United Nations Children’s Fund
Executive Board
Second regular session 2024
3–6 September 2024
Item 4 (a) of the provisional agenda*

Draft country programme document**
Sierra Leone

Summary
The draft country programme document (CPD) for Sierra Leone is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of $61,866,000 from regular resources, subject to the availability of funds, and $215,591,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2025 to 2030.

** In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. This draft CPD, and a costed evaluation plan, will be presented to the Executive Board for review from 11 June to 1 July 2024. The final CPD will be posted to the Executive Board web page in English six weeks in advance of the 2024 second regular session and in the other designated languages four weeks in advance.
Programme rationale

1. The Government of Sierra Leone-UNICEF country programme, 2020–2024 made significant contributions to the Government’s Medium-Term National Development Plan 2019–2023 and substantially improved children’s well-being. Sierra Leone is among the top 40 low-income countries making significant progress towards achieving the child-related Sustainable Development Goal targets.1

2. The estimated population of 8,978,000 in 2024 includes 4,020,000 children under 18 years of age and 1,215,000 under 5 years of age. The adolescent population (10–19 years) comprises 23 per cent of total population.2 The urban population is expected to grow faster than the total population by 2030.3

3. Sierra Leone had an estimated gross domestic product (GDP) of $476 per capita in 2022 – the third lowest in the world.4 Despite repeated major shocks over the past decade, GDP is expected to grow by 4.7 per cent in 2024.5

4. In 2018, 56.8 per cent of the population was affected by monetary poverty, while 12.9 per cent experienced extreme poverty, with urban/rural variances.6 In 2017, 66 per cent of children lived in multidimensional poverty.7 The percentage of children living in severe food poverty (i.e. children who consumed foods and beverages from two or fewer out of eight defined food groups during the previous day) increased from 35 per cent in 2019 to 47 per cent in 2021.8

5. Spending on health and education as a share of GDP is significantly higher than the average for sub-Saharan Africa, while spending on social protection is significantly lower. Health capital expenditures increased to 11 per cent in 2020 and education to 22 per cent in 2023.9 There is no separate budget for children and no indication of the proportion of budget allocations to children, except for nutrition. Out-of-pocket spending is high, especially for health services in rural areas.10

6. Sierra Leone is exposed to climate change and environmental degradation. According to the UNICEF Children’s Climate Risk Index, Sierra Leone is at “extremely high” risk of climate change, ranking twenty-sixth among 163 countries. In response, the Government has taken various measures, including adopting the National Adaptation Plan 2021.

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1 UNICEF Division of Data, Analytics, Planning and Monitoring, Data and Analytics Section, Progress on Children’s Well-being: Centring child rights in the 2030 agenda, New York, 2023, pp. 3–6.
5 International Monetary Fund, Regional Economic Outlook Sub-Saharan Africa, Washington, D.C., October 2023, p. 18.
7. Sierra Leone ranked 162 out of 191 countries on the Gender Inequality Index in 2021,\textsuperscript{11} with entrenched social and gender norms remaining a major barrier to the fulfilment of the rights of women and girls. The 2024 gender programmatic review highlights patriarchal social norms as a root cause of deprivations, especially for adolescent girls.

8. Sierra Leone has reduced the under-5 mortality rate from 225 deaths per 1,000 live births in 2000 to 101 deaths per 1,000 live births in 2022, and the neonatal mortality rate from 49 deaths per 1,000 live births in 2000 to 31 deaths per 1,000 live births in 2022. However, the neonatal and under-5 mortality rates remain the highest in the world.\textsuperscript{12} Prematurity, birth asphyxia, birth trauma and infections cause more than 80 per cent of neonatal deaths, while malaria (38 per cent), other infectious and parasitic causes (28 per cent) and pneumonia (7 per cent) are the main causes of death for children under 5 years old.\textsuperscript{13} Fifty-six per cent of all children received all childhood vaccinations by 12 to 23 months of age.\textsuperscript{14} While Sierra Leone has reduced maternal mortality from 1,682 deaths per 100,000 live births in 2000 to 443 deaths per 100,000 live births in 2021\textsuperscript{15}, the rate is still among the 20 highest globally. Among adolescent girls (15–19 years), maternal complications are among the top five causes of deaths.\textsuperscript{16}

9. Stunting among children (0–5 years) decreased from 34.9 per cent in 2012 to 26.0 per cent in 2022,\textsuperscript{17} with the rates for boys 29.2 per cent and girls 23.4 per cent. Wasting has plateaued, with a 6.3 per cent prevalence in 2021,\textsuperscript{18} but with increased levels in deprived areas. Exclusive breastfeeding for children (0–5 months) was 52.7 per cent in 2021, while dietary diversity for children (6–23 months) decreased from 22.9 per cent in 2021 to 9.7 per cent in 2023.\textsuperscript{19} In 2021, 8.5 per cent of adolescent girls (10–19 years) and 10.7 per cent of adolescent boys suffered from acute malnutrition. Adolescent girls have significantly higher levels of both underweight and overweight.\textsuperscript{20}

10. Health and nutrition bottlenecks include limited availability and utilization of quality primary health-care services, workforce challenges and poor family care,
feeding practices and limited availability of nutritious foods, aggravated by harmful social and gender norms and gender inequality.

11. Sierra Leone has improved access to education, with the following gross enrolment rates (GERs) in 2022: primary, 157 per cent; junior secondary, 106 per cent and senior secondary, 86 per cent. The GER across all levels of education was higher for girls than boys. The pre-primary GER was 25 per cent, corresponding to a low number of pre-primary schools, especially in rural areas.\(^\text{21}\) Learning outcomes are poor: only 4 per cent of Grade 4 students are proficient in reading, 8 per cent exceed expectations, and 64 per cent are unable to comprehend the text they read.\(^\text{22}\) Twenty-eight per cent of teachers do not have the formal qualifications to teach.\(^\text{23}\) Children with disabilities account for 44,792 enrolled across the four levels of education.\(^\text{24}\) In 2022, only 1,289 pregnant girls were enrolled in secondary and senior secondary education,\(^\text{25}\) corresponding to less than 20 per cent of all pregnant girls (15–17 years). Bottlenecks include weak infrastructure, insufficient qualified teachers and management of the teaching workforce, as well as harmful practices, social and gender norms and poverty.

12. Sierra Leone has made solid progress in developing a child protection system. Birth registration of children (0–5 years) increased from 76.7 per cent in 2013 to 90.4 per cent in 2019, although only about 30 per cent of children have birth certificates. Child marriage is decreasing, with 30 per cent of girls married before 18 years old and 8.6 per cent before 15 years old. About 4.3 per cent of 15-year-old girls and 44.9 per cent of 19-year-old girls have begun childbearing, often resulting in school dropout and birth-related complications. Corporal punishment persists, with 86.5 per cent of children (1–14 years) experiencing physical punishment and/or psychological aggression by caregivers at home. In 2013, 4.9 per cent of girls (15–19 years) reported having experienced sexual violence in the previous 12 months, compared to 4.5 per cent in 2019. Among children (5–17 years), 23 per cent have at least one functional difficulty and are often subject to stigma and discrimination.\(^\text{26}\) Although female genital mutilation (FGM) among adolescent girls (15–19 years) decreased to 61 per cent in 2019, it is still among the highest figures globally.\(^\text{27}\) Bottlenecks include limited financial resources to implement legislation and policies, limited child protection services, including the lack of a strong social service workforce, and the existence of harmful social and gender norms.

13. Access to basic water services increased from 59.5 per cent (2017) to 62.6 per cent (2022), with significantly lower levels in rural areas (54.5 per cent) compared to urban areas (79.4 per cent), and in the poorest quintile (25.6 per cent) compared to the richest (83.1 per cent).\(^\text{28}\) Access to basic sanitation services (17.8 per cent in 2022) slightly improved from 16.5 per cent in 2017, with open defecation practiced by 25.1 per cent of the population in 2022 (versus 17.1 per cent in 2017) with significantly

\(^{21}\) Ministry of Basic and Senior Secondary Education (MBSSE) Sierra Leone, 2022 Annual Schools Census Report EMIS, Freetown, April 2023, p. 35.

\(^{22}\) MBSSE Sierra Leone, National Early Grade Reading and Mathematics Assessment Baseline Study, Freetown, November 2021, pp. 35.

\(^{23}\) MBSSE, 2022 Annual Schools Census Report EMIS, p. 45.

\(^{24}\) Ibid., pp. xiv and 39.

\(^{25}\) Ibid., pp. xiv and 40.


\(^{27}\) Ibid., p. 186.

higher levels in rural areas (35 per cent) and in the poorest quintile (73 per cent).

Access to basic hygiene services reached 11.6 per cent in 2022, with a big gap between knowledge (92.5 per cent) and practice (9.6 per cent) regarding when handwashing is appropriate. Bottlenecks include low and inconsistent financing, limited availability of skilled human resources and harmful social and gender norms affecting access to water, sanitation and hygiene (WASH).

14. Only 33.6 per cent of schools have access to basic water supply services, 42.4 per cent to basic sanitation services and 22.1 per cent to basic hygiene services. Only 8.1 per cent of schools with improved latrines had provisions for menstrual health and hygiene. Sixty per cent of health-care facilities have access to basic water supply services, 16.8 per cent to basic sanitation services and 22.3 per cent to basic hygiene services.

15. The social protection system is characterized by limited coverage and fragmented programmes that are largely donor-funded and project-based. The main national social safety net, which is mostly household-targeted and poverty-based, reached 100,000 households by 2022. There is no social protection scheme for children with disabilities, nor is there a non-contributory child grant scheme, although both are stated as strategic targets in the National Social Protection Strategy for Sierra Leone 2022–2026. Only an estimated 0.8 per cent of children are covered by social protection systems, largely due to the limited statutory benefits for mothers and newborns and the lack of social assistance focused on children. Bottlenecks include limited fiscal space, human resources, lack of coordination and inadequate infrastructure.

16. Key lessons learned include addressing entrenched gender norms, ensuring cross-sectoral collaboration and integrating social and behavioural change strategies, in various sectors and linking advocacy, social mobilization and community engagement approaches across platforms. Another lesson is the importance of UNICEF support and close collaboration with key government planning units for strengthened state capacity, ensuring the relevance and effectiveness of all programming for children.

Programme priorities and partnerships


18. The programme has five sectoral components: survive and thrive; learn and acquire skills; child protection; WASH; and social policy and social protection. The

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30 Ministry of Water Resources and Sanitation and Ministry of Health, NORMS Report 2022, p. 43.
overall outcome is that more children and adolescents, especially the most vulnerable, have equitable access to and use of gender-responsive and inclusive services and adopt positive practices. Several systemic changes will permeate the country programme with four key priorities: decision-making based on quality data and evidence; comprehensive and predictable financing; quality services for all children; and positive practices and behaviours and social and gender norms.

19. A life-cycle lens will be applied to all programme components, with a focus on early childhood and adolescence, while recognizing the role of caregivers and parents. Focusing on early childhood is a developmental investment and preventive approach that will address the deprivations facing children 0–5 years old. There will be an intentional focus on girls to reduce intersecting deprivations while promoting girls’ leadership and agency.

20. Gender-responsive programming and the empowerment of women and girls will address inequitable and discriminatory gender norms that perpetuate gender-based violence and harmful practices such as child marriage and FGM. The following cross-cutting priority strategies will contribute to all systemic changes and outcomes:

   (a) Equity focus and inclusion to target disparities related to geography, poverty, gender, age and disability;
   (b) Governance and systems strengthening;
   (c) Convergent programming to achieve catalytic results with an emphasis on disability, early childhood, adolescence, climate action, disaster risk reduction (DRR) and emergency preparedness;
   (d) Social and behavioural change to address key behavioural drivers and norms and facilitate contextual changes, including service improvements and dynamics within community systems;
   (e) Adolescent and youth programming to strengthen systems and reduce deprivations, accelerate results with adolescent girls and support adolescents and youth as change agents in national and subnational priorities;
   (f) Communication, advocacy and partnerships to influence decision-makers and key target audiences to advance children’s rights;
   (g) Planning, monitoring and evaluation to advocate for children’s rights grounded in sound data, evidence and knowledge management;
   (h) Innovations and digital transformation to deliver solutions;
   (i) Climate action to mainstream child-responsive adaptation across all sectors and programmes;
   (j) Linkages between the humanitarian-development-peace nexus and DRR programming to support preparedness and responses.

21. The CPD has been informed by substantial consultations with the Government, and validated by development partners and civil society, including adolescents and youth. It has been developed in tandem with the UNSDCF and will contribute to its three outcomes.

Survive and thrive

22. Contributing to UNSDCF outcomes 1–3 and aligned with Goal Area 1 of the Strategic Plan, this component is aimed at ensuring that more children, adolescents and women of reproductive age, especially the most vulnerable, have increased access to and use of equitable, integrated, high-quality and resilient primary health care and
nutrition services and adopt healthy practices. It will support national health and nutrition policies, strategies and plans under the leadership of the Ministry of Health.

23. National and decentralized governance and other systems for primary health care and nutrition will be supported through evidence generation and capacity development to strengthen planning, multisectoral coordination, financing, procurement and human resource management. Advocacy for increased and sustainable public expenditure and promotion of pro-poor payment mechanisms will increase protection from out-of-pocket expenditures. Digitization and innovative technologies will strengthen health and nutrition information and surveillance systems. The Government’s Scaling Up Nutrition and Feed Salone initiatives will be promoted jointly with other United Nations agencies focusing on food systems; multisectoral nutrition-sensitive interventions; and production of nutritious local food items. Risk-informed planning and resilient health and nutrition systems will be supported.

24. High-quality primary health and nutrition services will be promoted through the scaling-up of high-impact interventions, including breastfeeding and complementary feeding support; providing special care to sick newborns; immunization, focusing on zero-dose and under-vaccinated children; prevention and treatment of pneumonia; treatment of acute malnutrition; and the elimination of mother-to-child-transmission of HIV. The coverage of integrated, gender-responsive and adolescent-friendly health and nutrition services will be improved. Capacity development of skilled human resources and referral linkages across the continuum of care will be strengthened.

25. Positive health and nutrition practices and utilization of primary health care and nutrition services will be promoted, including through a strengthened framework to improve primary health and to institutionalize community health. Gender-responsive adolescent health and nutrition practices and health-seeking behaviours will be supported, with a focus on adolescent and community engagement. Developing the capacity of community health workers, strengthening linkages with other community structures, and surveillance and emergency response systems will improve integrated community-based services and social and behavioural change.

**Learn and acquire skills**

26. Contributing to UNSDCF outcomes 1–3 and aligned with Goal Area 2 of the Strategic Plan, this component is aimed at ensuring that more children and adolescents, especially the most vulnerable, have access to and complete quality education and learn and acquire skills for the future. It will support the operationalization and implementation of the Basic and Senior Secondary Education Act 2023 under the leadership of the Ministry of Basic and Senior Secondary Education and the Ministry of Technical and Higher Education.

27. Governance support will include improved coordination; collection and use of disaggregated data for inclusive, gender-responsive and crisis-sensitive policy and educational planning; evidence-based advocacy to leverage financing for education, ensuring improved equity and efficiency in resource utilization; and improved management of the teaching workforce through an enhanced national continued professional development framework. Legal frameworks and quality assurance mechanisms will be strengthened, including measuring learning outcomes and ensuring a well-functioning classroom assessment system. Policies and plans for quality curricula, teacher training and textbooks, including gender equality, human rights, conflict sensitivity, climate resilience and DRR, will be promoted to strengthen the delivery of life skills programmes.
28. Equitable access to education will be supported through the expansion of pre-
primary education and flexible multiple learning pathways for out-of-school children,
children with disabilities and at-risk adolescents and youth; increased use of the
Learning Passport and other digital innovations by leveraging information and
communications technology; promotion of school safety, including an improved
gender-based violence prevention and response system; strengthened school
management with increased participation of girls and mothers; and engagement with
families, communities, leaders, school teams, children and adolescents to address
negative social and gender norms; including a focus on adolescent girls.

29. Improved learning outcomes will be supported through teacher training focusing
on delivering foundational and remedial learning in and out of school; implementation
of continued professional development for teachers; capacity-building of quality
assurance officers; and evidence generation on foundational learning and structured
pedagogical approaches. The revision of curricula for in- and out-of-school learners
aligned to twenty-first century skills and the production and utilization of quality
child- and adolescent-centred, inclusive teaching-learning materials will include
mainstreaming gender and human rights, conflict sensitivity, climate change and DRR
education.

**Child protection**

30. Contributing to UNSDCF outcomes 1–3 and aligned with Goal Area 3 of the
Strategic Plan, the child protection component is aimed at ensuring that more children
and adolescents, especially the most vulnerable, have a legal identity and are
empowered and protected from violence, abuse, exploitation, neglect and harmful
practices. The component will support the implementation of child rights legislation,
along with reforms for social service workforce strengthening under the leadership of
the Ministry of Gender and Children’s Affairs and the Ministry of Social Welfare.

31. A stronger child protection system will be promoted by focusing on, inter alia,
gender- and child-friendly budgets, laws and policies, and structures for improved
multisectoral action, coordination, decentralization and accountability. Public
expenditure on child protection will be promoted, along with independent monitoring
of international child protection commitments by national child rights commissions
and civil society organizations. Scale-up and interoperability of information
management systems will be supported, including through private sector engagement
for improved decision-making and quality of services.

32. The standardized case management systems, along with referral pathways, will
be strengthened to provide quality child- and adolescent-friendly prevention and
response services. Further support will be provided to scale-up the social service
workforce, specialized justice capacity and the promotion of universal birth
registration and linkages with health systems to accelerate interoperability. Existing
preventive and responsive community-level mechanisms will be strengthened.

33. Evidence-based and gender-responsive social and behaviour change
interventions will strengthen the prevention of child protection violations, with a
particular focus on adolescent girls. This will involve engaging communities, parents
and adolescents in changing social and gender norms that drive violence against
children and harmful practices. Simultaneously, UNICEF will leverage cash plus
programmes to address teenage pregnancy and child marriage. UNICEF will continue
to harness partnerships with the United Nations Population Fund, the United Nations
Entity for Gender Equality and the Empowerment of Women and the United Nations
Development Programme, as well as strong synergies with other non-governmental
organizations and various sectors.
Water, sanitation and hygiene and climate action

34. Contributing to UNSDCF outcomes 1–3 and aligned with Goal Area 4 of the Strategic Plan, this component is aimed at ensuring that more children and their households, especially the most vulnerable, have increased access to and use of affordable and sustainable basic water and sanitation services, practice safe hygiene behaviours and live in a safe and clean environment. It will support the National Water and Sanitation Policy, National Water Safety Plan and National Strategy on Sanitation and Hygiene under the leadership of the Ministry of Water Resources and Sanitation; the National Adaptation Plan under the leadership of the Ministry of the Environment and Climate Change; and emergency preparedness and response through the National Disaster Management Agency.

35. Governance support will include technical assistance to ensure systems strengthening and gender-responsive, evidence-based policies and plans through strengthened national monitoring and management information systems. Advocacy for increased and innovative WASH financing will focus on private sector engagement and create public awareness. Multisectoral platforms will be promoted for improved coordination across sectors.

36. Access to safe, sustainable and climate-resilient WASH services will be supported, especially in rural and poor urban communities, schools and health-care facilities. Capacities will be strengthened for improved design, supervision and management of climate-resilient water supply systems and water-safety plans. The institutionalization of village-level operations and maintenance of water systems will be promoted for increased community ownership and sustainability and a plan for water security will be rolled out.

37. Safely managed sanitation, hygiene practices and behaviours will be promoted through policy advocacy, public awareness and at-scale demand creation through community-led total sanitation and market-based sanitation approaches. City-wide inclusive and safely managed sanitation will be scaled up, including environmental sanitation in selected peri-urban areas, and the Three Star Approach for sustainable hand-washing behaviour and menstrual hygiene management, including training and procurement of essential supplies, will be supported.

38. Climate-related interventions will support implementation of the National Adaptation Plan, roll out of national guidelines on community-based DRR and strengthening of youth-led climate action. Capacity development of line ministries on emergency preparedness, DRR and management and adaptation, and community early warning systems will contribute to climate-resilient services and communities.

Social policy and social protection

39. Contributing to UNSDCF outcomes 1–3 and aligned with Goal Area 5 of the Strategic Plan, this component is aimed at ensuring that more children and their households, especially the most vulnerable, benefit from quality child-sensitive policies and social protection programmes, thus reducing their vulnerability to poverty and the impact of economic, environmental and climate shocks. The component will support the social protection policy and strategy, and the strengthening of equitable and child-sensitive budgets under the guidance of the Ministry of Planning and Economic Development, the Ministry of Finance and the National Commission for Social Action.

40. Government systems to generate, analyse, disseminate and use evidence on child poverty to design social and economic policies and strategies will be supported.
Strategic child poverty research will complement the inclusion of child poverty indicators in national surveys and inform advocacy efforts.

41. Legal and policy frameworks for gender-responsive, nutrition-sensitive and shock-responsive social protection systems will be advocated for, with a focus on establishing national policy targets. Social protection system components, including delivery mechanisms, a social protection registry, a grievance redress mechanism and social and behavioural change strategy will be further strengthened. Child-centred and age-specific social protection programmes will be supported, including child and child disability grants. Gender-responsive programmes, including cash plus, will increase protection from harmful practices.

42. Equitable and child-sensitive budgets and fiscal decentralization system capacities will be strengthened through the generation of district-level evidence on budget allocations and expenditures; advocacy support for child-focused and equity-based allocations; promotion of a child-centred budget system; and increased advocacy for public spending on children. Capacities of national and subnational governance systems, including district development coordination committees to develop child-sensitive frameworks and budgets, will be enhanced. Capacities of communities, civil society organizations and children’s organizations to influence policies and budgets and monitor expenditures will also be strengthened.

Programme effectiveness

43. This component is aimed at ensuring that the CPD is effectively designed, coordinated, managed and supported to meet quality programming standards in achieving results for children in an improved environment, including through efficient operational support between the UNICEF office in Freetown and its field offices. The component will facilitate systematic coordination for cross-sectoral priorities, including programme planning, monitoring and evaluation, communications, advocacy and partnerships, innovation, DRR and emergency. A focus on adolescence, social and behavioural change and gender equality will contribute to strengthened programme effectiveness.

Summary budget table

<table>
<thead>
<tr>
<th>Programme component</th>
<th>Regular resources</th>
<th>Other resources</th>
<th>Total</th>
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<tbody>
<tr>
<td>Survive and thrive</td>
<td>12 750</td>
<td>101 503</td>
<td>114 253</td>
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<tr>
<td>Learn and acquire skills</td>
<td>9 426</td>
<td>53 747</td>
<td>63 173</td>
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<tr>
<td>Child protection</td>
<td>6 727</td>
<td>9 581</td>
<td>16 308</td>
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<tr>
<td>Water, sanitation and hygiene and climate action</td>
<td>6 454</td>
<td>16 707</td>
<td>23 161</td>
</tr>
<tr>
<td>Social policy and social protection</td>
<td>6 676</td>
<td>8 190</td>
<td>14 866</td>
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<tr>
<td>Programme effectiveness</td>
<td>19 833</td>
<td>25 863</td>
<td>45 696</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>61 866</strong></td>
<td><strong>215 591</strong></td>
<td><strong>277 457</strong></td>
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Note: Other resources (emergency) funding will be mobilized in addition to other resources (regular).
Programme and risk management

44. This document delineates UNICEF contributions to national outcomes and serves as the primary mechanism for accountability to the Executive Board regarding the alignment of results and allocation of resources to the programme. The responsibilities related to the CPD are outlined in the policies and procedures governing UNICEF programmes and operations.

45. The Ministry of Planning and Economic Development holds overall coordination responsibility for the CPD and co-chairs the UNSDCF Steering Committee alongside the United Nations Resident Coordinator. The United Nations country team will establish outcome groups and coordination mechanisms for UNSDCF outcome areas. Collaborating with sectoral ministries, UNICEF will devise multiyear workplans to execute the CPD.

46. UNICEF will continuously identify and manage critical risks. Addressing resource gaps will involve partnerships and implementing a resource mobilization strategy that includes private sector engagement. Risks associated with cash and equipment transfers will be mitigated using the harmonized approach to cash transfers. The country’s vulnerability to epidemics, climate change and disasters will be addressed under the leadership of the National Disaster Management Agency.

Monitoring, learning and evaluation

47. The results and resources framework and the costed evaluation plan will guide outcome and output monitoring and reporting. Improved use of data, evaluations and rights- and results-based and knowledge management cultures will be promoted, increasingly moving towards monitoring outcomes, triangulating qualitative and quantitative data, using lessons learned, adapting programme interventions for improved outcome effectiveness and using community feedback mechanisms. Annual reviews with the Ministry of Planning and Economic Development, sectoral ministries, partners and rights-holders will review the results achieved, identify opportunities and risks and inform programming adjustments.

48. With other United Nations agencies and partners, UNICEF will support Statistics Sierra Leone, sectoral management information systems and national human rights institutions to produce, analyse and disseminate relevant, high-quality disaggregated data to track equity and gender disparities; inform policy development and budget allocations; and support the Ministry of Planning and Economic Development in monitoring child rights and reporting progress towards the Sustainable Development Goals and alignment with the Convention on the Rights of the Child. Weaknesses in real-time monitoring mechanisms and systems interoperability will be addressed.
### Annex

**Results and resources framework**

**Sierra Leone – UNICEF country programme of cooperation, 2025–2030**

**Convention on the Rights of the Child:** Articles 1–40

**National priorities:** Medium-Term National Development Plan 2024–2030; Big 5 Game-Changers

**United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF:** 1–3

**Related UNICEF Strategic Plan2022–2025 Goal Areas:** 1–5

<table>
<thead>
<tr>
<th>UNSDCF outcomes</th>
<th>UNICEF outcomes</th>
<th>Key progress indicators, baselines (B) and targets (T)</th>
<th>Means of verification</th>
<th>Indicative country programme outputs</th>
<th>Major partners, partnership frameworks</th>
<th>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</th>
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<tbody>
<tr>
<td>1, 2 and 3</td>
<td>1. More children, adolescents and women of reproductive age, especially the most vulnerable, have increased access to and use of equitable, integrated, high-quality and resilient health and nutrition services and adopt healthy practices.</td>
<td>Percentage of newborns receiving postnatal care within two days of birth B: 83% (2019) T: 95%</td>
<td>Demographic and Health Survey (DHS)/Multiple indicator cluster survey (MICS)/District Health Information System (DHIS2)</td>
<td>1.1 Health and nutrition systems are strengthened for evidence-based programming, supply chain management, multisectoral coordination, mobilizing resources, social financing and monitoring and evaluation. 1.2 Primary health care and referral facilities are capacitated to provide equitable, high-impact, quality and integrated reproductive, maternal, newborn, child and adolescent health and nutrition services across the continuum of care.</td>
<td>Ministries of: Health (MoH) and Agriculture; Office of the Vice-President; parliamentarians United Nations system; development partners; civil society organizations (CSOs); youth organizations; private sector</td>
<td>12 750 101 503 114 253</td>
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<td>Outcome 1: People in Sierra Leone, especially the most vulnerable, are food and nutrition secure, benefit from effective natural resource management, are resilient to the effects of climate change, and equipped to prevent and respond to disasters.</td>
<td>[Children aged 0–59 months with symptoms of pneumonia taken to an appropriate health provider B: 85.7% (2019) T: 95%]</td>
<td>DHIS2/ DHS/MICS</td>
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<td>UNSDCF outcomes</td>
<td>UNICEF outcomes</td>
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<td>responsive essential and social protection services and decent job opportunities.</td>
<td>Percentage of children aged 0–11 months receiving third dose of pentavalent vaccine</td>
<td>World Health Organization/United Nations Children’s Fund (WHO/UNICEF) Estimates of National Immunization Coverage; DHIS2</td>
<td>including in emergencies.</td>
<td>1.3 Families/caregivers and children have equitable access to quality community-based services and structures and have increased knowledge and capacity to adopt positive health and nutrition practices.</td>
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<td>Outcome 3: People in Sierra Leone enjoy transparent and accountable governance systems and economic transformation that guarantee peace, rights, and social cohesion, particularly among youth, women, marginalised and vulnerable groups</td>
<td>Percentage of children (0–5 years) stunted*</td>
<td>DHS/MICS/ National Nutrition Survey (NNS)</td>
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<td>Percentage of infants under 6 months exclusively fed with breastmilk</td>
<td>DHS/MICS/ NNS</td>
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<td>Percentage of pregnant adolescent girls (10–19 years) who receive iron and folic acid supplements</td>
<td>DHS/MICS/ Micronutrient Survey</td>
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<td></td>
<td>Percentage of children aged 0–11 months receiving third dose of pentavalent vaccine</td>
<td>B: 91% (2022) T: 95%</td>
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<td>Percentage of children (0–5 years) stunted*</td>
<td>B: 26.2% (2021) T: 16.8%</td>
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<td></td>
<td>Percentage of infants under 6 months exclusively fed with breastmilk</td>
<td>B: 52.7% (2021) T: 75%</td>
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<td></td>
<td>Percentage of pregnant adolescent girls (10–19 years) who receive iron and folic acid supplements</td>
<td>B: To be confirmed (TBC) T: TBC</td>
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<td>2. More children, adolescents, especially the most vulnerable, have access to, and complete quality education, learn and acquire skills for the future.</td>
<td></td>
<td>Gross enrolment ratio in pre-primary education (total; girls; boys) B: 25%; 26%; 24% (2022) T: 45%; 46%; 44%</td>
<td>Annual School Census/MICS</td>
<td>2.1 Government education systems demonstrate strengthened capacities to plan, implement and monitor the delivery of gender-responsive quality education. 2.2 Government and communities have improved capacities to ensure equitable access to quality education for all children, especially the most vulnerable. 2.3 The education ecosystem has strengthened capacities to deliver quality basic education.</td>
<td>Ministries of: Basic and Senior Secondary Education (MBSSSE); Technical and Higher Education; Gender and Children’s Affairs (MoGCA) United Nations system; World Bank Development partners; CSOs; youth organizations; private sector</td>
<td>9 426 53 747 63 173</td>
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<td>Percentage of children at grade end of primary school (at Grade 5–6) achieving minimum proficiency levels in reading and mathematics (total; girls; boys) Reading: B: 34.9%; 34.8%; 35.0% (2017) T: 55%; 55%; 55% Mathematics: B: 25.4%; 22.1%; 28.6% (2017) T: 45%; 45%; 45%</td>
<td>MICS</td>
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<td>Rate of out-of-school children of primary and lower secondary school age (total: girls; boys)</td>
<td>MICS</td>
<td>3. More children, adolescents, especially the most vulnerable, have a legal identity, and are empowered and protected from violence, abuse, exploitation, neglect, and harmful practices.</td>
<td>3.1 Key child protection stakeholders have improved capacity for evidence-based advocacy to increase fiscal space for child protection, develop and implement legal and policy reforms and coordinate among multisectoral actors, to strengthen gender-responsive child protection systems countrywide.</td>
<td>MoGCA; MoH; Ministry of Social Welfare (MoSW), Family Support Unit, National Commission for Children Sierra Leone; National Secretariat for the Reduction of Teenage Pregnancy; NCRA United Nations system Development partners; CSOs; youth organizations; private sector</td>
<td>6 727</td>
<td>9 581</td>
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<td>Percentage of children aged 1–14 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month (total; girls; boys)</td>
<td>MICS</td>
<td>3.2 The Government and other service providers have strengthened capacity to deliver decentralized quality child- and adolescent-</td>
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<td>B: 86.5%; 86%; 87% (2017)</td>
<td>T: 65%; 65%; 65%</td>
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<td>Rate of out-of-school children of primary and lower secondary school age (total: girls; boys)</td>
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<td>Primary: B: 18.1%; 15.5%; 20.6% (2017)</td>
<td>T: 9%; 8%; 10%</td>
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<td>Lower secondary: B: 19%; 17.6%; 20.2% (2017)</td>
<td>T: 10%; 9%; 11%</td>
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<td>Percentage of women aged 20–24 years married before age 18 years</td>
<td>DHS MICS</td>
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<td>B: 29.6% (2019)</td>
<td>T: 24%</td>
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<td>Percentage of children under 5 years of age and under 1 year of age whose births are registered</td>
<td>DHS MICS National Civil Registration Authority (NCRA)</td>
<td>friendly, gender-responsive and disability-inclusive prevention and response services.</td>
<td>Ministry of Water Resources and Sanitation; MoH; MBSSE; MoGCA United Nations system; World Bank Development partners; CSOs; youth organizations; private sector</td>
<td>6 454 16 707 23 161</td>
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<td>Under 5: (total; girls; boys) B: 90%; 90%; 90% (2019) T: 95%; 95% 95%</td>
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<td>3.3 Communities, families and children have strengthened knowledge and capacity to adopt more equitable and positive norms and practices conducive to birth registration and protection from violence, including harmful practices.</td>
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<td>Under 1 B: 73% T: 85%</td>
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<td>4. More children, adolescents, and their households, especially the most vulnerable, have increased access to and use of affordable and sustainable basic water and sanitation services, practice safe hygiene behaviours, and live in a safe and clean environment.</td>
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<td>Proportion of the population using basic drinking water services</td>
<td>WASH National Outcome Routine Mapping survey (WASH-NORM)</td>
<td>4.1 Government has improved capacities for evidence-based and gender-responsive water, sanitation and hygiene (WASH) governance processes, including management and effective coordination at all levels.</td>
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<td>B: 62.6% (2022) T: 85%</td>
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<td>4.2 Government authorities at national, municipal and district levels demonstrate strengthened capacities to improve the coverage and quality of WASH services for rural and poor urban</td>
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<td>Proportion of the population using at least basic sanitation services</td>
<td>WASH-NORM</td>
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<td>B: 31.4% (2022) T: 90%</td>
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<td>Proportion of the population practicing open defecation</td>
<td>WASH-NORM</td>
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<td>B: 25.1% (2022) T: 0%</td>
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<td>Percentage of households with a hand-washing facility on premises with soap and water available B: 11.6% (2022) T: 90%</td>
<td>WASH-NORM households and communities. 4.3 Communities have increased capacities and commitment to use basic sanitation facilities and demonstrate improved hygiene practices and behaviours. 4.4 Government and communities have capacities to respond to and protect children and families from disasters and climate change and better prepare for humanitarian situations.</td>
<td>5. Number of children living in poverty according to national multidimensional poverty lines B: 66% (2017) T: 60%</td>
<td>- 5.1 Government has enhanced capacity to generate, analyse, disseminate and use evidence on child poverty and deprivations to design social and economic development policies and strategies. 5.2 Government has enhanced capacity to manage a gender-responsive, inclusive and child-sensitive social protection system that ensures expanded coverage, responds to shocks</td>
<td>Ministry of Planning and Economic Development (MoPED); MoSW; National Commission for Social Action; Statistics Sierra Leone World Bank; United Nations system Development partners; CSOs; youth organizations; private sector</td>
<td>6 676</td>
<td>8 190</td>
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<td>environmental shocks.</td>
<td>Percentage of children covered by social protection systems*</td>
<td>-</td>
<td>and addresses the needs of the most vulnerable children and their households.</td>
<td>5.3 Government at national and subnational levels has enhanced capacity to strengthen public spending and design multisectoral social and economic development policies and strategies to improve child well-being.</td>
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<td></td>
<td>Public social protection expenditure as a percentage of gross domestic product)</td>
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<td>B: &lt;1%</td>
<td>T: 1.5%</td>
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<td>6. The country programme is effectively designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.</td>
<td>Percentage of key performance indicators meeting scorecard benchmarks</td>
<td>Scorecard/Insight</td>
<td>6.1. UNICEF staff and partners are provided with guidance, tools and resources for effective programme planning and implementation.</td>
<td>6.2. Relevant stakeholders have increased capacity to improve gender equality, adolescent survival, development, protection and</td>
<td>MoPED; MoGCA; MoSW United Nations system; development partners; CSOs; private sector</td>
<td>19 833  25 863  45 696</td>
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<td>Percentage of members of community-based initiatives (village workers) who are women or adolescents for health, nutrition, WASH, education, child protection</td>
<td></td>
<td>participation; and to contribute to social and behavioural change.</td>
<td></td>
<td>RR 866 OR 215 591 Total 277 457</td>
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<td>B: TBC T: TBC</td>
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* Outcome indicator is aligned with the UNSDCF indicator.