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Source: UNICEF Sierra Leone/2019/Kidd

Country Programme Evaluation (2020-2024)

Deliverable 1 – Inception Report

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SUMMARY

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LIST OF ACRONYMS AND ABBREVIATIONS

COAR	Country Office Annual Report
CPD	Country Programme Document
FAO	Food and Agriculture Organization of the United Nations
HIV	Human Immunodeficiency Virus
SBC	Social Behaviour Change
SDG	Sustainable Development Goal(s)
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNCT	United Nations Country Team (in Sierra Leone)
UNDAF	United Nations Development Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNRCO	United Nations Resident Coordinator's Office
UNSDCF	United Nations Sustainable Development Cooperation Framework
WASH	Water and Sanitation Hygiene
WFP	World Food Programme
WHO	World Health Organization

1. Introduction

1.1. Background

UNICEF Regional Office for West and Central Africa (WCARO) commissioned the evaluation of UNICEF Sierra Leone Country Programme 2020-2024.[1] The Country Programme Evaluation (CPE) is expected to provide a comprehensive analysis of the country programme's performance over the period of its implementation. It is envisaged that the CPE will be used to inform the planning of the next UNICEF country programme for Sierra Leone (2025-2030), as well as the planning of the forthcoming United Nations Sustainable Development Cooperation Framework (UNSDCF) for the country. The CPE also serves as a mechanism for UNICEF's accountability to the Executive Board, the Government of Sierra Leone, development partners and stakeholders. It is a requirement of UNICEF Evaluation Policy (2023) that country programmes be evaluated at least once in every two programme cycles.[2] The terms of reference for the CPE are attached at Annex A: Terms of Reference.

This Inception Report serves as a roadmap for conducting the evaluation of the UNICEF Sierra Leone Country Programme. Its main purpose is to secure agreement on the scope of the evaluation, the conceptual framework including the final evaluation questions, the detailed methodology and the timeline. The Evaluation Team conducted a desk review, consultative interviews, and a statistical data review to inform the Inception Report.

Desk review

During the inception phase, the evaluation team started desk reviews of all pertinent national and international reports and documentation associated with the Country Program strategic areas and workplans. To carry out the analytical work, an examination of existing programme documentation, including programme documents and annual reports spanning from 2020 to 2022, was undertaken. The Desk Review encompassed an in-depth examination of the regular sectorial reports along with key research documentation. The list of documents consulted is shown in Section 9.

Consultations

The Evaluation Team conducted virtual consultations with UNICEF programme staff of the following units: Health and Nutrition, Education, WASH, Child Protection, Evidence, Policy and Social Protection, and Planning, and Monitoring, as well as with the Deputy Representative. These interviews provided insights into the country programme's achievements and challenges and assisted the Evaluation Team to identify areas that require deeper scrutiny and designing suitable primary data collection instruments. Programme staff also assisted in providing details of government partners, implementing partners and development partners who could be interviewed in the data collection phase of the evaluation.

Statistical data review

[1] The country programme was extended to December 2024 (find decision of Executive Board)

[2] UNICEF, 2018. Revised Evaluation Policy of UNICEF. https://www.unicef.org/media/54816/file

At the inception meeting, the Evaluation Team was requested to conduct a trend analysis on selected outcome indicators, using secondary data sources including the Demographic and Health Survey (DHS 2019), the Multi-Indicator Cluster Survey (2011 and 2018), the National Nutrition Survey (2021), WASH Norm and Sierra Leone Annual School Census (2020, 2021 and 2022). The aim of the exercise was to assess progress in improving the living conditions of Sierra Leone's children and women. The Evaluation Team shared the results with the country office during their Strategic Moments of Reflection workshop on 5 December 2023.

2. Context of the evaluation

2.1. Development context

Sierra Leone is a coastal West African country of about 71,740 square kilometres and shares borders with Guinea and Liberia. The country is divided into regions, with 16 administrative districts. The population in 2023 is 8.8 million, with 39 per cent of the population aged 0-14 years.[3] In 2022, women comprised 49.9 per cent of the total population.[4]

Following years of civil war in the late 1990s and the outbreak of the Ebola Virus Disease (EVD) in 2014, the country made steady progress in rebuilding its economy. The steady growth in GDP since 2016 has however been disrupted by the COVID-19 pandemic. GDP growth in 2019 was 5.3 per cent and declined to -2 per cent in 2020. The economic recovery in 2021 saw GDP growth of 4.1 per cent, declining to 3.5 per cent in 2022. [5] Sierra Leone's economy remains largely undiversified, and the country is classified by the United Nations as a least developed country.

The country is considered peaceful and holds regular elections, though these have been marked by sporadic outbreaks of violence. The most recent presidential elections were held in June 2023.

Sierra Leone's Human Development Index (HDI) in 2021 was 0.477, placing it in the low HDI classification. Table 1 summarises the key HDI indicators for Sierra Leone.

[3] UNFPA World Population dashboard accessed 7 December 2023 https://www.unfpa.org/data/world-population/SL

[4] World Bank Gender Data Portal accessed 7 December 2023 https://genderdata.worldbank.org/indicators/sp-pop-totl-fe-zs

[5] World Bank country profile data accessed 7 December 2023 https://data.worldbank.org/country/sierra-leone?view=chart

Table 1 - Key HDI Indicators for Sierra Leone

Indicators	Values
Human Development Index Value	**1990** 0.312 **2017** 0.466 **2018** 0.470 **2019** 0.480 **2020** 0.475 **2021** 0.477
Inequality Human Development Index Value	**2021** 0.309
Gender Development Index	**2021** 0.958
Life expectancy at birth	**2021** Females = 61.4 years Males = 58.8 years
Mean years of schooling	**2021** Females = 8.4 years Males = 8.9 years
Gender Inequality Index	**2021** 0.633
Maternal mortality ratio (deaths per 100,000 live births)	**2021** 1,120.0
Adolescent birth rate (births per 1,000 women aged 15-19 years	**2021** 100.9
Share of seats in parliament	**2021** Females = 12.3% Males = 87.7%
Population with at least some secondary education (% ages 25 years and older)	**2021** Females = 34.7% Males = 51.5%
Labour force participation rate (% 15 years and older)	**2021** Females = 56.1% Males = 55.9%

Source: UNDP Human Development Report 2022

2.2. Situation of children and adolescents

As policy progresses from a humanitarian towards a humanitarian-development nexus, the government has undertaken initiatives to elevate the well-being of children, concentrating on pivotal sectors such as education, health, and other essential public services. Notably, the government has fortified its commitment to children's well-being through a robust policy agenda, exemplified by a significant increase in the budget for Free Quality Education (FQSE)

from 12.51% in 2016[6] to 21.4% in 2020[7]. While the country has made gradual strides in recovering from socio-economic and political shocks, and despite ongoing efforts to adapt to changing climate conditions, the country remains fragile across all aspects directly impacting children's well-being.

Exposure to climate change and shocks

In Sierra Leone, annual floods, mudslides, and droughts affect children. An alarming 90% of the country's disasters over the past 30 years are linked to flooding[8]. The years following 2000, especially in 2020 and 2021, have witnessed Sierra Leone experiencing its highest recorded temperatures. Over this period, there has been a discernible decline in average annual rainfall since the 1960s, especially in western and coastal regions. This trend has accentuated water scarcity, particularly becoming pronounced during the dry season. Children exposed to climate hazards such as storms, droughts, and floods face heightened vulnerability to falling into poverty. Simultaneously, children affected by poverty exhibit lower resilience to climate hazards, creating a complex interplay of challenges.

Food insecurity

Food insecurity remains a critical issue in Sierra Leone, exacerbated by recent economic shocks, including the impact of COVID-19 and the subsequent increase in food prices stemming from the negative effect of the conflict in Ukraine on fuel costs as well as the supply of agricultural commodities. According to the World Food Programme (WFP) in 2022[9], this situation has seen a significant upsurge. Sierra Leone, ranked 181 out of 191 in the 2021 Human Development Index, faces persistent food deficits exacerbated by recurrent crises, including civil war, Ebola outbreaks, gender disparities, and climate breakdown. Despite natural resource wealth, 57 out of 100 people in the country are considered poor.

The global food crisis in 2022 intensified an already dire food security situation, with 57 percent of the population considered food insecure. The March 2022 WFP Framework recommended emergency food assistance for over 1.2 million people due to rising food prices, currency depreciation, macroeconomic stagnation, and the enduring impacts of COVID-19. Fuel price increases further increased food and transportation costs, with imported rice prices rising by 40 percent and locally produced crops doubling between January and October. In August 2022, four in five households were food insecure, marking an increase from the previous year. High food prices led most households to spend over 75 percent of their income on food, contributing to worsening food insecurity. Stunting, although decreasing to 26.2 percent in 2021, remains a significant malnutrition challenge. Critical drivers include inadequate knowledge, unaffordable complementary food for children, and low diet diversity, with only 33 percent of infants meeting minimum meal frequency and 4.9 percent achieving the minimum acceptable diet.

[6] UNICEF Sierra Leone, 2019, 'Country Programme Document'
[7] Government of Sierra Leone, Ministry of Finance, 'FY/2022 Budget at a Glance', https://mof.gov.sl/wp-content/uploads/2021/12/Budget-Transparency-2022-22-11-21-1.pdf .
[8] UNICEF, 2022, 'Climate Landscape Analysis for Children in Sierra Leone'.
[9] WFP Sierra Leone, 2022. Annual Country Report 2022. Available online : https://docs.wfp.org/api/documents/WFP-0000147998.

Poverty

With a population count of 7.092.113 in 2015[10] projected to have reached 8.605.718 in 2022[11], the incidence of poverty in Sierra Leone is 57%[12]. A wide poverty gap is evident in children's geographic locations. Over 80% of poor children live in rural areas, mostly in the Northern and Southern provinces of Sierra Leone[13]. Half of poor children live in overcrowded shelters with inadequate infrastructure[14]. Despite these deep poverty rates in Sierra Leone, only around 1% of the poorest households received some form of social transfers, while 19% of these households received school tuition or any other school related benefits at the time of the last MICS[15].

According to the World Bank[16], between 2011 and 2018 Sierra Leone achieved a poverty reduction from 62% percent to 57%, due to an intense urbanization and rural-to-urban migration, as poverty is increasingly concentrated in rural areas (57% rural vs. 21% urban population). However, poverty reduction was not accompanied by reduction in inequality, and Sierra Leone remains one of the most unequal countries in the world, with the national Gini coefficient rising from 0.53 in 2011 to 0.57 in 2018.

As in other areas related to well-being, the pandemic influenced the evolution of poverty, with both short and medium-term effects. According to the World Bank[17], Sierra Leone's progress in reducing poverty has been derailed by the COVID-19 pandemic and subsequent lockdown. The COVID-19 Impact Monitoring Survey reveals that approximately 60% of households have witnessed a decline in income, with self-employment income being the most severely affected. This income downturn, coupled with diminished funds for purchasing seeds, is expected to adversely impact rice production, a staple in Sierra Leone. As a result, the poverty rate is projected to have increased from 40.6% in 2019 to 44.2% in 2020 according to the same World Bank study[18].

Gender inequality

Sierra Leone ranks 155 out of 162 countries on Gender Inequality Index[19]. Girls and women remain vulnerable to gender-based violence, social discrimination and poverty. About 30 % of women aged 20 to 24 married before the age of 18, and 13 % before the age of 15[20]. Thirty per cent of women of the same age range had a live birth before turning 18. Adolescent birth rate

[10] Statistics Sierra Leone. 2015. Sierra Leone Population Census. National Analytical Report. Freetown, Sierra Leone : Statistics Sierra Leone.

[11] World Bank. 2023. Available at <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=SL>

[12] Statistics Sierra Leone. 2018. Integrated Household Survey. National Analytical Report. Freetown, Sierra Leone: Statistics Sierra Leone.

[13] Government of Sierra Leone and UNICEF. 2019. "Multi-dimensional Child Poverty'.

[14] Ibid. 2019.

[15] Statistics Sierra Leone. 2018. Sierra Leone Multiple Indicator Cluster Survey 2017, Survey Findings Report. Freetown, Sierra Leone: Statistics Sierra Leone (MICS 2017).

[16] World Bank. 2023. Sierra Leone-Poverty & Equity Brief. Washington.

[17] World Bank. 2020. Sierra Leone-Poverty & Equity Brief. Washington.

[18] Ibid. 2020.

[19] UNDP, Gender Inequality Index, 2019, https://hdr.undp.org/en/content/gender-inequality-index-gii

[20] Statistics Sierra Leone. 2018. Sierra Leone Multiple Indicator Cluster Survey 2017, Survey Findings Report. Freetown, Sierra Leone: Statistics Sierra Leone (MICS 2017).
Statistics Sierra Leone – Stats SL and ICF. 2020. Sierra Leone Demographic and Health Survey 2019. Freetown/Sierra Leone: Stats SL/ICF. Available at https://www.dhsprogram.com/pubs/pdf/FR365/FR365.pdf. (DHS 2019).

for women aged 15-19 remains over 100 per 1,000 women[21]. On top of being a severe health risk for young girls, adolescent pregnancy leads them to drop out of school and miss out on educational opportunities that would help them pursue their goals of becoming empowered and independent women.

Gender-based violence and violence against children

While social norms in Sierra Leone exert a powerful influence on the choices made by women and girls, impacting not only their educational pursuits but also their sexual and reproductive health, a concerning statistic emerges: over 80% of women aged 15–49 undergo some form of female genital mutilation/cutting (FGM/C)[22]. The prevalence of any violent discipline method at home against children increased from 81.7% in 2010[23] to 86.5% in 2017[24].

Children aged 1-2 are most likely to experience violent discipline, and the prevalence of physical punishment and psychological aggression decreases as children become older. More than 45% of mothers believe that their children deserve physical punishment for their proper upbringing. However, mothers with higher educational attainments are less likely to agree with that, implying that a mother's education can play a crucial role in ensuring children's healthy and safe development. Yet the literacy rate among women aged 15-49 was only 41% in 2017[25] .

Education

In 2022, according to the Annual School Census, the gross enrolment rate (GER) for primary schools (6-11 y.o.) stood at 157% of the eligible population at that age group, indicating that the system absorbs the students but also that there is a high age-grade mismatch[26]. Retention rates at primary schools stand at 45%, meaning that about half of the students that enrol in first grade finish the last grade of primary[27]. These rates practically do not vary by gender (1% or less difference).

The latest available MICS (2017) showed that 60% of out of school girls live in rural areas and 70 % of them are from low-income families, mainly in the northern and southern regions of the country[28]. In addition to the geographic variables, wealth and mothers' education play a crucial role in retaining children's education. There is an insufficient presence of schools in rural areas. Only 27 % of children below 18 received school related support[29]. Children's educational issues are not only linked to the demand but also the supply side. Often, school children miss out on education due to teachers' absence for various reasons or school closures. For most of the COVID-19 pandemic, schools were closed and education continued through radio lessons. There is limited availability of female teachers, but also, the quality of education does not often meet the national standards. Overall, the ratio of children to qualified teachers stood at 57:1 in 2017.

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[21] MICS 2017; DHS 2017.
[22] MICS 2017; DHS 2017.

[23] MICS 2010, P.103

[24] MICS 2017.
[25] Ibid.

[26] Government of Sierra Leone. 2022 Annual Schools Census Report.

[27] Ibid. 2022.

[28] MICS 2017

[29] Ibid. (2017)

Only 16% of children aged 4-17 had foundational reading skills, and only 12 % demonstrated foundational numeracy skills according to the 2017 MICS.

Health

While Sierra Leone is gradually improving in the health sector, significant issues persist, especially among neonatal and postnatal healthcare services. The under-five mortality rate, based on the most recent estimates (2021), stands at 104.69 per 1,000 live births,[30], showing a decrease from 116.79 in 2018[31]. Preventable diseases as malaria, acute respiratory infections, and diarrhea contribute significantly to the mortality of children under five. The proportion of women aged 15-49 who received care from skilled health personnel at least once during pregnancy has risen to nearly 97%, and over 76% delivered their babies at healthcare facilities.[32]. The maternal mortality ratio reduced from 837 in 2010 to 443 to 2020 per 100,000 live births[33]. However, despite these improvements, children's health care services have not progressed substantially. The vaccination rate among children aged 12-23 months reduced from 69%[34] to 56%[35]. Two-thirds of health facilities have all the required vaccines, but only one third have access to adequate cold-chain equipment and maintenance capacity. According to a UNICEF Sierra Leone CO Health and Nutrition section source, there are 2 cold chain technicians in each of the 16 districts who have been trained to provide maintenance and repair services. Based on the CCE assessment done in Oct. 2022, the same source confirms that 90% of all health facilities now have cold chain equipment and the country has developed a proposal (CCEOP2) for procurement of more such equipment.

Less than 2 % of the population aged 15-49 is HIV positive[36]. The HIV prevalence is higher among women than men. HIV prevalence increases from 0.5 % among women aged 15-19 to 3.3 % among those aged 30-34. It declines to 1.4% among those aged 40-44 and increases again to 2.2% among those aged 45-49[37]. Fewer than two-thirds of health facilities offer prevention of mother-to-child transmission (PMTCT) services and referral systems in Sierra Leone.

Nutrition

Twenty-six per cent of children under-five years of age are stunted and nearly 260,000 children are suffering from acute and chronic malnutrition on an annual basis[38]. Of these, around 65,000 are severely malnourished and at 9 times higher risk of dying if left untreated[39]. Children's situation is further exacerbated by a series of destabilizing shocks, such as the ongoing war in Eastern Europe, that have negatively affected food security leading to 1.1 million people

[30] UN Inter-agency Group for Child Mortality Estimation, 2021.
[31] Child Mortality - UNICEF DATA (last accessed 7/03/2023)
[32] MICS 2017.
[33] Internationally comparable MMR estimates by the Maternal Mortality Inter-Agency Group (MMEIG): WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division (2000-2020).
[34] MICS 2017
[35] DHS 2019.
[36] DHS 2019-20.
[37] Ibid.
[38] 26% stunting prevalence and 5% wasting prevalence, Source: Ministry of Health and Sanitation and UNICEF. (2021). Sierra Leone National Nutrition Survey 2021. Freetown: UNICEF.
[39] Ibid.

estimated to be acutely food insecure between June and August 2023[40]. In addition, inadequate sanitation and hygiene practices, health seeking behaviours, and maternal, infant, and young child nutrition practices are the main drivers of malnutrition in the country. While early initiation of breastfeeding of newborns within an hour of birth is high at 89%, only 53% of infants are breastfed exclusively from birth up to 6 months of age, and almost 10% are bottle-fed[41].

Between the ages of 6 and 23 months, a significant number of children in the country become highly vulnerable to malnutrition. Only 5% meet the criteria for the minimum acceptable diet, 23% fulfil the requirements for minimum dietary diversity, 33% meet the standards for minimum meal frequency, and merely 53% continue to be exclusively breastfed until 23 months of age. Barriers to optimal infant and young child feeding practices in the country include limited knowledge and skills on infant and young child feeding, widespread beliefs in myths and misconceptions about food and healthy practices, and harmful cultural and religious practices.[42]

Water, Sanitation and Hygiene

Limited health care services and water safety and sanitation issues jeopardize children's wellbeing and predispose the country to epidemics of cholera. Sixty-seven (67) percent of the population gained access to improved drinking water sources, and 66 % spent up to 30 minutes going to the source of drinking water and returning[43]. The majority of the households (83%) across the country do not have drinking water on their premises and people in nearly 74% of households are most likely to drink contaminated water[44]. There are significant correlations between the households' wealth status and locations. Of an estimated six million people without access to basic sanitation, approximately 1.3 million (25% rural, 5% urban) people practice open defecation. Significant disparities and inequities exist between urban and rural communities as access to safe water sources stands at 75 % in urban areas compared to 47 % in rural areas. Four in 5 schools do not have access to basic sanitation services. It is important to note that there hasn't been progress in reducing open defecation.

About 42.7% of health facilities have access to basic water supply services while just over 1 in 20 healthcare facilities (5.9%) have access to basic sanitation services. About 30 per cent of health care facilities (HCF) have basic handwashing service while a composite analysis of WASH services in health facilities revealed that just 2.6% of health facilities have access to water, sanitation, and hygiene services[45].

Birth registration and certificates

Poverty and limited access to quality social and health care services and poor sanitation adversely affect children's growth in Sierra Leone. For children to secure their fundamental rights to benefit from social programmes, including health care and child protection, they need

[40] Global Information and Early Warning System on Food and Agriculture, December 2022, external-assistance | GIEWS - Global Information and Early Warning System on Food and Agriculture | Food and Agriculture Organization of the United Nations (fao.org)
[41] Ministry of Health and Sanitation Sierra Leone and UNICEF Sierra Leone. (2021). Sierra Leone National Nutrition Survey 2021. Freetown: UNICEF.
[42] Royal Tropical Institute, Dalan Development Consultants, MoHS, UNICEF, and Irish Aid, 2019, National Mixed Study on Knowledge, Attitude, Practices and Barrier (KAPB) on Maternal, Infant, and Young Child Nutrition (MIYCN) in Sierra Leone
[43] DHS 2019-20.
[44] Ibid.

[45] WASH National Outcome Routine Mapping Report (WASHNORM) 2022.

birth registrations and certificates. In Sierra Leone, 90% of children under age 5 have their births registered with the civil authorities; among these children, only 31% have a birth certificate[46], which is a fundamental birth right. The percentage of children with birth certificates has not increased in the last five years. It is a country-wide issue uncorrelated with wealth, location or other socio-economic dimensions[47].

3. Evaluation object: Country Programme 2020-2023

Table 2. Evaluation object

Project/programme title	Country Programme of UNICEF Sierra Leone
Country	Sierra Leone
Sources of funding / donors	USD 39,780,000 from regular resources and USD 133,418,000 in other resources
Total Budget	USD 173,198,000
Duration	2020-2024 (extended from original 2020-2023)
Overall objective	Convention on the Rights of the Child: Articles 1–40 National priorities: National Development Plan, 2019–2023: Clusters 1–8 UNSCDF Sierra Leone outcomes UNICEF Strategic Plan, 2018–2021, Goal Areas: 1–5
Components (axis, effets, Results, etc.)	Health and nutrition Water, sanitation and hygiene Basic education and learning Child protection Evidence, policy and social protection Programme effectiveness
Rights holders	Male: 4,312,192, of which 1,695,001 boys Female: 4,293,526, of which 1,659,129 girls (data.worldbank.org estimate for 2022)
Partners (institutional, implementing)	Donors including: UK Foreign, Commonwealth and Development Office, Islamic Bank United Nations Country Team including FAO, IOM, UNAIDS, UNDP, UNESCO, UNFPA, UN Women, WFP, WHO and World Bank

[46] DHS 2019.
[47] MICS 2017.

	Civil society organizations including Defence for Children International, Restless Development, Development Initiative Programme, International Rescue Committee, International Red Cross, Living Water Foundation, ST Foundation, CAUSE, CODE, GOAL, CAWEC and Focus 1000 Government partners • Ministry of Health and Sanitation (MoHS) • Ministry of Water Resources • Ministry of Fisheries and Marine Resources (MFMR) • Ministry of Gender and Children's Affairs (MoGCA) • Ministry of Social Welfare MoSW) • Ministry of Planning and Economic Development (MoPED) • Ministry of Basic and Senior Secondary Education (MBSSE) • Statistics Sierra Leone (Stats SL) • National Commission for Social Action (NaCSA) • National Monitoring and Evaluation Directorate (NaMED) •

3.1. Theory of change

The theory of change set out in the CPD 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 main underlying assumption identified in the CPD was Government continued prioritization of the social sector, while the main risk was that the development trajectory would be interrupted by lack of finance or another major emergency.

The country programme seeks to address the development needs and priorities of children and adolescents, and their parents and caregivers as rights holders. While the goal is for the realization of the rights of all children in Sierra Leone, the country programme sought to prioritise rights holders in the most multidimensionally deprived districts of Sierra Leone.

Drawing on the lessons learned from the previous country programme, the 2020-2023 country programme sought to make a strategic shift from emphasis on service delivery (in response to major emergencies such as Ebola), to emphasis on systems strengthening through multisectoral approaches. Another important shift that the country programme sought to adopt a more rigorous approach to results-based management by focusing on a few priorities based on UNICEF's comparative advantage in Sierra Leone, and tangible, realistic targets.

With the Government of Sierra Leone (duty bearers) as its main partner, and with the support of development partners, UNICEF's country programme aims to accelerate results through scaling up programmes in specific high-impact areas, focusing 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

(f) Expanding the social safety net

The country programme document set out the following strategies that UNICEF was to deploy to address blockages system-wide and achieve the intended results of the country programme:

(a) Promoting emergency preparedness and increasing resilience while completing the transition from humanitarian response to development

(b) Using evidence and strategic advocacy to reach scale and impact

(c) Strengthen institutional capacities to deliver quality services

(d) Programming for and with adolescents

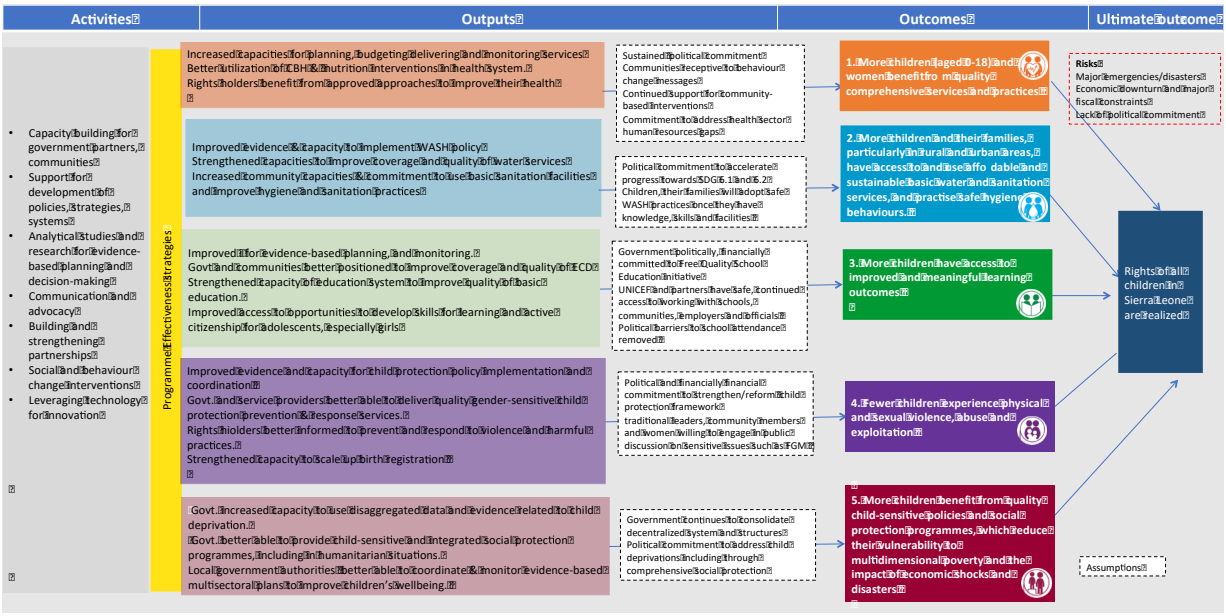
(e) Fostering parenting and community-led dialogue to address social norms and behaviour change

(f) Promoting innovation and use of data for effective planning, monitoring and accountability

The country programme is expected to contribute to Sierra Leone's National Development Plan and Sustainable Development Goals. In planning the current country programme, UNICEF endeavoured to align the country programme with the United Nations Sustainable Development Framework (UNSDCF) 2020-2023, the UNICEF Strategic Plan and Gender Action Plan 2018-2021, the African Union Agenda 2063 and the African Union Agenda for Children 2040.

The Evaluation Team reconstructed a high-level theory of change for the country programme, based on the Country Programme Document and the programme strategy notes. This is illustrated in Figure 1 and a bigger picture of the ToC is included as an Annex M: Theory of Change.

Figure 1: High-level theory of change-Country Programme 2020-2023



3.2. Programme description

UNICEF implements the country programme in collaboration with the Government of Sierra Leone through five programme components, namely:

- Health and nutrition
- Water, Sanitation and Hygiene
- Basic education and learning
- Child Protection
- Evidence, Policy and Social Protection

Programme effectiveness is the sixth component of the country programme and cuts across the preceding five components.

Health and nutrition

UNICEF's support to the Government's health and nutrition programming seeks to ensure that more children aged 0-18 years and women benefit from quality comprehensive health and nutrition services and healthy life practices.[48] The strategic focus of UNICEF's support in the health and nutrition sector is on health systems strengthening. The Ebola crisis under the previous country programme required UNICEF to focus on the immediate response and health system support to accelerate recovery. The 2020-2023 country programme made a strategic shift to health systems strengthening to help build health system resilience and respond effectively to future shocks and crises, as well as ensure sustainability of the gains made in the

[48] UNICEF Sierra Leone Health and Nutrition Programme Component Strategy Note for Country Programme 2020-2023

response to the Ebola crisis. The country programme focuses on the following areas of health systems strengthening:

(a) Continuous quality improvement of health and nutrition care at community and facility level
(b) Improving health and nutrition data and information systems
(c) Procurement and supply chain management of health and nutrition commodities
(d) Sustainable financing for health and nutrition

The country programme proposed to focus health systems strengthening at the district and community levels. This includes strengthening the health workforce through further integration of Community Health Workers (CHW) into the health system, strengthening the Community Health Information System (CHIS) and nutrition database into DHIS2; strengthening the supply chain for Integrated Community Case Management (iCCM) of commodities and Integrated Management of Acute Malnutrition (IMAM); sustainable financing for community health; and strengthening interventions in social and behaviour change involving CHW and leaders at community level.

The Ministry of Health - MoH (formerly Ministry of Health and Sanitation - MoHS) is UNICEF's primary partner for this programme component. UNICEF's technical support to the Ministry includes increasing capacity for evidence-based planning, budgeting, and monitoring for equitable maternal, neonatal, child, and adolescent health and nutrition (MNCAH+N) services. UNICEF supported the strengthening of essential medicines and nutrition financing and supply chain management including vaccine management and cold-chain system of routine vaccines HPV, and COVID-19 vaccine deployment and management. UNICEF supports work at community level, institutionalising community-based health and nutrition interventions through the Community Health Workers programme. UNICEF also supports the MoH in communication on vaccine roll-out and emergency preparedness and response to ensure continuity of essential health and nutrition services.

Table 3 – Country Programme Outcome 1

Country Programme Outcome 1: By 2023, more children (aged 0-18) and women will benefit from quality comprehensive services and practices.		
Outcome indicators	**Baseline**	**CPD Target 2023**
Children aged 0-59 months with symptoms of pneumonia taken to an appropriate health provider		90%
Percent of children under five who are stunted	31.3% (2017)	27%
Number of districts with at least 80% coverage of DTP-containing vaccine for children <1	10 (2018)	16
Percent of women attending at least four times during their pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy	77.5% (2017)	80%
Percent of HIV exposed infants receiving a virological test for HIV within 2 months	32% (2018)	60%
Percent of infants under 6 months exclusively fed with breast milk.	61.6% (2017)	70%

Percent of children aged 6-23 months fed a minimum number of food groups	29.7% (2017)	35.6%

Assumptions for achieving Outcome 1 results

- Sustained political commitment in favour of RMNCAH
- Individuals and communities open to receiving health information and behaviour change messages
- Continued support of MoHS, DHMT and District Councils for community-based interventions
- MoHS and development partners committed to address grave human resource gaps in health sector

Risks to achieving Outcome 1 results

- Major disaster – flood, disease outbreaks
- Decline in external financial support for RMNCAH
- Fraud, corruption, leakage of FCHI drugs and medical commodities

Water and sanitation hygiene

UNICEF's support to the Government's WASH programming seeks to ensure that more people, especially the most vulnerable children, women, adolescent girls and their families in rural and urban areas have access to and use affordable, sustainable and basic water and sanitation services and practice safe hygiene behaviours.[49] The strategic focus of UNICEF is to strengthen the administrative and technical capacities of the Government to improve the WASH coverage and quality, and promote positive WASH behaviours. The current country programme made a shift from direct service delivery especially in the construction of WASH facilities, to supporting evidence generation and strengthening institutional capacities for policy implementation and coordination. In addition, the programme component covers the adoption of hygiene and sanitation practices to end open defecation and maximise the use of WASH services and sustain behaviour changes. UNICEF's contribution to direct service delivery was to be for purposes of piloting technologies and approaches with the view to generating evidence to support scaling up.

UNICEF's primary partners are the Ministry of Water Resources (MoWR), the Ministry of Health (MoH), the Ministry of Fisheries and Marine Resources (MoFMR), and District Councils.

Table 4 – Country Programme Outcome 2

Country Programme Outcome 2: By 2023, more children and their families, particularly in rural and urban areas, have access to and use affordable and sustainable basic water and sanitation services, and practise safe hygiene behaviours.		
Outcome indicators	**Baseline**	**CPD Target 2023**
Proportion of the population using basic drinking water service	58%	69%

[49] UNICEF Sierra Leone Water, Sanitation and Hygiene Programme Component Strategy Note for Country Programme 2020-2023

Country Programme Outcome 2: By 2023, more children and their families, particularly in rural and urban areas, have access to and use affordable and sustainable basic water and sanitation services, and practise safe hygiene behaviours.		
Outcome indicators	**Baseline**	**CPD Target 2023**
Proportion of population using basic sanitation services	16%	28%
Proportion of the population using handwashing facilities	23%	33%
Proportion of the population practising open defecation	17%	12.7%
Number of people still practising open defecation	1,211,499	1,080,07

Assumptions for achieving Outcome 2 results

- Key decision-makers maintain commitment to accelerate progress towards SDG 6.1 and 6.2
- Children, their families will adopt safe WASH practices once they have knowledge, skills and facilities

Risks to achieving Outcome 2 results

- Emergency and humanitarian crises
- Economic and fiscal constraints

Basic education and learning

UNICEF's support to education in Sierra Leone aims to ensure that more children, especially the most vulnerable, have improved and meaningful learning outcomes.[50] The country programme planned to provide strategic and technical support to improve learning outcomes across all education grades. This entails support to:

(a) Strengthen national capacities to generate, manage and use data and evidence for policy implementation, planning, and equitable delivery of basic education services
(b) Improve school readiness through accessible, quality pre-school education
(c) Enhance the quality of education in early grades
(d) Strengthen teacher training for improved learning outcomes
(e) Research and advocacy on opportunities for alternative learning and skills acquisition for out-of-school children, especially girls

Examples of UNICEF's support to the education sector include technical support in developing, implementing and monitoring Sierra Leone's Education Sector Plan; improving standards for school-related gender-based violence, and improving WASH facilities in schools; developing and disseminating the National Out of School Children Strategy in collaboration with UNFPA; review of early grade instructional core and training to early grade teachers in literacy, numeracy and structure pedagogy; develop early childhood development package and training to early grade

[50] UNICEF Sierra Leone Basic Education and learning Programme Component Strategy Note for Country Programme 2020-2023

teachers. UNICEF also supported the Government in preparing and responding to emergencies in the education sector.

UNICEF's primary partners are the Ministry of Basic Education and Senior Secondary Education (MBSSE), the Ministry of Technical and Higher Education and the Teaching Service Commission. The latter is a key partner in teacher professional development interventions focused on early grades.

Table 5 – Country Programme Outcome 3

Country Programme Outcome 3: By 2023, more children have access to improved and meaningful learning outcomes		
Outcome indicators	**Baseline**	**CPD Target 2023**
Transition rate between primary and lower secondary education (22-01-L2-57	75	Primary 98,5 JSS 87
Percentage of children aged 36-59 months with whom an adult has engaged in activities to promote learning and school readiness in the past 3 days	18.9%	22%
Percentage of children age 36-59 months attending an early childhood education programme (attendance rate	11.5%	15.2%
Completion rate of primary and lower secondary education of girls and boys	64.2	Primary 87 JSS 77
Percentage of children aged 7 -14 who completed 3 foundational reading/maths tasks (67825	Reading: 16%, M:16.7% F: 15.4% Maths: 12.2% M: 12.9% F:11.5%	Reading: 20 M: 20.7; F: 19.4 Maths: 16.2 M16.9 F 15.5
Rate of out-of-school children of primary and lower secondary school age. (KRC 3.1)	27	15
Gross enrolment ratio in pre-primary education (22- 01-L2-13). (KRC 3.2)	12.6	26
Percentage of children (Grade 2-3 and 5-6) achieving minimum proficiency levels in reading and mathematics. (KRC 4.0 NEW)	18% (2021)	33%
Percentage of children at grade 2-3 achieving minimum proficiency levels in reading and mathematics. (KRC 4.1 NEW)	6% (2021)	21%
Percentage of children at grade end of primary (at Grade 5-6) achieving minimum proficiency levels in reading and mathematics. (KRC 4.2 NEW)	30% (2021)	51

Assumptions for achieving Outcome 3 results

- Government remains politically and financially committed to Free Quality School Education initiative
- UNICEF and partners have safe and continued access to working with schools, communities, employers and government officials

• Political barriers to school attendance removed
Risks to achieving Outcome 3 results • Global or national financial downturn • Teaching remains an unattractive career option and so government is unable to recruit and train teachers • Large scale emergency or crisis

Child protection

UNICEF's work in child protection aims to ensure that more children, especially the most vulnerable, are better protected from violence, abuse and exploitation.[51] This programme component was designed to provide technical and financial support to the Government to:

- Strengthen child protection legal, policy and regulatory frameworks that contribute to a protective environment for children
- Strengthen systems for delivery and monitoring of child protection services, including strengthening inter-operability of child protection information systems and child-friendly justice services
- Strengthen supply and demand for birth registration and birth certificates
- Strengthening capacities of social and justice sector practitioners in providing psycho-social support to children and delivering child-sensitive services

UNICEF also supports community-level engagements and social behaviour change interventions on child protection issues, including issues of child marriage and teenage pregnancy. This includes involvement of parents and caregivers in positive parenting practices and creation and expansion of opportunities for empowerment of girls and boys.

The Child Protection programme component is required to work collaboratively with the Education programme component on child protection issues in schools, including gender-based violence in schools.

UNICEF's primary partners in child protection are the Ministry of Social Welfare (MSW), the Ministry of Gender and Children's Affairs (MGCA), the National Civil Registration Authority, Ministry of Interior and the Sierra Leone Police Family Support Unit, the Legal Aid Board, National Secretariat to Reduce Teenage Pregnancy (NSRTP) under the Ministry of Health.

Table 6 – Country Programme Outcome 4

Country Programme Outcome 4: By 2023, fewer children experience physical and sexual violence, abuse and exploitation		
Outcome indicators	**Baseline**	**CPD Target 2023**
Proportion of children 1-14 years old (or 1-17) who experience any violent discipline (psychological aggression and/or physical punishment and/or sexual abuse) by caregivers in the last month	88.5%	69%

[51] UNICEF Sierra Leone Child Protection Programme Component Strategy Note for Country Programme 2020-2023

Country Programme Outcome 4: By 2023, fewer children experience physical and sexual violence, abuse and exploitation		
Outcome indicators	**Baseline**	**CPD Target 2023**
Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	81.1%	90%
Percentage of young women and men aged 18-29 who experienced sexual violence by age 18, by sex and age	2%	3.2%
Percentage of children under 1 whose births are registered	73%	87%
Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services.	2,267	17,811
Women (20-24 yrs) married before age 18 (23-02-L2-18	29.9%	24%
Girls and women aged 15-49 years who have undergone FGM/C, by age group	86.1%	79%

Assumptions for achieving Outcome 4 results

- Government remains politically and financially committed to strengthening and reform of child protection framework
- Key stakeholders especially traditional leaders, community members and women are willing to engage in public discussion on sensitive issues such as FGM

Risks to achieving Outcome 4 results

- Outbreak of EVD, large-scale disaster and other emergencies could redirect resources away from child protection
- Reduced level of funding from global and national levels

Evidence, policy and social protection

This programme component aims to ensure that more children, especially the most deprived and vulnerable children have better access to basic services and social protection services to meet their basic needs and build resilience to future shocks. In doing so, these children have a greater chance to achieve their educational potential, have improved health outcomes, and assume their roles as productive members in their families, communities and society.[52]

UNICEF's main activities under this programme component include:

- Generating and disseminating evidence on child poverty, deprivation and equity to inform Government programmes and budgets. This includes financial and technical support to the

[52] UNICEF Sierra Leone Evidence, Policy and Social Protection Programme Component Strategy Note for Country Programme 2020-2023

Government for national surveys such as MICS, and to support SDG monitoring and reporting
- Providing technical support to the Government to review budgets and expenditure with the view to developing/strengthening the investment case for children
- Support to the Government to strengthen social protection systems for children, including support in design of social protection programmes for children
- Support to Government on social protection for children with disabilities

UNICEF's primary Government partners in this programme component are the National Commission for Social Action (NaCSA), Anti-Corruption Commission (ACC), Statistics Sierra Leone, the Natinal Monitoring and Evaluation Directorate (NAMED), Ministry of Social Welfare (MoSW), and the Ministry of Planning and Economic Development (MoPED).

Disability. Since 2022 UNICEF has engaged in revising the national system for disability assessment and certification. UNICEF also provided technical support for the review of the Persons with Disabilities Act in 2022.

Table 7 – Country Programme Outcome 5

Country Programme Outcome 5: By 2023, more children benefit from quality child-sensitive policies and social protection programmes, which reduce their vulnerability to multidimensional poverty and the impact of economic shocks and disasters.		
Outcome indicators	**Baseline**	**CPD Target 2023**
Number of children living in poverty according to (a) International extreme poverty line; (b) National monetary poverty lines or (c) National multidimensional poverty lines.	2,207,504	2,047,144
Number of children covered by social protection systems	60,000	100,000

Assumptions for achieving Outcome 5 results
• Government continues to consolidate its decentralized system and structures • Government continues commitment to address child deprivations including through a comprehensive social protection framework
Risks to achieving Outcome 45results
• Disasters, economic shocks and stresses • Global, regional or national economic crisis or downturn

Programme Effectiveness

Programme Effectiveness is cross-cutting and seeks to reinforce coherence and intersectoral approaches within the country programme. The activities include coordination of research, monitoring and evaluation, strategic communication and advocacy, and partnerships, social and behaviour change and innovation. This component is also responsible for coordination of disaster risk reduction, emergency preparedness and response, and for ensuring that gender- and adolescent-centred approaches are used in all programme components.

Social and behavourial change. UNICEF works with partners of a wide range of social and community-based platforms to promote positive social norms in matters affecting children and

promoting health-seeking behaviour among parents and caregivers. Key partners include religious leaders, traditional leaders, national organization networks, non-governmental organizations, and district/community radios. UNICEF provides technical and financial support for studies on SBC initiatives and has also supported the development of behaviour change strategies, for example, in the health sector. UNICEF also provides technical support for development and roll-out of digital tools to enable standardised and routinised data collection and reporting on key community engagement SBC indicators.

Innovation. UNICEF's support to innovation focuses on expanding internet connectivity, use digital solutions and tools for teaching and learning, and improving digital skills and digital literacy. UNICEF also supports the use of digital technology for more effective and efficient data management and delivery of public services through the Digital Public Goods (DPG) initiative. Health services, education and child protection services are among the sectors targeted for the DPG.

Gender. UNICEF, as a member of the UN Gender Thematic Group is expected to support joint Government-UN action on gender and coordinate its activities in gender equality and empowerment of women with other United Nations agencies. The country programme commits UNICEF Sierra Leone to implementing the common chapter of the strategic plans of UNDP, UNFPA, UNICEF and UN-Women. In particular, UNICEF collaborates with UNFPA on the issues of child marriage and female genital mutilation (FGM) and newborn mortality.

3.3. Partners and stakeholders

The Government of Sierra Leone (duty bearer) is UNICEF's main partner. UNICEF also works in partnership or collaborates with other development partners, including United Nations agencies and civil society organizations. Table 8 shows the main partners and stakeholders of the country programme, and their interests in the country programme.

Table 8 - Main partners and stakeholders of CP

Stakeholder/partner	Role/Interest
• Ministry of Health and Sanitation (MoHS) • Ministry of Water Resources • Ministry of Fisheries and Marine Resources (MFMR) • Ministry of Gender and Children's Affairs (MoGCA) • Ministry of Social Welfare MoSW) • Ministry of Planning and Economic Development (MoPED) • Ministry of Basic and Senior Secondary Education (MBSSE) • Statistics Sierra Leone (Stats SL) • National Commission for Social Action (NaCSA) • National Monitoring and Evaluation Directorate (NaMED) • National Disaster Management Agency (NDMA)	Receive financial and technical support from UNICEF to strengthen institutional capacities in their respective ministries. Joint planning and monitoring of overall country programme and initiatives pertaining to their ministries. Ensure that UNICEF support is aligned with national and sector priorities
Development partners including: UK Foreign, Commonwealth and Development Office, Islamic	Provide financial support to programmes, and work in partnership with UNICEF. They have an

Stakeholder/partner	Role/Interest
Bank; Bill and Melinda Gates Foundation; Republic of Korea; Iceland Government	interest in the performance of the country programme.
United Nations Country Team including FAO, IOM, UNAIDS, UNDP, UNESCO, UNFPA, UN Women, WFP, WHO and World Bank	The evaluation is of interest to the UNCT to inform the development of the next UNSDCF. UN agencies collaborate with UNICEF on sector programmes and cross-cutting issues of gender and disability inclusion, and the evaluation can inform their agency programming.
Civil society organizations including Defence for Children International, Restless Development, Development Initiative Programme, International Rescue Committee, International Red Cross, Living Water Foundation, ST Foundation, CAUSE, CODE, GOAL, CAWEC and Focus 1000	CSOs serve as implementing partners in UNICEF programmes and also have an advocacy role.
UNICEF internal stakeholders	Plan and monitor implementation

3.4. Resources

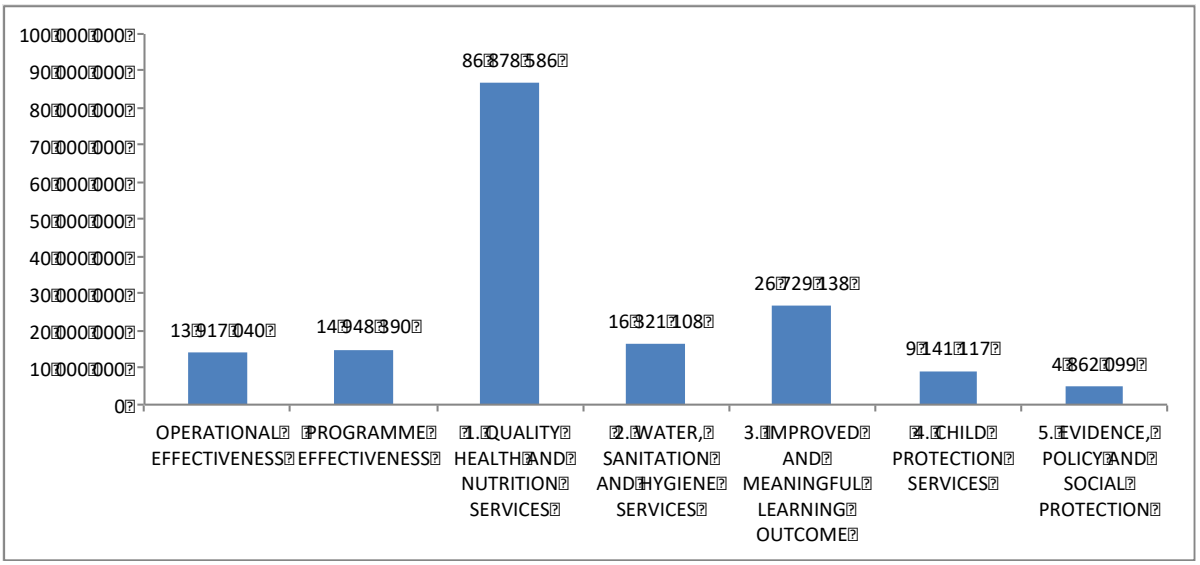
Financial resources

UNICEF has utilized a total of USD 172,979,478 from 2020 to 2023. Outcome 1: Quality Health and Nutrition Services accounts for 50.3 per cent of the total utilization of the country programme budget to date, while Outcome 5: Evidence, Policy and Social Protection accounted for the smallest proportion of resources utilized (2.8 per cent). Programme units have indicated that resource allocation is not always adequate, and this issue of effective and efficient resource allocation will be examined further in the evaluation.

Figure 2 - Budget allocation

Outcome Areas	2020	2021	2022	2023	Grand Total	Percentage
OPERATIONAL EFFECTIVENESS	3,051,470	3,667,524	3,636,970	3,561,076	13,917,040	8.1
PROGRAMME EFFECTIVENESS	2,225,743	4,447,487	4,335,529	3,939,631	14,948,390	8.7
1. QUALITY HEALTH AND NUTRITION SERVICES	19,202,705	22,284,999	19,692,805	25,698,077	86,878,586	50.3
2. WATER, SANITATION AND HYGIENE SERVICES	2,806,323	4,401,285	4,180,919	4,932,581	16,321,108	9.4
3. IMPROVED AND MEANINGFUL LEARNING OUTCOME	3,390,916	7,274,050	8,277,642	7,786,529	26,729,138	15.5
4. CHILD PROTECTION SERVICES	1,961,314	2,156,712	1,674,282	3,348,809	9,141,117	5.3
5. EVIDENCE, POLICY AND SOCIAL PROTECTION	1,134,640	1,062,828	1,133,215	1,531,417	4,862,099	2.8
Grand Total	**33,773,111**	**45,294,884**	**42,931,362**	**50,798,120**	**172,797,478**	100

Figure 3 - Total funds utilized by Outcome Area 2020-2023



Human resources

UNICEF Sierra Leone has a total staff complement of 135 including 22 consultants. Of these, 124 staff are located in Freetown, and eight staff in field office in Kenema and three in Makeni. The Health and Nutrition Unit is the largest in terms of staff and this is consistent with the dominance of health and nutrition in the funds utilized. Eleven positions are vacant. The Evaluation Team observed that there are no gender specialist positions in the country office.

In checking the staff list against the organigram, the evaluation team verified a personnel of 115, of which 4 UN volunteers and 18 consultants, and 11 vacancies[53].

Table 9 - Staff mapping

	Total filled	Staff	Volunteers	Consultants	Vacancies
Office of the Representative	2	2			
External Relations and Advocacy Unit	3	3			
Operations					
Deputy Representative -Operations	8	8			
Supply chain and logistics unit	10	9		1	1
Human Resources	4	3		1	
Administration	21	21			
ICT	3	3			

[53] This headcount corresponds to people whose existence was verified both in the Personnel List and the Organigrams shared with the evaluation team in December 2023 and may not be completely up to date. For Child Protection, the figures correspond to those informed by the Chief.

	Total filled	Staff	Volunteers	Consultants	Vacancies
Finance	3	3			
Programmes					
Deputy Representative - Programmes	2				
Health and Nutrition	21	16		5	2
Water, Sanitation and Hygiene	9	7		2	
Education	13	11		2	2
Child Protection	9	8	1		
Evidence, Policy and Social Protection	7	2	2	3	1
Planning and Monitoring	6	5	1		1
Social and Behaviour Change	4	1		3	2
Innovation	2	1		1	1
Field offices and emergencies	9	9			1

4. Evaluation purpose, objectives and scope

4.1. Evaluation purpose

The evaluation serves the dual purpose of learning and accountability by assessing the performance of the Country Programme in achieving its intended results for children. It will provide girls, boys and caregivers whom the country programme is expected to serve, and donors and other development partners, with solid evidence of how the Country Programme reached its objectives.

Evaluating the relevance, effectiveness, efficiency, coherence and sustainability of the implementation strategies used to reach the intended results of the country programme generates evidence and lessons to inform the design and delivery modalities of the Country Programme 2025-2029.

The evaluation findings will also inform the planning of the United Nations Sustainable Development Cooperation Framework (UNSDCF), as well as thematic evaluations and other strategic evidence generating activities expected to take place in the next country programme cycle.

The evaluation is expected to generate recommendations to guide UNICEF Sierra Leone staff and in-country partners in ensuring that the country programme meets the needs and priorities of children.

Table 10 shows the expected users and potential uses of the evaluation.

Table 10 - Users and uses of the evaluation

Evaluation users	Evaluation uses
UNICEF Sierra Leone	UNICEF will use the evaluative evidence to design the new Country Programme. Learning about the current programme's performance, UNICEF will be able to adjust strategic areas to maximise organizational performance.
Government of Sierra Leone	In collaboration with UNICEF and development partners, the Government may use the findings of the evaluation and lessons learned to inform the next iteration of the National Development Plan.
United Nations in Sierra Leone	The United Nations, in collaboration with partners, will use the evaluation findings in the planning of the UNSDCF
In-country development partners	Development partners may use the evaluation findings as input to their country strategies.
NGOs, CBOs and other local service providers	Integrate good practices identified in the evaluation into their work, and address issues that emerged during the analysis

4.2. Evaluation objectives

The specific objectives of the evaluation as set out in the Terms of Reference are to:

(a) Evaluate UNICEF's strategic positioning and programmes implemented and in the implementation process.

(b) Evaluate UNICEF's operational and programmatic dynamics in achieving the Country Programme's intended results and contributing to the realization of child rights.

(c) Evaluate UNICEF's strategic approach, sectoral and cross-sectoral implementation strategies and use of evidence in integrating gender and equity dimensions, including adolescent development and other normative principles in the Country Programme's sectoral and cross-sectoral programmes.

(d) Identify good practices and lessons and provide feasible and relevant recommendations that will guide government partners and UNICEF and other stakeholders in ensuring that the new country programme will deliver successful and sustainable results for children.

4.3. Evaluation scope

Thematic scope

The upcoming evaluation aims to provide an in-depth analysis of the Country Programme's development and humanitarian interventions. Specifically, the evaluation will assess the relevance, effectiveness, efficiency, coherence and sustainability of the implementation strategies employed in sectoral and cross-sectoral programmes, which are key components of the programme's overall framework. The evaluation will also cover the contributions made by operations, logistics, and supply, as these are crucial elements in ensuring that the programmes are carried out efficiently and effectively.

As outlined in the Terms of Reference, the following are key thematic areas of the evaluation's thematic scope:

1. UNICEF's role and strategic position looking back and thinking ahead into the CP 2025-2030 in the emerging context of the post-COVID-19 and emerging climate crisis.
2. UNICEF's sectoral and multi-sectoral implementation strategies and ways to improve them.
3. UNICEF's mechanisms for effective and efficient promotion of multi-sectoral and convergent approaches and integrated packages.
4. The extent to which the coordination and implementation mechanisms foster and are effective and efficient in strategic shifts in innovation and participation among government and development partners.
5. The CP's results-based framework and the extent to which equity, gender and needs and priorities of children, adolescents are integrated.
6. The extent to which the CP's results framework is based on informed and evidence-based decision making.

The evaluation will not provide an in-depth analysis of the WASH Programme in the fishing communities, the ECD Programme, and the Accelerating Sanitation and Water for All Programme. These programs have already been evaluated during the current cycle of the Country Programme. Furthermore, due to the constraints in time and budget, the evaluation will not cover the impact criterion.

Chronological scope

The evaluation will cover the country programme period from January 2020 to the present and its alignment to UNICEF's Strategic Plans and Gender Action Plans of 2018-2021 and 2022-2025.

Geographical scope

The evaluation will cover the country programme's sectoral and cross-sectoral activities in Sierra Leone's geographical areas where UNICEF operates. Primary data collection from rights holders via survey research will take place in the locations named on Table 11. Primary data collection through key informant interviews will have a national scope.

Table 11 - Geographical Scope

Programme	Locations
Health and Nutrition	Nationwide (all districts)
Water, Sanitation and Hygiene	Nationwide (all districts)
Basic Education and Learning	Nationwide (all districts)
Child Protection	Nationwide (all districts)
Evidence, Policy and Social Protection	Nationwide (all districts)

5. Evaluation framework

5.1. Key criteria and evaluation questions

The evaluation will be guided by the following OECD-DAC criteria: relevance, coherence, effectiveness, efficiency, and sustainability. In addition, it will consider gender, equity, and human rights as a cross-cutting criterion. The Evaluation Team produced an evaluation matrix (See Annex C: Evaluation matrix) taking into consideration the evaluation objectives, the preliminary secondary data analysis and document review, and the views of programme staff consulted. The evaluation questions are shown on Table 12 .

Table 12 - Evaluation questions

Evaluation criteria	Evaluation questions
Relevance Extent to which the country programme meets the needs and priorities of children, especially the most vulnerable and marginalized in Sierra Leone	3.4.1.1. To what extent has the CP aligned with and met the needs and priorities of all children, especially the most vulnerable groups? 3.4.1.2. To what extent has UNICEF adapted its programme content, as well as its implementation strategies and the CP's scope to respond to changes that emerged due to emergencies, including the Covid-19 pandemic?
Coherence Extent to which the country programme is compatible with other interventions and policies	3.4.2.1. To what extent have the government policies and programmes supported the CP's activities and vice versa? 3.4.2.2. How has interoperability and intersectorality between programmes contributed to achieving the intended results? 3.4.2.3. To what extent is UNICEF's CP harmonized with other UN agencies and development partners' programmes to add value to the common goals and avoid duplication of effort? 3.4.2.4. To what extent has UNICEF contributed to the functioning of the coordination mechanisms of the UNCT? 3.4.2.5. To what extent has UNICEF contributed to the technical results groups, including the COVID-19 socio-economic response plan?
Effectiveness Extent to which UNICEF achieved the country programme's intended results and will complete by the end of the programme's cycle	3.4.3.1. To what extent has UNICEF achieved and is likely to reach the CP's intended results by the end of its cycle? How has UNICEF transformed the CP's outputs into short-term and intermediate outcomes? 3.4.3.2. To what extent were mechanism put in place to ensure effective and efficient promotion and implementation of multi-sectoral and convergent approaches, and integrated packages? How these mechanisms worked in terms of fostering strategic shifts, especially in innovation and stakeholder participation among the government and development partners? 3.4.3.3. What positive and negative (expected and unexpected) effects have emerged and are likely to arise due to the CP's results? 3.4.3.4. What internal and external factors adversely affected the achievement of the CP's results or contributed to achieving the CP's intended results? 3.4.3.5. How effectively did UNICEF deliver services to respond to children's needs and priorities that emerged due to the social and economic impacts of Covid-19?

Evaluation criteria	Evaluation questions
Efficiency Extent to which the country programme's inputs are converted into outputs and outcomes.	3.4.4.1. To what extent have the programme's operational capacity, including human resources, been sufficient to achieve its intended results within the planned timeframe and cost-efficiently? 3.4.4.2. To what extent have UNICEF's monitoring systems contributed to the CP's results-based management? How is evidence used in planning and implementing the programme? 3.4.4.3. To what extent have UNICEF's partnership modalities contributed to achieving the CP's results in a timely manner and cost-efficiently? 3.4.4.4. To what extent were cooperation mechanisms with the government and development partners, especially in terms of innovation and participation efficient?
Sustainability Extent to which the country programme's effects for children 's situation will continue and are likely to continue in the long run	3.4.5.1. To what extent are the CO's results sustainable financially, environmentally and socially? 3.4.5.2. To what extent have the programme's behaviour change, system strengthening, and capacity development activities contributed and will continue to contribute to the sustainability of its intended results in?
Gender, equity and human rights Extent to which UNICEF integrated gender, equity and human rights dimensions in the country programme	3.4.6.1. To what extent has UNICEF integrated the gender, human rights and equity dimensions in planning the programme, implementing strategies, and adapting it to respond to the challenges of Covid-19? How did the government partners and UNICEF human rights, equity dimensions in the CPD lead to the planned results at the output and outcome levels? 3.4.6.2. How did UNICEF ensure the integration of the needs and priorities of children with disabilities and children from the most vulnerable and marginalized groups in the programme's sectoral and cross-sectoral components? To what extent has the CPD contributed to the promotion and implementation of the 'Leave No one Behind' agenda, in reaching children from the most vulnerable and marginalized groups?

5.2. Evaluation matrix

The Evaluation Team elaborated an evaluation matrix to guide the data collection and analysis. The matrix is shown in the Annex C: Evaluation matrix.

6. Evaluation approach

The evaluation will follow the UNEG Norms and Standards for Evaluation and the UNEG Ethical Guidelines for Evaluation.[54] The Evaluation Team will pay particular attention to the principle of utilization of the evaluation, credibility of the evaluation, and integrating human rights and gender equality principles in the evaluation process.

The evaluation will follow a theory-based approach – testing the change hypotheses on which the country programme interventions and strategies are based. The theory-based approach is well suited to verifying the assumptions underpinning the interventions in the Country Programme and the actual results (outcomes and outputs) achieved, and explain why results were achieved or not achieved.

The evaluation will focus on results at the outcome level when assessing the effectiveness of the country programme. It would not be appropriate to attribute changes at the outcome level to UNICEF alone, as the activities of government ministries, development partners and other United Nations agencies also contribute to results at the outcome level. Therefore, the evaluation team will adopt the approach of assessing whether and how UNICEF's results at the level of outputs contributed to changes at the level of outcomes. Where possible, the evaluation will seek evidence as to what may or may not have occurred in the absence of UNICEF's programme.

6.1. Data collection methods and tools

The evaluation draws on a mixed-method approach based on quantitative and qualitative data collection methods to reach relevant conclusions. Qualitative methods will include interviews and focus group discussion to capture the rich context, perspectives, and experiences of UNICEF, government, development and implementing partners, including the rights holders.

Quantitative methods will include a household survey and data extraction to assess the extent of patterns or trends.

The mixed-method approach enables a holistic evaluation, ensuring that the depth of institutional involvement is considered and that the performance of the current country programme in addressing the issues of children and women in Sierra Leone is assessed properly for the next country programme design.

Additionally, addressing the enabling environment—factors such as policies, infrastructure, and resources—becomes crucial. A mixed-method approach allows for a thorough examination of how these contextual factors influence the levels of involvement, offering valuable insights for

[54] UNEG. 2016. "Norms and Standards for Evaluation", New York: http://www.uneval.org/document/detail/1914 and UNEG. 2008. "UNEG Ethical Guidelines for Evaluation", New York, March 2018: http://www.unevaluation.org/document/detail/102

fostering a conducive environment that supports and enhances the effective integration of KIIs in both institutional and community setting.

The evaluation will follow a phased approach and will make provision for dialogue with UNICEF Sierra Leone and stakeholders at various stages of the evaluation process.

6.1.1. Primary data collection

Key informant interviews

The evaluation team will conduct interviews with key informants from government institutions, development partners, implementing partners, United Nations agencies and UNICEF.

Through these key informant interviews, the Evaluation Team seeks to gain an in-depth understanding of the country programme's relevance and performance, as well as of some of the main challenges and lessons learned. The interviews will also explore suggestions for improvements and issues for consideration in the next country programme. Interviews will be semi-structured with an interview guide tailored for each category of key informants. The average interview time is 60 minutes and may be slightly longer for interviews with more than one participant. The interview guides are shown in Annex D: .

Focus Group Discussions

The evaluation team will conduct gender-balanced focus group discussions with adolescents and parents/caregivers. FGDs with implementing partners will be carried out in case conducting interviews with the sampled IPs within the allocated timeframe is not possible.

The implementing partners identified in the stakeholder mapping would be allocated to two groups, with a maximum of 10 per group. The allocation should ensure that there is a mix of implementing partners from the different outcomes and also a balance of female and male participants.

FGDs will be conducted with adolescents, parents and caregivers participating in UNICEF-sponsored programmes.

The focus group discussions will provide an opportunity for a deeper understanding of the country programme's implementation, and the complexities and challenges faced in implementation. The guiding questions for the focus group discussion are shown in Annex D: .

Quantitative data collection

A survey will be conducted with households with children below the age of to generate data primarily on social and behavioural practices in terms of children's nutrition and health, WASH, and child protection. The purpose of the survey is to gather data not only to triangulate findings from the qualitative and secondary data, but also to conduct correlation analysis on the programme's performance and its indicators lacking sufficient recent evidence.

The survey will primarily focus on the social and behaviour change and awareness raising on the issues to improv the wellbeing of children and adolescents. The survey will include a household roster and UNICEF Washington Group disability module that will allow to disaggregate the data by the social and economic profile for equity focused analysis.

The survey will assemble first-hand data necessary to assess the country programme's influence on specific areas of the country where communities show high levels of deprivation intended to be addressed by the Country Programme outcomes. The survey is aimed at the population who benefitted from UNICEF-supported interventions

Secondary data

The inception phase of the evaluation included a preliminary desk review of available documents and statistical information. The data collection phase will entail a more detailed desk review of documents to respond to the key evaluation questions and also serve as a means for triangulation of primary data. The list of documents for detailed review is contained in the Annex. These will be supplemented with additional documents that the Evaluation Team will collect in the course of the evaluation.

6.2. Sampling

Qualitative Component

Key informants have been identified through purposive sampling based on the information provided by UNICEF programme staff during exploratory interviews, and from the preliminary review of documents. A maximum of 40 key informant interviews will be conducted online and in person during the data collection mission in Sierra Leone.

The table below shows the number of key informant interviews for each category of stakeholders. Mapping of key informants is shown in the Annex.

Table 13 – Key Informant Interviews

	Government partners	**UNICEF**	**United Nations in Sierra Leone**	**Development partners**
Health & Nutrition	6	2		
WASH	3	1		
Education	2	1		
Child Protection	3	1		
Evidence, Policy and Social Protection	2	1		
Innovation	1	1		
SBC	1	1		
Operations		3		
Senior Management		3		
Total	**18**	**14**	**5**	**3**

To date, preliminary exchanges with UNICEF have identified the need for discussions on adolescent health, nutrition practices and the health of mothers and their children under the age of five. To conduct these discussion groups, the evaluation team proposes identifying participants through the intermediation of community health workers in the areas where the quantitative survey will be carried out.

It is proposed to have 2 types of focus groups in 2 different locations (urban and rural) for a total of 4 FGDs. They will consist of 2 FGDs with Adolescents on sexual and reproductive health and 2 with parents and caregivers. The foreseen locations are in Freetown (urban) and a rural area to be determined in agreement with UNICEF.

Quantitative Component

A simple random sample of 610 respondents proportional to the population size of districts will be drawn. The criterion of presence of at least one child under two will be adopted, as per agreement with UNICEF, so as to cover the primary rights-holders of the CP's main interventions in Nutrition, Health, WASH, and Child Protection. These interventions encompass surveillance activities, malnutrition treatment/supplementation and prevention (such as screening), and behavioural change interventions (e.g., addressing harmful practices, infant and young child feeding, open defecation). The results will therefore be representative of Sierra Leonean households with children in that age range.

The proposed sample size corresponds to a 95% confidence interval and a margin of error of +- 5 percentage points for the estimation of proportions, assuming a maximum 5 different response categories per question and maximum variance. In most scenarios the margin of error will be lesser (e.g. estimation of means, questions with fewer categories).

The sampling will be carried out in three stages: first, we will draw from a list of chiefdoms/councils within each district in proportion to its size. If the sample size for a district has been determined to be up to 10 households, we will draw one chiefdom/council. If between 11 and 20, two chiefdoms/councils, and so on. The second stage will be a randomization of communities within each chiefdom/council. The third stage will consist of randomizing households on the community itself. A number from 1 to 5 will be selected as the starting point (e.g. if the number 3 is drawn, we'll start with the 3rd household from the entrance of the village or similar concept). Another number from 1 to 5 will be selected as the skipping rate (e.g. interview every 4^{th} household if the number 4 is drawn). Finally, the selection criteria of existence of at least one child below the age of 2 will be applied. A significant portion of the questions specifically pertains to this age group; however, the questionnaire addresses a broader population.

6.1. Limitations

The Evaluation Team conducted an evaluability assessment in terms of the design of the country programme including its theory of change, the availability of information, practical considerations such as availability of stakeholders, and the potential utilization of the evaluation. The detailed assessment is presented in the Annex B: Evaluability assessment. Overall, the country programme can be considered evaluable, with the following caveats:

The timeframe for the evaluation is a major constraint. The Terms of Reference indicated that data collection and analysis would take approximately 40 days but has been reduced to 20-25 days. The primary data collection entails up to 40 key informant interviews, a survey of 500 households and six focus group discussions with rightsholders (parents/caregivers and adolescents). The data collection, including the testing of data collection tools and training of enumerators will run over a period of two weeks, commencing from the second week in January

2024. In the remaining two weeks of January, the Evaluation Team is required to clean, systemise and analyse data and present a zero-draft report with preliminary findings and conclusions by the end of January 2024. This poses a risk to the quality of the data analysis, which ultimately impacts on the quality of the evaluation report.

Table 14. Limitations and mitigation strategies

Limitations and Constraints of the Evaluation	**Mitigation strategies identified**
Reduced timeframe of contract implementation	Increase in the number of enumerators to speed up survey Anticipate data collection phases that will answer most EQs (KIIs and desk review)

This section will be updated in the evaluation report as more will come up during the evaluation's implementation.

6.2. Emerging observations

The Evaluation Team has emerging observations from the analysis of secondary data, and shared these with UNICEF Sierra Leone at their Strategic Moments of Reflection workshop held on 5 December 2023. These observations will be revised and extensively developed, as applicable, in the draft evaluation report, in the form of conclusions clustered by evaluation questions.

1. **Disparities between urban and rural areas, and at district level persist.** Children and adolescents in rural areas tend to have less favourable outcomes, especially in terms of health, nutrition education, child protection and WASH.
2. **Emergencies dominated much of the CPD period**. In responding to these, priorities shifted and delivery of some areas of the CPD were affected. For example, SBC interventions were predominantly in response to emergencies, including the COVID-10 pandemic. The evaluation will need to take the impact of emergencies into account when assessing the performance of programmes. The evaluation will also look at how UNICEF used the opportunities provided by emergencies to strengthen resilience.
3. **Cross-cutting interventions such as Innovation and SBC have many touch points with sectors, are potentially transformative and can add value to programmes, but their capacities appear stretched so they might not be performing optimally at present**. This raises the question of whether these functions need additional capacity or should the division of labour between cross-cutting functions and sectors be revised?
4. **The inadequate broadband and digital infrastructure are constraints to digital innovation interventions of UNICEF.** Limited coverage in rural areas and limited access to suitable devices are challenges experienced. Similar constraints are probably experienced by other United Nations agencies in Sierra Leone and may present opportunity for partnering with other United Nations agencies that are involved in digital innovation.

5. The SBC surveys and other studies underscore the **challenge of changing and sustaining behaviours that are driven by deeply rooted social attitudes about children and gender**.
6. The preliminary analysis found some collaboration and coordination across sector, for example between education and WASH. However, **coordination and collaboration appears to be an area in need of strengthening.** One of the questions the evaluation will attempt to answer is how interoperability and intersectorality between programmes contributed to achieving the intended results.
7. **The issue of limited resources was raised in the consultations with programme focal points.** Small allocations, risk fragmentation of interventions and being less impactful. The evaluation will explore the question of sufficiency of resources for achievement of results.
8. **The country programme generates knowledge and evidence– e.g. SBC surveys, but it is unclear to what extent these inform programme activities**. There seems to be a siloed approach with each unit generating its studies/research etc.
9. **Government ministries have data capacity challenges** as demonstrated by the data gaps for several indicators. Government ministries appear to have limited administrative data that can be used for programming. A question the evaluation will consider pursuing is how UNICEF works with other United Nations agencies in strengthening data capacity.
10. **The major risks of emergencies and economic downturn identified in the programme strategy notes of the country programme have held true**. The country programme did not mention political risk, yet political instability is an issue in the region and may need to be considered in the risk assessment for the next country programme.

7. Ethical considerations

The evaluation takes into consideration key aspects related to human rights, gender, and equity. At the same time, it is based on a participatory approach that includes and engages adolescents. Consequently, it follows UNEG Norms and Standards and UNEG Ethical Guidelines alongside other EU and UN guidelines[55], and additional ethical guidelines described next. Throughout the evaluative process, the research team will abide by the European Union General Data Protection (EU 2019/679) and Brazilian Personal Data Protection Act (Lei Federal nº 13.709/2018) guidelines for collecting and using human subject's data. The instruments for data collection and consent/assent forms required will be revised and approved by the Ethical Review Board (ERB) prior to field missions.

The evaluation team will follow the company's **Primary Data Collection Protocol**, aimed at ensuring the safety of the subjects participating in their research and ensuring the protection of the subjects' identity and data. The evaluation follows an ethical review approval process and includes explanations and relevant documentation in relation to this in this inception report. The Primary data collection protocol is included in the Annex.

Children and Adolescent's safety and well-being will be prioritised, and data confidentiality and anonymity will be protected, following the guidelines for ethics research from UNICEF.[56] Potential harm will be minimised particularly during the FGDs and the visits / observation by observing the same guidelines and re-assuring compliance to them by the consultants during their fieldwork.

[55] ALNAP guidance for evaluation of humanitarian action; UNEG Ethical Guidelines for UN Evaluations; EU Ethics and data protection guidelines; UNEG guidance on integrating human rights and gender equality; UN System-Wide Action Plan (UN-SWAP) on gender equality; UNICEF adapted evaluation report standards and GEROS; UNICEF Ethical Guidelines and standards for research and evaluation; UNICEF Ethical Research Involving Children; Guidance Note: Adolescent participation in UNICEF monitoring and evaluation; UNICEF Guidance on Gender Integration in Evaluation; UN Disability Inclusion Strategy (2020); UNSDG Human Rights-Based Approach; UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis (2021), Document Number: PROCEDURE/OOR/2021/001.

[56] UNICEF: Ethical Research Involving Children.

8. Evaluation workplan

Activities	Oct		November				December				January					February				March			
	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26	4	11	18	25
INCEPTION PHASE																							
Contract signing and preliminary meeting																							
Consultations with the Evaluation Management Group (EMG)/CMT.																							
Review of existing data sets																							
Conduct secondary data analysis of the country programme performance.																							
Prepare presentation to SMR																							
SMR																							
Conduct exploratory interviews																							
Design data collection instruments (survey, FGDs and KIIs)																							
Validate data collection instruments (survey, FGDs and KIIs)																							
Plan mission on Sierra Leone (prepare logistics for trainnings and survey implementation plan) -																							
Elaboration of the inception report and preliminary analysis.																							
Deliver Inception Report within preliminary analysis and data collection tools (Plan)																							

Activities	Oct		November				December				January					February				March			
	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26	4	11	18	25
Review of draft inception report, preliminary analysis and data collection tools by CMT (UNICEF)																							
Submit the inception report to external IRB for ethics approval.																							
Finalize the inception report incorporating comments from CMT and ERG.										Holidays													
DATA COLLECTION AND ANALYSIS PHASE																							
Preparation for in country mission (materials, mobilization)																							
Training, pilot-testing and validation of survey data collection tool.																							
Review of survey data collection tool																							
Primary data collection																							
FGDs																							
KIIs																							
Survey																							
Cleaning survey data base and analysis																							
Systematize and analyse qualitative data																							
Secondary data review and analysis										Holidays													
In-country debriefing and preliminary findings and conclusions (Zero Draft Report)																							
REPORT WRITING PHASE																							
Produce the draft evaluation report with recommendations.																							

Activities	Oct		November				December				January					February				March			
	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26	4	11	18	25
Submit the draft evaluation report to CMT for review and feedback.																							
Revise the draft evaluation report incorporating feedback from CMT and resubmit.																							
Present the revised evaluation report to CMT and ERG/Validation meeting.																							
Finalize the evaluation report incorporating comments from CMT and ERG.																							
Produce the evaluation brief and infographics.																							

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Annex A: Terms of Reference

UNICEF Sierra Leone: Country Programme Evaluation (2020-2023)

1. Introduction

The Country Programme Evaluation (CPE) of UNICEF Sierra Leone is expected to provide a comprehensive analysis of the Country Programme (CP) performance over the last three years of implementation. It intends to support UNICEF and its partners to develop the new country programme (2025-2029) towards a more effective achievement of better and sustainable results for children.

The evaluation findings will inform the planning of the United Nations Sustainable Development Cooperation Framework (UNSDCF) as well as thematic evaluations and other strategic evidence generation activities expected to take place in the next country programme cycle. CPE's primarily focuses on the programmes' relevance and how its implementation approach meets the realities on the ground, and whether the programme responds to the emerging needs of children. The evaluation will look into synergies between operational and programmatic systems, including planning and implementation strategies, results-based management, evidence use and partnerships as well as adaptability to changing contexts.

The evaluation will be managed by the UNICEF Regional Office for West and Central Africa (WCARO) with the support from Multi-country Evaluation Specialist in collaboration with the Sierra Leone Country Office (CO).

1.1. Evaluation Rationale

The current Country Programme was designed and has been implemented within a context of multidimensional and evolving change to the programming environment in Sierra Leone. The country encountered unprecedented challenges brought by Covid-19, entailing measures UNICEF took to address to children's emerging needs and priorities in a fast-paced emergency context. Coupled with the pandemic, children in different parts of the country faced emergencies due to environmental hazards such as floods and outbreak of disease, that continue worsening by ongoing climate change. Sierra Leone is also currently going through a decentralisation process that would require UNICEF to reassess the balance between national and sub-national focus in its programming.

1.2. Stakeholders

The evaluation will benefit a broad range of stakeholders:

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- Primary stakeholders at the central and sub-national levels, including the civil society, adolescents, and others) with a direct stake in the evaluation due to their crucial role in implementing the current Country Programme and critical role in designing the next CP.

- Secondary stakeholders are rights-holders and duty-bearers and organizations in and outside of Sierra Leone with which UNICEF does not have any formal partnership, but that work with on programmes and child rights issues for which lessons and good practices drawn from the CPE may be relevant.

This section focuses primarily on stakeholders whose perceptions of the CP should be represented in the CPE and who should be informed about the evaluation process, its findings and recommendations that may support the optimization of joint work.

Table 1. Primary stakeholders.

Governmental Structures	UNICEF collaborates with relevant state bodies on each CP component's coordination and detailed contents. The line ministries and state agencies include: • Ministry of Health and Sanitation (MoHS) • Ministry of Water Resources • Ministry of Fisheries and Marine Resources (MFMR) • Ministry of Gender and Children's Affairs (MoGCA) • Ministry of Social Welfare MoSW) • Ministry of Planning and Economic Development (MoPED) • Ministry of Basic and Senior Secondary Education (MBSSE) • Statistics Sierra Leone (Stats SL) • National Commission for Social Action (NaCSA) • National Monitoring and Evaluation Directorate (NaMED) • National Disaster Management Agency (NDMA)
Donors	UNICEF's multilateral and bilateral donors have a direct stake in the evaluation findings as these will account for UNICEF's performance.
The United Nations Country Team (UNCT)	UNCT includes UNDP, UNICEF, WFP, UN Women, UNFPA, UNAIDS, IOM, WHO, FAO, and UNESCO.
Civil Society Organizations (CSOs)	CSOs collaborate with UNICEF primarily as implementing partners. The profile of CSOs is diverse, considering the numerous initiatives implemented at the national and local levels throughout CP implementation.
UNICEF's internal stakeholders	UNICEF's internal stakeholders include the Country Office's Programme and Operations teams, and Field Offices; the Regional Office for West and Central Africa (WCARO), and senior management in UNICEF who can draw upon the evaluation findings for regional and corporate learning and accountability purposes.

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1.3. Context

Based in West Africa, Sierra Leone's history over the last 20 years encompasses a range of significant events as the country has been recovering from the civil war that ended in 2002 but only to face the deadly Ebola outbreak (2014-2016), followed by the global Covid-19 pandemic that once again adversely affected its social and economic stability.

In the transitioning period from the humanitarian to the development context, the government of Sierra Leone has made positive changes for children by prioritizing their needs in education, health and other crucial public sectors that provide essential services for the population. The government enhanced its policy agenda for children, for example, by increasing the budget of Free Quality Education (FQSE) from 12.5[57] % in 2016 to 21.4 % in 2020.[58] Despite gradually making progress to recover from the socio-economic and political shocks, and in the midst of changing climate, the country remains fragile in all aspects directly linked to children's wellbeing.

Yearly floods, mudslides and drought across the country affect children the most. Ninety (90) per cent of Sierra Leone's disaster over the past 30 years were related to flooding.[59] The hottest years occurred since 2000, with 2020 and 2021 marking the hottest on record for Sierra Leone. Average annual rainfall has decreased since the 1960s, especially in the western and coastal areas. The water issue is, especially, becoming dominant during the dry season. Children exposed to climate hazards such as storms, drought and flooding are highly vulnerable to falling into poverty, at the same time as children affected by poverty are less resilient to climate hazards.

With the population of over 7 million,[60] the incidence of poverty in Sierra Leone is nearly 60 per cent,[61].A wide poverty gap is evident in children's geographic locations. Over 80% of poor children live in rural areas, mostly in the Northern and Southern provinces of Sierra Leone.[62] Half of these children live in overcrowded shelters with inadequate infrastructure.[63] Despite these deep poverty rates in Sierra Leone, only around 1% of the poorest households received some form of social transfers, while 19% of these households received school tuition or any other school related benefits at the time of the last MICS. [64]

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[57] UNICEF Sierra Leone, 2019, 'Country Programme Document'

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Sierra Leone ranks 155 out of 162 countries on Gender Inequality Index.[65] Girls and women remain vulnerable to gender-based violence, social discrimination and poverty. About 30 % of women aged 20 to 24 married before the age of 18, and 13 % before the age of 15. [6667] Thirty per cent of women of the same age range had a live birth before turning 18. Adolescent birth rate for women aged 15-19 remains over 100 per 1,000 women.[6869] On top of being a severe health risk for young girls, adolescent pregnancy leads them to drop out of school and miss out on educational opportunities that would help them pursue their goals of becoming empowered and independent women. Yet the social norms of Sierra Leone dominate women's and girls' choices not only in their educational pursuits, but also in their sexual and reproductive health, as more than 80% of women aged 15–49 experience some form of female genital mutilation/cutting (FGM/C).[7071] The prevalence of violence at home against children increased from 81% in 2010[72] to 86.5% in 2017[73]. Children aged 1-2 are most likely to experience violent discipline, and the prevalence of physical punishment and psychological aggression decreases as children become older. More than 45% of mothers believe that their children deserve physical punishment for their proper upbringing. However, mothers with higher educational attainments are less likely to agree with that, implying that a mother's education can play a crucial role in ensuring children's healthy and safe development. Yet the literacy rate among women aged 15-49 was only 41% in 2017[74] whereas the same among women aged 14-24 was 48% in 2010[75].

Only 1 in 10 children aged 3–4 attend an early education programme, mostly in urban areas, and most children in rural areas do not have an opportunity to learn in their early years.[76] Out of all children of primary school age in Sierra Leone, 63% were registered to enter grade 1 in 2017. The percentage of children decreased as they passed from primary to lower secondary schools, with 35 % of them being over-age by two or more years of the official school-age years attending the lower

[65] UNDP, Gender Inequality Index, 2019, https://hdr.undp.org/en/content/gender-inequality-index-gii

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[72] Statistics Sierra Leone and UNICEF-Sierra Leone. 2011. Sierra Leone Multiple Indicator Cluster Survey 2010, Final Report. Freetown, Sierra Leone: Statistics Sierra Leone and UNICEF-Sierra Leone (MICS 2010).

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secondary schools. Although there is no significant gender-related difference among children of the primary and lower secondary ages, the gap widens as children transition to adolescence.

The per cent of out-of-school girls, especially in rural areas, increases as they move from lower to upper secondary school. Sixty (60) per cent of out of schoolgirls live in rural areas and 70 % of them are from low-income families, mainly in the northern and southern regions of the country. In addition to the geographic variables, wealth and mothers' education play a crucial role in retaining children's education. There is an insufficient presence of schools in rural areas. Only 27 % of children below 18 received school related support at the time of the last MICS. Children's educational issues are not only linked to the demand but also the supply side. Often, schoolchildren miss out on education due to teachers' absence for various reasons or school closures. For most of the Covid pandemic schools were closed and education was continued through radio lessons. There is limited availability of female teachers, but also, the quality of education does not often meet the national standards. Overall, the ratio of children to qualified teachers is 57:1. Only 16% of children aged 4-17 have foundational reading skills, and only 12 % demonstrate foundational numeracy skills.

While Sierra Leone is gradually improving in the health sector, significant issues persist, especially among neonatal and postnatal healthcare services. The under-five mortality rate, according to the latest estimates (2021), is 104.69 per 1,000 live births[77], down from 116.79 in 2018.[78] Preventable illnesses such as malaria, acute respiratory infections and diarrhoea account for many deaths among children under five. The percentage of women aged 15-49 years who were attended at least once by skilled health personnel during the pregnancy increased almost to 97 %, and more than 76 % gave birth at health facilities.[79] The maternal mortality ratio reduced from 837 in 2010 to 443 to 2020 per 100,000 live births[80] . However, despite these improvements, children's health care services have not progressed substantially. The vaccination rate among children aged 12-23 months reduced from 69% [81] to 56%.[82] Two-thirds of health facilities have all the required vaccines, but only one third have access to adequate cold-chain equipment and maintenance capacity.

More than a fourth of children under-five years of age are stunted and nearly 260,000 children are suffering from acute malnutrition on an annual basis.[83] Of these, around 65,000 are severely

[77] UN Inter-agency Group for Child Mortality Estimation, 2021.

[78] Child Mortality - UNICEF DATA (last accessed 7/03/2023)

[79] MICS 2017.

[80] Internationally comparable MMR estimates by the Maternal Mortality Inter-Agency Group (MMEIG): WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division (2000-2020).

[81] MICS 2017.

[82] DHS 2019.

[83] 26% stunting prevalence and 5% wasting prevalence, Source: Ministry of Health and Sanitation and UNICEF. (2021). *Sierra Leone National Nutrition Survey 2021*. Freetown: UNICEF.

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malnourished and at high risk of dying if left untreated.[84] Children's situation is further exacerbated by a series of destabilizing shocks, such as the ongoing war in Eastern Europe, that have negatively affected food security leading to 1.1 million people estimated to be acutely food insecure between June and August 2023. [85] In addition, inadequate sanitation and hygiene practices, health seeking behaviors, and maternal, infant, and young child nutrition practices are the main drivers of malnutrition in the country. While early initiation of breastfeeding of newborns within an hour of birth is high at 89%, only 53% of infants are breastfed exclusively from birth up to 6 months of age, and almost 10% are bottle-fed.[86] From age 6 – 23 months, many children in the country become highly vulnerability to malnutrition with only 5% meeting the minimum acceptable diet, 23% meeting the minimum dietary diversity, 33% meeting the minimum meal frequency, and only 53 % continued to be breastfed until 23 months of age. Limited knowledge and skills on infant and young child feeding, widespread belief on myths and misconceptions about food and healthy practices, and harmful cultural and religious practices are some of the barriers affecting adoption of optimal infant and young child practices in the country. [87]

Less than 2 % of the population aged 15-49 is HIV positive.[88] The HIV prevalence is higher among women than men. HIV prevalence increases from 0.5 % among women aged 15-19 to 3.3 % among those aged 30-34. It declines to 1.4% among those aged 40-44 and increases again to 2.2% among those aged 45-49[89]. Fewer than two-thirds of health facilities offer prevention of mother-to-child transmission (PMTCT) services and referral systems in Sierra Leone.

Limited health care services and water safety and sanitation issues jeopardize children's wellbeing and predispose the country to epidemics of cholera. Sixty-seven (67) per cent of the population gained access to improved drinking water sources, and 66 % spend up to 30 minutes going to the source of drinking water and returning.[90] The majority of the households (83%) across the country do not have drinking water on their premises and people in nearly 74% of households are most likely to drink contaminated water. [91] There are significant correlations between the households' wealth status and locations. Of an estimated six million people without access to basic sanitation, approximately 1.3 million (25% rural, 5% urban) people practice open defecation. Significant

[84] *Ibid.*

[85] Global Information and Early Warning System on Food and Agriculture, December 2022, external-assistance | GIEWS - Global Information and Early Warning System on Food and Agriculture | Food and Agriculture Organization of the United Nations (fao.org)

[86] Ministry of Health and Sanitation Sierra Leone and UNICEF Sierra Leone. (2021). Sierra Leone National Nutrition Survey 2021. Freetown: UNICEF.

[87] Royal Tropical Institute, Dalan Development Consultants, MoHS, UNICEF, and Irish Aid, 2019, National Mixed Study on Knowledge, Attitude, Practices and Barrier (KAPB) on Maternal, Infant, and Young Child Nutrition (MIYCN) in Sierra Leone

[88] DHS 2019-20.

[89] *Ibid.*

[90] DHS 2019-20.

[91] *Ibid.*

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disparities and inequities exist between urban and rural communities as access to safe water sources stands at 75 % in urban areas compared to 47 % in rural areas. 4 in 5 schools do not have access to basic sanitation services.

Poverty and limited access to quality social and health care services and poor sanitation adversely affect children's growth in Sierra Leone. For children to secure their fundamental rights to benefit from social programmes, including health care and child protection, they need birth certificates. In Sierra Leone, over 60 per cent of children still do not have their birth certificates,[9293] which is a fundamental birth right. The percentage of children with birth certificates has not increased in the last five years. It is a country-wide issue that does not have any causal links between wealth quintiles, geographical locations or other socio-economic dimensions[94] except for merely being a little-known fact among parents and caregivers.

2. Evaluation Object: UNICEF Sierra Leone Country Programme (2020-2023)[95]

UNICEF Sierra Leone's Country Programme (CP) for 2020-2023 was structured using the previous programme results and lessons learned, ranging from the emergency response to results-based management approaches. The current CP emphasized the role of innovation and analytics in addressing children's needs and emerging priorities as the country continues evolving through the waves of socio-economic challenges. The programme took a multi-sectoral path by strengthening links between sectoral programmes, primarily education, health, social protection, child protection and WASH. Aligned with the Medium-Term National Development Plan, the programme did not deviate from the humanitarian context entirely but was geared toward strengthening the national capacity and systems to transition from emergency to development context and vice-versa.

The CP's Theory of Change (TOC) for Sierra Leone envisioned more children and women, especially the most vulnerable and marginalised, would gain increased access to inclusive quality health, nutrition, WASH, education and child and social protection services. The CP aimed to contribute to achieving the goals of the National Development Plan and the Sustainable Development Goals. It aligned with the outcomes 1–4 of the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2020–2023, the UNICEF Strategic Plan and Gender Action Plan, 2018–2021, and the African Union Agenda for Children 2040, and the Agenda 2063.

The TOC's pathway to enable the environment for children's rights to be realised if:

- Essential social services are of high quality and responsive, adequately scaled up, accessible and more resilient and inclusive.

[92] MICS 2017.

[93] DHS 2019.

[94] MICS 2017.

[95] UNICEF Sierra Leone, 'Country Programme (2020-2023).

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- Children, adolescents, parents and other caregivers demand quality services and practice safe behaviours.

The underlying assumption was that the government would continue to prioritise the social sector, politically and financially. The main risk was that the development trajectory would be interrupted by a lack of financing or another major emergency.

With this vision, UNICEF aimed to accelerate results through scaling up programmes in specific high-impact areas with a focus on:

- strengthening the community health worker (CHW) programme and supply chain for primary health care (PHC),
- improving infant and young child feeding practices,
- ending open defecation,
- improving access to pre-primary education and learning outcomes,
- strengthening the child protection system, and
- expanding the social safety net.

Several risks and assumptions were identified in the TOC, but the covid crisis took the country by surprise due to its severity and duration. Leaving the question of adaptability to change context open for assessment.

According to the current country programme document, UNICEF prioritised the most multi-dimensionally deprived districts. UNICEF stressed programmatic convergence, addressing early childhood development (ECD) through integrated health, nutrition, and pre-primary education interventions. The programme also entailed more investment in adolescent issues, particularly girls, by strengthening opportunities to help them achieve satisfactory learning outcomes, delaying their marriage and pregnancy until they become adults. The programme's component focusing on adolescents included promoting skills-based approaches to foster social and emotional learning.

The CP strengthened gender-mainstreaming approaches and analysis across all sectors by generating evidence on the effect of gender imbalance among teachers, community health workers (CHW) and social workers and advocating for gender parity within these groups. It aligned with 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).

During the Country Programme's cycle for 2020-2023, Sierra Leone encountered unprecedented challenges brought by Covid-19, as a result of which children experienced a multitude of social and economic issues. The Covid-19 pandemic significantly impacted the social and economic development in Sierra Leone. At the pandemic's onset in Sierra Leone, UNICEF launched an immediate response to address children's emerging issues while continuing to implement the country's programme. UNICEF's primary focus during the pandemic was on enabling the continuity of health, nutrition and protection services for children and women. Prioritising the needs of the most vulnerable and marginalized, UNICEF's programme activities included increasing access to

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life-saving medicine and psychosocial support, increasing access to clean water and sanitation, and effective prevention and control measures in health facilities, schools and communities.

A detailed description of UNICEF's programme components for the period of 2020-2023 can be accessed through the following documents 1) Sierra Leone CPD, COAR 2021 and COAR 2020. COAR 2022 will be available for the evaluation team during the inception phase. Annex I includes the summary of the country programme, and indicators.

3. Evaluation Purpose, Objectives and Scope

3.1. Purpose

The CPE will serve UNICEF's **accountability** and **learning** purposes by looking into the CP's performance in achieving its intended results for children.

This evaluation will provide the donors and other development partners (vertical accountability) and the girls, boys and caregivers whom the CPD is expected to serve (horizontal accountability) with solid evidence of how the CP attained its envisaged objectives.

The evaluation will inform UNICEF of the relevance, efficacy, effectiveness, efficiency, coherence and sustainability of programme implementation strategies to reach the planned CP results, and also shed light on potential corrective actions in the design and envisaged delivery modalities of the new country programme (TOC, change strategies, needed partnerships, and others).

The evaluation will generate recommendations to guide UNICEF Sierra Leone staff, and in-country partners in ensuring the CP meets the children's needs and priorities.

The Users of this evaluation include UNICEF sections staff, **UN and other developmental partners, NGOs** and Government. The expected Uses are outlined in Table below.

Table 2: Users and Uses of the evaluation

Evaluation Users	Evaluation Uses
UNICEF CO	UNICEF will use the evaluative evidence to design the new Country Programme by learning of the current CP's performance in addressing the needs and priorities of children in emerging context and by adjusting strategic areas to maximise the organizational performance.
Government of Sierra Leone	In collaboration with UNICEF and development partners, the Government of Sierra Leone will use the evaluation results and lessons learned in the National Development Plan to inform the next development plan.
UN and other developmental partners	In collaboration with partners involved in the United Nations Sustainable Cooperation Framework, the UN will

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	use the evaluation findings and lessons learned in developing new strategic implementation strategies.
NGOs/CBOs and other local service providers and rights holders	Mainstream (into their day-to-day practices) the good practices identified during the evaluation and address the issues that emerged during the analysis.

3.2. Objectives

The CPE's objectives are:

- To evaluate UNICEF's strategic positioning and programmes implemented and in the implementation process.
- To evaluate UNICEF's operational and programmatic dynamics in achieving the CP's intended results and contributing to the realization of child rights.
- To evaluate UNICEF's strategic approach, sectoral and cross-sectoral implementation strategies and use of evidence in integrating gender and equity dimensions, including adolescent development and other normative principles in the CP's sectoral and cross-sectoral programmes.
- To identify good practices and lessons and provide feasible and relevant recommendations that will guide government partners and UNICEF and other stakeholders in ensuring that the new CP will deliver successful and sustainable results for children.

3.3. Evaluation Scope

Thematic Scope: As per the UNICEF corporate guidance, a CP evaluation must assess the *totality* of the CP portfolio, including development and humanitarian interventions, cross-cutting issues and inter-sectoral support involving Communication for Development, data generation/child rights monitoring and gender. That said, given that a solid body of evaluative knowledge is available for some of the CP components (e.g., WASH and ECD), the evaluation will focus less on those and will place greater emphasis on those areas that have not been the object of any specific evaluation or assessment and yet represent a core intervention area as envisaged in the draft of the next CPD.

Specific areas the evaluation will cover are:

1. UNICEF's role and strategic position looking back and thinking ahead into the CP 2025-2029 in the emerging context of the post-COVID-19 and emerging climate crisis.
2. UNICEF's sectoral and multi-sectoral implementation strategies and ways to improving them.
3. UNICEF’s mechanisms for effective and efficient promotion of multi-sectoral and convergent approaches and integrated packages.

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4. The extent to which the coordination and implementation mechanisms foster and are effective and efficient in strategic shifts in innovation and participation among government and development partners.
5. The CP's results-based framework and the extent to which equity, gender and needs and priorities of children, adolescents are integrated.
6. The extent to which the CP's results framework is based on informed and evidence-based decision making.

Chronological Scope: The evaluation will cover the CP's period from January 2020 to the present and its alignment to UNICEF's Strategic Plans and Gender Action Plans of 2018-2021 and 2022-2025.

Geographical Scope: The evaluation will cover the CP's sectoral and cross-sectoral activities in Sierra Leone's geographical areas where UNICEF operates. The table below illustrates the programme locations.

Table 3. Programme Locations

Programme	Nationwide	Locations
Health and Nutrition	Yes	Falaba, Koinadugu, Bonthe, Western Area Rural, Moyamba and WAU
Water, Sanitation and Hygiene	Yes	Falaba, Koinadugu, Portloko, Bonthe, Western Area Rural and Moyamba
Basic Education and Learning	Yes	Kono, Falaba, Bonthe, Bombali, Kambia, Karene, Moyamba and Kenema
Child Protection	Yes	Kambia, Koinadugu, Falaba, Moyamba and Pujehun.
Evidence, Policy and Social Protection	Yes	Kono, Bo, Karene, Tonkolili for support to District Development Plans, DDCCs rolled out to all districts.

3.4. Evaluation Criteria and Questions

The evaluation will be guided by 5 OECD-DAC criteria: relevance, coherence, effectiveness, efficiency, sustainability and an additional one (gender equity and human rights):

1. **Relevance** –the extent to which the CP meets the needs and priorities of children, especially the most vulnerable and marginalized in Sierra Leone.

2. **Coherence** – the extent to which the CP's components are internally and externally compatible with other interventions and policies.

3. **Effectiveness** –the extent to which UNICEF achieved the CP's intended results and will complete by the end of the programme's cycle.

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4. **Efficiency** - the extent to which the CP's inputs are converted into outputs and outcomes.

5. **Sustainability**- the extent to which the CP's effects for children's situation will continue and are likely to continue in the long run.

6. **Gender, equity and human rights** – the extent to which UNICEF integrated gender, equity and human rights dimensions in the CP.

List of Preliminary Evaluation Questions

3.4.1. Relevance

3.4.1.1. To what extent has the CP aligned with and met the needs and priorities of all children, especially the most vulnerable groups?
3.4.1.2. To what extent has UNICEF adapted its programme content, as well as its implementation strategies and the CP's scope to respond to changes that emerged due to emergencies, including the Covid-19 pandemic?

3.4.2. Coherence

3.4.2.1. To what extent have the government policies and programmes supported the CP's activities and vice versa?
3.4.2.2. How has interoperability and intersectorality between programmes contributed to achieving the intended results?
3.4.2.3. To what extent is UNICEF's CP harmonized with other UN agencies and development partners' programmes to add value to the common goals and avoid duplication of effort?
3.4.2.4. To what extent has UNICEF contributed to the functioning of the coordination mechanisms of the UNCT?
3.4.2.5. To what extent has UNICEF contributed to the technical results groups, including the COVID-19 socio-economic response plan?

3.4.3. Effectiveness

3.4.3.1. To what extent has UNICEF achieved and is likely to reach the CP's intended results by the end of its cycle? How has UNICEF transformed the CP's outputs into short-term and intermediate outcomes?
3.4.3.2. To what extent were mechanism put in place to ensure effective and efficient promotion and implementation of multi-sectoral and convergent approaches, and integrated packages? How these mechanisms worked in terms of fostering strategic shifts, especially in innovation and stakeholder participation among the government and development partners?

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3.4.3.3. What positive and negative (expected and unexpected) effects have emerged and are likely to arise due to the CP's results?
3.4.3.4. What internal and external factors adversely affected the achievement of the CP's results or contributed to achieving the CP's intended results?
3.4.3.5. How effectively did UNICEF deliver services to respond to children's needs and priorities that emerged due to the social and economic impacts of Covid-19?

3.4.4. Efficiency

3.4.4.1. To what extent have the programme's operational capacity, including human resources, been sufficient to achieve its intended results within the planned timeframe and cost-efficiently?
3.4.4.2. To what extent have UNICEF's monitoring systems contributed to the CP's results-based management? How is evidence used in planning and implementing the programme?
3.4.4.3. To what extent have UNICEF's partnership modalities contributed to achieving the CP's results in a timely manner and cost-efficiently?
3.4.4.4. To what extent were cooperation mechanisms with the government and development partners, especially in terms of innovation and participation efficient?

3.4.5. Sustainability

3.4.5.1. To what extent are the CO's results sustainable financially, environmentally and socially?
3.4.5.2. To what extent have the programme's behaviour change, system strengthening, and capacity development activities contributed and will continue to contribute to the sustainability of its intended results in?

3.4.6. Gender, human rights and equity

3.4.6.1. To what extent has UNICEF integrated the gender, human rights and equity dimensions in planning the programme, implementing strategies, and adapting it to respond to the challenges of Covid-19? How did the government partners and UNICEF human rights, equity dimensions in the CPD lead to the planned results at the output and outcome levels?
3.4.6.2. How did UNICEF ensure the integration of the needs and priorities of children with disabilities and children from the most vulnerable and marginalized groups in the programme's sectoral and cross-sectoral components? To what extent has the CPD contributed to the promotion and implementation of the 'Leave No one Behind' agenda, in reaching children from the most vulnerable and marginalized groups?

4. Evaluation Design and Methods

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4.1. Data collection methods

UNICEF and UNEG established norms and standards, including ethical guidelines, will guide the evaluation. The evaluation will use **summative** and **formative** approaches to generate evidence of the CP's past outcomes and ongoing activities.

The evaluation team will be required to propose a detailed evaluation approach which would clearly explain the theoretical framework which the overall evaluation will be based on.

The evaluation will involve both quantitative and qualitative primary data collection and secondary data analysis. UNICEF encourages remote real-time data collection methods using suitable technology to the extent possible. The evaluation team is encouraged to develop innovative child and youth friendly evaluation methods and tools which should comply with the 'do no harm' principle.

Primary data collection methods will include (by stakeholder):

Service Providers

- Semi-structured Interviews of UNICEF, UN Agencies, governmental and development partners
- Semi-structured Interviews with UNICEF's internal and external stakeholders.

Rights holders

- Semi-structured interviews with parents and caregivers
- Focus group discussions with parents and caregivers
- Child-friendly Focus Group Discussions with children. It is important to ensure equal participation of girls, boys, and children with disabilities and that appropriate methods are used (such as H Framework, visuals, etc)
- Household survey on the CP's outcome indicators.

Sierra Leone has over 200,000 U-report users at the ages of 15-35 +. Some of the evaluation's quantitative data collection activities can be conducted through U-report across the country. The bidders are welcome to consider this option in developing the technical proposals for this evaluation. Bidders are also welcome to propose suitable child-friendly data collection methods involving children.

The primary data collection will cover the programme's activities which cannot be measured using the secondary data.

Available secondary data:

- MICS 2017
- DHS 2019
- National Nutrition Survey 2021
- SLHIS 2018
- HMIS

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- EMIS
- DHIS 2
- LQAS 2022
- World health statistics 2022
- WUENIC 2021
- NORM/WASH Data 2023
- Annual School Census 2023
- Evaluations
- Research
- Studies
- Administrative data

Please see the Annex II for the programme outcome indicators have available secondary data.

The list of stakeholders will be provided to the evaluators during the inception phase.

The evaluation team will receive the list of available secondary data during the inception phase.

The proposed evaluation methods should reflect a human rights-based and equity-focused approach, gender sensitivity and diligent attention to ethical issues. The evaluation team will assess the options and describe suitable methods to meet the purpose, scope and objectives of this evaluation in their proposal.

4.2. Sampling

Sampling for qualitative and quantitative data collection should follow the programme's selection criteria and use a purposive sampling approach. Sample sizes for quantitative data should be representative of the Country Programme's key districts and based on CI 95 and 5% margin of error. The evaluation team is welcome to propose sampling strategies best suited for the evaluation.

4.3. Evaluability and limitations

The CP's evaluability assessment commissioned by the UNICEF SL CO in 2021 identified areas for improvement in the programme's results-based framework. UNICEF has strengthened the evaluability of the CP to the extent possible. Considering the evaluation's criteria, the CP's results are evaluable, especially with sufficient and robust primary data on its critical indicators.

The evaluation's data collection work might be affected by the election in 2023. The bidders are welcome to propose real-time evidence generation strategies for gathering quantitative and qualitative data to ensure access to the population.

The evaluation team will revisit the CP's Theory of Change and, if necessary, reconstruct it, using the programme's indicators, for evaluation purposes.

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5. Ethical Considerations, Guidelines and Standards

5.1 Ethical Considerations

The CPE will be conducted in accordance with the UNICEF Procedure on Ethical Standards for Data Collection, Analysis, Research and Evaluation. Ethical Research Involving Children [96] and the United Nations Evaluation Group (UNEG) Ethical Guidelines for Evaluation, and full compliance with both documents will be required. All informants should be offered the opportunity for confidentiality in all methods used. Dissemination of results and any intermediate products will follow the rules agreed upon in the contract. Unauthorized disclosure is prohibited. Any sensitive issues or concerns should be raised as soon as they are identified with the evaluation manager, the WCARO Regional Evaluation Advisor based in Dakar, Senegal. The ethical review of the evaluation will be undertaken by an external IRB, which might take about 2 -3 weeks.

5.2 Guidelines and Standards

The evaluation team will be expected to adhere to the guidelines, norms and standards set by the United Nations and UNICEF for evaluation. The team will be guided by the UNICEF Revised Evaluation Policy (2018), the United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation (2016), the UNEG Ethical Guidelines for Evaluation (2020), UNEG Code of Conduct for Evaluation in the United Nations System (2008), UNEG Guidelines on Integrating Human Rights and Gender Equality in Evaluation (2014), and UNICEF Standards for Evaluation Reports (2017).

6. Evaluation Process

The evaluation will include three main phases: inception, data collection and evaluation report. The process may require adaptation to accommodate the circumstances and measures due to any emerging issues in Sierra Leone. The evaluation shall ensure the voices of all stakeholders are heard, and taken into account, including the most vulnerable and hard to reach.

6.1. Inception Phase

- **Desk Review**

The evaluation will commence with a document review of each programme component. The programme documents which will be available will include but not limited to:

- Programme budgets and reports
- Programme monitoring data and progress reports
- Rolling work plans

[96] Please see https://childethics.com/home/compendium-downloads/ for more information.

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- TOCs for CP components, management plans and strategy notes
- Situation analyses, needs assessment, surveys, research and evaluation reports
- Donor reports
- Corporate key policies, strategies and normative guidance that has informed the development of the CP
- Government and partner's partnership documents and reports, including key policy and strategy documents
- Secondary data.

All available documents for the CPE will be provided to the evaluation team during the inception phase.

- **Inception Consultations**

  Brief virtual introductory interviews with staff from UNICEF's Regional Office and the CO will inform the prioritization of evaluation questions and the detailed planning of the evaluation methodology.

- **Inception mission** follows the desk review and will be organized for the evaluation team by the Country Office. The inception mission's purpose is to introduce the evaluation and the team to CO staff and key evaluation stakeholders, including members of an Evaluation Reference Group (ERG). The inception mission will also be used to verify:
  - ✓ The CP Theory of Change
  - ✓ The evaluation team's understanding of the programme and chronology of external and internal events
  - ✓ The stakeholder analysis.

- **Inception Report (IR)** follows the inception mission and will be subject to quality assurance performed by the evaluation manager, a review conducted by internal evaluation stakeholders and the ERG, and an ethics review by an external IRB. The evaluation team will present the inception report to the ERG. The approval of the IR marks the completion of the Inception Phase.

6.2. Data collection phase

The CPE's fieldwork will take place after completing the inception report and validation by the Evaluation Reference Group. CO will provide organizational support during the data collection process, ensuring, to the extent possible, smooth access to key stakeholders at national and sub-national levels via logistical / coordination facilitation.

After completing the fieldwork, the evaluation team will brief ERG through a Power Point Presentation ideally to be organized before the international team members leave Sierra Leone. Following the presentation, the team will also submit a report with the fieldwork's preliminary

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results. This process will involve consultations with ERG on the direction of recommendations and prioritizing issues emerging from the evaluation findings.

6.3. Evaluation report

The evaluation report must adhere to UNICEF's quality standards and norms. It will be reviewed against UNICEF's quality assurance standards and GEROS by the Evaluation Manager, ERG and relevant staff. Following the first review of the draft report, the evaluation team will revise the evaluation report by incorporating comments. The evaluation team will prepare a response matrix or an audit trail detailing how comments were addressed. The second draft will also be reviewed for quality assurance purposes. The evaluation team will revise the evaluation report until it fully meets UNICEF standards. Depending on the quality of the first draft, there may be up to 5 rounds of reviews.

The evaluation report should not exceed 60 pages (the executive summary should not exceed 5 pages), excluding annexes. Upon the approval of the draft report by UNICEF, the evaluation team leader will present the evaluation findings to ERG and other relevant stakeholders.

7. Workplan and Deliverables

Table 4. Evaluation Phases and Deliverables

Evaluation Phases	Evaluation Activities	Estimated duration
Inception Phase	Introduction meeting	30 days
	Consultations with the Evaluation Management Group (EMG) and Evaluation Reference Group (ERG) members	
	Desk review and elaboration of the inception report	
	Review of the first draft inception report and data collection tools by EMG.	
	Revise the first draft inception report and data collection tools incorporating comments from EMG.	
	Present the inception report and data collection tools to ERG.	
	Review of the inception report by ERG.	
	Revise and submit the second draft inception report and data collection tools incorporating comments from ERG. **Deliverables:** **1. Inception report** **2. Data collection tools** **3. Inception report presentation to EMG and ERG**	

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Data Collection and Analysis	Pilot-testing and validation of data collection tools.	40 days
	Primary data collection and analysis (The evaluation team will inform UNICEF regularly on the progress of the work by Whatsapp, Tel, e-mail, etc., during the field phase.) **The evaluation team will clean datasets and conduct initial data analysis of incoming data during the fieldwork. The evaluation should plan the fieldwork activities considering this condition.*	
	Secondary data review and analysis	
	Debriefing and presentation of preliminary findings.	
	Deliverables: **1. Summary of initial findings** **2. Datasets** **3. Draft evaluation report.**	
Evaluation Report	Elaboration of draft evaluation report.	45 days
	Submit the first draft evaluation report to EMG.	
	Review of the first draft evaluation report by UNICEF.	
	Revise the evaluation report incorporating comments from EMG.	
	Present the evaluation report and recommendations to ERG.	
	Review of the evaluation report and recommendations by ERG.	
	Revise the evaluation report and PPT incorporating comments from ERG.	
	Submit the final evaluation report and PPT.	
	Produce an evaluation brief and infographics based on the final approved evaluation report.	
	Review of the evaluation brief and infographics by EMG.	
	Submit the final evaluation brief and infographics.	
	Deliverables: **1. Evaluation report** **2. Evaluation report presentation to EMG and ERG** **3. Evaluation brief and infographics**	
	Total duration of the evaluation	**115 days**

8. Team Composition and Requirements

a) Evaluation Team Leader

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- Advanced degree in sociology, economics, international development and other relevant areas.
- More than 10 years of professional experience in conducting rigorous independent and high-quality country programme evaluations.
- Extensive experience in human rights, gender and equity focused evaluations in the development and humanitarian contexts.
- Excellent skills in quantitative and qualitative data collection methods and analysis.
- Experience in using innovative evaluation methods, data collection and analysis.
- Multi-disciplinary strategist with strong ability to influence and advocate for children.
- Expertise in strategic planning, and evaluation in the West and Central Africa Region is desirable.
- Excellent communication and writing skills in English.

As the leader of the evaluation, the candidate will demonstrate previous experience in managing a multi-disciplinary team and delivering quality evaluation outputs. The Evaluation Team Leader should submit two evaluation reports authored by him/her from the last 5 years.

b) Sectoral Specialists

- The team members should have relevant higher academic/post-graduate degrees and a minimum of five to seven years (seven to ten years for the senior team member) of relevant professional experience including in research or/and evaluation, in the following sectors:
    - Health and nutrition of children, mothers and adolescents
    - Basic education, and early childhood education and development
    - Child protection and gender-based violence
    - WASH
    - Social protection including children with disabilities, child poverty,
    - Policy, local governance and PF4C
    - Disaster risk reduction and emergencies
    - Social and behaviour change and community engagement
    - Gender and adolescent engagement
    - Innovation

c) **Quantitative data analyst** must have at least Bachelor's degree in statistics and have at least 5 years of experience in designing surveys and statistical analysis.

d) **Qualitative data analyst** must have at least Bachelor's degree and have at least 5 years of experience in conducting interviews and focus group discussions, qualitative data analysis and visualization.

- Evaluation team must be gender balanced and should not discriminate experts against their different socio-economic and cultural backgrounds, and those who have disabilities.
- Fluency in English is essential.

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- Fluency in local languages is essential. The evaluation team should be a mix of national and international and include youth evaluators to the extent possible. UNICEF will also require the employment of local enumerators (to support primary data collection), and the evaluation firm should plan for any necessary services such as translation, etc. The proposal must indicate how the evaluation team will organise and manage the fieldwork.

e) **Data enumerators:**

- The enumerators must have previous experience with data collection in the communities and have perfect command of face-to-face interviewing techniques, in real time and remote data collection
- The evaluation firm must ensure adequate training and supervision of the enumerators.
- The technical proposal does not have to include the enumerators' CVs. However, the evaluation firm must ensure a thorough review of the enumerators' technical skills and competencies and describe their quality assurance standards in the proposal. UNICEF reserves the right to review all CVs ahead of fieldwork and reject any enumerators who do not meet the expected standard.

Overall, the national team **must be gender balanced**. The applying evaluation firm will be responsible for all local recruitments and logistical arrangements for fieldwork. UNICEF will not provide any transportation or logistical support for fieldwork.

9. Evaluation Management

The Regional Evaluation Advisor of UNICEF WCARO will manage the evaluation with support from the Multi-country Evaluation Specialist based in Sierra Leone. The evaluation quality will be ensured by using UNICEF's quality assurance norms and standards for the country programme evaluations.

9.1. Evaluation Management Group (EMG)

The Evaluation Management Group (EMG) will be composed of a small team from UNICEF Sierra Leone and the Regional Office. It will be led by the Representative and will include the Regional Chief of Programmes, the Regional Evaluation Advisor, Multi-country Evaluation Specialist, the Deputy Representative, the Chief of Planning and Monitoring and Chief of Evidence, Policy and Social Protection of UNICEF Sierra Leone. This list may be expanded to include others as needed. The main responsibilities of the EMG are as follows:

- Make decisions on the scope, timing, and resources for the evaluation.
- Consult with the national side (through the CP coordination mechanism) and partners deemed likely to have significant input.
- Approve the ToR after a technical validation exercise.
- Identify the persons likely to be part of the Evaluation Reference Group.
- Agree and plan the international team's visits, ensuring that all necessary administrative procedures are properly carried out.

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- Contribute to quality assurance by providing comments and feedback on successive versions of deliverables submitted by the evaluation team.
- Contribute to the development of the management response to the evaluation in consultation with stakeholders.

9.2. Evaluation Reference Group (ERG)

The ERG does not have any formal evaluation management responsibilities. The ERG will be composed of UNICEF staff, government partners and other stakeholders. It will act in an advisory capacity and provide inputs on all main evaluation deliverables that are expected to strengthen the quality and credibility of the evaluation. The reference group members will be expected to:

- Be a sounding board for feedback during the evaluation
- Provide feedback on the evaluation approach presented by the Evaluation Team Leader when the inception mission is organized
- Enable access to key informants during the evaluation process
- Participate in interviews with evaluators as relevant
- Review and comment on the IR
- Participate in the presentation of evaluation preliminary findings
- Review and discuss the final report, in particular, findings and recommendations that concern possible strategic shifts UNICEF should make in the next CP
- Support the dissemination of results.

10. Evaluation Quality Assurance

The quality assurance process will be conducted in a sequential and progressive manner by:

- The Evaluation Manager, who will coordinate the quality assurance of all deliverables in accordance with UNEG norms and standards and ethical guidelines, and other relevant procedures, ensuring that the evaluation methodology, findings and recommendations are relevant. She/he will contribute to the dissemination of the evaluation results and the follow-up of the management response. She/he will review the completeness of the deliverables (inception and final report drafts), and work with the evaluation team on revisions as necessary, to ensure that the deliverables meet standards. Once the standards are met, the Evaluation Manager will solicit comments from stakeholders (UNICEF, GEM, ERM), consolidate all comments into a response matrix, and ask the evaluation team to indicate the actions taken to address each comment and ensure their inclusion in the final deliverable.
- The EMG and ERG will provide substantive comments and observations to ensure the technical quality of the various evaluation deliverables, primarily the inception report and the draft final report.
- The Country Office Section Chiefs and the WCARO Regional Sector Advisors will provide quality assurance inputs on their respective technical areas.
- The UNICEF Sierra Leone Representative and the Regional Evaluation Advisor are responsible for quality assurance verification and final validation of deliverables.

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In accordance with the UNICEF Evaluation Policy, final quality control will be provided by the Evaluation Office based in New York.

11. Intellectual property rights

UNICEF retains the right to patent and intellectual rights, as well as copyright and other similar intellectual property rights for any discoveries, inventions, production or works arising from the implementation of the services under this Agreement with UNICEF. Neither the contractor nor its personnel shall communicate to any other person or entity any confidential information made known to it by the participants in the course of the performance of its obligations under the terms of this Agreement nor shall it use this information to private or company advantage. This provision shall survive the expiration or termination of this Agreement. The right to reproduce or use materials shall be transferred with a written approval of UNICEF based on the consideration of each separate case. The core reports will be issued by UNICEF and/or the steering committee for the evaluation noting in the acknowledgements sections institutions and persons who have made major contributions to their authorship. Consultants will provide UNICEF and/or the steering committee members with raw data, corrected/verified data once cleaned and programming files that permit replication of results from core evaluation reports.

Data collected for the evaluation is the property of the UNICEF Country Programme/and Government of Sierra Leone. Master versions of the data, coding protocols and programming code permitting replication of results of core evaluation reports will be kept by the programme. Copies of the data will be distributed to researchers with the permission of the evaluation steering committee with a view to helping to disseminate learning derived from the data sets.

UNICEF accepts applications from **qualified firms.**

12. Technical and Financial Proposal

All applications should contain the following documents:

I. Technical Proposal which would include at least the following:

- Team members' CVs and details of a sub-contractor responsible for the fieldwork technical proposal (max 20 pages), which shall cover the following:
    - Understanding of the terms of reference (not only objectives and purposes but also UNICEF expectations in terms of the timing needed for the completion of the assignment as well as the quality and use of the evaluation)
    - Evaluation methodological approach and theoretical framework to address evaluation questions including estimative sample size and sampling strategies
    - Data collection and analysis methods
    - Risk mitigation measures

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- Ethical procedures
- Work plan
- A clear definition of the roles and responsibilities within the team and in relation to the UNICEF Country Office.

- Three references including email and phone number.
- A copy of two evaluation reports produced by the Principal Consultant (Team Leader) during the last 5 years should be attached to the application.

The technical proposal shall be submitted in a separate file or envelop, clearly named/marked: "Technical Proposal." No financial information should be included in the Technical Proposal. Offers with scores less than **50/70** will be disqualified. The technical offers will be noted according to the assessment grid provided in Table 3.

Table 5: Technical offer assessment grid for private consultants

Number	Assessment criteria	Sub-criteria	Score	Total Score
1	Understanding of ToRs	Understanding of ToRs with a specific focus on UNICEF expectations in terms of the timing needed to complete the assignment as well as the expected evaluation use and quality	5	5
2	Technical proposal Evaluation Team	Methodological approach and theoretical framework(s) proposed to address each one of the evaluation questions	10	40
		The quality and robustness of the suggested sampling strategy	5	
		Innovative features of the suggested data collection methods	5	
3		Clarity of data analysis methods – both quantitative and qualitative as applicable- (including the use of specialized software)	5	

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		Clarity and exhaustiveness of the evaluation work plan	5	
		Clarity of Roles and Responsibilities of the consultant vis-à-vis UNICEF	5	
		Compliance of the submitted sample of work with international evaluation norms and standards	5	
	Evaluation Team	Team Leader's profile as required in the TOR:	15	15
		Sectoral specialists' profiles as required in the ToR.	10	10
Total Score attributed to the technical proposal				**70 points**

II. The financial proposal shall contain the Offer with cost breakdown and must cover all expenses related to the evaluation including the desired remuneration, accommodation costs, travel costs (economy class), travel insurance and others. The financial offer shall be presented separately from the technical offer and clearly named/marked "Financial Proposal
Financial offers will be scored out of **30 points. 3**0 points will be allocated to the lowest offers among the technical acceptable offers. All other price proposals receive scores in inverse proportion according to the following formula:

Score for price A = (30*Price of lowest priced proposal)/Price of proposal A

III. Final Recommendation of the award

The Proposer(s) achieving the highest combined technical and price score will (subject to any negotiations and the various other rights of UNICEF detailed in this RFPS) be awarded the contract.

13. ADMINISTRATIVE ISSUES

The bidder should provide an all-inclusive cost in the financial proposal. Bidder should factor in all cost implications for the required service / assignment. When travel is expected as part of the assignment, the bidder should include the estimate cost of travel in the financial proposal.

The IT and communication equipment necessary for the proper implementation of the evaluation will be the responsibility of the consultant. It should be noted that the costs of organizing meetings or technical workshops will be borne by UNICEF".

PAYMENT SCHEDULE

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No	**Payment schedule**	**Percentage**
1	Upon approval of the final inception report by UNICEF.	15 %
2	Upon completion of draft evaluation report.	35 %
3	Upon approval of the final evaluation report by UNICEF.	50 %

14. Planned budget and budget codes (for UNICEF internal use)

The total budget available for the activity is 200,000 USD.

Budget Code: non-grant

WBS: 3900/A0/08/885/001/011

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Prepared by: Sevara Hamzaeva Multi-Country Evaluation Specialist, WCAR	**Signature** **Date:**
Reviewed by: Mona Korsgard Chief, EPSP Section, UNICEF Sierra Leone	**Signature** **Date:**
Reviewed by: Bervery Chawaguta Chief, Supply and Logistics, UNICEF Sierra Leone,	**Signature** **Date:**
Validated by: Frederic Unterreiner Senior Specialist/Regional Evaluation Advisor a.i., WCAR	**Signature** **Date:**
Approved by: Daisy Duru-Iheoma OIC, Deputy Representative	**Signature** **Date:**

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Annex I

UNICEF's programme components for the period of 2020 - 2023

2.1.1 Health and Nutrition (H&N)

To achieve the Health and Nutrition Programme outcomes, UNICEF supports the Ministry of Health and Sanitation (MoHS) at the national and sub-national levels. UNICEF's technical support to the Ministry includes increasing capacity for evidence-based planning, budgeting, and monitoring for equitable maternal, neonatal, child, and adolescent health and nutrition (MNCAH+N) services. With the country's experience in the Ebola epidemic and the Covid-19 crisis, UNICEF enhanced its support in increasing the national capacity to deliver equitable and quality comprehensive maternal, neonatal, child and adolescent health and nutrition services in the development and emergency contexts.

UNICEF collaborated with the Government of Sierra Leone and relevant stakeholders to strengthen leadership and governance on maternal, child, and adolescent health and nutrition on creating an enabling policy and financing environment for the cost-efficient, effective, and sustainable delivery of quality maternal, child, and adolescent health and nutrition services. UNICEF supported the strengthening of essential medicines and nutrition financing and supply chain management including vaccine management and cold-chain system of routine vaccines HPV, and Covid vaccine, deployment, and management. UNICEF played a critical role in pioneering the operations and management of medical equipment maintenance system of the MoHS which led to the establishment of policies, structure and system related to medical equipment maintenance including the recruitment and capacity building of medical technicians. Along with supporting emergency preparedness and response, UNICEF and the MoHS worked towards achieving greater accountability in health care service delivery, improving immunization and nutrition services (MoHS RapidPro Platform) and the quality of maternal and newborn care, and integrating the management of newborn and childhood illnesses and prevention and treatment of malnutrition in all forms. UNICEF promoted the integration of the prevention of mother-to-child transmission (PMTCT) services into antenatal care and complementary actions to foster care, support, and treatment for pediatric HIV.

UNICEF also supported the institutionalization of community-based health and nutrition interventions by:

- improving the quality and sustainability of the community health workers (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 Nutrition information system

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- strategic support to implementation of the CHW programme at community level.

UNICEF prioritized the strengthening health and nutrition information system by supporting national assessments and surveys including the nutrition surveys, and improving data quality, management, and use including adoption of digital solutions and supporting digital health system coherence.

UNICEF Health and Nutrition programme's social and behaviour change (SBC) activities primarily focus on ensuring effective and comprehensive health and nutrition services and healthy life practices. UNICEF supports the use of appropriate nutrition and healthcare practices and the existing communication channels and influence within families and communities. UNICEF's support to the MoHS includes generating needed evidence on the knowledge, attitude and practices on MIYCN and care practices including a media analysis, enhancing monitoring and evaluation of a multi-channeled SBC strategy and tools.

UNICEF supports the MoHS and DHMT in rolling out routine immunization communication strategies and developing and implementing social mobilization and communication plans for outreach interventions, including population-based health and nutrition-focused campaigns. UNICEF also supports the MoHS and DHMT in developing and implementing risk communication and community engagement plan for emergency preparedness and response to ensure continuity of essential health and nutrition services, nOPV campaign and Covid vaccine deployment.

Programme Outcome: By 2023, more children (aged 0-18) and women will benefit from quality comprehensive services and practices.		
Outcome indicators	**Baseline**	**CP Target (2023)**
Children aged 0-59 months with symptoms of pneumonia taken to an appropriate health provider.		90%
Percent of children under five who are stunted.	31.3% (2017)	27%
Number of districts with at least 80% coverage of DTP-containing vaccine for children <1.	10 (2018)	16
Percent of women attending at least four times during their pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy.	77.5% (2017)	80%
Percent of HIV exposed infants receiving a virological test for HIV within 2 months.	32% (2018)	60%
Percent of infants under 6 months exclusively fed with breast milk.	61.6% (2017)	70%
Percent of children aged 6-23 months fed a minimum number of food groups.	29.7% (2017)	35.6%

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2.1.2 Water, Sanitation and Hygiene (WASH)

UNICEF's primary government partners for the WASH programme are the Ministry of Water Resources (MoWR) Ministry of Fisheries and Marine Resources (MoFMR) and Ministry of Health and Sanitation (MoHS), including District Councils. The WASH programme includes technical support to the government partners in strengthening their institutional capacities for the WASH policy implementation and coordination. UNICEF supports ministries in harmonizing and ratifying WASH policies at the national and sub-national levels, developing policy implementation guidelines for scaling up WASH services, developing investment case and financing strategies, and many other activities focused on raising awareness M&E and knowledge management system strengthening.

One of the programme's key outputs includes strengthening the capacities of the government partners at the national, municipal and district levels to improve the coverage and quality of water services and facilities in rural and poor urban households and communities. UNICEF provides technical support in the quality assurance of water supply schemes, primarily focusing on schools, health centres and underprivileged communities. UNICEF's main activities concentrate on supporting the government partners in developing technical guidelines for the climate resilient WASH infrastructure in communities, schools, health facilities and other public institutions. UNICEF also supports the construction and rehabilitation of WASH facilities in schools and ECD centres, including Peripheral Health Units (PHU).

To eradicate open defecation, UNICEF focuses on increasing communities' capacities and commitment to using basic sanitation facilities and improving hygiene practices and behaviours. UNICEF works with the MoHS and District Councils on developing Chiefdom's ODF plans for scaling up sanitation and hygiene in communities through the Community-led Total Sanitation (CLTS) approach. This collaboration entailed improving sanitation and handwashing infrastructure in communities and schools, mobilizing and triggering communities to achieve open defecation-free status, strengthening sanitation marketing and scaling up village savings and loans (VSL) systems. UNICEF also prioritized technical support to the government partners in strengthening approaches and tools for promoting Menstrual Health and Hygiene in schools.

In particular, during the Covid response, UNICEF's WASH programme played a crucial role in raising public awareness for behaviour change in water, hygiene and sanitation issues. The capacity development activities of UNICEF in the emergency response to the Covid-19 pandemic involved technical support in the emergency preparedness and response involving key government and development partners.

Programme Outcome: By 2023, more children and their families, particularly in rural and poor urban areas have access to and use affordable, sustainable and safely managed water and sanitation services and practice safe hygiene behaviours.		
Outcome indicators	**Baseline**	**CP Target (2023)**

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Proportion of the population using basic drinking water service.	58%	69%
Proportion of population using basic sanitation services.	16%	28%
Proportion of the population using handwashing facilities.	23%	33%
Proportion of the population practising open defecation.	17%	12.7%
Number of people still practising open defecation.	1,211,499	1,080,075

2.1.3 Basic Education and Learning (BE&L)

UNICEF's key partners for the Education programme is the Ministry of Basic and Senior Secondary Education (MBSSE) and the Ministry of Technical and Higher Education (MTHE) UNICEF supports the MBSSE in improving evidence and increasing capacity to ensure education policy, planning, implementation and management by system strengthening and service delivery. In the past two years, UNICEF has provided technical support to the MBSSE and the MTHE in developing, implementing and monitoring the Education Sector Plan (ESP) and in strengthening education service delivery. Within this collaboration framework with the MBSSE, UNICEF's Education programme covered improving standards for the School Related Gender Based Violence (SRGBV) approaches by evidence generation and strengthening cross-sectoral collaboration with the Child Protection and WASH programmes. To address inequalities in access to education, UNICEF has also supported the Government in developing and disseminating the National Out of School Children strategy in collaboration with the Child Protection and UNFPA.

UNICEF's support to the government in improving system strengthening and service delivery for children's early learning includes building the capacity to implement the National ECD policy and Minimum Standards, strengthening the capacity of the ECD workforce for improved development and school readiness of children in formal and non-formal pre-school settings. In basic education, UNICEF works with the MBSSE to increase educators' capacity for improved learning outcomes and safe schools for boys and girls.
UNICEF's Education programme also includes technical support to the government in improving access to opportunities to develop skills for learning, employability and active citizenship among adolescents, especially adolescent girls. This collaboration with the MBSSE, including the government's Directorate of Science Technology and Innovation, Gender Unit and other important governmental stakeholders, encompass activities such as promoting the Reimagine Education Agenda with a particular focus on gender-sensitive skills appropriate for the current century. Promoting the uptake of social innovation skills and social innovation entrepreneurship training, especially for adolescent girls, are among the programme's key activities that support the development of marketable skills for employment.

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As a co-lead of the Education Cluster, UNICEF played a crucial role in supporting the Emergency Preparedness and Response Coordination in the Education sector and supporting the Government in preparing and responding to emergencies through education interventions.

Programme Outcome: By 2023, more children have improved and meaningful learning outcomes		
Outcome indicators	**Baseline (2019)**	**CP Target (2023)**
Transition rate between primary and lower secondary education (22-01-L2-57).	75	Primary 98,5 JSS 87
Percentage of children aged 36-59 months with whom an adult has engaged in activities to promote learning and school readiness in the past 3 days	18.9%	22%
Percentage of children age 36-59 months attending an early childhood education programme (attendance rate).	11.5%	15.2%
Completion rate of primary and lower secondary education of girls and boys.	64.2	Primary 87 JSS 77
Percentage of children aged 7 -14 who completed 3 foundational reading/maths tasks (67825).	Reading: 16%, M:16.7% F: 15.4% Maths: 12.2% M: 12.9% F:11.5%	Reading: 20 M: 20.7; F: 19.4 Maths: 16.2 M16.9 F 15.5
Rate of out-of-school children of primary and lower secondary school age. (KRC 3.1)	27	15
Gross enrolment ratio in pre-primary education (22- 01-L2-13). (KRC 3.2)	12.6	26
Lower secondary education completion rate (HH Survey Data).	50.9	77
Gross intake ratio to last grade of lower secondary. (KRC 3.3 NEW)	78 (2021)	81
Children/young people at the end of primary level of education achieving at least a minimum proficiency level in core subjects (22-02-L2-03). (refer to KRC 4.0, 4.1, 4.2 indicators below)	30	28.2
Percentage of children (Grade 2-3 and 5-6) achieving minimum proficiency levels in reading and mathematics. (KRC 4.0 NEW)	18% (2021)	33%
Percentage of children at grade 2-3 achieving minimum proficiency levels in reading and mathematics. (KRC 4.1 NEW)	6% (2021)	21%
Percentage of children at grade end of primary (at Grade 5-6) achieving minimum	30% (2021)	51%

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proficiency levels in reading and mathematics. (KRC 4.2 NEW)		

2.1.4 Child Protection (CP)

To achieve the Child Protection programme's outcomes, UNICEF has extensively been collaborating with the Ministry of Social Welfare (MSW), the Ministry of Gender and Children's Affairs (MGCA), the MBSSE and other relevant line ministries.

UNICEF supports the government partners in improving evidence and strengthening the institutional capacity to ensure child protection policy implementation and coordination, increasing the quality of interoperable information management systems for tracking case management and monitoring, developing and implementing the National Strategy for the Reduction of Teenage Pregnancy and Child Marriage, drafting and implementing child-focused laws, policies and plans among other important initiatives to protect children from violence.

Quality and gender-sensitive child protection prevention and response are among critical priorities of Sierra Leone. UNICEF worked with partners on improving the capacities of the social and justice sectors at the national and decentralized levels. UNICEF advocated and provided technical support for the ongoing implementation and expansion of the child protection case management system (Primero) and service provision in the development and emergency contexts. UNICEF's technical assistance also included the development of child-friendly procedures for the judiciary system and developing the capacities of the justice practitioners to apply gender and child-friendly procedures.

At the community level, UNICEF's work embraces the creation and expansion of opportunities for the empowerment of the most marginalized adolescent girls and boys, promotion of a protective and gender-equal environment for children by involving parents, community groups, and traditional and religious leaders in behaviour change programmes. UNICEF's activities to address social dynamics and drivers fostering violence and harmful practices include improving policies, public messaging and targeted interventions of social norms changes, especially around the issues such as child marriage and FGM.

UNICEF also worked with the government on increasing the demand for birth registration of children under five and one by engaging with traditional leaders and running awareness-raising activities at the district levels. UNICEF technical assistance includes promoting interoperability and strengthening coordination between the MoHS and National Civil Registration Authority (NCRA), developing capacities of Health Workers on birth registration and notification, and digitizing the national system for birth registration.

Programme Outcome: By 2023, fewer children experience physical and sexual violence, abuse and exploitation.		
Outcome indicators	**Baseline**	**CP Target (2023)**

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Proportion of children 1-14 years old (or 1-17) who experience any violent discipline (psychological aggression and/or physical punishment and/or sexual abuse) by caregivers in the last month.	88.5%	69%
Proportion of children under 5 years of age whose births have been registered with a civil authority, by age.	81.1%	90%
Percentage of young women and men aged 18- 29 who experienced sexual violence by age 18, by sex and age.	2%	3.2%
Percentage of children under 1 whose births are registered.	73%	87%
Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services.	2,267	17,811
Women (20-24 yrs) married before age 18 (23- 02-L2-18).	29.9%	24%
Girls and women aged 15-49 years who have undergone FGM/C, by age group.	86.1%	79%

2.1.5 Evidence, Policy and Social Protection (EPSP)

UNICEF's key government partners to achieve the intended outcomes for evidence, policy, and social protection are the National Commission for Social Action (NaCSA), Anti-Corruption Commission (ACC), Statistics Sierra Leone, the National Monitoring and Evaluation Directorate (NAMED), the Ministry of Planning and Economic Development (MoPED) and other governmental and non-governmental agencies. UNICEF has been providing technical support to the government in increasing the national capacity to generate and use disaggregated data and evidence related to child deprivations, particularly multi-dimensional child poverty.

UNICEF's activities include generating and disseminating evidence on child poverty, deprivation and equity, the level and trends of investment in children, including the efficiency/effectiveness of spending. UNICEF also supports the government in strengthening the national social sector's capacity for multi-sectoral policymaking, planning and budgeting for children, including strengthening local governance. The Country Office Public Finance for Children (PF4C) strategy was completed in 2022. Along with enhancing the capacity for evidence generation, UNICEF priorities include national evaluation capacity development and operationalization of the national M&E policy.

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During the current Country Programme UNICEF has supported the government in reviving the District Development Coordination Committees (DDCCs) across the country for strengthened cross-sectoral coordination and monitoring.

UNICEF's technical support in social protection includes enhancing child-sensitive and integrated social protection and shock-responsive programmes to reach the most deprived. UNICEF works with the National Social Protection Secretariat on developing and enacting relevant legislation and strategies for social protection and strengthening the national capacity for developing, implementing, and monitoring equity and gender focused social protection initiatives, especially for the most vulnerable and marginalized, including persons with disability. In 2022 the national social protection strategy was launched, setting out a strategic road map for reaching the policy objectives laid out in the national social protection policy launched in 2020. Since 2022 UNICEF has engaged in revising the national system for disability assessment and certification.

Programme Outcome: By 2023, more children benefit from quality child-sensitive policies and social protection programmes (which reduce their vulnerability to multi-dimensional poverty and the impact of economic shocks and disasters).		
Outcome indicators	**Baseline**	**CP Target (2023)**
Number of children living in poverty according to (a) International extreme poverty line; (b) National monetary poverty lines or (c) National multidimensional poverty lines.	2,207,504	2,047,144
Number of children covered by social protection systems. (25-02-L2-02)	60,000	100,000

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Cross-sectoral programme interventions (the prorgamme indicators will be available during the inception phase)

2.16 Social and Behaviour Change

UNICEF works across sectors and with key partners of a wide range of social and community-based platforms to promote (cross-sector) positive social norms and care-seeking behaviours by linking advocacy, social mobilization and community engagement approaches. UNICEF's key partners include the Inter-Religious Council of Sierra Leone, national organizations networks (FOCUS 1000, HFAC, IRCSL), NGOs and district/community radios, the latter supporting repeated reach of 3.7 million caregivers and community members with messages on key family practices and positive social norms.

Furthering long-term efforts to strengthen community-based engagement approaches and social accountability, UNICEF supported the Village Development Committee and re-activated the 371 Ward Development Committees (WDC) to address social accountability challenges and improve linkages and actions taken by health governance authorities to respond to immediate community needs. UNICEF's key activity in community engagement also extended from 2021 to the roll-out and scale-up of training and deployment of the Community-Led Action model to all 16 districts. The CLA model is engaging 2,610 Community Health Workers (CHW) and over 800,000 men, women, and youth across communities in participatory planning and actions for the promotion of key health practices and access to essential services in their communities and contributing beyond COVID-19 vaccination to the successful introduction vaccination and promotion of essential health services.

UNICEF has been working with government partners to strengthen evidence-based SBC, including facilitating the development of strategies such as the overarching RMNCAH BCC Strategy, the MIYCF SBC Strategy and media plan, and KAP studies with the MoHS. Taking stock of extensive investment in radio programming, UNICEF initiated a radio content assessment to help model and sustain radio programming for SBCC interventions, specifically community health interventions.

UNICEF extends technical support to MoHS for developing and rolling digital tools to standardize and routinize data collection, reporting and monitoring progress/changes on key CE-SBC indicators and for mapping Risk, Communication and Community Engagement (RCCE) partners to better coordinate interventions. Along with data collected on COVID-19 vaccine acceptance and hesitancy through phone surveys and focus group discussions FGDs and Kobo forms (COVID-19, HPV, routine immunization), the Rumours, Misinformation and Concerns (RMC) system was piloted and operationalized for real-time feedback and timely alignment of communication responses with information gaps and needs.

2.1.7 Innovation

UNICEF's key partners in achieving the outcomes for Innovation is the Directorate of Science, Technology and Innovation (DSTI). UNICEF Sierra Leone has been applying

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innovation and technology to help achieve results for children since 2014. The alignment between DSTI's mandate and UNICEF's Strategic Plan for Innovation is particularly guided by expanding internet connectivity, increased digitalization, and innovative and technology-based citizen engagement with an emphasis on marginalized populations.

UNICEFs activities include the initiation of Project Giga in collaboration with MBSSE and DSTI, which connects schools in rural and urban areas to the internet and supports with infrastructure (computers, tablets, solar panels, projectors) discoursing the digital divide and scaling digital learning solutions for teachers and learners. Moreover, establishing Digital Learning hubs provides training for human capital development and technological education.

The scaling of the Generation Unlimited & Reimagine Education agendas supports the government in increasing investment in young people's education, training, and entrepreneurship opportunities. Launching the Learning Passport Sierra Leone is improving digital literacy for students and teachers and making educational resources available digitally.

Supporting the government's digitization efforts to sensitize, deploy and develop local Digital Public Goods (DPGs) to ensure Sierra Leone develops more DPGs that are of global standard to attain sustainable development goals.

The development of mobile-based information tools for improved data management and service delivery, including Primero, RapidPro is strengthening cross-sectoral collaboration with Child Protection, Education, Nutrition, WASH, EPI and SBC.

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Annex II Availability of Programme Secondary Data

Programme Outcome: By 2023, more children (aged 0-18) and women will benefit from quality comprehensive services and practices.		
Outcome indicators	**Data source**	**Year**
Children aged 0-59 months with symptoms of pneumonia taken to an appropriate health provider.	LQAS	2022
Percent of children under five who are stunted.	NNS	2021
Number of districts with at least 80% coverage of DTP-containing vaccine for children <1.	WUNIEC	2021
Percent of women attending at least four times during their pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy.	DHIS 2	2022
Percent of HIV exposed infants receiving a virological test for HIV within 2 months.	DHIS 2	2022
Percent of infants under 6 months exclusively fed with breast milk.	WHS	2022
Percent of children aged 6-23 months fed a minimum number of food groups.	WHS	2022
Evaluations: 1. Evaluation of IMAM (2023) 2. Evaluation of the Sierra Leone National New-born Programme (2023)		

Programme Outcome: By 2023, more children and their families, particularly in rural and poor urban areas have access to and use affordable, sustainable and safely managed water and sanitation services and practice safe hygiene behaviours.		
Outcome indicators	**Data source**	**Year**
Proportion of the population using basic drinking water service.	NORM/WASH Data	2023
Proportion of population using basic sanitation services.		
Proportion of the population using handwashing facilities.		
Proportion of the population practising open defecation.		
Number of people still practising open defecation.		
Evaluations: 1. Evaluation of ASWA (2021-2022) 2. Evaluation of the WASH Programme in Fishing Communities (2023)		

Programme Outcome: By 2023, more children have improved and meaningful learning outcomes

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Outcome indicators	Data source	Year
Transition rate between primary and lower secondary education (22-01-L2-57).	Annual School Census (ASC)	2023
Percentage of children aged 36-59 months with whom an adult has engaged in activities to promote learning and school readiness in the past 3 days	Evaluation of ECD Programme	2023
Percentage of children age 36-59 months attending an early childhood education programme (attendance rate).		
Completion rate of primary and lower secondary education of girls and boys.	Annual School Census (ASC)	2023
Rate of out-of-school children of primary and lower secondary school age. (KRC 3.1)		
Gross enrolment ratio in pre-primary education (22- 01-L2-13). (KRC 3.2)	Annual School Census (ASC)	2023
Evaluation: 1. Evaluation of ECD (2022-2023)		

Programme Outcome: By 2023, fewer children experience physical and sexual violence, abuse and exploitation.		
Outcome indicators	**Data source**	**Year**
Proportion of children under 5 years of age whose births have been registered with a civil authority, by age.	92% (NCRA)	2022
Percentage of children under 1 whose births are registered.	91.5% (NCRA)	2022

Programme Outcome: By 2023, more children benefit from quality child-sensitive policies and social protection programmes (which reduce their vulnerability to multi-dimensional poverty and the impact of economic shocks and disasters).		
Outcome indicators	**Data source**	**Year**
Number of children living in poverty according to (a) International extreme poverty line; (b) National monetary poverty lines or (c) National multidimensional poverty lines.	Updated multidimensional child poverty estimates	2023 (2019 DHS data)
Number of children covered by social protection systems. (25-02-L2-02)	Admin data from the National Commission for Social Action (NaCSA)	Ongoing

Annex B: Evaluability assessment

Project Design		
		Evaluation Team's assessment
Clarity?	Are the long-term impact and outcomes clearly identified and are the proposed steps towards achieving these clearly defined?	Yes. Long-term impact expressed in CPD goal, with defined outcomes for 5-year CPD cycle
Relevant?	Is the project objective clearly relevant to the needs of the target group, as identified by any form of situation analysis, baseline study, or other evidence and argument? Is the intended beneficiary group clearly identified?	CPD informed by situation analysis of children and other national surveys e.g. MICS
Plausible?	Is there a continuous causal chain, connecting the intervening agency with the final impact of concern? Is it likely that the project objective could be achieved, given the planned interventions, within the project lifespan? Is there evidence from elsewhere that it could be achieved?	Programme strategy notes show causal chains (what- if). It is plausible that activities and outputs can contribute to CPD outcomes.
Validity and reliability?	Are there *valid* indicators for each expected event (output, outcome and impact levels)? I.e. will they capture what is expected to happen? Are they *reliable* indicators? I.e. will observations by different observers find the same thing?	Indicators are expressed for each CPD outcome and related outputs. Analysis of data for outcome indicators suggest a reasonable degree of reliability
Testable?	Is it possible to identify which linkages in the causal chain will be most critical to the success of the project, and thus should be the focus of evaluation questions?	It is possible, but given the limited time for the evaluation, it will not be feasible to test for all CPD outcomes
Contextualised?	Have assumptions about the roles of other actors outside the project been made explicit? (both enablers and constrainers) Are there plausible plans to monitor these in any practicable way?	Assumptions and risks are reflected in programme strategy notes.
Consistent?	Is there consistency in the way the Theory of Change is described across various project multiple documents (Design, M&E plans, work plans, progress reports, etc.)	Yes. CPD outcomes are reflected consistently in annual work plans, budget structure, and ROAR reports

Complexity?	Are there expected to be multiple interactions between different project components? [complicating attribution of causes and identification of effects] How clearly defined are the expected interactions?	Yes, for example, interactions between WASH and nutrition interventions, and interactions between SBC interventions and sector interventions, e.g. health, child protection, WASH. Expected interactions not clearly defined.
Agreement?	To what extent are different stakeholders holding different views about the project objectives and how they will be achieved? How visible are the views of stakeholders who might be expected to have different views?	Not known at this stage. Evaluation Team interaction has been limited to interviews with some programme staff.
Information availability		
		Evaluation Team's assessment
Is a complete set of documents available?	...relative to what could have been expected? E.g. Project proposal, Progress Reports, Evaluations / impact assessments, Commissioned studies	Comprehensive set of documents is available for desk review. Includes evaluation studies, progress reports, work plans, annual reports.
Do baseline measures exist?	If baseline data is not yet available, are there specific plans for when baseline data would be collected and how feasible are these? If baseline data exists in the form of survey data, is the raw data available, or just selected currently relevant items? Is the sampling process clear? Are the survey instruments available? If baseline data is in the form of national or subnational statistics, how disaggregated is the data? Are time series data available, for pre-project years?	Yes, baseline data available for outcome indicators
Is there data on a control group?	Is it clear how the control group compares to the intervention group? Is the raw data available or just summary statistics? Are the members of the control group identifiable and potentially contactable? How frequently has data been collected on the status of the control group?	Not applicable
Is data being collected for all the indicators?	Is it with sufficient frequency? Is there significant missing data? Are the measures being used reliable i.e. Is measurement error likely to be a problem?	Outcome indicators draw on national data. There are some gaps (delayed national surveys) but not likely to be a

		major problem for evaluation of outcomes.
Is critical data available?	Are the intended and actual beneficiaries identifiable? Is there a record of who was involved in what project activities and when?	Yes, intended beneficiaries are identified in CPD, programme strategy notes.
Is gender disaggregated data available?	In the baseline? For each of the indicators during project intervention? In the control group? In any mid-term or process review?	Gender-disaggregated data available for some outcomes
If reviews or evaluations have been carried out…	Are the reports available? Are the authors contactable? Is the raw data available? Is the sampling process clear? Are the survey instruments available?	Evaluation reports are available. Authors are contactable through country office. Unlikely that Evaluation Team will require raw data.
Do existing M&E systems have the capacity to deliver?	Where data is not yet available, do existing staff and systems have the capacity to do so in the future? Are responsibilities, sources and periodicities defined and appropriate? Is the budget adequate?	Planning & Monitoring Section in country office has information on programmes as do staff in each programme section. Evaluation team is awaiting requested mapping of CPD project/ programme portfolio
Institutional context		
Practicality		
		Evaluation Team's assessment
Accessibility to and availability of stakeholders?	Are there physical security risks? Will weather be a constraint? Are staff and key stakeholders likely to be present, or absent on leave or secondment? Can reported availability be relied upon?	January is suitable for field data collection. Mid-December to early January could present a problem of availability of key informants – Christmas break. Some political unrest following presidential elections, but this seems to be under control.
Resources available to do the evaluation?	Time available in total and in country? Timing within the schedule of all other activities? Funding available for the relevant team and duration? People with the necessary skills available at this point?	Timeline is very compressed, given the scope of the evaluation. While additional resources can assist, there is still a risk that the evaluation cannot be delivered at the expected quality and scope within the very compressed timeline. We are mitigating this by hiring more enumerators and combining

		the implementation of KIIs and the inception phase.
Is the timing right?	Is there an opportunity for an evaluation to have an influence? Has the project accumulated enough implementation experience to enable useful lessons to be extracted? If the evaluation was planned in advance, is the evaluation still relevant?	The secondary data analysis conducted in the inception phase has given the country office preliminary observations for consideration in their planning of the next CPD.
Coordination requirements?	How many other donors, government departments, or NGOs need to be or want to be involved? What forms of coordination are possible and/or required?	. UNICEF is coordinating and has set up a evaluation reference group.
Utility		
		Evaluation Team's assessment
Who wants an evaluation?	Have the primary users been clearly identified? Can they be involved in defining the evaluation? Will they participate in an evaluation process?	Yes, in terms of reference. Country office is primary user and has been consulted on TORs and during inception phase. Other users – UN system, government, donors, etc. will participate as key informants.
What do stakeholders want to know?	What evaluation questions are of interest to whom? Are these realistic, given the project design and likely data availability? Can they be prioritised? How do people want to see the results used? Is this realistic?	Assessed toward the late stage of inception and deemed realistic.
What sort of evaluation process do stakeholders want?	What designs do stakeholders express interest in? Could these work given evaluation the questions of interest and likely information availability, and resources available?	Expectations regarding evaluation design are set out in TOR. These can work, but again there is the concern of time limitations.
What ethical issues exist?	Are they known or knowable? Are they likely to be manageable? What constraints will they impose?	Evaluation will involve focus group discussions with parents/caregivers and will require ethical clearance.
What are the risks?	Will stakeholders be able to manage negative findings? Have previous evaluation experiences prejudiced stakeholder's likely participation?	Country office appears receptive at the inceptions phase. Evaluation Team has not interacted with other stakeholders.

Annex C: Evaluation matrix

Evaluation questions	Sub-questions	Indicators	Data collection sources	Data collection methods	Data analysis
Relevance					
3.4.1.1. To what extent has the CP aligned with and met the needs and priorities of all children, especially the most vulnerable groups?	3.4.1.1.1 Are the needs and priorities of rights holders, especially the most vulnerable defined in the programme design? 3.4.1.1.2. To what extent did the programme integrate the needs and priorities of rights holders, especially the most vulnerable, in the design and implementation?	CP interventions reflect priorities and needs of the rights holders and most vulnerable as identified in the Situation Analysis Report The needs and priorities of rights holders and the most vulnerable are fully integrated in the programme design and implementation Rights holders participating in UNICEF-funded interventions state that interventions address their needs	Rights holders (children and their parents/caregivers, adolescents and community people) Government partners Implementing partners Programme documents National development plans	Household survey Focus Group Discussions Key Informant Interviews Document review	Univariate and bivariate analysis Narrative and content analysis
3.4.1.2. To what extent has UNICEF adapted its programme content, as well as its implementation strategies and the CP's scope to respond to changes that emerged due to emergencies,	3.4.1.2.1. Did UNICEF respond swiftly and comprehensively to children's emerging needs during emergencies including COVID-19 pandemic? 3.4.1.2.2. To what extent did the CP adapt its implementation	Volume of additional resources mobilised to respond to emergencies and COVID-19 and/or reallocation of resources. Coverage of emergency and routine services provided to children and parents/caregivers	UNICEF, Government, development partners, implementing partners, UN Sierra Leone Project documents and reports	Semi-structured interviews of key informants Document review	Interpretive content analysis

Evaluation questions	Sub-questions	Indicators	Data collection sources	Data collection methods	Data analysis
including the Covid-19 pandemic?	strategies to address the emerging issues of children and their families, especially the most vulnerable?	(disaggregated by sex, age, disability, district). Positive views expressed by the Government and stakeholders about UNICEF's role and contribution in emergencies.			
Coherence					
3.4.2.1. To what extent have the government policies and programmes supported the CP's activities and vice versa?	3.4.2.1.1. Does the CP directly respond to major national development priorities as set out in the national development plan, sector policies and SDGs? 3.4.2.1.2. To what extent is the CP aligned with the national programmes and policies dedicated to children in sectoral and cross-sectoral activities?	CP reflects priorities of Goal 2 of National Mid-Term National Development Plan 2019-2023 and sector plans/strategies in health, education, WASH, child protection, child poverty and social protection. Government partners view programme choices aligned to the national development needs and priorities for children and add value. The CP is fully aligned with the national programmes and policies depicted to children in sectoral and cross-sectoral collaborations with the national partners.	Government partners National Mid-Term National Development Plan 2019-2023, sector plans/strategies Programme documents	Semi-structured interviews of key informants Document review	Interpretive content analysis (with support of keyword tagging and word counts)
3.4.2.2. How has interoperability and intersectorality between programmes contributed to	3.4.2.2.1. Are linkages across CP outcomes identified and leveraged for results?	Design of interventions is issues based, drawing in different programme components and cross-cutting elements of gender	UNICEF staff Project documents, reports, evaluations, research studies	Semi-structured interviews of key informants	Interpretive content analysis

Evaluation questions	Sub-questions	Indicators	Data collection sources	Data collection methods	Data analysis
achieving the intended results?	3.4.2.2.2. How well are cross-cutting issues and strategies integrated into CP sectors?	mainstreaming, SBC and innovation. Clear logic between activities, outputs and outcomes Internal mechanisms in place to ensure promotion and implementation of multi-sectoral and convergent approaches and integrated packages.		Document review	
3.4.2.3. To what extent is UNICEF's country programme harmonized with other UN agencies and development partners' programmes to add value to the common goals and avoid duplication of effort?	3.4.2.3.1. Are CP outcomes are aligned with UNSDCF outcomes? 3.4.2.3.2. To what extent does UNICEF collaborate with other UN agencies and development partners on basis of its comparative strengths? 3.4.2.3.3. To what extent does UNICEF demonstrate synergies with work of other UN agencies and partners?	CP outcomes map directly to UNSDCF outcomes UNICEF does not duplicate work of other UN agencies or development partners UNICEF fully demonstrates synergies with work of other UN agencies and partners.	UNICEF, UNRCO, UN agencies, development partners, implementing partners Documents: UNSDCF, country strategies of development partners	Semi-structured interviews of key informants Document review	Interpretive content analysis
3.4.2.4. To what extent has UNICEF contributed to the functioning of the coordination mechanisms of the UNCT?	3.4.2.4.1. To what extent does UNICEF participate in or lead results groups and other coordinating structures of UNCT?	Positive views expressed about role and contribution of UNICEF in UN coordination mechanism, results groups, sector working groups and clusters.	UNICEF, UNRCO and UN agencies in SL COARs, UNSL Annual Reports,	Semi-structured interviews of key informants Document review	Interpretive content analysis

Evaluation questions	Sub-questions	Indicators	Data collection sources	Data collection methods	Data analysis
3.4.2.5. To what extent has UNICEF contributed to the technical results groups, including the COVID-19 socio-economic response plan?	3.4.2.5.1 How did UNICEF perform in the coordination of results groups during emergencies?	Positive views expressed about role and contribution of UNICEF in UN results groups and clusters and COVID-19 socio-economic response	UNICEF, UNRCO and UN agencies in SL COARs, UNSL Annual Reports, COVID-19 reports	Semi-structured interviews of key informants Document review	Interpretive content analysis
Effectiveness					
3.4.3.1. To what extent has UNICEF achieved and is likely to reach the CP's intended results by the end of its cycle? How has UNICEF transformed the CP's outputs into short-term and intermediate outcomes?	3.4.3.1.1. What changes have occurred in the outcome indicators of UNICEF CP for 2020-2023? 3.4.3.1.2. How has UNICEF transformed the CP's outputs into short-term and intermediate outcomes?	Achievement of or substantial progress towards outcome-level indicators	UNICEF, Government, development partners, implementing partners Project reports, national survey data, Secondary data analysis of selected outcome indicators	Semi-structured interviews of key informants Household survey Document review	Interpretive content analysis Descriptive statistics
3.4.3.2. To what extent were mechanism put in place to ensure effective and efficient promotion and implementation of multi-sectoral and convergent approaches, and integrated packages? How these mechanisms worked in terms of fostering strategic shifts, especially in innovation and stakeholder	3.4.3.2.3. What challenges has UNICEF experienced in the implementation of the CP for 2020-2023? How has UNICEF addressed those challenges?	Existence of functioning, good quality mechanisms in sufficient quantities across interventions	UNICEF, Government partners, development partners, implementing partners COARs, project reports	Semi-structured interviews of key informants Document review	Interpretive content analysis

Evaluation questions	Sub-questions	Indicators	Data collection sources	Data collection methods	Data analysis
participation among the government and development partners?					
3.4.3.3. What positive and negative (expected and unexpected) effects have emerged and are likely to arise due to the CP's results?		Percentage of children reached by UNICEF supported interventions – disaggregated by sex, disability, age, geography	Project reports, national survey data, Secondary data analysis of selected outcome indicators	Semi-structured interviews of key informants Household survey Document review	Interpretive content analysis Descriptive statistics
3.4.3.4. What internal and external factors adversely affected the achievement of the CP's results or contributed to achieving the CP's intended results?	3.4.3.4.1. To what extent internal and external enablers of CP results contributed to achieving its intended results? 3.4.3.4.2. To what extent have internal and external risks to CP implementation impacted on its results?	Internal factors: staff vacancies and changes in staffing and leadership; reallocation of resources to respond to COVID-19 and other emergencies External factors: changes in government ministries; emergencies and disasters; changes in resources mobilized from development partners; political instability	UNICEF, Government partners, development partners, implementing partners COARs, project reports	Semi-structured interviews of key informants Document review	Interpretive content analysis
3.4.3.5. How effectively did UNICEF deliver services to respond to children's needs and priorities that emerged due to the social and economic impacts of Covid-19?		Achievement of or substantial progress towards outcome-level indicators	UNICEF, Government, development partners, implementing partners Project reports, national survey data, Secondary data	Semi-structured interviews of key informants Household survey Document review	Interpretive content analysis Descriptive statistics

Evaluation questions	Sub-questions	Indicators	Data collection sources	Data collection methods	Data analysis
			analysis of selected outcome indicators		
Efficiency					
3.4.4.1. To what extent have the programme's operational capacity, including human resources, been sufficient to achieve its intended results within the planned timeframe and cost-efficiently?	3.4.4.1.1. Are allocative efficiency - Outcome budgets broadly commensurate with scale and scope of expected results? 3.4.4.1.2. Could the CP's outputs be produced at lesser costs? Were there strategies used to reduce costs without compromising the programme quality? 3.4.4.1.3. To what extent have UNICEF's partnership modalities contributed to achieving the CP's results in a timely manner and cost-efficiently? 3.4.4.1.4 To what extent has UNICEF achieved the CP's intended results within the planned timeframe?	Outputs/projects completed within planned timeframes Achieved outputs are cost-efficient Positive perceptions of UNICEF staff, Government and implementing partners of resource use (costs vs. benefits) and efficiency of implementation modalities (avoiding waste and duplication)	UNICEF Implementing partners UNICEF financial reports, project progress reports	Semi-structured interviews Document review	Interpretive content analysis
3.4.4.2. To what extent have UNICEF's monitoring systems contributed to the CP's results-based	3.4.4.2.1. Are the CP's monitoring systems at the country office level and project levels generating timely and reliable	All programmes/ projects plans and reports use disaggregated data – e.g. sex, disability, district, and	UNICEF	Semi-structured interviews of key informants	Interpretive content analysis

Evaluation questions	Sub-questions	Indicators	Data collection sources	Data collection methods	Data analysis
management? How is evidence used in planning and implementing the programme?	information for decision-making and programme improvement? 3.4.4.2.2. How is evidence used in integrating gender and equity dimensions, adolescent development and other normative principles in planning and implementing the programme?	reflect human rights principles Projects/programmes reflect responsiveness to adolescent development needs Examples of CMT and programme staff acting on evidence generated by CP monitoring reports and evaluative studies	Work/project plans, monitoring reports, studies, COARs	Document review	
3.4.4.3. To what extent have UNICEF's partnership modalities contributed to achieving the CP's results in a timely manner and cost-efficiently?	3.4.4.3.1. Are partnership strategies in place, deployed and monitored?	Examples of partnerships in each programme component and results achieved through these partnerships	UNICEF, partners in Government, development partners, implementing partners, and other stakeholders Project documents and reports	Semi-structured interviews of key informants Document review	Interpretive content analysis
3.4.4.4. To what extent were cooperation mechanisms with the government and development partners, especially in terms of innovation and participation, efficient?		Positive assessment of partners on quality, efficiency and effectiveness of UNICEF partnership	UNICEF, partners in Government, development partners, implementing partners, and other stakeholders Project documents and reports	Semi-structured interviews of key informants Document review	Interpretive content analysis
Sustainability					

Evaluation questions	Sub-questions	Indicators	Data collection sources	Data collection methods	Data analysis
3.4.5.1. To what extent are the CP's results sustainable financially, environmentally and socially?		The majority of participating government functions have had their capacity improved and continue to implement the programmes initially supported by UNICEF	UNICEF, Government, development partners and implementing partners Project reports	Semi-structured interviews of key informants Document review	Interpretive content analysis
3.4.5.2. To what extent have the programme's behaviour change, system strengthening, and capacity development activities contributed and will continue to contribute to the sustainability of its intended results?	3.4.5.2.1. Has the government developed sufficient capacity to continue and build on the benefits of interventions? 3.4.5.2.2. Have local community structures (e.g. local government, district development committees, community health workers) been capacitated to sustain behaviour changes?	Provisions made on the government budget to take over funding of interventions Considerations of environment and climate change issues in sustaining the CP results where possible The government scales up and sustains results achieved in the areas of social development, including social behaviour change	UNICEF, Government, development partners and implementing partners Project reports, including SBC	Semi-structured interviews of key informants Document review	Interpretive content analysis
Gender, equity and human rights					
3.4.6.1. To what extent has UNICEF integrated the gender, human rights and equity dimensions in planning the programme, implementing strategies, and adapting it to respond to the challenges of Covid-19? How did the	3.4.6.1.1. To what extent are gender, equity and human rights dimensions reflected in CP and in the planning of all interventions, including emergencies and COVID-19? 3.4.6.1.2. How did the integration of the human	Gender, human rights and equity dimensions are mainstreamed in all programmes and projects. The most deprived districts and vulnerable groups of children in Sierra Leone are prioritised for UNICEF support/interventions	UNICEF, Government, development partners and implementing partners Project documents and reports	Semi-structured interviews of key informants Document review	Interpretive content analysis

Evaluation questions	Sub-questions	Indicators	Data collection sources	Data collection methods	Data analysis
government partners and UNICEF human rights, equity dimensions in the CPD lead to the planned results at the output and outcome levels?	rights and equity dimensions in the CPD lead to the planned results at the output and outcome levels? 3.4.6.1.3. How did UNICEF ensure the integration of the needs and priorities of children with disabilities and children from the most vulnerable groups in the programme's sectoral and cross-sectoral components?	Government partners and stakeholder perceptions of gender-responsiveness of UNICEF interventions, including communications and advocacy			
3.4.6.2. How did UNICEF ensure the integration of the needs and priorities of children with disabilities and children from the most vulnerable and marginalized groups in the programme's sectoral and cross-sectoral components? To what extent has the CPD contributed to the promotion and implementation of the 'Leave No one Behind' agenda, in reaching children from the most vulnerable and marginalized groups?	3.4.6.2.1. To what extent does UNICEF's intervention planning documents reflect targeting of poorest districts, girls (in particular adolescent girls) and children with disabilities?	Evidence of positive changes in situation of children, adolescent girls, children with disabilities and children from marginalized groups and most deprived districts where interventions were implemented	UNICEF, Government, development partners and implementing partners Secondary data (DHIS, MICS, etc.) Project documents and reports	Semi-structured interviews of key informants Document review	Interpretive content analysis

Annex D: Focus Group Discussion Guide - Parents and caregivers

My name is _____. I am part of the team undertaking the Country Programme Evaluation of UNICEF Sierra Leone.

As part of this evaluation, we are conducting a series of interviews and focus group discussions with the government, development and implementing partners, including the rights holders.

This focus group discussion is part of the processes to gather primary data that will guide the evaluation. The entire interactive session will take about **2 hours** to conclude. The discussion will have four sections dedicated to the topics of maternal and child health, child nutrition, education, child protection and WASH. Each section will take about 20-25 minutes. We will have a health break in the middle of our discussion for about 15 minutes.

This discussion is meant to be an objective review of UNICEF's key programme areas dedicated to improving the well-being of children and mothers. We will ask general questions about your knowledge and views of specific issues covered by UNICEF. No feedback will be categorised as right or wrong. Anything you express during this session is confidential, and your names will not appear in the evaluation report. Your data will be safely stored on secure data-encrypted devices online. The discussion results will be anonymised before analysis.

To keep your participation confidential, we will not record this discussion. We will take notes electronically, and any information recorded will be stored in a locked folder. The information collected during this interview will remain saved in a locked folder on our computer and destroyed 3 months after the evaluation report is submitted. Keeping it for that duration will be for internal reference purposes only.

Your participation in this discussion is voluntary. You can stop participating in the discussion session or ask questions at any time. Your decision not to participate in the session will not negatively affect your relationship with the evaluation team and UNICEF. **We kindly request that you keep the discussion confidential from anyone outside this group.**

District	
Commune	
Date	
TIme	
Facilitator:	
Assistant:	

Maternal and child health	
1.	How many of you have children? How many of you have children below the age of 5? How many of you have children below the age of 2? *[Gently ask the participants to raise their hands if only they are willing to share. The purpose is to open a discussion, putting emphasis on the key topic.]*
2.	How many of you have children below the age of 24 months? *[Note for the facilitator: Gently ask the participants to raise their hands if only they are willing to share. The purpose of this discussion is to inform that we will also be discussing issues related to children under 2, such as vaccinations, neonatal care, essential new-born services, and maternal care. These topics are relevant as the participants' children may have been born during the CP cycle. We will not be asking them about their own experiences but instead will ask general questions for which they may be more qualified to provide credible responses. This is because they would have the most recent experience in new-born services and neonatal care at home compared to others].*
3.	Could you please tell us all the immunisations/markelate your children receive from birth to 24 months? *Why is it important to immunise them?*
4.	What else is important for children under 5 and 2, including newborn babies? *[Note for the facilitator: Please probe with questions to lead to the next questions about exclusive breastfeeding, MDD -IYCF, neonatal care, antenatal care, etc.]*
5.	Care received at childbirth and first stages of life is essential for the child's and mother's own health, preventing illness and protecting the lives of mothers and children. *Would you agree or disagree with the following statement: maternal and essential newborn care at health facilities improved since 2020?* *If you are willing, would you please share with us why you agree or disagree with this statement?*
6.	In your opinion, is it enough to provide health services for both mothers and new-borns to ensure their well-being? *[Note for the facilitator: What else is important to ensure their well-being? [Leading to a question about antenatal care] If nothing, please ask – do you think assessing and improving the well-being of the mother and baby throughout the pregnancy is important?].*
7.	When you are at the health facility, what services do health workers use to assess and improve the well-being of the pregnant woman during the pregnancy? *in your opinion, have these services improved in the last few years? For example?*
8.	Are you also aware of health services for babies who are born premature?

	If yes – do you know how these health services for premature born children perform?
9.	What practices can be followed at home to ensure the well-being of the mother and baby, in addition to the essential services provided by health facilities? *[Note for the facilitator: With this discussion, we can conclude that healthcare for the mother and baby is important because it helps to ensure the well-being of both the mother and child. Proper healthcare during pregnancy can help to identify and address any potential health issues that may arise, reducing the risk of complications during delivery and ensuring the safe delivery of the baby. Additionally, healthcare for the baby can help to ensure that they receive necessary immunizations, proper nutrition, and care to ensure healthy growth and development. Healthcare for the mother and baby is essential in reducing infant and maternal mortality rates and improving overall health outcomes].*
Nutrition	
10.	In your view, what does exclusive breastfeeding mean for the child's well-being? *[Note for the facilitator: Mothers in this group, if you feel comfortable sharing, how many of you exclusively breastfed your children? Until what age? How did you know about its importance?].*
11.	*If not mentioned, please ask* - Are there any health workers who help women learn about proper diet and breastfeeding in your community? *Could you share examples of how they raise awareness about children's nutrition?*
12.	What other ways can women learn about children's nutrition and breastfeeding?
13.	What liquids and liquid foods are suitable for children under 2 of age to drink? *How often is it suitable for children to consume liquids and liquid food?*
14.	What solid foods are suitable for children under 2 of age to eat? *How often is it suitable for children to eat these solid foods?*
15.	Why is it important for children to have a diverse diets and frequent meals?
[Note for the facilitator: The rationale behind asking these questions, because good nutrition is important for children because it plays a crucial role in their growth and development. Children require a diverse diet that provides all the necessary nutrients to support their physical and cognitive development. Proper nutrition also helps children maintain a healthy weight and reduces the risk of developing chronic diseases later in life. Additionally, children who eat a diverse diet in right quantity and frequency cooked and feed in hygienic manner are more likely to have better academic performance, improved concentration, and better behaviour and mood. Therefore, it is important to provide children with healthy food choices and instil good eating habits from an early age to support their overall health and well-being]. ***HEALTH BREAK – 15 MINUTES***	

Participants will be provided with food and water/tea/soft drinks.	
Education	
16.	Are any of your children currently attending early childhood development centres?
17.	Do you have children in primary or junior secondary school? If so, what are their ages? *Could you please share how your children transitioned or will transition from primary to junior secondary school?*
18.	Do you have children in secondary school? What are their ages and gender? *Is it important for children to enrol in school and graduate on time?* *Yes or no, why?*
19.	How often do you engage in parent-teacher exchanges to learn about your children's education? *How often do you engage with your children to continue their education at home?*
20.	Are you involved in school management?
21.	Are any of you a member of the parents-teachers association? How about other school-related committees and activities?
22.	Could you share any successes or challenges your children have experienced in school? *Follow-up questions:* *Are you happy with your children's learning outcomes?* *In your view, do girls and boys have equal access to school and equally benefit from learning? If yes or no, why?* *In your view, do children with disabilities have equal access to school and equally benefit from learning? If yes or no, why?* *How far is the distance that your children have to travel to reach their school?* *How expensive is your children's school?* *What steps should parents and caregivers take to ensure that their children stay in school?*
[Note for the facilitator: The summary of the discussion on education is that education is important for children because it is a fundamental human right, provides necessary knowledge and skills, improves cognitive abilities, fosters creativity and social skills, promotes social and economic development, and contributes to a more informed and engaged citizenship.]	
Child protection	
23.	In your view, do teachers at school ensure a safe environment for children? If yes or now, how? *Do you think they have knowledge of the harmful effects of violent discipline?*

	Why is it important that teachers should have this knowledge?
24.	Should parents and caregivers be aware of the harmful effects of using violent discipline? *How can they ensure that their children are protected from violent discipline at home?*
25.	Do community leaders talk about the harmful effects of violent discipline? *Where do they usually talk about these issues?*
26.	Where can parents and caregivers get information about ways to protect their children from harm? *What services are available to protect children from harm in your community/village/district?* *Do you trust these service providers? If yes or no, why?* *What major types of violence do you know?* *Do you know where to report violence?*
27.	What issues can be harmful to children's psychological wellbeing or make them unhappy, quit their school and stop socializing with their friends? *Are there any issues that affect boys and girls differently?*
28.	In your opinion, should children assist their parents in making money before graduating from school? Should children leave school to assist their parents in making money?
29.	Are you aware of the harmful effects of marrying girls before the age of 18? *In your opinion, are many parents and caregivers, and the community as a whole, aware of the harmful effects of marrying girls before the age of 18?*
30.	Do you know about the negative impact of early pregnancy on underage girls? *Please share examples of impacts.* *Where in your community can people find useful information about preventing girls from getting married and pregnant before they become adults?*
31.	Do all of your children have birth certificates? If yes, could you please share your experience in obtaining birth certficiates forms for your children? If no yes, could you please share why it was not possible for you to get birth certificates for your children?
[Note for the facilitator: In conclusion, child protection is important because it ensures that children are safe from any form of abuse, exploitation, neglect, and violence. Children are among the most vulnerable members of society, and they need protection to grow and develop in a safe and	

nurturing environment. Child protection also guarantees that children have access to their basic rights, including the right to education, health, and participation in decision-making processes that affect their lives. Protecting children from harm is a fundamental responsibility of society, and it is crucial for creating a better future for our children and the generations to come.	
WASH ***In the last session of our session, we would like to discuss with you overall hygiene, water and sanitation issues.***	
32.	What steps can individuals take to ensure the safety of drinking water? *Do you follow these steps at home?* *Where do you get water to drink?*
33.	Where do you get water for washing your hands, bathing, and cleaning household items? *How far do you have to travel to get water?* *Does everyone in your community have to travel that far to get water?* *Who in your family usually gets water?*
34.	How often should people wash their hands? *When and with what should they wash their hands?* *At what occasions do you wash your hands?*
35.	Would you agree or disagree with the following statement: *Every household should have their own private toilet.* *Yes or no, why?*
36.	Have you heard of any awareness-raising activities about ending open defecation in your communities/villages/ districts? *Could you please clarify the source of this information and the location where these activities are taking place?*
37.	What steps should individuals take to put an end to open defecation? *What are the primary obstacles in putting an end to open defecation?*
[Note for the facilitator: To summarise our discussion on WASH: Water, hygiene, and sanitation are essential for good health as they have a direct impact on the prevention of diseases. Access to clean water is crucial for the body to function properly and maintain good health. Poor hygiene practices, such as not washing hands, can lead to the spread of harmful bacteria and viruses that cause diseases like diarrhoea and cholera. Sanitation, on the other hand, refers to the safe disposal of human waste, which is also a major factor in preventing the spread of diseases. Proper sanitation facilities, such as toilets, help to prevent the contamination of water sources and reduce the risk of waterborne diseases. Overall, water, hygiene, and sanitation are important for maintaining good health and preventing the spread of diseases.]	

WASH was the last topic of our discussion.

Thank you very much for taking the time to discuss the crucial topics related to the well-being of mothers and children. We will utilize the results of our discussion, along with interviews, surveys, and other similar conversations with parents and adolescents, to prepare an evaluation report. This assessment report will be available to the public and can be accessed on the UNICEF website. However, if you face any difficulties accessing the report, the UNICEF staff will be happy to assist you.

Annex E: Focus Group Discussion Guide - Adolescents (age range: 13-18)

My name is _____. I am part of the team undertaking the Country Programme Evaluation of UNICEF Sierra Leone.

As part of this evaluation, we are conducting a series of interviews and focus group discussions with the government, development and implementing partners, including the rights holders.

This focus group discussion is part of the processes to gather primary data that will guide the evaluation. The entire interactive session will take about **1 hour and 30 minutes to** conclude. The discussion will cover health, nutrition, hygiene, education, and water, hygiene, and sanitation. Each section will take about 20-25 minutes. We will have a health break in the middle of our discussion for about 15 minutes.

This discussion is meant to be an objective review of UNICEF's key programme areas dedicated to improving the well-being of children and mothers. We will ask general questions about your knowledge and views of specific issues covered by UNICEF. No feedback will be categorised as right or wrong. Anything you express during this session is confidential, and your names will not appear in the evaluation report. Your data will be safely stored on secure data-encrypted devices online. The discussion results will be anonymised before analysis.

To keep your participation confidential, we will not record this discussion. We will take notes electronically, and any information recorded will be stored in a locked folder. The information collected during this interview will remain saved in a locked folder on our computer and destroyed 3 months after the evaluation report is submitted. Keeping it for that duration will be for internal reference purposes only.

Your participation in this discussion is voluntary. You can stop participating in the discussion session or ask questions at any time. Your decision not to participate in the session will not negatively affect your relationship with the evaluation team and UNICEF. **We kindly request that you keep the discussion confidential from anyone outside this group.**

District	
Commune	
Date	
Time	
Facilitator:	
Assistant:	

Note: to evaluators

If minor children (under 18years) are going to be included in the research study; it is necessary to document the child's affirmative agreement to participate in the research study.

. If the child is not able to read procedures may be used to present information verbally to obtain verbal assent.

Note: to parents *(Legal guardian or legal authorised official) must sign separate consent forms permitting the minor to participate in the research study. Any project involving minors requires a signed consent form from either the child's parents or legal guardian before approaching the child for assent.*

STATEMENT OF CONSENT (to be collected with the parent/caregiver of each participant)

Plan Eval has described to me what is going to be done, the risks, the benefits involved and the rights of the youth regarding this evaluation. I understand that my decision to consent the youth under my responsibility to participate in this evaluation will not alter his/her usual medical care. In the use of this information, his/her identity will be concealed. I am aware that he/she may withdraw at any time. I agree / do not agree (*please indicate by striking through what does not apply*) that the youth under my responsibility may take part in photos. I understand that by signing this form, I do not waive any of my legal rights or the youth's rights but merely indicate that I have been informed about the evaluation in which I am voluntarily agreeing to allow the youth under my responsibility to participate. A copy of this form will be provided to me.

Name of participant:
Signature of participant:
Age:
Date (DD/MM/YY)

Name of parent or guardian for minors:
Signature of parent or guardian for minors:
Date (DD/MM/YY):

Name of Interviewer:
Signature of Interviewer:
Date (DD/MM/YY.

STATEMENT OF ASSENT (to be collected with participants under 18)

We are asking you to take part in the research study. We are trying to learn more about your experience and your ideas about what was good and what could be improved.

If you agree to participate in the evaluation, you will be asked to respond to the questions I will be posing to the group, if you feel that you can contribute. We will be collecting opinions from all participants like in a conversation, during more or less one hour. If you feel you do not have much to say, you can just be listening. You will not be under evaluation; we just want to evaluate the project. However, your opinion is important because it will help prepare other projects and new activities for children in the same situation as you. We want you to know that your participation in this evaluation is completely confidential. All information you provide will be kept private and confidential and will only be seen by the research team. No personal identifying information will be shared outside the research team, and all data will be stored in a secure location. Your name and other identifying information will not be used in any reports or publications.

Please talk this over with your parents or adults in charge before you decide whether or not to participate in the evaluation. We will also ask your parents or legal guardian if it is alright for you to take part in this evaluation. But even if your parents say "yes" you can still decide not to do this.

You can ask any questions that you have about the evaluation, and I will answer them for you.

Taking part in this evaluation is up to you. You do not have to be in the evaluation, you can say yes but if you change your mind later, you can stop any time.

Signing your name at the bottom means that you agree to be in this evaluation. You and your parents will be given a copy of this form after you have signed it.

_____ _____

Evaluator's signature **Date**

Your statement:

This evaluation has been explained to me. I agree to take part in this study. I have had a chance to ask questions. If I have more questions, I can ask the evaluator.

_____ _____

Your signature **Date**

_____ _____

Evaluator's signature **Date**

Education	
Before we begin, I'd like us to take some time to get to know each other. I suggest we go around the table for introductions, sharing your name, age, and if you have children. Are you married?	
1.	Could you please tell us if you are all currently enrolled in school? *Please raise your hand, if you are willing – how many of you are currently enrolled in school?* *Could you please tell us what school you go to? Junior secondary or secondary?*
2.	Why is it important for boys and girls to go to school?
3.	In your view, do boys and girls equally benefit from school? *Yes or no, why?*
4.	What are the possible reasons that may lead boys to quit their studies? How about girls?
5.	In your opinion, can a married girl of a similar age to you continue her studies if she wants to? *Can she also decide when to have children if she wants to?* *Note for the facilitator: Kindly explore other ways of assessing desired time for pregnancy. E.g.: What can she do if she would like to wait to have children, or doesn't want to have children at all? What are your thoughts on having children while you are attending secondary school?*
Health & Nutrition during menstrual cycle	
6.	During the menstrual cycles, girls' iron needs are accentuated because of blood loss. Do you have varied diet and eat several meals a day? What type of food would you usually take during periods? Have you ever been diagnosed with anaemia, or been prescribed dietary supplements? Do you feel chronic fatigue or tiredness throughout the day? *Note for the facilitator:* inquire about any other symptoms of anaemia, to assess cases of anaemia not been diagnosed by a doctor)?
7.	Health services are important to support the needs of girls as they start to have their menstrual cycle. *How many of you go to a health service that provides routine check-ups?*
Child Protection	
8.	In your opinion, how do pregnancy and having children during adolescence impact girls' lives? *Negative impact?* *Positive impact?*
9.	What are some ways to prevent the negative impacts of pregnancy and having children?

	What other major issues do adolescents face at present? *Are there any harmful practices that impact young people's lives?* *What harmful practices, for example? Please probe about drug use if not mentioned.* *Have you participated in the Life Skills in a Safe Space Programme?* *What have you learned as a result of this programme?* *What changed have you experience because of this programme? Have you changed your perspective about gender equality? How?*
10.	What age do you think is the best time for women to have children?
11.	What age do you think is the best time for women to marry? How about men?
Health break -15 minutes	
12.	Are you aware of any safe spaces and sexual and reproductive health services? *What do these and health services cover?*
13.	Why is it essential for adolescents to learn about sexual and reproductive health matters?
14.	What steps can adolescents take to protect themselves from sexually transmitted diseases?
WASH	
15.	How can adolescents prevent the spread of waterborne diseases? *When should they wash their hands?* *[Note for the facilitator: The facilitator should try to find out not only about girls' knowledge of handwashing, but also whether it is possible for them to wash their hands, for example using an appropriate water source and soap => question 18 and 19]*
16.	Where do you get water for washing your hands, bathing, and cleaning household items? *How far do you have to travel to get water?* *Who in your family usually gets water?* *How about drinking water? What can you say about the quality of drinking water? Good or bad, & why? What should you do to improve the quality of your drinking water?*
17.	Would you agree or disagree with the following statement: *Every household should have their own private toilet.* *Yes or no, why?*
18.	Do your schools have separate toilets for boys and girls?

	Are they accessible for children with disabilities?
19.	Do your schools have handwashing facilities? Are the hand washing facilities close to the toilets? *Do the handwashing facilities have soaps and running water?*
20.	Have you heard of any awareness-raising activities about ending open defecation in your communities/villages/ districts? *Could you please clarify the source of this information and the location where these activities are taking place?*
21.	What steps should individuals take to put an end to open defecation? *What are the primary obstacles in putting an end to open defecation?*

Annex F: Focus Group Discussion Guide - Implementing partners

My name is _____. I am part of the team undertaking the Country Programme Evaluation of UNICEF Sierra Leone.

As part of this evaluation, we are conducting a series of interviews and focus group discussions with the government, development and implementing partners, including the rights holders.

The objective of this focus group discussion is to generate your views about the programme design, monitoring and documentation processes and appraise the implementation and management strategies.

This focus group discussion is part of the processes to gather primary data that will guide the evaluation. The entire interactive session will take about **1 hour and 30 minutes** to conclude. It is meant to be an objective review of the programme. Thus, no feedback will be categorized as right or wrong. Anything you express during this session is confidential, and your names will not appear in the evaluation report. Your data will be safely stored on secure data-encrypted devices online. The discussion results will be anonymised before analysis.

To keep your participation confidential, we will not record this discussion. We will take notes electronically, and any information recorded will be stored in a locked folder. The information collected during this interview will remain saved in a locked folder on our computer and destroyed 3 months after the evaluation report is submitted. Keeping it for that duration will be for internal reference purposes only.

Your participation in this discussion is voluntary. You can stop participating in the discussion session or ask questions at any time. Your decision not to participate in the session will not

negatively affect your relationship with the evaluation team and UNICEF. **We kindly request that you keep the discussion confidential from anyone outside this group.**

Location	
Date	
TIme	
Facilitator:	
Assistant:	

Before starting the discussion, ask the implementing partners to fill out a sheet with the details of projects/programmes they implement in collaboration with UNICEF.

Introductions

Please introduce yourself. State your name, the name of your organization, your role in your organization, and the UNICEF project you are associated with.

Relevance	1. What needs and priorities of children, especially the most vulnerable, are integrated into the programme designs which you implement? 1.1. In your view, are children's needs and priorities adequately covered in the programme designs? What could have been done to ensure their proper coverage in the programme designs? 2. What national development priorities in the national development plan, sector policies, and SDGs do the programmes which you implement respond to? 2.2. How are your programmes aligned with the national programmes and policies dedicated to children in sectoral and cross-sectoral activities? Please share examples. 3. How many of you worked with UNICEF during emergency responses? Please raise your hands. 3.2. Those who worked with UNICEF during emergencies, could you please tell us about how swiftly and comprehensively you were able to respond to children's emerging needs during emergencies, including the COVID-19 pandemic? 3.3. How did you ensure the response remained relevant to children's emerging needs? 3.2. What implementation strategies did you implement to address the emerging issues of children and their families, especially the most vulnerable?
Coherence	4. How well are cross-cutting issues and strategies integrated into the programmes which you implement?

	5. What government policies and programmes do the programmes which you implement with UNICEF complement/support?
Effectiveness	6. How much improvement do you think your programmes are bringing to the lives of children and their parents/caregivers? 7. Could you please share examples of how you transformed your programme's outputs into short-term and intermediate outcomes? 7.1 What were the key positive outcomes for children you have achieved as a result of your programmes? 7.2. What unexpected positive outcomes have you achieved? 7.3. Were there any negative outcomes? Please provide examples. 7.3.1 What caused these negative outcomes? 8. How many of you collaborated with UNICEF during emergencies? Please raise your hand. 8.1. Please tell us, how effectively did you deliver services to respond to children's needs and priorities that emerged due to emergencies, including COVID-19? 9. The next question is for all – in general, are there internal or external enablers that help you achieve the programmes' intended results? What are they and how do they help you? 10. Were there any risks and challenges that affected the implementation of your programmes with UNICEF? 10.1. What were they, and how did you address them to ensure the effective delivery of the programme results? 11. How well does UNICEF support you with the implementation of the programme? For example, technical guidance, timely financial support, monitoring and reporting? 12. Will your programme achieve what it set out to do, by end 2024? If not, what are the main challenges to achieving the programme's objectives?
Efficiency	13. Were there any delays during the implementation of your programmes? 13.1. What caused those delays, and how did you address them? 14. Were the programmes' financial, operational and human resources sufficient to achieve their intended results within their expected timelines? 14.1. Yes, or now, please explain why. 15. Were there any strategies used to reduce costs without compromising the programme quality? 16. What monitoring methods and system did you use to monitor the programmes implemented with UNICEF? 16.1. How often did you monitor the programme implementation?

	16.2. For what did you use monitoring results? 17. How did you ensure overall results-based management of the programmes?
Sustainability	18. What mechanisms are put in place at the district and community levels to sustain the results of your programmes? 19. Will the positive changes you have seen in the programme or project last? What should be done to ensure that these positive changes last?
Gender equality, equity and human rights	20. Are your programmes reaching the most vulnerable children, including adolescent girls and children with disabilities? 21. If yes, then how? Please share examples. 21. If no, then why?
Lessons learned	22. Are there any lessons learned that you could share with us from the implementation of these programmes?
	What key messages or suggestions do you have for UNICEF for the next country programme?

Closure

Thank you all for spending time to share your valuable insights with us.

The next step is for us to analyse all the information we have collected in this evaluation and prepare a report, which we will present to UNICEF for their comments and response to our recommendations.

Annex G: Semi-structured interviews with Government Partners

Informed consent

My name is _____. I am part of the team conducting the Country Programme Evaluation of UNICEF Sierra Leone.

As part of this evaluation, we are conducting a series of interviews with UNICEF staff, the government, development and implementing partners, rights-holders and other stakeholders. The objective of the interview is to gather information which will be used to evaluate the programme's relevance, coherence, effectiveness, efficiency, and sustainability. We will also ask questions about gender, equity and human rights dimensions of the programme design and its results.

The interview will take about 1 hour to conclude. It is meant to be an objective review of the programme; thus, no feedback will be categorised as right or wrong. Anything you express during this interview is confidential, and your name will not appear in the evaluation report. Your data will be safely stored on secure data-encrypted devices online. The interview results will be anonymised before analysis.

Your participation in this interview is voluntary. You can stop participating in the interview or ask questions at any time. Your decision to refuse the interview will not negatively affect your relationship with the evaluation team or UNICEF.

The information collected during this interview will be stored digitally in a secure location accessible with a password and remain saved in our facility and destroyed 3 months after the final output of this evaluation is submitted. Keeping it for that duration will be for internal reference purposes only.

Would you like to participate?

- Yes.
- No.

If yes, please proceed to the interview.

About the interview:	**About each respondent:**
• Date: • Time: • Location (Region): • Location (Community):	• Name: • Gender: • Office/Department: • Title/designation:

Criteria	**Questions**
Relevance	1. Briefly outline the support your ministry/unit receives or has received from UNICEF in the current country programme.

Criteria	Questions
	2. Does the support respond to the ministry/unit's priorities for children? Are there areas where UNICEF is not providing the support needed? 3. What value does UNICEF bring to the ministry/unit that is distinctive from other UN agencies and development partners? 4. Did you participate in the planning stage of UNICEF's programmes? If yes, which ones and how? 5. To what extent is your unit involved in the implementation process of UNICEF's programmes? 6. What national development priorities in the national development plan, sector policies and SDGs does the current Country Programme of UNICEF respond? 7. Which national programmes and policies is UNICEF's current Country Programme aligned with? 8. How responsive and agile was UNICEF during emergencies, including the COVID-19 pandemic that occurred during the current country programme? Please provide an example(s) to illustrate.
Coherence	9. Which other UN agencies and development partners support the ministry/unit? To what extent does UNICEF coordinate its activities with them? Have you observed any synergies or areas of duplication? Please provide examples. 10. Does the ministry/unit work with more than one unit/section of UNICEF? If so, how well do they coordinate their work with the ministry/unit? 11. What government policies and programmes are supported by UNICEF's current Country Programme? What government policies and programmes support the implementation of UNICEF's current Country Programme?
Effectiveness	12. To what extent has UNICEF's support assisted the ministry/unit to achieve its own objectives? Provide specific examples of results achieved through UNICEF's support. 13. What in your view contributed to or enabled the results achieved? What were the challenges or constraints to achieving these results? How were these challenges addressed? 14. What expected or unexpected results did your collaboration with UNICEF produce? 15. What positive results have you achieved in collaboration with UNICEF? Were there any unforeseen negative results? If yes, please provide examples.
Efficiency	16. How efficient are UNICEF procedures with regard to support to the ministry/unit? Are there more cost-efficient means for supporting the ministry/unit? *In your view, would it be possible to achieve the same results with less financial and huma resources? If yes, how?* 17. In your collaboration with UNICEF on programmes, did you encounter any delays during the implementation process?

Criteria	Questions
	17.1. If yes, what caused those delays, and how did you address them together with UNICEF? 18. What monitoring systems and methods do you use to monitor the programme implementation with UNICEF? *18.1. How did you use monitoring results to ensure the results-based management of programmes?* 19. On a scale from 1-10, how would you rate the quality of the partnership between UNICEF and the ministry/unit? What do you value most about the partnership? Are there aspects of the partnership that can be strengthened?
Sustainability	20. Has UNICEF's support strengthened capacities in the ministry/unit sufficiently for the ministry/unit to sustain activities or scale up without UNICEF support? *20.1. Does your Ministry have a plan for sustaining the programmes financially without UNICEF's support? If yes, how?* 22. Are there any mechanisms in place to sustain the programme results at the district and community levels? If yes, please share examples.
Gender, human rights and equity	23. To what extent has UNICEF's support to the ministry/unit advanced gender equality? And the LNOB agenda? Please provide examples to illustrate. 24. In your collaboration with UNICEF, what measures were taken to ensure the integration of the equity, gender and human rights dimensions in the programme designs? *24. 1 Were there any assessments done on the issues of children with disabilities and those living in the poorest households to integrate their needs into programmes?* *24.2. Were there any assessments done on the issues of gender and human rights to ensure they are adequately incorporated in programme designs?*
Lessons learned	13. Can you mention one or two lessons learned from the implementation of the country programme that should be considered in the design of the next country programme?

Close interview with thanks and an indication of next steps in evaluation process.

Annex H: Semi-structured interviews with UNICEF Staff

Informed consent

My name is _____. I am part of the team conducting the Country Programme Evaluation of UNICEF Sierra Leone.

As part of this evaluation, we are conducting a series of interviews with UNICEF staff, the government, development and implementing partners, rights-holders and other stakeholders. The objective of the interview is to gather information which will be used to evaluate the programme's relevance, coherence, effectiveness, efficiency, and sustainability. We will also ask questions about gender, equity and human rights dimensions of the programme design and its results.

The interview will take about 1 hour and 30 minutes to conclude. It is meant to be an objective review of the programme; thus, no feedback will be categorised as right or wrong. Anything you express during this interview is confidential, and your name will not appear in the evaluation report. Your data will be safely stored on secure data-encrypted devices online. The interview results will be anonymised before analysis.

Your participation in this interview is voluntary. You can stop participating in the interview or ask questions at any time. Your decision to refuse the interview will not negatively affect your relationship with the evaluation team or UNICEF.

The information collected during this interview will be stored digitally in a secure location accessible with a password and remain saved in our facility and destroyed 3 months after the final output of this evaluation is submitted. Keeping it for that duration will be for internal reference purposes only.

Would you like to participate?

- Yes.
- No.

If yes, please proceed to the interview.

About the interview:	**About each respondent:**
• Date: • Time: • Location (Region): • Location (Community):	• Name: • Gender: • Office/Department: • Title/designation:

Criteria	**Questions**
Relevance	1. Briefly outline the work of your unit and how it responds to the needs of children. 2. Are there areas of need that your unit is not addressing sufficiently or not at all? 3. How did you determine the needs and priorities of children before designing your programme?

Criteria	Questions
	4. How did you ensure that the needs and priorities of children, especially the most vulnerable, were adequately integrated into your programme design? *Probing:* *- Did you consult with the local stakeholders about the needs and priorities of children? How? Who was consulted in the process?* *- Did you conduct any research, studies or evaluations, in addition to the Situation Analysis Report, to assess the needs and priorities of children?* 5. How did you ensure that your programme and projects are aligned with the national development priorities for children? 6. How did you ensure that your programmes are aligned with the national programmes and policies dedicated to children in sectoral and cross-sectoral activities? 7 What value does UNICEF bring to Sierra Leone that is distinctive from other UN agencies and development partners? 8.How responsive and agile was UNICEF/your unit during emergencies, including the COVID-19 pandemic that occurred during the current country programme? Please provide an example(s) to illustrate. 9. What strategies did you use to adapt your programme activities to address the merging issues of children and their families, especially the most vulnerable during the pandemic and other unexpected emergency situations? 9.1. How did you ensure your response remained relevant to children's needs?
Coherence	10. With which UN agencies and development partners does your unit collaborate? What are the areas of joint work? Have you observed any synergies across partners? Any areas where there is duplication of efforts? 11. What did the process of identifying linkages across CP outcomes involve, and how did you ensure your programmes converged with other sectoral and cross-sectoral activities? *Please provide examples of convergence in your programmes and an example of an effective intersectoral intervention.* *Probing:* *What cross-cutting issues and strategies did you integrate into your programme activities? What results did you achieve as a result of convergence?* 12. How have interoperability and intersectorality between programmes contributed to achieving the intended results? *Probing: What factors enable intersectoral work in UNICEF, and what factors constrain an intersectoral approach? {If constraints were mentioned } follow up - How did you address constraints to enable intersectorality in your programmes?* 13. What UNSDCF outcome areas are your programmes aligned with? How did you ensure your programmes were aligned with the relevant UNSDCF outcome areas?

Criteria	Questions
	14. What UN Agencies do you collaborate with to implement your programmes? What comparative strengths/advantages of UNICEF do these inter-agency collaborations entail? 15. Could you please share examples of synergies between your programmes implemented in collaboration with UN agencies and other partners? Are there any other programmes that do not involve but complement your programme activities? How do you ensure your programmes do not duplicate the same results in the same locations? 16. Could you please share examples of the national policies and programmes that support the implementation of your programmes? How do your programmes complement relevant national policies and programmes? 17. Does your programme (WASH, Education, etc) lead any results groups or clusters of UNCT? *If yes:* *17.1. Which ones? How often do you meet, and on what occasions? What are the main responsibilities of these/this group/s or cluster/s? What is your role? Could you please provide any successful examples of these groups' outcomes?* *If no:* *17.2. Do you participate in any results groups or clusters? Which ones? How often do you meet, and on what occasions? What are the main responsibilities of these/this group/s or cluster/s? What is your role? Could you please provide any successful examples of these groups' outcomes?* 18. In terms of inter-agency coordination and with government partners during emergencies, including the pandemic, what were UNICEF's key contributions?
Effectiveness	19. What do you see as the main achievements of the country programme? How has your unit's work contributed to these achievements? *Follow up:* *19.1. What changes have occurred in the outcome indicators of your programmes?* *19.2. How did you ensure that your programme outputs yielded short-term and intermediate outcomes?* 20. What internal and external factors enabled you to achieve your programme results? 21. Were there any internal and external risks and challenges that impacted your programme's ability to deliver the intended results? What were those risks and challenges? Follow up: *21.1. How did you address them to ensure that your programme delivered effective results?* *21.2. What lessons learned could you share from your experience in implementing your programmes?*

Criteria	Questions
	20 22. How effective is your unit in using SBC and innovation as transformative strategies for sustainable results? 23. How did you ensure the continuity of your programmes and their effectiveness during the pandemic? How effectively did you deliver services to respond to children's needs and priorities that emerged due to the social and economic impacts of the pandemic? 24. Are there any positive or negative effects that have emerged or are likely to arise due to your programme's results? Which ones and how? Did you expect your programme activities to yield these effects?
Efficiency	25. Does the country office/programme unit have the requisite resources and operations support to function effectively and efficiently? What improvements if any are necessary to enable the programme unit to function optimally? 26. Did you use any strategies/options to reduce the costs of your programmes without compromising their quality? [*If no, were there opportunities to do so and if not used, then why?]* 27. Is your unit able to monitor and report on all its programme/project indicators and is data disaggregated? What gaps if any do you see in the CO's monitoring and reporting? *Follow up:* 27.1. What monitoring systems do you to use to generating timely and reliable information? How do you use monitoring results for decision-making and programme improvement? 28.. How well does the CO use the evidence it generates through its work and evaluations? If there is a low use of evidence, why is this the case? How can evidence use be improved? *Follow up:* *28.1. Did you use evidence in integrating gender and equity dimensions, adolescent development and other normative principles in planning and implementing your programmes? How?* 29. Do you implement your programmes in partnerships with other organisations? Which ones? If any, how efficient are your partnerships to achieve the programme results in a timely manner and cost-efficiently? What partnership strategies do you use, and how do you monitor the implementation of your programmes in partnerships? 30. Could you please share any examples of cooperation mechanisms with the government and development partners in implementing your programmes? If any, how efficient are your partnerships? How active are they in decision-making, and have they yielded any innovative approaches to the implementation of your programmes?

Criteria	Questions
	31. Did you experience any delays in implementing your programmes? How did these delays affect overall programme implementation? How did you ensure the results-based management?
Sustainability	32. To what extent does UNICEF's support for capacity building, system strengthening and social and behaviour change contribute to sustainability of development results? Provide reasons for your response. 33. In your view, has the government developed sufficient capacity to continue and build on the benefits of interventions? Please provide examples. 34. Have local community structures (e.g. local government, district development committees, community health workers) been capacitated to sustain social and behavioural changes? Provide examples. 35. Do your programme activities contribute to environmental sustainability? If, yes how? 36. How can your programme's results be sustained environmentally, financially and socially?
Gender, human rights and equity	36. To what extent has UNICEF's support for the government advanced gender equality? And the LNOB agenda? Please provide examples to illustrate. 37. How did you ensure the integration of the needs and priorities of children with disabilities and children from the most vulnerable groups in your programmes? Please provide examples of your programmes' sectoral and cross-sectoral components. *Probing:* *How did you identify the issues of children with disabilities?* *What equity dimensions did you consider in identifying children belonging to vulnerable groups?* 38. How are the gender and human rights dimensions reflected in your programme's results framework? How did you ensure they were adequately reflected in your emergency activities, including COVID-19? 38. How did the integration of the human rights and equity dimensions in the CPD lead to the planned results at the output and outcome levels?
Lessons learned	39. Can you mention one or two lessons learned from the implementation of the country programme that should be considered in the design of the next country programme?

Close interview with thanks and an indication of next steps in evaluation process.

Annex I: Semi-structured interviews with UN agencies

My name is _____. I am part of the team conducting the Country Programme Evaluation of UNICEF Sierra Leone.

As part of this evaluation, we are conducting a series of interviews with UNICEF staff, the government, development and implementing partners, rights-holders and other stakeholders. The objective of the interview is to gather information which will be used to evaluate the programme's relevance, coherence, effectiveness, efficiency, and sustainability. We will also ask questions about gender, equity and human rights dimensions of the programme design and its results.

The interview will take about 1 hour to conclude. It is meant to be an objective review of the programme; thus, no feedback will be categorised as right or wrong. Anything you express during this interview is confidential, and your name will not appear in the evaluation report. Your data will be safely stored on secure data-encrypted devices online. The interview results will be anonymised before analysis.

Your participation in this interview is voluntary. You can stop participating in the interview or ask questions at any time. Your decision to refuse the interview will not negatively affect your relationship with the evaluation team or UNICEF.

The information collected during this interview will be stored digitally in a secure location accessible with a password and remain saved in our facility and destroyed 3 months after the final output of this evaluation is submitted. Keeping it for that duration will be for internal reference purposes only.

Would you like to participate?

1. Yes.
2. No.

If yes, please proceed to the interview.

About the interview:	**About each respondent:**
• Date: • Time: • Location (Region): • Location (Community):	• Name: • Gender: • Office/Department: • Title/designation:

Criteria	**Questions**
Coherence	1. Provide a brief overview of your agency's engagement with UNICEF. Please provide examples of specific programmes you worked on with UNICEF. 2. Did you collaborate with UNICEF on the RF of UNSDCF? How? *Follow up:*

Criteria	Questions
	Did you collaborate with UNICEF on developing the results frameworks of your joint programmes? Please provide examples. *Were there any duplication of programmes or 124results between UNICEF and your agency? Please provide examples.* 3. Has your agency's collaboration with UNICEF generated positive results for children? Provide an example. 4. How does your collaboration with UNICEF demonstrate a combined power to achieve common results? *Probing:* *4.1. Do you think you'd achieve the same results without UNICEF's input? If no or yes, why?* 5. If your agency works with more than one unit in UNICEF, how well do UNICEF units coordinate their engagement with your agency? 6. Are there conflicting roles between your organization and UNICEF? If so, how does UNICEF contribute in addressing them? 6. What is your assessment of UNICEF's contribution to any of the following: • UNCT • Results Groups • UN Thematic Groups • Other UN coordinating structures • COVID-19 response plan 7. What value does UNICEF bring to Sierra Leone that is distinctive from other UN agencies and development partners? 8. Does UNICEF focus sufficiently on its comparative strengths and leverage these to achieve results for children?
Relevance	9. How responsive and agile was UNICEF during emergencies, including the COVID-19 pandemic that occurred during the current country programme? Please provide an example(s) to illustrate. 9.1. Regarding your joint programmes with UNICEF, did you continue implementing them during emergencies? If yes, how did you collaborate with UNICEF to respond swiftly and comprehensively to children's emerging needs during emergencies, including the COVID-19 pandemic? 10. In your programmes with UNICEF, how did you ensure that the needs and priorities of children were adequately covered? 10.1 Did you consult with any stakeholders, including the government, during the planning stage of your programmes with UNICEF? *Follow up:*

Criteria	Questions
	Who led the process? What national policies and programmes did you consult with during the planning stage?
Efficiency	11. Did your programmes with UNICEF have sufficient financial and human resources to achieve the intended results? For example? 12. In your view, could your programmes yield the same results but with less costs? If yes, why? 13. Did you face any challenges in ensuring the efficiency of your programmes? Did you face any delays in ensuring the timely implementation of your programmes? *Follow up if not mentioned:* *13.1. What caused these challenges /delays? How did you address them in collaboration with UNICEF?* 14. How did you monitor your programmes with UNICEF? *Follow up if not mentioned:* *14.1. What monitoring systems did you use? Who led the monitoring process, and how did you share the information? Where did you store monitoring data?* *14.2. How did you use monitoring results for the results-based management of your programmes?* 15. Who were the implementing partners of your programmes? *Probing:* *15.1. What CSCOs did you collaborate with to implement your programmes with UNICEF?* *15.2. Do these partnerships with CSOs contribute to the efficient implementation of your programmes? If yes, how?* 16. O.
Effectiveness	17. In terms of your programmes' effectiveness, how did your partnership with UNICEF transform outputs into short-term and intermediate outcomes? 18. What internal and external factors enabled you to achieve your programme results? 19. Were there any internal and external risks and challenges that impacted your programme's ability to deliver the intended results? What were those risks and challenges? Follow up: *19.1. How did you and UNICEF address them to ensure that your programme delivered effective results?* 20. How did you ensure the continuity of your programmes and their effectiveness during the pandemic? How effectively did you deliver services to respond to children's needs and priorities that emerged due to the social and economic impacts of the pandemic?

Criteria	Questions
	21. Are there any positive or negative effects that have emerged or are likely to arise due to your programme's results? Which ones and how? Did you expect your programme activities to yield these effects?
Sustainability	22. Do your programmes with UNICEF include any sustainability mechanisms? *22.1. How can your programmes' results be sustained?*
Looking ahead	23. What issues should UNICEF focus on or prioritise in the next CPD that can accelerate Sierra Leone's progress towards achieving as many of the SDG targets as possible?

Close interview with thanks and an indication of next steps in evaluation process.

Annex J: Semi-structured interviews with Development Partners

Informed consent

My name is _____. I am part of the team conducting the Country Programme Evaluation of UNICEF Sierra Leone.

As part of this evaluation, we are conducting a series of interviews with UNICEF staff, the government, development and implementing partners, rights-holders and other stakeholders. The objective of the interview is to gather information which will be used to evaluate the programme's relevance, coherence, effectiveness, efficiency, and sustainability. We will also ask questions about gender, equity and human rights dimensions of the programme design and its results.

The interview will take about 1 hour to conclude. It is meant to be an objective review of the programme; thus, no feedback will be categorised as right or wrong. Anything you express during this interview is confidential, and your name will not appear in the evaluation report. Your data will be safely stored on secure data-encrypted devices online. The interview results will be anonymised before analysis.

Your participation in this interview is voluntary. You can stop participating in the interview or ask questions at any time. Your decision to refuse the interview will not negatively affect your relationship with the evaluation team or UNICEF.

The information collected during this interview will be stored digitally in a secure location accessible with a password and remain saved in our facility and destroyed 3 months after the final output of this evaluation is submitted. Keeping it for that duration will be for internal reference purposes only.

If you have questions about this evaluation, please feel free to contact **Sevara Hamzaeva**, Evaluation Specialist at UNICEF, at shamzaeva@unicef.org.

Would you like to participate?

- Yes.
- No.

If yes, please proceed to the interview.

About the interview:	**About each respondent:**
• Date: • Time: • Location (Region): • Location (Community):	• Name: • Gender: • Office/Department: • Title/designation:

Criteria	Questions
Coherence	1. Provide a brief overview of your organization's engagement with UNICEF and the programmes you sponsor. 2. Has your agency's collaboration with UNICEF generated positive results for children? Provide an example. 3. If your organization works with more than one unit in UNICEF, how well do UNICEF units coordinate their engagement with your organization? 4. What is your assessment of UNICEF's contribution to any of the following: • Development partner forums/coordination structures • Sector working groups • Other development coordination structure 5. What value does UNICEF bring to Sierra Leone that is distinctive from other UN agencies and development partners?
Relevance	*6.1. Was there a need for the sponsored programmes by your government to adapt to the emergency situation? How was the process led by UNICEF, and were you involved in the process? What improvements would you recommend?* 7. In your view, were there any issues of children that could have been covered better in the programmes sponsored by your government? If yes, please provide examples. 8. Are the programmes sponsored by your government fully aligned with the national priorities for children? 8.1. In the sponsored programmes by your government, what could have been improved to enhance their relevance to the national priorities, especially to children's emerging needs?
Efficiency	9. Were there any delays in the implementation of the sponsored programmes by your government? *9.1. What caused those delays, and what could have been done to prevent them?* 10. Were there any other challenges that negatively affected the implementation of the programmes? If yes, which ones?
Effectiveness	12. How is the overall effectiveness of the programme/s in achieving its intended results? Please provide examples. *12.1. What immediate and long-term results have the programmes achieved?* *12.2. Were there unexpected positive outcomes that the programme produced? How about any negative outcomes?* 13. How effectively was UNICEF able to continue implementing the programme during the COVID-19 pandemic and other emergency situations?

Criteria	Questions
Looking ahead	14. What issues should UNICEF focus on or prioritise in the next CPD that can accelerate Sierra Leone's progress towards achieving as many of the SDG targets as possible?

Close interview with thanks and an indication of next steps in evaluation process.

Annex K: Survey questionnaire

Click to download the questionnaire.

Annex L: Primary Data Collection Protocol

1. Introduction

This Primary Data Collection Protocol sets out how Plan Eval's offices in Belgium and Brazil ("we", "our", "us") ensure the safety of the subjects participating in their research and ensure the protection of the subjects' identity and data.

This protocol applies to all human subject research conducted by the company.

2. Definitions[97]

- A human research data set constitutes a body of informational elements, facts, and statistics about a living individual obtained for research purposes. This includes information collected by an investigator through intervention/interaction with the individual or identifiable private information obtained without intervention/interaction with the individual.
- Private information includes information about behaviour that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (e.g., a medical or school record).
- Identifiable Information means information that can be linked to specific individuals either directly or indirectly through coding systems, or when characteristics of the information are such that by their nature a reasonably knowledgeable and determined person could ascertain the identities of individuals.
- Personal identifiers are any data elements that singly or in combination could be used to identify an individual, such as an identity or national registration number, name, street address, demographic information (e.g., combining gender, race, job, and location), student identification numbers, or other identifiers (e.g., hospital patient numbers). Email addresses are often personally identifiable but not in all cases. Other data elements, such as Internet IP addresses, have varying degrees of potential for identifying individuals, depending on context. These elements require consideration as to whether they should be treated as personal identifiers.
- A de-identified data set refers to data that has been stripped of all elements or combinations of elements (including, but not limited to, personal identifiers and coding systems) that might enable a reasonably knowledgeable and determined person to deduce the identity of the subject. For example, while not directly identifiable, a dataset may include enough information to identify an individual if elements in the dataset are combined.

[97] Source: UC Berkeley HRPP. *RESEARCH DATA SECURITY: PROTECTING HUMAN SUBJECTS' IDENTIFIABLE DATA*. Supersedes: CPHS Policies and Procedures. 10/23/2015.

- A coded data set refers to data that has been stripped of identifiers and assigned an identity code (typically a randomly generated number) which is associated with and unique to each specific individual; the code can be used to link data elements to the identity-only data set. This identity code should not offer any clue as to the identity of an individual.
- An identity-only data set contains any and all personal identifiers absolutely necessary for future conduct of the research and the key to the identity code that can be used to link or merge personal identifiers with the coded set.
- Secure data encryption refers to the algorithmic transformation of a data set to an unrecognizable form from which the original data set or any part thereof can be recovered only with knowledge of a secret decryption key of suitable length and using a suitable algorithm.

3. Ensuring subject's safety

Subject safety is a primary concern for every research project conducted by the company.

Subject safety is ensured through the following three ethical principles:

- Respect for subjects: protecting the autonomy of all people and treating them with courtesy and respect and allowing for informed consent. Researchers must be truthful and conduct no deception.
- Beneficence: The philosophy of "Do no harm" while maximizing benefits for the research project and minimizing risks to the research subjects. Subjects are treated in an ethical manner not only by respecting their decisions and protecting them from harm, but also by making efforts to secure their well-being.
- Justice: ensuring reasonable, non-exploitative, and well-considered procedures are administered fairly — the fair distribution of costs and benefits to potential research participants — and equally to each person an equal share

Human research subject protection is ensured by/through:

- Minimizing the project risks: At the start of every project, the project teams use all available information to identify potential risks related to the project, including risks related to the research subjects (such as psychological, physical, legal and social risks, as well as economic hardship) and strategies are identified and discussed with the client to address each of these risks. Following the "Do no harm" philosophy, the research teams seek to maximize the research benefits, while minimizing the risks to the research subjects.
- Ensuring that the selection of subjects is fair: In accordance with the principle of Justice, the project teams use reasonable, non-exploitative, and well-considered procedures to ensure that the selection of subjects is fair.
- Voluntary and informed consent: In order to collect data from the research subjects, each subject needs to formally agree to participate to the research beforehand. Depending on the local context and requirements from the client, participants might be asked to sign an informed consent form. By the start of the interview, the respondents are aware of the fact that they can refuse to answer to any question and can at any time put an end to the interview, without losing any program services or

benefits. When interviewing underaged individuals, voluntary and informed consent must be obtained not only from the individual in question, but also from the subject's parents or guardians.

- Confidentiality: The subject data is strictly confidential and is only shared with authorized individuals. Names and other identifiable characteristics are not used in reports and the information provided by the research subjects is not linked to them. The provided answers are never shared with local judiciary or police authorities, unless there is a clear safety concern. The reporting and disclosure of cases of abuse are done in accordance with the project protection protocols and local legislation. Informing the subjects of the confidential nature of the interview and collected data is required as part of obtaining their informed consent.
- Protecting human subjects' identity: A set of measures are taken to protection human subjects' identity during and after the research project, as described in point "4. Protecting human subjects' identity" of this protocol.
- Transparency: The project teams' approach should be transparent throughout the whole evaluation process. This implies being transparent regarding the use of financial resources for conducting the evaluation, as well as regarding any issues that might have occurred during the data collection activities that might compromise the quality of the collected data. In order to avoid potential conflicts of interest, the company doesn't hire consultants who have not completed a cooling-off period of at least four months. If consultants suspect that that their former work experience might constitute a potential conflict of interest to their participation in a certain project, they are requested to notify Plan Eval prior to engaging in contractual activities.
- Specific procedures and directives when interviewing children and adolescents: Specific directives and principles should be considered when interviewing underaged subjects, in line with UNICEF's guidelines for interviewing children and young people[98]. Those principles include: Do no harm; Do not discriminate; No staging; Informed consent from the child and its parents or guardians for all types of interaction (interview; recording; picture/video); Pay attention to where and how the children are being interviewed.
- Provision of proper training in human subjects' protections for project personnel: All project team members involved in primary data collection activities should be trained on how to properly ensure human subjects' safety, in accordance with the present protocol.

4. Protecting human subjects' identity

A set of measures are taken to protection human subjects' identity during and after the research project. The level of security necessary is relative to the risk posed to the subject should personally identifiable information be inadvertently disclosed or released as a result of malfeasance.

The following measures are taken to ensure the human subjects' identity:

[98] Reporting Lines, UNICEF: https://resourcecentre.savethechildren.net/node/13739/pdf/unicef_guidelines_for_interviewing_children.pdf

- All collected data is securely stored on an external cloud server called Google Drive, which only authorized personnel have access to, in accordance with the company's Privacy Policy.
- Collect the minimum identity data needed. Identifiers should only be collected if they serve a legitimate purpose in the context of the research.
- De-identify data as soon as possible after collection and/or separate data elements into a coded data set and an identity-only data set. Coded data and identity-only data should always be stored separately in a secure location. Raw identity data should be destroyed in accordance with predetermined timeframes for storage and inquiries.
- Not all research data sets can reasonably be de-identified (for example, in a video or audio recorded interview the subject may be readily identifiable). In this case, the original research data set must be considered personally identifiable and treated accordingly.
- Secure data encryption must be used if identifiable information is: (1) stored on a networked computer or device; (2) transmitted over a network; and/or (3) stored on a removable medium (e.g., laptop computer or a USB flash drive).
- Limit access to personally identifiable information. The opportunity for human error should be reduced through limiting the number of people (both users and administrators) with access to the data and ensuring their expertise and trustworthiness. During the project implementation, access to the collected data will be limited to the members of the research team working directly with this data. After the project's implementation, access to the collected data is limited to internal members of the company and all consultants are explicitly asked to delete any locally saved version of the collected data sets.

5. Data Protection

Each research project abides by the company's Privacy Policy, which in turn abides by the EU General Data Protection (EU 2019/679) Regulation and the Brazilian Personal Data Protection Act (Lei Federal nº 13.709/2018).

The company's Privacy Policy applies to all Personal Data we process regardless of the media on which that data is stored or whether it relates to past, present and prospective employees, service providers, clients or suppliers, website users or any other Data Subject.

This protocol presents the Privacy Policy measures applicable to primary data collection activities.

5.1. What type of data do we collect?

The information collected during the interviews carried out for projects managed and developed by Plan Eval varies according to the type of assignment, and may include personal information, such as income, housing, or any other information that is relevant to the effectiveness of the work in question.

5.2. How do we collect the data?

Voluntary response to a survey/interview linked to a project.

5.3. How do we use the collected data?

We use the data collected to fulfil any contractual agreements between the subject and Plan Eval, as well as for administrative purposes related to our operation, as well as current and potential queries raised by third parties, such as clients or public authorities

5.4. How do we store the collected data?

Plan Eval securely stores the collected data on its internal database and servers which authorized personnel only have access to.

5.5. Subjects' Data Protection Rights

Data subjects are endowed with the following rights (among others provided for in the relevant legislation):

5.5.1. The right to access: the right to request Plan Eval for copies of the subject's personal data.

5.5.2. The right to rectification: the right to request that Plan Eval corrects any information the subject believes is inaccurate. The subject also has the right to request us to complete information he/she/they believe is incomplete.

5.5.3. The right to erasure: the right to request that Plan Eval erases the subject's personal data if he/she/they feel there is no reason for us continuing to process them – under certain conditions, it may not be possible to fully erase the subject's data due to contracting, auditing or legal obligations. The subject will be informed of whether this is the case.

5.5.4. The right to data portability: the right to request that Plan Eval transfers the data that we have collected to another organization or directly to the subject in an easily readable format.

5.6. All company computers have an antivirus and login password, and all external consultants are required to provide proof of updated anti-virus protection on the personal computers used during the project.

Any questions or requests for further information related to the company Primary Data Collection Protocol can be addressed to:

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Annex M: Theory of Change