Delegations are kindly invited to use this template to share their comments on the draft country programme documents being presented to the Executive Board during the forthcoming session.

Delegation name: *United States of America*

Draft country programme document: *Sierra Leone*

In accordance with Executive Board decision 2014/1, draft country programme documents are considered and approved in one session, on a no-objection basis. All comments received by the Office of the Secretary of the Executive Board before the deadline stated above will be posted on the Executive Board website.

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<th>Delegation’s comments</th>
<th>Response(s)</th>
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<tr>
<td><strong>General comments</strong></td>
<td>UNICEF acknowledges and appreciates the comments on its draft country programme for 2025-2030 from the Government of the United States of America and welcomes the opportunity to provide additional information that could not be adequately covered in a document of 6,000 words. UNICEF values the consistent regular contact and interaction with the US Embassy and the solid active partnership between the US Cooperation and UNICEF in advancing fulfilment of children’s rights in Sierra Leone.</td>
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<td>The United States welcomes the Country Programme Document and its costed evaluation plan.</td>
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<td><strong>General Comments:</strong></td>
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<td>• We suggest improving the alignment of the information in the CPD and the CEP. There is relevant, important, contextual information in the CPD that is not included or referred to in the CEP leading to poor linkage between the two documents.</td>
<td>• UNICEF CO in Sierra Leone appreciates the point raised to ensure adequate linkage between the Costed Evaluation Plan (CEP) and the CPD. CEP is a concise overview of the planned strategic evaluations for the country programme, and the</td>
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</table>
• Vaccine-preventable diseases like polio, measles, and other important causes of maternal and child mortality like malaria, tuberculosis are not covered, and there are no indicators or targets for them. Please clarify.

• UNICEF CO in Sierra Leone welcomes the comment related to vaccine-preventable diseases. Information related to vaccine preventable diseases like polio and measles is reflected in CPD paragraph 24 (proposed programmatic health preventive interventions).

Para# 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.”

• Due to the word count limit, additional details about the vaccine-preventable disease will be included in the relevant workplans.

• UNICEF CO in Sierra Leone acknowledges the comment related to the NICS/MICS. Data from MICS 2017 and DHS 2019 have been systematically used in the development of the Results and Resources Framework for measuring impact and outcome indicators. In addition,
Survey data like National Demographic and Health Survey or National Immunization Coverage Survey-Multi-Cluster Indicator Survey (NICS-MICS) are not used to determine the targets. Why is this the case?

There is nothing on routine immunization in general or on zero dose in particular which are both critical to child health especially in low- and middle-income countries. Why are these not included?

UNICEF is currently collaborating with Statistics Sierra Leone on the MICS 2024 which will provide an updated baseline of multi-sectoral impact and outcome indicators at the beginning of the implementation of the new CPD.

We recognise the valid point raised by the US Delegation regarding routine immunization in general and zero-dose in particular, which are both critical to child health especially in low- and middle-income countries. We would like to confirm that ensuring children survive and thrive is a key programmatic focus of the new country programme (2025-2030), as agreed upon with the Government of Sierra Leone and Development Partners. Strategic interventions are specially reflected in CPD paragraph 24, page 7.

"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."

In addition, due to the limitation of indicator numbers in the CPD, only one global quality indicator of immunization coverage is included at outcome level. This indicator is used to determine zero dose, i.e. missed children, with key vaccines. There is also the Outcome Indicator 1.3:
Specific Comments:

- The CEP has statements or terms that are not clearly defined and makes the document difficult to comprehend. In addition, there are issues with the targets set as some are unrealistic. We suggest UNICEF revising and improving these.

- National level data is not sufficient. Given that UNICEF is trying to assess its impact from a decentralized approach, we would also suggest tracking how many provinces/states met the set target.

Percentage of children aged 0-11 months receiving 3rd dose of Pentavalent vaccine. The Means of Verification (MOV) for this indicator is WUENIC/DHIS2. WUENIC (WHO UNICEF Estimates of National Immunization Coverage) is an annual assessment done jointly with MoH and used as a quality indicator of immunization data. This is a globally accepted indicator for coverage status for all the vaccines used in the country. Other relevant indicators at the output level are not included in the CPD but may be included in annual workplans.

UNICEF welcomes the US Delegation’s comment related to the CEP. The CEP is a concise overview of the planned evaluations during the country programme period and should be read alongside the CPD in order to obtain a more holistic picture. The start and end dates of evaluations were planned in accordance with the appropriate timing of evaluations depending on programmes’ implementation cycle.

- UNICEF appreciates the comment regarding the need to track progress at the sub-national level. This will be routinely done as part of regular programme monitoring and reporting. In addition, real-time monitoring mechanisms and systems will be strengthened. Furthermore, UNICEF, together with UN agencies and partners, will support Statistics Sierra Leone, sectoral management information systems, and human rights institutions to produce, analyze, and share high-quality data. This will track equity and gender disparities, inform policies and
## Comments on specific aspects of the draft country programme document

*Delegations providing comments may wish to include details, such as the page number, paragraph number, or page of the annexed results and resources framework.*

### Outcome 2: People in Sierra Leone, particularly the most vulnerable groups in rural and hard-to-reach areas, have equitable access to quality, gender-responsive essential and social protection services and decent job opportunities.

2.1: Mortality ratios “Maternal mortality ratio: From 443 to reduce 219 per 100,000 live births” and “Under-5 mortality rate: From 101 to reduce 50 per 1000 live births”
- These indicators are planned to be reduced by half. This is difficult to reach at this level within five years. We suggest revising these.
- Neonatal mortality rate is not included, which is a very important indicator as they are planned ANC and skilled attendance should be included. Please revise.

UNICEF acknowledges and appreciates the comment related to the Outcome 2 of the draft country programme for 2025-2030 and welcomes the opportunity to provide additional information that could not be adequately covered due to the word count limit.

- The maternal mortality ratio is part of the UNSDCF indicator framework and UNICEF is part of the results framework along with other UN agencies (WHO, UNFPA and UNAIDS). The target (219/100,000 live births) is based on and aligned with the country commitments for SDG 2030, and both UNSDCF and UNICEF CPD have the same timeline (e.g. six years).
- U5 Mortality targets are also set as part of the UNSDCF and matched with country commitments for SDG 2030.
- Neonatal mortality is not part of UNSDCF, however it is tracked and reported in the country SDG monitoring framework and reported annually.
- UNICEF has included 2 specific newborn and under five service quality coverage indicators at outcome level. *Outcome Indicator 1.1: Newborns receiving postnatal care within two days of birth (%) and Outcome Indicator 1.2: Children aged 0-59 months with symptoms of pneumonia taken to an appropriate health provider.* In addition, two indicators are included at output level (not reflected in the CPD document). *Output 1.2.1: Percentage of UNICEF supported health facilities offering delivery services with functional newborn resuscitation equipment (functional bag and mask in...*
Section “2.1.1: Percentage of people benefiting from access to health services: a) Communicable diseases b) non-communicable diseases (NCD) c) Sexual and reproductive health and Family Planning (SRH and FP) d) Integrated management of childhood illnesses services e) services related to harmful practices (HP)”

- The goal for immunization coverage/ Children benefiting from measles and rubella increase from 91 to 100 percent routine immunization is unrealistic unless otherwise, the denominator has a problem. Please explain and or revise.

- The percentage of pregnant women living with HIV who received ARVs, which is the proposed plan, increased from 82 to 87 percent seems low. Why is this?
  - When compared to the other indicators, such as “PLHIV receiving treatment at 95” and “ANC service reaching 100” percentages.

- We recommend increasing the coverage.

- For immunization, the country should compare Routine immunization administrative data with WUENIC (UN data) and note other survey data available, if possible.

- The indicators related to communicable diseases and non-communicable diseases including immunization coverage for measles and rubella and the percentage of pregnant women living with HIV who received ARVs, are part of the UNSDCF and aligned with national targets, and UNICEF contributes to the results framework along with other UN agencies (WHO, UNFPA and UNAIDS). Scaling up high-quality primary health services will remain a key focus of the new CPD which will be further detailed in the work planning exercise.

- UNICEF engages with WHO and MoH to derive the WUENIC results every year and compare it with previous years. In addition, the district estimates of coverage are used for focused and targeted interventions. The ongoing DRIVE intervention is a targeted approach to improve coverage and quality of immunization services across 80 chiefdoms in 8 districts having the maximum zero dose children.