play in decentralised development.

UNICEF supported a feasibility assessment by an expert from Rwanda to advise the Government on how to design a Performance Management Information System to enable real-time reporting on key performance targets. A detailed plan and budget to institute a Performance Management Information System was under preparation in late 2013.

UNICEF, in collaboration with Government, hired a consulting firm to collect data and develop maps of under-served communities nationwide to facilitate equity focused planning and service delivery.

 On-track

IR 3900/A0/06/004/002 4.2 Strengthened capacity of MDAs (MOHS, MEST, MEWS, MSWGCA, SSL) and partners at national and local levels for coordination and management of information systems for women and children by 2014

Progress:

Planning for carrying out the MICS5 survey was initiated by the Government, but then put on hold after it was realised that DHS data will be available for MDG reporting.

The Ministry of Social Welfare, Gender and Children's Affairs was supported to develop its first Strategic Work plan (2013-2017). It is expected that the Strategic Plan will provide greater focus for the Ministry's outputs.

The Sierra Leone Police was supported to develop training curricula (including modules on gender, SGBV and child justice), and to revise its standard operating procedures for cases of SGBV.

 On-track

IR 3900/A0/06/004/003 4.3 Increased knowledge and skills of Government (MOHS, MEST, MSWGCA, MOFED, MIC and the office of the chief of staff) and partners to promote community planning, implementation, monitoring and evaluation for equitable behaviour and social change by end 2014.

Progress:

The Terms of Reference for a consultancy on the development of a National C4D strategy was developed, circulated and finalised, with inputs from the Office of the Chief of Staff. The OCoS will be the lead office from the Government side in coordinating national level implementation of the strategy, given its authority to ensure programme implementation across Government.

UNICEF provided technical and financial contributions for National Immunization Days and Mother and Child Health Weeks. Parents' awareness of these events rose from 75.6 per cent in January to 82.8 per cent in October 2013. Immunisation coverage rose from 87 per cent to 93.9 per cent. UNICEF collaborated with other partners in this year's interventions including WHO, Helen Keller, Rotary and the Health Education Division.

UNICEF held discussions with BBC on a funding proposal submitted by the BBC World Service Trust to implement a radio serial drama programme using UNICEF's *Facts for Life* (fourth edition). The project was not supported due to funding constraints. Search for Common Ground, with financial support from UNICEF, established 51 pilot Radio Listener groups covering four Basic Education thematic areas. The project was evaluated in August and findings indicate that the project was very ambitious, radio stations were not properly contracted, implementing partners' capacity was over-stretched, some groups are located in hard-to-reach areas, and transmission by some stations was erratic. The findings of the evaluation will form the basis for an informed scale-up.

 On-track

IR 3900/A0/06/004/005 4.4 Increased capacity of MDAs and implementing partners for Birth Registration at all levels by end 2014.

Progress:

 On-track

IR 3900/A0/06/004/006 4.5 Increased capacity of MDAs (MSWGCA, MOFED, NACSA, Labour, office of the chief of staff and other relevant institutions) and Local Councils to provide social protection for the extremely poor, children, women and vulnerable households

Progress:


Social Protection remains inadequate, given that there are about 143,000 extremely poor households in Sierra Leone according to the Integrated Household Survey 2011. As these programmes are implemented, scaling-up of successful components will be important for poverty reduction and realisation of the rights of children.

The Social Protection Secretariat is working with World Bank, UNICEF and MDAs to implement the strategy, including a cash transfer programme for more than 20,000 extremely poor households. However, a key bottleneck is inadequate funding to provide support for these households.

The Social Protection Secretariat was supported with equipment and funding for policy oversight forums. The staff of MDAs and Local Councils were trained on designing, implementing and monitoring social protection programmes, in order to address the issue of low capacity on Social Protection programming.

IR 3900/A0/06/004/007

PC 5 - Advocacy and Leveraging

 On-track

PCR 3900/A0/06/005 By 2014, Strengthened relevant development partnership platforms and media capacity for increasingly reflecting issues concerning the rights of children and women in accordance with international ethical standards.

Progress: The External Relations and Advocacy Section effectively provided support to all programmes in regards to advocacy, visibility and media work.

The programmatic impact of UNICEF's work was communicated and demonstrated to donors and media during field visits. The large number of visits from National Committees and consistent positive feedback from visitors indicate that relations with partners were sustained and strengthened.

In terms of resource mobilisation, 13 funding proposals were edited and US\$4.9 million was received from National Committees in 2013. With a view to further exploiting opportunities for resource mobilisation, a fundraising plan was developed at the end of 2013.

Transparency and accountability for funding received was ensured through the timely submission of 72 donor reports in 2013.

UNICEF Sierra Leone's visibility was strengthened through its increased social media presence. In addition to an existing Facebook account, a twitter account and a YouTube channel were established.

Stakeholders and partners were regularly updated on UNICEF's progress for children through the circulation of UNICEF newsletters.

Some 120 journalists now have increased capacity in ethical reporting and increasingly practice it in their media activities as a result of a refresher training organised for local journalists. A mentoring scheme for journalists with constant capacity transfer is under discussion.

 On-track

IR 3900/A0/06/005/002 5.1 By 2014 increased awareness on issues relating to the rights of children and women

Progress:

The rights of children and women, especially of the most vulnerable, were consistently communicated and thereby kept on the agenda of decision-makers, partners and beneficiaries: ERA provided full support to all sections with writing and circulation of 17 press releases and 19 talking points/speeches, arranging nine press conferences, preparing four responses to media queries and facilitation of five interviews with the Representative and four with other staff members. Advocacy strategies also included the re-activation of UNICEF Sierra Leone Newsletter (two editions produced); writing of 24 articles and production of five videos on children's issues; daily media

monitoring; completion of six additional Q&As; production of desk and wall calendars for 2014; production of a new set of photographs on various programmes; drafting of fundraising and visibility plans.

UNICEF Sierra Leone's social media presence was significantly strengthened, allowing communication to a broader audience. A social media plan was developed based on UNICEF's global/regional communication as well as on programmatic priorities. In addition to increased strategic posts on Facebook, additional social media platforms were established through the opening of a Twitter Account and a YouTube Channel. In 2013, the UNICEF Facebook page gained 1,012 additional likes and the most successful post reached 33,840 people.

Daily media monitoring yielded a total of 1,317 articles covering issues on children and women, demonstrating that UNICEF-related topics are well represented on the local media landscape.

 Constrained

IR 3900/A0/06/005/003 5.2 By 2014, the media has enhanced capacity to report ethically and increase coverage on children's and women's rights.

Progress:

The reporting capacity of 120 local journalists was strengthened through refresher training on ethical reporting relating to child rights. Further, a mentoring scheme for journalists is under discussion. The aim is to ensure that journalists who have successfully undergone the training will become coaches and act as multipliers by training other journalists.

Aiming to influence attitudes regarding the rights of children and to strengthen child participation by providing children with a forum to express their voices, one edition of the newsletter of the Children's Forums Network "Pikin News", was supported by UNICEF. The newsletter is completely written by children and 3,500 hard copies were printed.

 On-track

IR 3900/A0/06/005/004 5.3 Donor and NATCOM relations increased and strengthened to ensure adequate resources for children

Progress:

The large number of visits from National Committees and consistent positive feedback from the visitors indicate that relations with partners were sustained and strengthened.

With a view to further exploiting opportunities for resource mobilisation, a fundraising plan was developed at the end of 2013. Transparency and accountability for funding received was ensured through the timely submission of 72 donor reports in 2013. The toolkits for CSD, Education and Child Protection were updated in February and August 2013 and are available on the Funding Marketplace in the intranet. Proposals and concept notes have been edited and sent.

To communicate the human side of UNICEF's work, ERA wrote 30 and edited 33 human interest stories (including three from 2012) based on a plan for the collection of such stories, which was fully implemented. A pool of 40 human interest stories, some collected since 2012, was established.

Together with the PFP Geneva TV crew, the Schools for Africa film team hired a videographer and five videos were produced highlighting the following topics: Free Health Care drug distribution, teacher training, Christmas celebration at the Happy Centre for HIV-affected children, Peace Education in Pujehun and the End Violence campaign.

IR 3900/A0/06/005/005 5.4 Salaries and related Cost

PC 6 - Cross-sectoral costs

PCR 3900/A0/06/006 Enhanced operational and administrative capacity to support programmes for timely delivery of country programme results by 2014

IR 3900/A0/06/006/001 6.1 Governance and Systems

IR 3900/A0/06/006/002 6.2 Financial Resources

IR 3900/A0/06/006/003 6.3 Human Capacity

IR 3900/A0/06/006/004 6.4 Project Support

PC 800 - Institutional Budget

PCR 3900/A0/06/800 Institutional Budget

IR 3900/A0/06/800/001 800.1 Governance and Systems

IR 3900/A0/06/800/002 800.2 Financial Resources and Stewardship

IR 3900/A0/06/800/003 800.3 Human Capacity

Effective Governance Structure

The Office defined priorities to address the main challenges for children with an equity focus, and in line with Government national priorities. Staff participated in different meetings and fora where these priorities and expected results were thoroughly communicated. General staff meetings were held weekly, and global issues are presented and discussed.

The statutory committees that constitute the governance structure of the CO and act as advisory bodies to the Representative are fully operational. Country Management Team (CMT) meetings are held monthly, with the participation of Chiefs of Sections in Freetown and in the sub offices. CMT members analyse the management indicators and propose a course of action to address issues that could hamper programme implementation and achievement of results. In addition to the mandatory committees, the Office has established Change Management and HACT committees that provide recommendations for the improvement of processes and close monitoring of cash contributions.

The CO continued to inform staff about security issues and re-enforce the need to be more cautious, as the UN security level was increased to 2 in the last quarter. In coordination with UNDSS, security awareness sessions and fire drill exercises were conducted. All UNICEF vehicles are MOSS compliant.

The audit of the CO conducted in 2013 did not address governance issues.

The CO made great progress in managing VISION transactions and staff knowledge of the system has substantially improved with substantial gains in efficiency. Roles and responsibilities have been assigned to staff through APPROVA and VISA. The Table of Authority, along with the delegation and acceptance of delegation of financial signing authority is revised every quarter and signed by the Representative and each staff member to whom authority is delegated.

The Operations Section meets monthly to ensure the achievement of the section's work plan and enhance interrelations among the units. In 2013 there was closer collaboration with programme sections to ensure that requests are submitted with sufficient advance time.

Strategic Risk Management

The CO has structured procedures for systematic risk and opportunity identification, assessment and mitigation. The procedures not only ensure adequacy and operating effectiveness of the internal controls but also the readiness for crisis and emergency, business continuity and the ability to respond to changes in both the internal and external operating environments.

The risk management approach guided the work of the Office, and measures were taken to mitigate the risk regarding loss of funds for UNICEF. In this respect it is worth mentioning efforts to monitor cash and supplies contributions to partners, through monitoring and spot-checks activities, in addition to a thorough inventory of UNICEF-controlled assets and those on loan to partners. The establishment and recruitment of a Quality Assurance Unit and specialist enhanced the CO's capacity to ensure compliance with rules, regulations and procedures.

An organisational wide ERM/RCSA framework to identify risks in all 21 risk categories is in place. Groups of risk owners were set up; they meet annually to identify new risks and opportunities, monitor progress in mitigating risks, and document areas where risk has been reduced or eliminated. In addition, the CO maintains a Risk Control Library, which is updated annually and the CMT is regularly informed of the proposed action plans to mitigate risks by the respective sections/programme staff groups. Quality assurance and risk management is embedded in all programmes and operational activities.

A mid-year review and update of the emergency plan was done and approved by the CMT. The review included an update of the emergency focal point persons, rapid assessment teams and streamlining of emergency responses in terms of personnel, communication and repositioning of emergency supplies. The

plan also constitutes an emergency response tree that guides the Office's response in case of unfavourable changes to the internal or external operating environment. Furthermore, 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.

The CO also strengthened Business Continuity Planning (BCP), included as one of the critical performance indicators in the AMP. Consequently, the Information Communication Technology Disaster Recovery Plan was revised, one BCP test was carried out, fire drills conducted, alternative internet connectivity equipment installed at the three BCP sites (residences of senior management); and computers for BCP members were upgraded to ensure continued and uninterrupted functionality. The BCP includes mechanisms for continued access to VISION and Office files in case the office is rendered inaccessible.

Evaluation

The CO has an updated IMEP (2013-2014), which is reviewed and updated semi-annually together with partners. For 2013 the CO planned three evaluations. All three were completed. Management Responses will be prepared before the end of the first quarter of 2014. The three evaluations were:

1. Evaluation of integrated management of acute malnutrition and infant and young child feeding programs
2. Evaluation of the WASH Sector Strategy: "Community Approaches to Total Sanitation"
3. An evaluation of teenage pregnancy pilot projects in Sierra Leone

The country has very limited quality evaluation expertise, leading the CO to partner with the World Bank to develop monitoring and evaluation capacity. UNICEF is supporting development of a national M&E Policy and M&E Capacity Development Plan. The World Bank will support placement of Government M&E staff in evaluation agencies within and outside the Africa Region to provide on-the-job training. UNICEF and the World Bank intend to ultimately support the establishment of an evaluation facility within the Government.

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 Satellite Provider. The bandwidth was upgraded this year to 3 Mbps down and 1.25 Mbps up link. This link is used for Voice Over IP, internet and other UNICEF cooperate applications. As backup, an iDirect VSAT through Dream Perfect Solutions Ltd is used to provide Internet Services and a VSAT connection from the same provider in Kenema and Makeni sub-offices (512/512kbps). The sub-offices are not connected to the UNICEF domain. Inter-Notes is used by field office's staff for exchange of emails and token keys are used to access files in the Freetown office server.

The Freetown office has two HyperV hosts. All servers are set up as virtual machines at these two hosts. DHCP was implemented in 2013. However static IPs are still used for servers, printers and network devices.

For backup and data recovery, VEEAM 6.55 is installed. An automated backup system is in place whereby monthly tapes are stored offsite. Backup tests are done periodically.

As part of our Business Continuity Plan (BCP), all staff have mobile VHF handsets and all vehicles, HF equipment. Three BCP offices are set up with internet, satellite and back-up power supply.

Challenges include the limited number of local suppliers and reputable technical companies and poor national telecommunication infrastructure. This has led to delays in orders and implementation/repairs of some major ICT facilities. The ICT unit therefore put in place in 2013 a plan to ensure that critical spares are ordered when implementing new solutions. Plans are also under way to set up a joint UN ICT team that will allow agencies to support each other in emergencies or when in case of critical requirements.

Fund-raising and Donor Relations

The CO sent 100 per cent of donor reports on time during 2013. The Reports Officer reminds all sections three months in advance and on a monthly basis on upcoming reports so they have sufficient time to plan the report writing. The Reports Officer also looks at the quality of reports and provides sections with feedback. To further improve the quality of proposals and reports the CO hired a consultant who developed detailed templates in cooperation with programme sections and also provided training to the sections on roles, responsibilities and practical elements of reports and proposals.

The CO mobilised about 57 per cent (US\$45.4 million) of resources of the OR ceiling of US\$79.7 million for the planning cycle 2013/14. Funds utilisation is at 99.8 per cent for RR and 70.9 per cent for OR. The funds are monitored through two fund monitoring officers, in close collaboration with the Deputy Representative. Through a weekly Heads of Section meeting and a monthly Programme Group Meeting the CO ensures that the money of expiring PBAs is spent in time and for the purpose agreed with donors.

In 2013 UNICEF Sierra Leone hosted seven NatCom visits as well as a visit by a TV team from Geneva and consultants collecting stories for the Schools for Africa Initiative, which UNICEF Sierra Leone recently joined. The Office conducted two visits to the German and Icelandic NatComs and to PFP Geneva to give a presentation on how to prepare field visits and align fundraising approaches.

To further enhance visibility and fundraising, weekly updates on the Country Office's Facebook page and twitter account were implemented. Topics reflected on Facebook and twitter were chosen in cooperation with the global communication plan and the Office calendar of events. The Office produced a fundraising video for HIV/AIDS that was shared with all NatComs and PFP, as well as a video on the distribution of Free Health Care drugs and medical supplies, which can be used for fundraising purposes.

To ensure targeted fundraising in the future when Sierra Leone will be shifting increasingly from an emergency to a development context, a consultant was hired to draft a concrete fundraising strategy and action plan for the Office.

Management of Financial and Other Assets

The budget allocations for cross-sectorial costs and Institutional Budget in the year 2013 amounted to US\$4.2 million (US\$250 thousand from institutional budget, US\$1.4 million from Regular Resources (RR); US\$2.5 million from Other Resources (OR) resources). The implementation rate of the allocated resources was 100 per cent for IB and 77 per cent for other funding sources, and the results were achieved in accordance with the work plan.

The CMT took clear steps in reviews of contributions management, liquidation of DCT and funds utilisation to ensure alignment with budgetary allocations. The CO monitored DCT liquidations throughout the year, and the year-end shows a zero per cent of outstanding DCTs over nine months. Budget allocations for Programme sections were utilised and the key indicators show 78 per cent of regular resources (RR) and 74 per cent other resources (OR) were spent for the achievement of planned results.

Bank reconciliation was highlighted by the audit as one of the high priority areas; the CO took the necessary steps to clear the outstanding issues with support from HQ. By year-end closure most items will be cleared. It is worth noting that deficiencies in the banking system in the country and in services provided by Standard Chartered Bank have contributed to many of these unresolved transactions. DFAM is discussing this issue with the SCB HQ in New York.

The mid-year and end-year closures of accounts were successfully achieved, with the exception of equipment on loan and UNDP transactions, as the CO has not received confirmations from partners and the UNDP local country office.

Replenishment of the local bank account continues to be accomplished through a competitive bidding process

that has led to savings for UNICEF. Finance staff join programme staff in conducting assurance visits to monitor the utilisation of cash resources and the programmatic, financial and procurement/supply capacity of implementing partners.

Due to the expansion of office space to accommodate new staff, power fluctuations are more frequent and the CO has initiated a bidding process to address the issue to prevent further damage to equipment. Increased power supply with proper voltage by the national power authority led to a decrease in use of the generator and savings in fuel costs.

Closing of TAs at the end of the year required considerable communications to all staff. Three PSB meetings were held (February, June and November) and approved recommendations were implemented.

HACT implementation gained momentum during the period. The office re-established the HACT committee, chaired by the Deputy Representative, which met on a quarterly basis with clear ToRs for committee members. Also, UNICEF was fully represented on the Inter-Agency Committee and actively participated in capacity building initiatives for implementing partners and staff. Subsequently, 80 IPs, both Government and non-government, were trained in programme implementation and financial management as well as the use of the FACE form. Similarly, refresher trainings were organised for staff on HACT overview - the principles, capacity assessments, cash transfer procedures, and assurance activities; particularly on conducting programmatic monitoring and spot-checks.

An assurance plan was developed, which formed the basis for conducting programmatic monitoring for partners. To enhance consolidated field monitoring and reporting, a data collection and reporting template was also developed and staff trained in its use. Quarterly programme monitoring visits were made for all the partners and 40 spot-checks were conducted, as well as an evaluation of some programmatic activities. Capacity building for partners continued to take centre stage during such assurance activities.

Nonetheless, there were minor delays in reporting and instances of incorrect filing of the FACE forms by some partners. The Office is in advanced stages of contracting audit firms to undertake micro-assessments of new partners and audit existing partners in 2014.

Supply Management

Supplies, covering teaching/learning materials, complementary foods, medical supplies, equipment and consumables represented a significant proportion of UNICEF's CP in Sierra Leone through the government. Through its Supply unit UNICEF also supports the Government in construction/rehabilitation of health, water supply and sanitary facilities to enhance effective service deliveries.

In 2013 the CO procured US\$31.6 million worth of supplies and equipment, of which US\$3.3 million was spent on assets and administrative consumables; these are typically vehicles on loan to partners and office supplies. In addition, a further US\$1.1 million was used to procure local services. The offshore Sales Orders and Requisitions resulted in a total of 52 air shipments and 69 sea shipments (Bills of Lading) of 130 containers. Additionally, UNICEF Supply unit facilitated procurement of supplies for the Ministry of Health & Sanitation and other partners through UNICEF Procurement Services' centre in SD.

Section	Sales Order Value
Child Protection	\$199,940
CSD Health	\$8,263,978
CSD Wash	\$2,585,430
Education	\$112,838
ERA	\$14,735
Free Health Care	\$13,409,165
Nutrition	\$3,531,590
SPM & E	\$167,090
Grand Total	\$28,284,766

There was a considerable expansion in the number of sales orders in 2013. Analysis of the pipeline and ordering process, as well as close follow-up with SD, resulted in much better follow-up of orders as compared to previous years.

Customs clearance for sea shipments continues to be a lengthy process due to: bureaucratic processes, intense congestion at the port, additional security checks and problems with missing seals or wrong seals on containers. In addition there is low capacity in Government institutions to receive supplies at the same time as distributing them. The 130 containers received in 2013 had an average clearing and forwarding cost of around US\$4,000 each.

Clearance of air shipments is better, as UNICEF is allowed to complete the customs, duty free process paperwork after actual clearance of the supplies. However new procedures for issuing the Pharmacy Board permit added an extra day or two to the process. A total of over 25 metric tonnes of supplies were cleared and received by air, some of which were large consignments of vaccines for which UNICEF had to take over the clearance procedures because of challenges with the Government's C&F system.

A comprehensive tracking system for all shipments was developed, derived from the VISION database and utilising special reports available from the Shipping Lines. This has enabled all colleagues in Programmes and Supply to know where their supplies are.

Programme supplies are stored in two warehouses, one of which is not really suitable for storage of drugs and supplies while the other is difficult to access; this situation should be reviewed early next year. RUTF is stored at the WFP warehouse under a contractual arrangement with WFP for receiving, handling and storage. LLITNs are stored at a Government warehouse. Storage for FHCI supplies improved towards the end of the year with the renting of a large warehouse near to the quay to store bulky items. Storage of emergency supplies are pre-positioned in small container stores in two sub-offices.

Distribution of supplies improved during the year with several LTAs in place with six local transporters under the Free Health Care Initiative. This has enabled supplies to be delivered to districts and from districts to PHUs very quickly. Nearly US\$3 million dollars was spent on in-country logistics for clearing, storage and distribution of supplies.

During the year pre-positioning of emergency supplies was undertaken, but fortunately Sierra Leone did not have a major cholera outbreak like the one that occurred in 2012. However supplies were on hand for minor outbreaks and this was a contributing factor to the non-spread of cholera this year.

Supply/Programme/counterpart collaboration improved considerably in 2013, and Supply staff were involved in several joint end-use monitoring trips to the field, at least one supply staff member undertook this activity each month.

An audit of the supply component was conducted in July 2013 by OIA, focused on: planning for and clearance of incoming shipments, reception of supplies at warehouses and distribution of supplies to implementing partners. A total of 17 recommendations were issued, of which 12 were considered as high priority. The CO has taken the necessary actions to address the audit recommendations and by December the progress report had been submitted to OIA with the supporting documentation to close the recommendations.

Human Resources

The current office structure was approved for the years 2013-2014. Recruitment for the Chief of Operations, WASH Manager, Chief of Education, C4D Specialist, and Health Manager were under way in late 2013 and should be completed by March 2014. It is difficult to attract high-calibre professionals to work for multiple years in Sierra Leone.

To address gaps and weaknesses identified, some key positions were defined and recruited: Quality Assurance Specialist (TA) P-3, to support the CO in mitigating risks related to governance, programme and operations processes; Construction Manager (TA) P-4, to support the Free Health Care Initiative in the

improvement of the health facilities infrastructure. To support level-3 monitoring data collection and management, M&E positions were established, a P3 in CSD, a P2 in Education, who will work in coordination with SPPM&E. A logistics team composed of a Logistics Coordinator, (TA) P-3, Central Logistics Officer (SSA), District Logistic Officer (SSA) and 13 national District Logistics Officer to coordinate the implementation of UNICEF commitment to the FHC programme was established.

Managing Performance for Results Training was conducted for both supervisors and supervisees. Ninety-nine per cent of staff completed their 2013 key outputs and mid-year discussions. The individual work plans developed are aligned to section and Office work plans and a results-based approach to programming and implementation was adopted.

Management and Staff Association worked together to address issues of concern to all staff, including the two issues highlighted in the Global Staff Survey (GSS) results are (1) work/life balance and (2) uneven distribution of work. Discussions took place in different fora (at weekly All Staff Meetings, monthly programme coordination meetings, monthly CMT and quarterly JCC), which has helped the Office to address staff issues in a timely manner thus promoting an enabling working environment. The creation of the gym has also helped our drive towards a healthy and fit workforce.

Programme coordination meetings were used as a forum for building the capacity of staff to effectively deliver results for children. Trainings were conducted on safe driving techniques; fire and safety awareness and ethics. A comprehensive PPP Training for Programme and Operations staff, as well as a Strategic Moment of Reflexion, were conducted in preparation of the new CPD. HACT training on spot-checks was conducted. A team-building workshop for Operations and Programme was organised. In addition, the Office approved individual requests for external learning for staff to pursue courses in Nutrition in Emergencies, Monitoring and Evaluation, Supply and Procurement and Business Administration. Two supply staff attended workshops in Copenhagen on Warehousing/VISION and Procurement.

Notwithstanding the poor medical standards in the country, the UN medical team contributed in providing prompt medical support to staff; only one medical evacuation took place in 2013. UNICEF Sierra Leone is an active member of the UN Cares programme and participated in awareness-raising activities.

Efficiency Gains and Cost Savings

On local markets demand is greater than supply, so prices for locally procured goods and services are relatively high compared to international prices. In these circumstances, the Sierra Leone Country Office has maintained a good practice by signing Long Term Agreements (LTAs) with key service providers, selected through competitive biddings, for recurrent goods and services such as: 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 savings.

Corporate agreements with local mobile phone companies have led to a reduction of telecommunication costs by 10 per cent for all staff and consultants' communications. Additional options, such as VOIP, are also available in the Office and their use will be enforced to further reduce communication costs.

Under the UN common services, UNICEF has been contributing to UN Cares, UN Cost Sharing for Joint Security and Joint Medical Unit (JMU). There was a significant impact on cost savings for UNICEF as other agencies also render their contributions for all UN joint services.

Changes in AMP & CPMP

There will be no major changes in the AMP in 2014. The management structure and priorities will remain, as the CO closes a two-year CP and develops a new CP for 2015-2019. The statutory committees, as well as the Change Management and HACT committees, will be continued with a renewed membership to ensure broad participation of different categories of staff. The CO will continue to closely monitor the management indicators that will be presented to the CMT on a monthly basis. Staff welfare, safety and security will

continue to be high priorities.

The CO is developing a new Country Programme (2015-2019), and the new CPMP (2015-2019) will be developed in the first quarter 2014. Full consideration will be given to the 'Effectiveness & Efficiency' global initiative and to the move towards a Global Shared Services Centre during the development of the CPMP.

Summary Notes and Acronyms

ACP- Alternative Care Policy
 AfDB- African Development Bank
 A4P- Agenda for Prosperity
 AIDS- Acquired Immune-Deficiency Syndrome
 AMP- Annual Management Plan
 ART- Anti-Retroviral Treatment
 BCP- Business Continuity Plan/Planning
 BEmONC- Basic Emergency Obstetric and Neonatal Care
 CATS- Community Approaches to Total Sanitation
 CCTT- Child-Centred Teaching Techniques
 C4D- Communication for Development
 CFR- Case fatality rate
 CHWs- Community Health Workers
 CLO- Central Logistics Officer
 CLTS- Community-Led Total Sanitation
 CMT- Country Management Team
 CPCC- Child Protection Coordinating Committees
 CP- Country Programme/Child Protection
 CPD- Country Programme Document
 CMAM - Community Management of Acute Malnutrition
 CPMP- Country Programme Management Plan
 CPMT- Country Programme Management Team
 CRC- Convention on the Rights of the Child
 CSO- Civil society organisations
 CWC- Child Welfare Committees
 DECSEC- Decentralisation Secretariat
 DFID- Department for International Development
 DHMT- District Health Medical Teams
 DHS- Demographic and Health Survey
 DLO- District Logistics Officer
 DRP- Disaster Recovery Plan
 ECD- Early childhood development
 EDPG- Education Development Partners Group
 EID- Early Infant Diagnosis
 EMCT- Elimination of Mother-to-Child Transmission (of HIV)
 EmONC- Emergency Obstetric and Neonatal Care
 EU- European Union
 FGM/C- Female Genital Mutilation/Cutting
 FHC- Free Health Care
 FTR/N- Family Tracing and Reunification/networks
 GAVI- Global Alliance for Vaccination and Immunization
 GHD- Global Hand-washing Day
 GOSL- Government of Sierra Leone
 HACT- Harmonized Approach for Cash Transfers
 HIV- Human Immunodeficiency virus
 HMIS- Health Information Management System
 HPV- Human Papilloma Virus
 IMAM- Integrated Management of Acute Malnutrition
 IMEP- Integrated Monitoring and Evaluation Plan
 IPs- Implementing Partners
 IRC- Inter-Religious Council/International Rescue Committee
 IYCF- Infant and young child feeding
 LLIN- Long-lasting insecticide-treated net

LTAs- Long-term agreements
 LSTM- Liverpool School of Tropical Medicine
 MCH- Maternal and Child Health
 MCHW- Maternal and Child Health Weeks
 MDAs- Ministries, Departments and Agencies
 MEST- Ministry of Education Science and Technology
 MICS- Multiple Indicator Cluster Survey
 MNH- Maternal and New-born Health
 MNT- Maternal and Neonatal Tetanus
 MOFED- Ministry of Finance and Economic Development
 MOHS- Ministry of Health and Sanitation
 MoRES- Monitoring of Results for Equity Systems
 MOSS- Minimum Operating Security Standards
 MSWGCA- Ministry of Social Welfare, Gender and Children's Affairs
 NaCSA- National Commission for Social Action
 NatCom- National Committee
 NCBE- National Curriculum for Basic Education
 NGO- Non-Governmental Organization
 NPPU- National Public Procurement Unit
 OCoS- Office of the Chief of Staff
 ODF- Open Defecation Free
 OJT- On-the-Job Training
 PBA- Programme Budget Allocation
 PCA- Programme Cooperation Agreement
 PCARG- Programme Cooperation Agreement Review Group
 PCMA&F- Participatory Community Monitoring and Accountability Framework
 PGM- Programme Group Meeting
 PHUs – Peripheral health units
 PMTCT- Prevention of Mother-to-Child Transmission (of HIV)
 PRSP- Poverty Reduction Strategy Paper
 PPP- Programme, Policy and Procedure
 SAM- Severe Acute Malnutrition
 SGBV- Sexual and gender-based violence
 SLTS- School-Led Total Sanitation
 SMCs- School Management Committees
 SRH- Sexual and reproductive health
 SSHE- School Sanitation and Hygiene Education
 SSL- Statistics Sierra Leone
 UNDP- United Nations Development Programme
 UNICEF- United Nations Children's Fund
 UNIPSIL- United Nations Integrated Peacebuilding Office in Sierra Leone
 WASH- Water, Sanitation and Hygiene
 WB- World Bank
 WFP- World Food Programme
 WHO- World Health Organization

Document Centre

Evaluation

	Title	Sequence Number	Type of Report
1	An Evaluation of Teenage Pregnancy Pilot Projects in Sierra Leone	2013/001	Evaluation
2	Evaluation of the WASH Sector Strategy "Community Approaches to Total Sanitation" (CATS)	2013/002	Evaluation
3	Evaluation of integrated management of acute malnutrition & infant and young child feeding programs	2013/006	Evaluation

Other Publications

	Title
1	Child Protection Knowledge and Information Network
2	Effective Vaccine Management_report_2013 Sierra Leone
3	Maternal Neonatal tetanus elimination validation survey
4	TOWARD THE REINTEGRATION AND REHABILITATION OF CHILDREN IN CONFLICT WITH THE LAW: Assessing the situation of child detention in Sierra Leone
5	Parental behaviours towards children aged 6 months-6 years in Sierra Leone

Lessons Learned

	Title	Document Type/Category
1	Decentralized Monitoring System for Nutrition	Lesson Learned