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## United Nations Children's Fund

Executive Board

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Item 5 (a) of the provisional agenda\*

### Country programme document

#### Sierra Leone

#### *Summary*

The country programme document (CPD) for Sierra Leone is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of \$39,780,000 from regular resources, subject to the availability of funds, and \$133,418,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2020 to 2023.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2019.

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\* [E/ICEF/2019/21](#).

*Note:* The present document was processed in its entirety by UNICEF.



## Programme rationale

1. With the launch of a flagship education programme, the Free Quality School Education initiative, the Government of Sierra Leone has placed children at the centre of its policy agenda, increasing the education budget allocation from 12.5 per cent in 2016 to 21 per cent in 2018. Sierra Leoneans have also benefited from free health care for the last four years. After a period marked by major humanitarian crises – the outbreak of Ebola virus disease from 2014 to 2016 and flooding and mudslides in 2017 that together claimed thousands of lives and disrupted the country’s economy and social fabric – Sierra Leone is back on the path to development. Following peaceful elections in 2018, the new President launched the Medium-Term National Development Plan, 2019–2023.

2. To realize the ambitions of this Plan and progress towards the Sustainable Development Goals, Sierra Leone will require considerable support. The country remains fragile and is prone to floods, mudslides and drought, exacerbated by climate change. In 2017, it ranked 150 of 160 countries on the Gender Inequality Index. Nevertheless, despite serious fiscal challenges, the Government is committed to pursuing prudent public financial management and expenditure based on the strategic priorities of the National Development Plan.

3. According to the 2015 Population and Housing Census, the population is 7.09 million (59 per cent rural; 41 per cent urban), with 53.1 per cent under the age of 19. More than 60 per cent of the population lives on less than \$1.25 per day<sup>1</sup> and 77 per cent of children (urban: 61 per cent; rural: 85 per cent) are considered poor.<sup>2</sup>

4. In line with the Local Government Act 2004, responsibility for many basic social services has been transferred to local councils, though to date only 56 of 80 functions have been decentralized.

5. The under-five mortality rate stood at 111 per 1,000 live births in 2017, down from 185 in 2011.<sup>3</sup> Preventable illnesses (malaria, acute respiratory infections and diarrhoeal diseases) account for nearly half of under-five deaths.<sup>4</sup> Almost one in five child deaths occurs in the first month of life. The neonatal mortality rate has stagnated near 34 per 1,000 live births since 2015.<sup>5</sup>

6. At 1,360 deaths per 100,000 live births, Sierra Leone is estimated to have the highest maternal mortality ratio in the world,<sup>6</sup> due principally to the lack of quality obstetric services. Twenty-three per cent of deliveries take place at home, the majority without a skilled birth attendant.<sup>7</sup> Although three quarters of women delivered with the assistance of a skilled attendant in 2017, it seems that institutional assisted delivery has not significantly reduced the number of maternal and neonatal deaths.

7. The Ebola outbreak disrupted immunization and institutional health delivery efforts, leading to a significant proliferation of diseases such as measles, HIV and

<sup>1</sup> United Nations Development Programme, <http://www.sl.undp.org/content/sierraleone/en/home/countryinfo.html>, accessed 8 January 2019.

<sup>2</sup> Government of Sierra Leone, Child Poverty Report, 2017.

<sup>3</sup> United Nations Inter-Agency Group for Child Mortality Estimation (IGME).

<sup>4</sup> Situation of Children and Women in Sierra Leone, 2018.

<sup>5</sup> IGME, 2018.

<sup>6</sup> World Health Organization (WHO), UNICEF, United Nations Population Fund, World Bank Group and United Nations Population Division, “Trends in maternal mortality: 1990 to 2015”, Geneva: WHO, 2015.

<sup>7</sup> Multiple indicator cluster survey (MICS) 2017.

malaria, and reduced the uptake of treatment of patients living with HIV.<sup>8</sup> Nevertheless, immunization coverage has overall improved since 2010, with the proportion of children fully vaccinated before 12 months of age increasing from 46 per cent in 2010 to 68.7 per cent in 2017. Two thirds of health facilities have all the required vaccines, but only one third enjoy adequate cold-chain equipment and maintenance capacity.<sup>9</sup>

8. Undernutrition is the underlying cause of over one third of cases of under-five mortality and morbidity. Some 31 per cent of children under 5 suffer from stunting, with boys and those from the poorest quintiles most affected. Ten per cent suffer from severe stunting and 5 per cent from acute malnutrition. More than 70 per cent of children aged 6 to 23 months are not given a diversified diet and more than 50 per cent do not meet recommended minimum meal frequency for their age. Anaemia affects 76 per cent of children under 5 and 49 per cent of women aged 15–49. Iron deficiency rates are generally low, though adolescent girls aged 15–19 are disproportionately affected by micronutrient deficiencies.

9. In 2016, only 17 per cent of children aged 0–14 living with HIV were enrolled in antiretroviral treatment, and of these only 64 per cent followed their treatment protocol. Only 12 per cent of HIV-exposed infants have received early infant diagnosis. Fewer than two thirds of health facilities offer prevention of mother-to-child transmission (PMTCT) services and referral systems.

10. The main causes of unsatisfactory reproductive, maternal, neonatal, child and adolescent health and nutrition include: (a) insufficient availability of quality services due to human and financial resource constraints; (b) lack of access to services due to physical and financial barriers; (c) a weak supply-chain system leading to recurrent stockout of essential drugs and commodities; (d) inadequate knowledge of effective care practices among families and caregivers; (e) subpar health sector management; and (f) weak health-systems resilience, as witnessed during the Ebola outbreak.

11. The magnitude of the Ebola outbreak largely resulted from limited access to clean water and sanitation facilities, which continues to predispose the country to outbreaks of cholera. During the last major cholera outbreak in 2012, over 23,000 cases and 280 deaths were recorded. Handwashing with soap and water, which peaked at over 80 per cent during the Ebola outbreak, fell to 23 per cent in 2017. The situation analysis found that changes in behaviour, especially handwashing with soap, that helped to break the Ebola infection chain were not sustained in rural communities, demonstrating that lasting behavioural change requires continuing efforts.

12. Sierra Leone has made progress in increasing access to water, sanitation and hygiene (WASH) services since the Ebola outbreak. Access to at least safe drinking water increased from 48 per cent in 2015 to 58 per cent in 2017 (urban: 72 per cent; rural: 47 per cent), but 3 million people still drink water from unsafe sources. Thirty per cent of improved water sources are not functional<sup>10</sup> and 85 per cent are contaminated with *E. coli*.<sup>11</sup> Only one quarter of households have water sources within their premises. Poor quality of drinking water is linked to inadequate water surveillance and insufficient water treatment and storage systems.

13. The rate of open defecation dropped from 26 per cent in 2015 to 19 per cent in 2017, and access to at least basic sanitation increased from 10 per cent in 2015 to 15

<sup>8</sup> Government of Sierra Leone, et al., “The Economic and Social Impact of the Ebola Virus Disease in Sierra Leone”, 2014.

<sup>9</sup> Situation of Children and Women in Sierra Leone, 2018.

<sup>10</sup> National water, sanitation and hygiene survey, 2016.

<sup>11</sup> MICS 2017.

per cent in 2017 (rural: 8 per cent; urban: 27 per cent).<sup>12</sup> An estimated 35 per cent of peripheral health care units and 26 per cent of primary schools do not have appropriate WASH facilities. According to the situation analysis, almost half of a available school latrines are unisex, and in 2016, 83 per cent of girls did not have access to adequate facilities for menstrual management in schools.

14. The causes of poor sanitation and hygiene are linked to the lack of affordable solutions, limited investment through the national budget and low awareness on the importance of proper use of sanitation facilities, compounded by social norms.

15. Pre-primary education remains inaccessible to most households due to financial constraints and limited supply of services, such that only 1 in 10 children aged 3–4 years attends an early education programme.<sup>13</sup> An estimated 18.1 per cent of children aged 6–18 years nationally were out of school in 2017. This represented a marked improvement from the period of the Ebola outbreak, when schools were closed for nine months. Nonetheless, many children are not at the correct grade for their age due to early or late enrolment and high repetition rates.<sup>14</sup> More boys are out of school (21 per cent) than girls (15 per cent), with a large disparity between urban (9 per cent) and rural (25 per cent) areas. There is a high degree of correlation between family wealth and mother's education and children being out of school.<sup>15</sup> Affordability remains a major barrier to primary education. This is particularly the case in rural regions, where there are insufficient approved schools to meet demand, and many non-approved schools charge fees.

16. Gender parity has been achieved from pre-primary through junior secondary levels, after which minimal imbalances appear. Only one quarter of teachers are women, and at the secondary level the proportion of women teachers is less than 1 in 10.

17. The quality of education and learning outcomes is a concern. At all education levels combined, the ratio of children to qualified teachers is 57:1. One third of teachers do not hold any formal qualification to teach. The completion rate for the three levels is 67 per cent at primary, 49 per cent at junior secondary, and 27 per cent at senior secondary.<sup>16</sup> Only 12 per cent and 16 per cent of children aged 7–14, respectively, have foundational skills in numeracy and literacy.<sup>17</sup>

18. While 81.1 per cent of children under age 5 and 72.8 per cent of children under age 1 have their births registered with civil authorities, only 52.9 per cent of those under 5 and 44.6 per cent of those under 1 hold a birth certificate. This is due in part to a lack of linkages between the health and civil registration systems, and to limited knowledge of parents and caregivers as to availability and access to services, with 36.1 per cent of mothers and caretakers reporting not knowing how to register births.<sup>18</sup>

19. From 2012 to 2016, the proportion of children in conflict with the law increased from 35 to 75 per 100,000 children.<sup>19</sup> Of the 12,029 cases received by the Sierra Leone Police Family Support Units (FSUs) in 2017, 5,445 involved children and adolescents aged 0–19 years.<sup>20</sup>

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<sup>12</sup> WHO-UNICEF Joint Monitoring Programme for Water Supply and Sanitation.

<sup>13</sup> MICS 2017.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

<sup>16</sup> Annual school census 2017.

<sup>17</sup> MICS 2017.

<sup>18</sup> Ibid.

<sup>19</sup> Defence for Children Sierra Leone monitoring data, 2017.

<sup>20</sup> Family Support Unit data, 2017.

20. Violent discipline is increasing. Some 86.5 per cent of children aged 1 to 14 years reported having experienced some form of violent discipline in the household in 2017,<sup>21</sup> compared to 64.8 per cent in 2010. Violence in schools is another significant issue. A 2010 national study on school-related violence found corporal punishment to be more widespread in schools than in home or community settings.

21. Child marriage is common, with approximately 30 per cent of women aged 20 to 24 reporting having been married before the age of 18, and 13 per cent before the age of 15. The reported key drivers of this practice are social norms related to early pregnancy as well as poverty. Some 3.4 per cent of adolescent girls aged 15–19 had a live birth before age 15 and 30.6 per cent of women aged 20–24 had a live birth before age 18. Pregnancy-related conditions are the greatest cause of death among adolescent girls aged 15–19. Early pregnancy, combined with financial constraints, is also a significant barrier to education, as girls who become mothers tend not to return to school. Over 86 per cent of women aged 15–49 years have experienced some form of female genital mutilation/cutting (FGM/C). However, there is growing support for discontinuing the practice among younger age groups.<sup>22</sup>

22. In February 2019, the President declared rape and sexual violence to be a national emergency. However, with only 53 government social workers nationwide and a 2019 budget of \$4 million, the social work sector is underequipped to tackle the emergency, which clearly requires more investment.

23. Social protection initiatives are fragmented, with limited budgetary commitments. The main initiative is the World Bank- and UNICEF-supported social safety net programme for extremely poor populations, which since 2013 has reached approximately 40,000 households in 10 of 14 districts.

24. An important lesson learned from the country programme, 2015–2019, is that limited application of a results-based management approach, particularly due to the exigencies of the humanitarian responses, resulted in overambitious targets and challenges in prioritizing areas of focus. This lesson was highlighted during the midterm review of the country programme and reinforced by the 2017 evaluation of the nutrition programme. Drawing on this experience, the new country programme will focus on a set of priority results: improving access to education and learning outcomes; reducing child marriage; and increasing birth registration. These are areas where UNICEF, with its comparative advantages, is positioned to catalyse tangible change.

25. A second lesson is that the country programme can build on the innovative approaches using RapidPro and predictive analyses of population movements introduced during the Ebola response. The new country programme will promote uptake of such innovations within national systems, at scale, thereby strengthening the humanitarian-development continuum.

26. A third lesson is that the country programme focused largely on service delivery in key sectors, primarily because of the extended Ebola response. The new country programme emphasizes multisectoral approaches to systems strengthening aligned with the National Development Plan.

## **Programme priorities and partnerships**

27. The vision of the country programme is that more children and women in Sierra Leone, particularly the most deprived, will have increased access to inclusive quality health, nutrition, WASH, education and child and social protection services. The

<sup>21</sup> MICS 2017.

<sup>22</sup> MICS 2017.

country programme will contribute towards achievement of the goals of the National Development Plan and the Sustainable Development Goals. It is aligned with outcomes 1–4 of the United Nations Development Assistance Framework (UNDAF), 2020–2023, the UNICEF Strategic Plan and Gender Action Plan, 2018–2021, and the African Union Agenda for Children 2040 and Agenda 2063.

28. The theory of change is that the rights of all children in Sierra Leone will be realized if: (a) essential social services are of high quality and responsive; (b) essential social services are adequately scaled up and accessible; (c) services are more resilient and inclusive; and (d) children, adolescents, parents and other caregivers demand quality services and practise safe behaviours. The underlying assumption is that the Government will continue to prioritize the social sector, politically and financially. The main risk is that the development trajectory will be interrupted by lack of financing or another major emergency.

29. UNICEF aims to accelerate results through scaling up programmes in specific high-impact areas through a focus on: (a) strengthening the community health worker (CHW) programme and supply chain for primary health care (PHC); (b) improving infant and young child feeding practices; (c) ending open defecation; (d) improving access to pre-primary education and learning outcomes; (e) strengthening the child protection system; and (f) expanding the social safety net.

30. The country programme will address system-wide bottlenecks through the following key strategies: (a) completing the transition from humanitarian response to development while promoting emergency preparedness and increasing resilience; (b) reaching scale and impact through evidence and strategic advocacy; (c) strengthening institutional capacities to deliver quality services; (d) programming for and with adolescents; (e) fostering parenting and community-led dialogue to address social norms and behaviour change; (f) leveraging resources and influencing public financing for increased investments in social sectors; and (g) promoting innovation and use of data for effective planning, monitoring and accountability. Efforts will focus on the most multidimensionally deprived districts based on the 2017 child poverty report.

31. In a shift of emphasis, UNICEF will stress programmatic convergence, addressing early childhood development (ECD) through integrated interventions in health, nutrition and pre-primary education. A greater investment will be made in issues related to adolescents, particularly girls, including strengthening learning outcomes, delaying marriage and pregnancy until adulthood, and promoting skills-based approaches to foster social and emotional learning. Delivery of critical services will be balanced with expanded efforts to generate evidence in favour of at-scale system changes, particularly in relation to public finance and resource allocation.

32. Building on successes in using technology for development and the creation of a dedicated Government Directorate of Science, Technology and Innovation, UNICEF will invest in promoting models that can achieve impact at scale.

33. In response to the recommendations of the gender review of the country programme, 2015–2019, gender-mainstreamed approaches and analysis across sectors will be strengthened, for example by generating evidence on the effect of gender imbalance among teachers, CHWs and social workers, and by advocating for gender parity within these groups.

34. UNICEF will implement the common chapter of the strategic plans of the United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), UNICEF and United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women). This will involve, in particular, collaboration

with: UNFPA and UN-Women to reduce child marriage and FGM/C; UNFPA to prevent newborn deaths; and UNDP to promote civil registration.

### **Health and nutrition**

35. The programme will support the Ministry of Health and Sanitation on health-system strengthening, including evidence-based planning, budgeting and monitoring and integration of nutrition and HIV. This approach will sustain gains made to date and help to build the system's resilience to withstand future shocks and stresses. Capacity-development support for enhanced supply chain management will continue, including strengthening of the cold-chain system and effective vaccine management.

36. Quality of health care will be strengthened in line with World Health Organization (WHO) standards. The programme will focus on quality improvement of maternal and newborn care, integrated management of newborn and childhood illnesses, integrated management of acute malnutrition, strengthening of immunization services, and greater accountability in service provision. UNICEF will continue to promote integration of PMTCT into antenatal care along with complementary actions to foster care, support and treatment for paediatric HIV.

37. Based on the principle that universal health coverage is contingent upon PHC, which in turn relies on community health systems, UNICEF will prioritize support to the institutionalization of community health and nutrition. This will include: improving the quality and sustainability of the CHW programme, initiated with UNICEF support as part of the Ebola response; strengthening the policy framework for PHC and community-based care; evidence creation and advocacy for sustainable financing; integrating community health information systems into the health management information system (HMIS); and strategic support to implementation of the CHW programme at community level.

38. Interventions in social and behaviour change communication will be strengthened through a systematic evidence-informed approach, involving CHWs, mother-support groups and other key agents of change.

39. Recognizing that nutrition cannot be addressed by one sector alone, UNICEF will continue to support the Government's efforts to strengthen its intersectoral coordination mechanism, including health, WASH, agriculture, social protection and economic development, to improve coherence of policy and planning, adequate prioritization of programmes and effective public investment in both nutrition-specific and nutrition-sensitive actions.

40. Major partners include WHO, UNFPA, the World Food Programme (WFP), the Joint United Nations Programme on HIV/AIDS, UN-Women, the World Bank, Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Scaling Up Nutrition (SUN) movement partners, and civil society organizations.

### **Water, sanitation and hygiene**

41. In line with the Government's commitment to increase investment in WASH from 3 per cent to 10 per cent of gross domestic product, UNICEF will support improvements in coverage and quality of services and promote positive sanitation and hygiene behaviours. The programme will employ a mix of strategies involving strengthening of policy implementation and coordination, development of gender-responsive, evidence-based plans to guide implementation of WASH services, and capacity-building efforts to strengthen the national monitoring system and management of the national WASH database.

42. In support of the Government's decentralization policy, UNICEF will provide direct funding to a limited number of WASH services in targeted deprived communities, schools and health facilities through capacity-building of local authorities. It will support innovative pilot projects for affordable and sustainable solutions through a proof-of-concept approach, with advocacy for scale-up. Access to basic sanitation will be increased through the promotion, certification and monitoring of communities free of open defecation, and by demonstrating the effectiveness of low-cost sanitation products, including those for disposal of menstrual hygiene materials.

43. UNICEF will support sector coordination beyond the ministries traditionally involved in WASH, including the Ministry of Planning and Economic Development and Ministry of Finance, in addition to a coalition of non-governmental organizations (NGOs) to support implementation. The private sector, research institutions and universities will support the development of low-cost WASH products and services.

### **Basic education and learning**

44. UNICEF will support implementation of the Free Quality School Education initiative for government and government-assisted schools from pre-primary to senior-secondary levels. While this initiative will primarily address primary and secondary school access, UNICEF will focus on quality learning for retention as well as access to pre-primary education as it becomes part of the formal education system. The programme will contribute to improved learning outcomes from pre-primary to primary levels through enhancing school readiness. It will focus on linking community-based ECD into the formal education system at the pre-primary level and invest in teacher training and the application of national standards. To support children in acquiring foundational skills, UNICEF will implement scalable, innovative, proof-of-concept pilots in rural areas, featuring simultaneous interventions expanding the availability of education services. Greater emphasis will be placed on the generation and use of strategic information and evidence, including budgetary and financial analyses for increased efficiency.

45. UNICEF will pursue an advocacy agenda for the implementation of safe school standards and WASH in schools. UNICEF will support adolescent skills development and accelerated learning through evidence generation and will promote flexible learning pathways and active citizenship to advance girls' empowerment.

46. In addition to the Ministry of Basic and Senior Secondary Education, Ministry of Higher Education and other government entities, partners include the Global Partnership for Education, United Nations Educational, Scientific and Cultural Organization, WFP and NGOs.

### **Child protection**

47. UNICEF will contribute to further developing three major interlinked strategic pillars of the child protection system: a child-focused social welfare system; child-friendly justice system; and family and community strengthening, supported by an enabling legal and policy framework. Embedded across the pillars will be a focus on prevention and response to violence against children and on the key results related to ending child marriage and promoting birth registration.

48. The programme will aim to improve the overall competency of personnel in social work, justice and education, and to support the development of a more gender-equitable workforce. Linkages will be promoted between child protection service providers and the education system to address violent discipline in schools. An

informed understanding of social norms will form the basis for behaviour-change programming towards ending harmful practices.

49. UNICEF will implement the Global Programme to Accelerate Action to End Child Marriage with UNFPA and UN-Women to improve adolescent and maternal health and achieve gender equality, with a sharper focus on a programming approach based on anthropological research.

50. Efforts will be accelerated for extending coverage of the birth registration system as part of civil registration and vital statistics (CRVS) through interoperability with the health system. This will include development of operational procedures and tools and use of information technology.

### **Evidence, policy and social protection**

51. UNICEF will strengthen an integrated social protection programme, support decentralized planning and monitoring, and advocate for increased allocation to social sectors as articulated in the National Development Plan. Three approaches will be prioritized: (a) improving government capacities to generate and use disaggregated data and evidence related to child deprivations; (b) child-sensitive and integrated social protection programmes targeting the most deprived, including in humanitarian situations; and (c) developing capacities of local government authorities to plan and implement evidence-based multisectoral plans.

52. UNICEF will support the Government to deliver child-friendly social protection initiatives through continued partnership with the World Bank and United Nations agencies. It will engage with Government counterparts, civil society and academia to advocate for child-sensitive cash transfer systems, including in emergencies.

53. Child-centred multisectoral development planning and budgeting processes will be supported in select districts where UNICEF will also invest in service-delivery strengthening, including through establishing community feedback mechanisms. This support will include accountability mechanisms and performance measurement tools, in line with the decentralization policy and local chieftaincy reforms.

54. Partners will include Statistics Sierra Leone, the National Commission for Children, the National Commission for Social Action, the National Disability Commission, the National Social Protection Secretariat, the Anti-Corruption Commission, Bank of Sierra Leone, district and chiefdom stakeholders, and academia.

### **Programme effectiveness**

55. Measures to enhance the effective implementation and management of the country programme will involve programme coordination, strategic communication and advocacy, social and behavioural change communication, and coordination of research, monitoring and evaluation. This component will include efforts to strengthen disaster risk reduction, emergency preparedness and response, and the application of gender- and adolescent-centred approaches across all programme components. It will emphasize systematic cross-sectoral work, particularly in the areas of ECD, adolescent programming, and parenting, and the iterative capturing of evidence and its dissemination to support scale-up of services and approaches.

## Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health and nutrition	7 600	48 826	56 426
Water, sanitation and hygiene	4 000	16 995	20 995
Basic education and learning	7 500	46 294	53 794
Child protection	5 500	5 960	11 460
Evidence, policy and social protection	4 000	5 460	9 460
Programme effectiveness	11 180	9 883	21 063
<b>Total</b>	<b>39 780</b>	<b>133 418</b>	<b>173 198</b>

## Programme and risk management

56. The Ministry of Finance is the primary counterpart for coordination of the UNDAF, with sectoral programmes managed by line ministries. Potential risks to the country programme include the country's vulnerability to epidemics and natural disasters; the inability to raise sufficient funds; and low efficiency of public funding. UNICEF will work with United Nations partners to increase investments in systems strengthening to support emergency preparedness and response, develop joint fundraising strategies and apply the harmonized approach to cash transfers.

57. UNICEF field presence will primarily manage relations with local government, monitor implementing partners, and improve the district-level engagement of UNICEF.

58. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

## Monitoring and evaluation

59. The results and resources framework will guide monitoring of results for children and their contribution to regional and global commitments. Progress will be measured through tracking of annual milestones, information and data generated by the sector-specific information management systems, and regular field visits. Programmes will make substantial investments in data management systems, and innovative technology for routine data collection, mapping and real-time monitoring. Within the UNDAF, UNICEF will partner with United Nations agencies to enhance Government capacity to monitor progress towards the Sustainable Development Goals. UNICEF will work closely with Statistics Sierra Leone on household-level surveys and will support equity-based analysis, including through disaggregation of data by gender, disability and geographical location. Evaluations will generate evidence for knowledge management, impact monitoring and strategic shifts.

## Annex

### Results and resources framework

#### Sierra Leone – UNICEF country programme of cooperation, 2020–2023

<p><b>Convention on the Rights of the Child:</b> Articles 1–40</p> <p><b>National priorities:</b> National Development Plan, 2019–2023: Clusters 1–8</p>
<p><b>UNDAF outcomes involving UNICEF:</b></p> <ol style="list-style-type: none"> <li>1. Sierra Leone benefits from a more productive agricultural sector, improved food and nutrition security and increased resilience to climate change, through commercialized sustainable agriculture, equitable and sustainable use of land and natural resources and better feeding practices.</li> <li>2. Sierra Leone enjoys a more gender- and youth-responsive governance that is accountable and transparent at all levels in a peaceful, human rights-based and cohesive environment where women and youth freely participate in decision-making, and systems for private sector development and natural resource management are effective.</li> <li>3. The population of Sierra Leone, particularly the most disadvantaged and vulnerable, will benefit from increased and more equitable access to and utilization of quality education, healthcare, social protection, energy and water, sanitation and hygiene services, including during emergencies.</li> <li>4. Women, youth, adolescents, children (especially girls) and persons living with disabilities are empowered and benefit from increased social and economic opportunities.</li> </ol> <p><b>Outcome indicators measuring change that reflect UNICEF contribution:</b> To be determined</p>
<p><b>Related UNICEF Strategic Plan, 2018–2021, Goal Areas:</b> 1–5</p>

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
By 2023, more children (aged 0–18) and women benefit from quality comprehensive health and nutrition	Children aged 0–59 months with symptoms of pneumonia taken to an appropriate health provider B: 89.9% (MICS 2017) T: 90%	MICS, Demographic and Health Survey (DHS), HMIS	Ministry of Health and Sanitation has increased capacity for evidence-based planning, budgeting, and monitoring for equitable maternal, neonatal, child and adolescent health and	Ministry of Health and Sanitation, Ministry of Finance, Parliamentary Committee on Food	7 600	48 826	56 426

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
services and practices.	Percentage of districts that have at least 80% of children 0–11 months vaccinated with three doses of DTP-containing/Penta vaccine B: 71% (Health Management Information System (HMIS) 2018) T: 100%	HMIS	nutrition (MNCAH+N) services.  Ministry of Health and Sanitation has increased capacity to deliver quality MNCAH+N services, including in emergencies.  Community-based health and nutrition interventions are better institutionalized in the health system.	Security and Nutrition, SUN partners, World Health Organization, United Nations Population Fund (UNFPA), World Food Programme (WFP), World Bank, Gavi, the Vaccine Alliance			
	Percentage of births attended by skilled health personnel B: 82% (MICS 2017) T: 96%	MICS	Parents/caregivers, children and pregnant women benefit from evidence-informed approaches to improve their health and nutrition care practices and behaviours.				
	Percentage of children aged 6–23 months receiving a minimum number of food groups B: 29.7% (SMART Survey 2017) T: 35.6%	SMART surveys					
By 2023, more children and their families, particularly in rural and poor urban areas, have access to and use affordable and sustainable basic water and sanitation services, and practise safe hygiene behaviours.	Proportion of the population using basic drinking water service B: national: 58%; rural: 42%; urban: 72% (MICS 2017) T: National: 69%; rural: 63%; urban: 82%	MICS	Government has improved evidence and institutional capacity to implement and coordinate water, sanitation and hygiene (WASH) policy.  Government authorities at all levels have strengthened capacities to improve the coverage and quality of water services for rural and poor urban households and communities.	Ministry of Water Resources, Ministry of Health and Sanitation, Ministry of Basic and Senior Secondary Education, Freetown City Council, district councils, WASH sector partners	4 000	16 995	20 995
	Proportion of population using basic sanitation B: national: 16%; rural: 8%; urban: 27% (MICS 2017) T: National: 46%;	MICS	Communities have increased capacities and				

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	rural: 42%; urban: 53%		commitment to use basic sanitation facilities and demonstrate improved hygiene and sanitation practices and behaviours, particularly in UNICEF-targeted districts.				
	Proportion of the population practising open defecation B: national: 17%; rural: 28%; urban: 4% (MICS 2017) T: National; 11%; rural: 18%; urban: 2.5%	MICS					
	Percentage of households with a handwashing facility on premises with soap and water available B: national: 23%; rural: 15%; urban: 33% (MICS 2017) T: national: 33%; rural: 26%; urban: 43%	MICS					
By 2023, more children have access to improved and meaningful learning outcomes.	Transition rate from primary to junior secondary B: national: 78%, F: 80%, M: 76% (Annual School Census 2017) T: national 81%; F:83%, M: 79%	Annual School Census	Government has improved institutional capacity for evidence-based policy planning, and monitoring.  Government and communities are better positioned to improve the coverage and quality of early learning and development.	Ministry of Basic and Senior Secondary Education, Ministry of Technical and Higher Education, Teacher Service Commission	7 500	46 294	53 794
	Percentage of children aged 36–59 months attending an early childhood education programme B: 11.5% (MICS 2017) T: 15%	MICS	The education system has strengthened capacity to improve the quality of basic education.				
	Percentage of children aged 7–14 who completed 3	MICS	Adolescents, particularly girls, have improved access to opportunities to				

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	foundational reading/mathematics tasks B: reading:16%, math:12% (MICS 2017) T: reading: 20%, math:16%		develop skills for learning and active citizenship.				
By 2023, fewer children experience physical and sexual violence, abuse and exploitation.	Percentage of children aged 1–14 who experienced any physical punishment and/or psychological aggression by caregivers in the past month B: national: 86.5%; F:86%; M: 87% (MICS 2017) T: F:65%, M:66%	MICS	Government has improved evidence and capacity to ensure child protection policy implementation and coordination.  Government and other service providers (social welfare and justice sectors) are better able to deliver quality gender-sensitive child protection prevention and response services.	Ministry of Social Welfare, Gender and Children’s Affairs, Ministry of Justice, FSUs, Justice Sector Coordination Office, Legal Aid Board, National Secretariat for the Reduction of Teenage Pregnancy, UNFPA, United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), NCRA	5 500	5 960	11 460
	Percentage of women aged 20–24 married before age 18 B: 29.9% (2017 MICS) T: 24%	MICS	Parents/caregivers and adolescents are better informed to prevent and respond to violence and harmful practices.				
	Percentage of children aged under 5 and under 1 whose births are registered with a civil authority B: under 5: 81.1% (MICS 2017) T: 90% B: under 1: 73% (MICS 2017) T: 85%	MICS, National Civil Registration Authority (NCRA) database	Government has strengthened capacity to scale up the birth registration of children within a harmonized civil registration and vital statistics system.				
By 2023, more children benefit from quality child-sensitive policies and social protection programmes, which reduce their	Number of children living in poverty according to national multidimensional poverty lines B: 2,207,504 (2017 Child Poverty Report) T: 2,047,144	MICS	Government has increased capacity to use disaggregated data and evidence related to child deprivation.  Government is better able to provide child-sensitive and integrated social	Ministry of Planning and Economic Development, Ministry of Local Government and Rural Development,	4 000	5 460	9 460

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
vulnerability to multidimensional poverty and the impact of economic shocks and disasters.	Number of children covered by social protection systems B: 60,000 (Social Protection Management Information System (MIS) 2018) T: 100,000	Social protection MIS	protection programmes, including in humanitarian situations.  Local government authorities are better able to coordinate and monitor evidence-based multisectoral plans to improve children's well-being.	Statistics Sierra Leone, National Social Protection Secretariat, National Commission for Social Action, Anti-Corruption Commission, International Labour Organization, United Nations Development Programme, WFP, World Bank			
The country programme is effectively designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	Percentage of key performance indicators meeting scorecard benchmarks B: 87% T: 95%	Scorecard/Insight	UNICEF staff and partners are supported to effectively implement programmes; and effectively communicate on child rights issues.		11 180	9 883	21 063
	Percentage of other resources mobilized against the approved ceiling B: 22% (2019) T: >90%	Insight					
<b>Total resources</b>					<b>39 780</b>	<b>133 418</b>	<b>173 198</b>