UNICEF SIERRA LEONE

Country Programme Evaluation Report (2020 - 2024)

UNICEF Sierra Leone/2019/Kidd

OCTOBER 2024

Evaluation conducted by Plan Eval SRL

Fabrizio Cardoso Rigout – Team Leader
Magdalena Isaurralde – Deputy Team Leader
Rachel Machado – Health and Nutrition Expert
Abdul Kareen Lawal – SBC and WASH Expert
Cristian Maneiro – Education, ECD, Child Protection and Gender-based Violence Expert
Cristiana Martin – Qualitative Researcher
Rafael Nascimento de Castro Alves – Research Assistant
Laís Bertholino Faleiros – Project Manager
Dalan Development Consultants – Partner for data collection

CONTENTS

LIST OF TABLES

LIST OF FIGURES

ACKNOWLEDGEMENTS

LIST OF ACRONYMS

ACC	Anti-Corruption Commission
ASC	Annual School Census
ASWA-WCA	Accelerated Sanitation and Water for All in West and Central Africa
CHIS	Community Health Information System
CHW	Community Health Worker
CIMS	Covid-19 Integrated Monitoring Survey
CLAC	Climate Landscape Analysis for Children
CLTS	Community-Led Total Sanitation
CMT	Country Management Team
CO	Country Office
COAR	Country Office Annual Report
Covid-19	Coronavirus Disease 2019
CP	Country Programme
CPD	Country Programme Document
CPE	Country Programme Evaluation
CPO	Country Programme Outcome
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSA	Child Survival Action
CSO	Civil Society Organization
DHIS	District Health Information System
DHS	Demographic and Health Survey
DPG	Digital Public Goods
DSTI	Directorate of Science, Technology, and Innovation
DTP	Diphtheria, Tetanus, and Pertussis
ECD	Early Childhood Development
EGMA	Early Grade Mathematics Assessment
EGRA	Early Grade Reading Assessment
EMIS	Education Management Information System
EPSP	Evidence, Policy, and Social Protection
ERB	Ethical Review Board
ESP	Education Sector Plan
ERG	Evaluation Reference Group
ET	Evaluation Team
EVD	Ebola Virus Disease
FAO	Food and Agriculture Organization of the United Nations
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FQSE	Free Quality School Education
FTP	Fixed-term Personnel
GBV	Gender-Based Violence
GER	Gross Enrolment Rate
GHRE	Gender, Human Rights, and Equity
GoSL	Government of Sierra Leone

GPE	Global Partnership for Education
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HN	Health and Nutrition
ICCM	Integrated Community Case Management
ICT	Information and Communication Technologies
IECD	Integrated Early Childhood Development
IMAM	Integrated Management of Acute Malnutrition
IOM	Internation Organization for Migration
JSS	Primary to Junior Secondary
KII	Key Informant Interview
KRC	Key Results for Children
LAU	Learning Assessment Unit
LP	Learning Passport
M&E	Monitoring and Evaluation
MBSSE	Ministry of Basic and Senior Secondary Education
MDAs	Ministries, Departments, and Agencies
MFMR	Ministry of Fisheries and Marine Resources
MICS	Multiple Indicator Cluster Survey
MNCAH+N	Maternal, Newborn, Child & Adolescent Health, and Nutrition
MNCH	Maternal, Newborn, Child & Adolescent Health
MoGCA	Ministry of Gender and Children's Affairs
MoH	Ministry of Health
MoPED	Ministry of Planning and Economic Development
MoSW	Ministry of Social Welfare
MSG	Mothers' Support Group
MTHE	Ministry of Technical and Higher Education
MTNDP	Medium-Term National Development Plan
MWRS	Ministry of Water Resources & Sanitation
NaCSA	National Commission for Social Action
NaMED	National Monitoring and Evaluation Directorate
NDMA	National Disaster Management Agency
MTNDP	Medium-Term National Development Plan
NGO	Non-Governmental Organization
NNS	National Nutrition Survey
NSRTP	National Secretariat to Reduce Teenage Pregnancy
NSPP	National Social Protection Policy
OD	Open Defecation
ODF	Open Defecation Free
OECD-DAC	Organisation for Economic Cooperation and Development - Development Assistance Committee
OMT	Operations Management Team
OOSC	Out of School Children
PHC	Primary Health Care
PMTCT	Prevention of mother-to-child transmission
PSSNYE	Productive Social Safety Net and Youth Employment

PWDA	Persons with Disabilities Act
QAERP	Quick Action Economic Response Plan
RBM	Results-Based Management
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
SBC	Social and Behaviour Change
SDG	Sustainable Development Goal
SRGBV	School-related Gender-based Violence
SSL/Stats SL	Statistics Sierra Leone
SSN	Social Safety Net
ToC	Theory of Change
ToR	Terms of Reference
TSC	Teaching Service Commission
TTI	Teacher Training Institutions
UHC	Universal Health Coverage
UN	United Nations
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
UNEG	United Nations Evaluation Group
UNESCO	United Nations Education, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGEI	United Nations Girls' Education Initiative
UNICEF	United Nations Children's Fund
UNRCO	United Nations Resident Coordinator's Office
UNSDCF	United Nations Sustainable Development Cooperation Framework
VAC	Violence Against Children
WASH	Water, Sanitation and Hygiene
WASHCom	Water, Sanitation and Hygiene Committee
WASHIMS	Water, Sanitation and Hygiene Information Management System
WASHNORM	Water, Sanitation and Hygiene National Outcome Routine Mapping
WCARO	Regional Office for West and Central Africa
WFP	World Food Programme
WHO	World Health Organization
WSP	Water Safety Plan
WUNIEC	WHO and UNICEF Estimates of National Immunization Coverage

1. EXECUTIVE SUMMARY

This Evaluation Report presents the findings of the Country Programme Evaluation of UNICEF Sierra Leone. It covers the implementation of the Country Programme (CP) from 2020 through 2024. The CP is carried out in collaboration with the Government of Sierra Leone, and it covers five programme areas: Health and Nutrition (HN), Water Sanitation and Hygiene (WASH), Basic Education and Learning, Child Protection and Evidence, Policy and Social Policy (EPSP) plus a cross-cutting Programme Effectiveness component.

The CP's vision is "that more children and women in Sierra Leone, particularly the most deprived, will have increased access to inclusive quality health, nutrition, WASH, education and child and social protection services"[1]. It aims at realizing the rights of all children in Sierra Leone through the provision of responsive and high-quality social services. Designed to address Sierra Leone's unique context, it integrates emergency and development interventions with a primary focus on supporting sustainable development. Key strategies include promoting resilience, evidence-based advocacy, and institutional capacity building, while also engaging adolescents, fostering community-driven behavior change, leveraging resources for greater social sector investment, and advancing innovation and data-driven accountability. The programme has a nationwide geographic coverage, with a particular focus on key target districts identified based on levels of deprivation.

Evaluation Purpose and Objectives

This evaluation serves the dual purpose of learning and accountability. The evaluation's geographic scope spans the entire country, with sampled populations selected to ensure representativeness. The thematic scope focuses on assessing UNICEF's role and strategic positioning, the effectiveness of its sectoral and multi-sectoral strategies, and the mechanisms supporting efficient and convergent approaches. It also examines how coordination fosters innovation and partner participation, the integration of equity, gender, and child-focused priorities within the results framework, and the degree to which evidence-based decision-making informs the programme.

By assessing the relevance, effectiveness, efficiency, coherence, and sustainability of the implementation strategies, the evaluation will inform the design and delivery modes of the next CP for 2025-2030. 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.

Key users of the evaluation comprise UNICEF, the Government of Sierra Leone, UN Agencies, development and implementing partners, including NGOs and CSOs.

Methodology

The evaluation employed a mixed-methods approach, grounded in a theory-based framework that tests the change hypotheses underpinning the CP's interventions and strategies. Recognizing the collaborative nature of development efforts, the evaluation does not attribute outcome-level changes solely to UNICEF. Instead, it considers the enabling context, assessing whether and how UNICEF's output-level contributions influenced changes at the outcome level.

The evaluation's qualitative methods included a desk review, interviews, and focus group discussions (FGDs) to capture contextual nuances and the perspectives of UNICEF staff, government officials,

---

[1] UNICEF (2019). Country Programme Document – Sierra Leone, p.6

development and implementing partners, and rights holders. Quantitative methods involved household surveys of families with young children and analyses of existing data to identify patterns and trends. The evaluation's sample includes 46 key informant interviews with stakeholders, 54 focus group participants (9 implementing partners, 21 adolescents, and 24 caregivers), and a household survey of 715 households with children under two, using randomized, multi-stage sampling.

Findings[2]

Relevance

The CP is largely relevant to the needs of children and the most vulnerable among them by basing its programming on an evidence base of assessments (§115,116,120,121) and stakeholder consultations (§120,121); databases feature indicators that are useful for targeting. The relevance of programming has been attributed to a steady collaboration and permanent learning from government, other UN agencies and IPs from initial assessments to results-based monitoring practices such as the CP-wide Rolling Work Plans (RWPs) (§ 121).
UNICEF's quick deployment of resources during the Covid-19 emergency built from the lessons learned from the Ebola outbreak and the legitimacy it has acquired among stakeholders as a leader of emergency activity coordination, notably in WASH, health, and nutrition (§129-131). The CP has successfully demonstrated capacity to work within a humanitarian-developmental logic, having left a post-Covid legacy of structures, services, and institutional strengthening (§128,131).

Coherence

The CP strategy is coherent with the Government's Medium Term National Development Plan (§ 135,137). The Government partners extensively praise UNICEF's engagement in all stages of policy implementation. RWPs incorporate MTNDP policy cluster indicators, facilitating and promoting results-based management (§138). The CP is a success story of intersectoral work, as a result of integrating SBC programming with other sectors (§141-148), but also in Innovation and across WASH, HN and Education (§151). The response to Covid-19 further consolidated the understanding of the role that inter-sectoral work plays to increase programme efficiency and effectiveness (§152). There is ample recognition of UNICEF's leadership in joint inter-agency programming and operations (§155,159) and no evidence of duplication of efforts (§156). All three priority cross-programmatic convergence areas (early childhood development, integrated programming for adolescents and evidence generation to support systemic change) showed tangible results(§170-184).

Effectiveness

Outcome targets for 2023 have for the most part been attained, despite the challenging context of multiple emergencies. The HN Programme achieved expected outcomes for stunting and antenatal care and was close to achieving targets for appropriate care to children with pneumonia and, in the realm of nutrition, close to targets for breastfeeding and dietary diversity. However, the evaluation highlights challenges, including disparities in vaccination coverage and healthcare access, with rural areas lagging behind urban ones. Exclusive breastfeeding practices remain below target, and dietary diversity among children aged 6–23 months is limited, exacerbated by economic constraints (§ 187). WASH outcomes were either close to target or attained: coverage of drinking water, basic sanitation services, and handwashing as well as proportion and number of people practicing open defecation. Significant disparities between rural and urban areas, however exist, in open defecation prevention

---

[2] More detail about each finding may be obtained by referring to the paragraph (§) numbers in parentheses. Holding the Ctrl (or apple) key while clicking on § numbers takes one to the finding.

and access to drinking water (§ 209). Education has achieved most targets for which data are available: transition rate between primary and lower secondary education, completion rate of primary and lower secondary, and gross enrolment in pre-primary. However, challenges remain in tracking learning quality, limited data on out-of-school children, low pre-primary attendance, age-grade mismatches, and minimal parental involvement, especially in rural areas (§ 218). Child protection has performed above target in the one outcome indicator for which there is data: children who have experienced violence that are reached by social services. The evaluative evidence underscores the need to address issues such as outdated data, logistical barriers to birth registration, the prevalence of FGM, and the widespread use of physical punishment by parents (§ 238). EPSP outcome regarding children covered by social protection systems indicates that targets have been surpassed (§ 248). Analysis of its output indicators (government capacity to use data, government ability to provide child-sensitive and integrated programming, and development of evidence-based multisectoral plans) indicates that substantial progress has been made (§249-256). However, challenges remain in strengthening timely data availability, institutional capacity, financial resources, reach, and targeting.

The enabling context is largely favourable, with the Government showing political will in support of policies across the CP portfolio and openness to cooperation (§277,271) as well as budget increases in Education (§274) and an overall improvement in evidence-informed legislation (§273,378). Nonetheless, budget allocations in the social sector are low in relation to the challenges faced by the country, especially in child protection (§285). Other bottlenecks identified include modest operational capacity, which may pose a challenge to future scale-up (§276), and cultural norms that stand in the way of reducing violence against children and women (§284).

Efficiency

Funding has been sufficient for the rollout of programming throughout the CP, development, and emergency programmes. Funding grew steadily during the 2020-2022 period, when UNICEF confronted a series of health and humanitarian emergencies (§307). UNICEF was particularly efficient in using additional resources in a timely fashion to deploy supply, logistics and consultancy services during the response to Covid-19 (§309-312). UNICEF has also implemented efficiency measures such as integrating activities across sections, relying on cross-sectional experts, and investing in IT tools and a work-from-home policy so staff can be more productive (§ 322,327-328). Efficiency challenges remain in the realm of partnerships, where contracting generally takes longer than staff consider reasonable, affecting both the timeliness and the scope of programming (§324-326).

UNICEF's record of honouring and renewing its resource commitments and its willingness to work together with partners to extract the most of limited resources added to its reputation as a reliable partner and one which emphasizes cost-efficiency (§334). Given this demonstrated flexibility in adapting to implementing partner needs, the latter express interest in having UNICEF play an even more active role in the management of partnerships by building implementing partners' capacities (§335).

Sustainability

There is a positive enabling environment for government-UNICEF cooperation in policy development and implementation, but state capacity to sustain initiatives financially remains limited due to insufficient resources (§342). The scarcity of funds affects not just investment capacity but also operational costs in the policy areas of health, WASH, social welfare, and innovation. This means that continued donor funding is necessary for the upkeep of programmes, including those that came about as a result of UNICEF support (§344). On the social front, programmes that rely on community-level participation for at least part of their operation are promising in terms of sustainability as the

withdrawal of such participation implies loss of service quality (§341,344). SBC change interventions have shown long-term promise, particularly in integrated programming in WASH, education, and health (§350,356). Implementing partners confirm the relation between community involvement and sustainability but call for longer-term projects to increase the likelihood of behaviour change (§358,359).

Gender, Equity and Human Rights

Activities across the CP integrate GEHR into the planning and program execution at various levels and this continued to be the case during the Covid-19 pandemic (§365-366). The availability of gender, age and vulnerability-disaggregated data has been an enabling factor of those activities (§367). Gender-transformative programming focused on girl and women empowerment during the current CP span sections such as education, WASH, child protection, and innovation (§369-373). Efforts to overcome ingrained gender roles include the Programme to End Child Marriage and the Life Skills Dialogue, showing evidence of intention to confront structural barriers, as per UNICEF's global Gender Strategy (§373). On the human rights front, the CP has successfully advocated for the alignment of legislation with international conventions (§375). There were advances in considering the needs of children with disabilities in schools, training teachers in early identification (§379), incorporation of accessibility in digital education (§ 381), and in construction projects (§383). The availability of evidence on persons with disabilities has increased, assisting the GoSL in targeting this population (§380).

Conclusions

The evaluation results demonstrate that the CP is highly relevant to the needs of children, particularly the most vulnerable. It aligns strongly with the Government's Medium-Term National Development Plan and is recognized for UNICEF's leadership in joint inter-agency programming. Cross-programmatic convergence areas, such as early childhood development, adolescent programming, and evidence generation for systemic change, delivered tangible results.

Despite a challenging context of multiple emergencies, most programme outcome targets were achieved. Health and Nutrition met targets for stunting and antenatal care and came close to achieving targets for pneumonia care, breastfeeding, and dietary diversity, though disparities in vaccination coverage, healthcare access, and economic constraints persist. WASH outcomes, including access to drinking water, sanitation, and handwashing, met or nearly met targets, but rural-urban disparities remain, particularly in open defecation prevention. Education achieved targets for transition rates, completion rates, and gross pre-primary enrolment, though challenges persist in tracking learning quality, addressing out-of-school children, age-grade mismatches, and minimal parental involvement, especially in rural areas. Child protection exceeded its target but faces challenges with outdated data, barriers to birth registration, FGM prevalence, and widespread physical punishment. Similarly, Social Protection surpassed coverage targets and strengthened government capacity and multisectoral planning, though issues with data availability, institutional capacity, financial resources, and targeting persist.

The CP integrates GEHR across its programming, supported by disaggregated data on gender, age, and vulnerability. Gender-transformative efforts, such as the Programme to End Child Marriage and Life Skills Dialogue, focus on empowering girls and women while addressing structural barriers. UNICEF is also successfully advocating for advanced inclusion for children with disabilities by improving accessibility in schools, digital education, and construction projects, while enhancing evidence to better target these rights holders.

Funding during the CP period was sufficient to support both development and emergency programming, with steady growth from 2020 to 2022. The Country Office effectively utilized resources during the COVID-19 response, ensuring timely deployment of supplies, logistics, and consultancy services. However, delays in partnership contracting remain a challenge, affecting programme timeliness. A favorable environment for government-UNICEF collaboration in policy development and implementation is observed. However, limited state financial capacity hinders the sustainability of initiatives, necessitating continued donor support for programmes in health, WASH, social welfare, and innovation.

Lessons Learned

1.Effectiveness of Multi-Sectoral Approaches.
Combinations of bottom-up and top-down approaches, where the community-level solution is matched with a national policy framework, increase funding likelihood, as integration makes funding for scale-up more likely and the known modus operandi, costs, and benefits of these integrated interventions increase the chances of securing financial support.

2.Effectiveness of Evidence-based Tailored Technical Support to the Government.
UNICEF has demonstrated great dedication to developing evidence-based programme guidelines that speak to government needs and development goals. This level of involvement resulted in the strengthening of state capacity, as carefully chosen technical assistance helped to build the capabilities of planning units, enhancing their ability to effectively implement programmes. Customizing solutions to the national context ensures that programme guidelines are aligned with government needs and development goals, making the services for children more relevant and effective.

3. Need for Developing More Effective Fundraising Solutions and Donor Engagement Strategies
Fundraising has become a challenging task in the context of a post-pandemic gap in funds, with smaller sections struggling to maintain their programmes running at the optimal level. This experience could be considered in developing more effective fundraising solutions and partnership strategies for lower priority programmes. Enhanced donor engagement strategies can attract and retain donors, including for programmes that are not traditionally seen as priority areas, thereby broadening the funding base and providing more financial stability.

4.Efficient Cross-sectoral Convergence to Increase Productivity.
Cross-sectoral fundraising and integrated activities promote collaboration, fostering innovative approaches for the delivery of services. This leads to more creative and effective solutions that can address complex challenges more comprehensively. Integration of activities across sections can streamline operations, reducing redundancy and saving time, and lead to more efficient use of resources.

5.Leveraging Integrated Programming During Emergencies.
The CP seized the opportunity to apply its integrated programming expertise during the Covid-19 emergency. Determinant factors of success were Flexibility in Programming, allowing for rapid adjustments in response to changing circumstances, ensuring that interventions remain relevant and effective despite unforeseen challenges; and operational capacity in procurement, logistics and general operational coordination across UN agencies, ensuring that services are carried out consistently and reliably, building trust among stakeholders.

Summary of Recommendations

Table 1. Strategic recommendations - summary

Recommendation	Duty bearer
Deepen and diversify multi-sector interventions and integrated packages in cooperation with donors and UN in Sierra Leone, considering their demonstrated effectiveness in areas such as GBV, ECD, CLTS, among others.	UNICEF CMT, Donors, UN in SL
Support government partners in enhancing their capacity for sustaining social sector programmes financially by benchmarking budget allocations with best international practices and strengthening capacity in resource mobilisation and HR retention	UNICEF CO, GoSL
Maintain the multi-level engagement with government partners from policy formulation to supervision of project implementation, calibrating the level of involvement to match developing institutional capacities, and budget accordingly. In the process, consider encouraging social participation by building the capacities of NGOs as means to strengthen the community's awareness of and capacity to claim their rights to state-provided services.	UNICEF CO, implementing partners
Given the persistence of extreme poverty, GBV, VAC, and gender and regional inequities, increase efforts for enhancing social protection and inclusive access to social services via technical assistance and advocacy for child-focused public financing	UNICEF CO programme areas, CMT, UN in SL
Incorporate SBC into as much of programming as possible —drawing from development partners' expertise if necessary— given their verified effectiveness and the pervasiveness of traditional practices harmful to women and children.	UNICEF CO programme areas, CMT, UN in SL
Given the observed prevalence of open defecation, advocate for OD-targeted programming and increase technical assistance to the GoSL in that area	UNICEF CO WASH, GoSL
Close the interval gap between MICS rounds and enhance cooperation with agencies that gather relevant data to UNICEF programming	UNICEF CO, UN in SL, GoSL

Table 2. Operational recommendations - summary

Recommendation	Duty bearer
Ensure that the results framework for the next CPD features SMART indicators that can be updated regularly and inform for managerial decisions. Current WASH CPOs are a good model, with few indicators and frequent data collection	UNICEF CO, CMT
Make sure that data collection at the outcome level covers the entire geographical scope of the CP and is timed to coincide with its duration,	UNICEF CO, CMT
Consider establishing joint, cross-programmatic fundraising activities to reduce the transaction costs and maximize time dedicated to programmatic activities	UNICEF CO, CMT
Social participation was not prominently reflected in national policies, but it remains a key priority for UNICEF. Therefore, it is important to build the capacity of national partners and encourage more active involvement in community development and strengthening at the local level.	UNICEF CO programmatic areas, CSOs in SL
Consider increasing the proportion of fixed-term staff in the CO and foresee new hires for sections that are understaffed but strategic to the next CPD by weighing the workload of those sections against CP objectives	UNICEF CMT
Improve contract procedures with implementing partners by shortening ToR drafting times, streamlining contract validation processes, relying on common procurement, extending contract durations for SBC-related interventions, and introducing inflation-correcting mechanisms.	UNICEF CO Operations, CMT and progr. areas

2. CONTEXT

2.1. Background

1. UNICEF Regional Office for West and Central Africa (WCARO) commissioned the evaluation of UNICEF Sierra Leone Country Programme 2020-2024.[3] 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.[4] The terms of reference for the CPE are attached as Annex A: Terms of Reference.[5]

2.1. Development context

2. 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 5 regions, with 16 administrative districts. The population in 2023 is 8.8 million, with 39 per cent of the population aged 0-14 years.[6] In 2022, women comprised 49.9 per cent of the total population.[7]

3. 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. [8] Sierra Leone's economy remains undiversified, and the country is classified by the United Nations as a least developed country.

4. 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.

5. Sierra Leone's Human Development Index (HDI) in 2022 was 0.458, placing it in the low HDI classification. Table 3 below illustrates progress of Sierra Leone's key HDI indicators.

Table 3. Key HDI Indicators for Sierra Leone

Indicators	Values						
Human Development Index Value	*1990*	*2017*	*2018*	*2019*	*2020*	*2021*	*2022*
	0.312	*0.466*	*0.470*	*0.480*	*0.475*	*0.477*	*0.458*
Inequality Human Development Index Value	*2021*						
	0.309						

---

[3] The country programme was extended to December 2024 by decision of the UNICEF Executive Board. https://www.unicef.org/executiveboard/documents/extensions-ongoing-country-programmes-srs-2023

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

[5] Given the amount of information necessary to answer an already large number of evaluation questions and requests for additions during the validation stage, this report is longer that indicated in the ToR.

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

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

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

Indicators	Values
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 and 2023/2024

2.2. Situation of children and adolescents

6. 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[9] to 21.4% in 2020[10]. 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.

7. 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[11]. 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. According to the Climate Landscape Analysis for Children (CLAC) in Sierra Leone, climate change and other environmental hazards are leading to an increase in disease, reduction in food security,

---

[9] UNICEF Sierra Leone (2019). Country Programme Document.

[10] 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

[11] UNICEF (2022). Climate Landscape Analysis for Children in Sierra Leone.

reduction in the availability of safe water and the destruction of sanitation facilities, and an increase in the number of emergencies affecting children.[12]

8. 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[13], 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, and climate breakdown. Despite natural resource wealth, 57 out of 100 people in the country are poor.

9. The global food crisis in 2022 intensified an already dire food security situation, with 57 percent of the population considered food insecure[14]. 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 in price 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[15].

10. With a population count of 7.092.113 in 2015[16] projected to have reached 8.605.718 in 2022[17], the incidence of multidimensional poverty in Sierra Leone is 59.2%[18]. According to the last multi-dimensional child poverty analysis in 2019, a wide poverty gap was evident in children's geographic locations. Over 80% of poor children lived in rural areas, mostly in the Northern and Southern provinces of Sierra Leone[19]. Half of poor children lived in overcrowded shelters with inadequate infrastructure[20]. 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[21].

11. According to the World Bank[22], between 2011 and 2018 Sierra Leone achieved a poverty reduction from 62% 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 Gini coefficient rising from 0.53 in 2011 to 0.57 in 2018.

---

[12] Ibid. pp. 97-1

[13] WFP Sierra Leone, 2022. Annual Country Report 2022. Available online: https://docs.wfp.org/api/documents/WFP-0000147998. Original WFP source: Sierra Leone Integrated Household Survey 2018.

[14] WFP Sierra Leone Country Brief, March 2022.

[15] Ibid.

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

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

[18] UNDP (2023). Multidimensional Poverty Index 2023 - Unstacking global poverty: data for high impact action. Briefing note for countries on the 2023 Multidimensional Poverty Index: Sierra Leone, p.2

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

[20] Ibid. 2019.

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

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

12. 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[23], 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[24].

13. Sierra Leone ranks 184 out of 193 countries on the 2022 Gender Inequality Index[25]. 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[26]. Adolescent birth rate for women aged 15-19 remains at 97.9 per 1,000 women[27]. On top of being a severe health risk for young girls, adolescent pregnancy could lead them to marry early, drop out of school and miss out on educational opportunities that would help them pursue the goals of becoming empowered and independent women.

14. 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)[28]. The prevalence of any violent discipline method at home against children increased from 81.7% in 2010[29] to 86.5% in 2017[30].

15. 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[31] .

16. In 2022, according to the Annual School Census (ASC), 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[32]. 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[33]. These rates do not vary by gender (1% or less difference). The 2022 ASC further found that only 25% of 3–5-year-olds were enrolled in pre-primary schools. Lack of ECE is a contributor to many children attending the primary cycle outside of the correct age-for-grade, not progressing, and dropping out from higher grades of the primary cycle[34].

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

[24] Ibid. 2020.

[25] UNDP (2024), Human Development Report 2023/2024, p. 296

[26] 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).

[27] UNDP (2024), Human Development Report 2023/2024, p. 296

[28] MICS 2017; DHS 2017.

[29] MICS 2010, P.103

[30] MICS 2017.

[31] Ibid.

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

[33] Ibid. 2022.

[34]UNICEF Education Section, comment to the draft report.

17. The latest available MICS (2017) showed that 60% 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[35]. 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[36]. 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. Only 16% of children (15 % female and 17 % male; 2 % poorest and 39% richest) aged 7-14 had foundational reading skills, and only 12 % of children of the sage age rage (11% girls and 13% boys, 22% in urban 22 and 5% in rural locations) demonstrated foundational numeracy skills according to the 2017 MICS.

18. 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,[37], showing a decrease from 116.79 in 2018[38]. Preventable diseases as malaria, acute respiratory infections, and diarrhoea 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 97%, and over 76% delivered their babies at healthcare facilities.[39]. The maternal mortality ratio reduced from 837 in 2010 to 443 to 2020 per 100,000 live births[40]. 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%[41] to 56%[42]. 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.

19. Less than 2 % of the population aged 15-49 is HIV positive[43]. 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[44]. Fewer than two-thirds of health facilities offer prevention of mother-to-child transmission (PMTCT) services and referral systems in Sierra Leone.

20. 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[45]. Of these, around 65,000 are severely malnourished and at 9 times higher risk of dying if left untreated[46]. Children's situation is

---

[35] MICS 2017

[36] Ibid. (2017)

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

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

[39] MICS 2017

[40] 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).

[41] MICS 2017

[42] DHS 2019

[43] DHS 2019-20

[44] Ibid.

[45] 26% stunting prevalence and 5% wasting prevalence, Source: Ministry of Health and Sanitation and UNICEF. (2021). Sierra Leone National Nutrition Survey 2021. Freetown: UNICEF.

[46] Ibid.

further exacerbated by a series of destabilizing shocks, such as the ongoing war in Eastern Europe, which have negatively affected food security leading to 1.1 million people estimated to be acutely food insecure between June and August 2023[47]. 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[48].

21. Between the ages of 6 and 23 months, a sizeable 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.[49]

22. Limited health care services and water safety and sanitation issues jeopardize children's wellbeing and predispose the country to epidemics of cholera. According to the DHS carried out in 2019-2020, 67% 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[50]. Most 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[51]. 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.

23. 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[52].

24. For children to secure their fundamental rights to benefit from social programmes, including health care and child protection, they need 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[53], 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[54].

---

[47] 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)

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

[49] 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

[50] DHS 2019-20.

[51] Ibid.

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

[53] DHS 2019

[54] MICS 2017

3. EVALUATION OBJECT

Table 4. Evaluation object

Programme title	UNICEF Sierra Leone Country Programme (2020-2024)
Country	Sierra Leone
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, effects, 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 Total: 8,605,718 (data.worldbank.org estimate for 2022) Persons with disabilities: 1.4% of the adult population (MICS estimate for 2017[55])
Partners (institutional, implementing)	Donors including African Development Bank, Bill & Melinda Gates Foundation, China Aid, European Union, Gavi – The vaccine Alliance, Global Affairs Canada, Global Partnership for Education, Government of France, Government of Germany/GIZ, Government of Iceland, Government of Japan/JICA, Government of Korea, Irish Aid, Islamic Bank, The Global Fund, UK Foreign and Commonwealth Development Office/UKAid, UNICEF National Committees, United Nations Multi-Partner Trust Fund Office, United States Agency for International Development, World Bank United Nations Country Team including FAO, IOM, UNAIDS, UNDP, UNESCO, UNFPA, UN Women, WFP, WHO 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 (MoH) • Ministry of Water Resources & Sanitation (MWRS) • 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) • Anti-Corruption Commission (ACC) • National Monitoring and Evaluation Directorate (NaMED)

---

[55] Estimate for population aged 18-49; category "Has functional difficulty" ;
<https://microdata.worldbank.org/index.php/catalog/3210/datafile/F10/?offset=300>

3.1.   Theory of change

25. 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."[56] 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.

26. 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.

27. 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.

28. 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

29. 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

30. The country programme is expected to contribute to Sierra Leone's Medium-Term 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.

31. 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 which had individual programme TOCs. The theory of change was constructed by nesting section outputs into the overall ToC and adding contextual prerequisites featured in the strategy notes. There was no reconsideration of outputs or outcomes. The end result is illustrated in

---

[56] UNICEF (2019). Sierra Leone Country Programme Document, p. 6.

32. Figure 1. A larger image of the diagram below is featured as Annex M: Theory of Change.

Figure 1. High-level theory of change-Country Programme 2020-2023
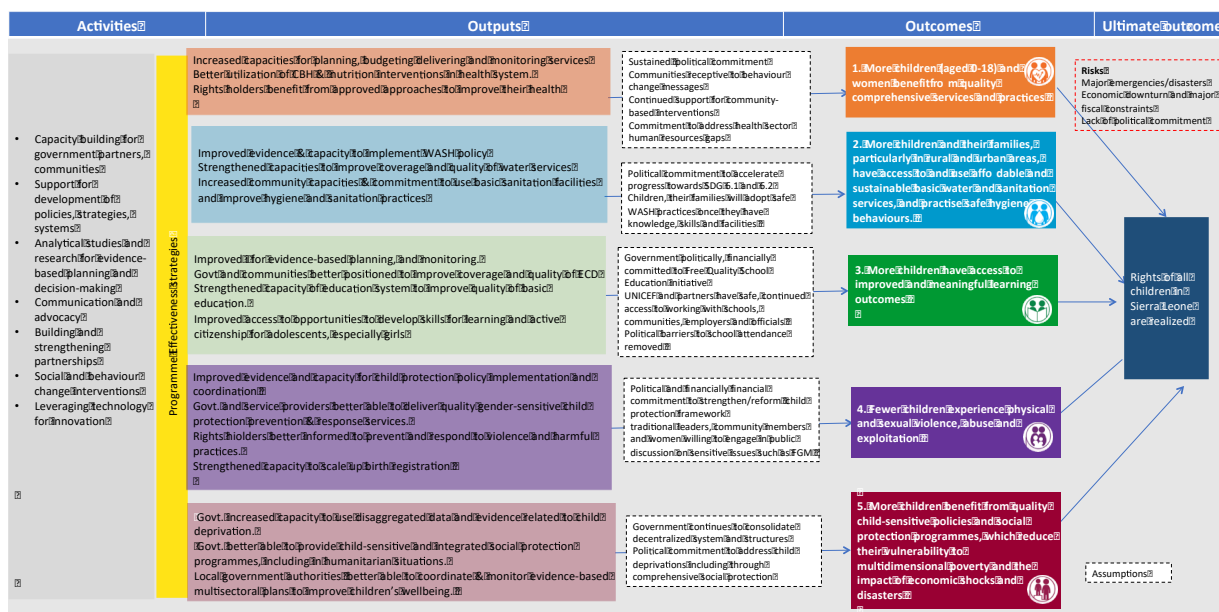
33. The CP's policy-level geographic coverage is nationwide, focusing on priority districts selected based on sectoral and cross-sectoral deprivation levels.

Table 5. CP geographic coverage

Programmes	Key Districts
Health and Nutrition	All districts
WASH	Falaba, Koinadugu, Port Loko, Bonthe, Western Area Rural and Moyamba
Basic Education and Learning	Kono, Falaba, Bonthe, Bombali, Kambia, Karene, Moyamba and Kenema
Child Protection	All districts. Interventions on harmful practices, particularly child marriage, have Kambia, Koinadugu, Falaba, Moyamba and Pujehun as key districts
Evidence, Policy and Social Protection	Kono, Bo, Karene, Tonkolili for support to rapid review of District Development Plans, DDCCs rolled out to all districts.

3.2.   Programme description

34. 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 (cross-cutting)

Health and Nutrition

35. The strategic focus of the Health and Nutrition Programme 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 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

36. 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 the 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 6. Country Programme Outcome 1: Health and Nutrition Programme

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	N/A	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%

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**
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, sanitation and hygiene (WASH)

37. The strategic focus of the WASH Programme is to strengthen the administrative and technical capacities of the Government to improve 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.

38. UNICEF's primary partners are the Ministry of Water Resources & Sanitation (MoWRS), the Ministry of Health (MoH), the Ministry of Fisheries and Marine Resources (MoFMR), Ministry of Basic and Senior Secondary Education (MoBSSE) and District Councils.

Table 7. Country Programme Outcome 2: WASH Programme

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%
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%

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
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

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 opportunities for quality continuous professional development for teachers
(e) Research and advocacy on opportunities for alternative learning and skills acquisition for out-of-school children, especially girls

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

Table 8. Country Programme Outcome 3: Basic Learning and Education

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)	2018 Total: 92%, Boys: 91 Girls: 90% (ASC 2018)	Total: 95%, Boys: 94% Girls: 93%
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 aged 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	Primary: 66.8% JSS: 48.6%	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%)	Reading: 20% (M: 20.7%; F: 19.4%)

Country Programme Outcome 3: By 2023, more children have access to improved and meaningful learning outcomes		
Outcome indicators	Baseline	CPD Target 2023
	Maths: (12.2% M: 12.9% F:11.5%)	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)[57]	33%
Percentage of children at grade 2-3 achieving minimum proficiency levels in reading and mathematics. (KRC 4.1 NEW)	6% (2021)[58]	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)[59]	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

This programme component[60] 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 and to address widespread harmful practices
- Strengthen supply and demand for birth registration and birth certificates

---

[57] Indicator only added in 2021, therefore not part of the original CPD design.
[58] Same as above
[59] Same as above
[60] UNICEF Sierra Leone Child Protection Programme Component Strategy Note for Country Programme 2020-2023

- Strengthening capacities of social and justice sector practitioners in providing psycho-social support to children and delivering child-sensitive services

40. 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, 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 9. Country Programme Outcome 4: Child Protection

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%
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

41. 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.[61]

---

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

42. 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 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 investment cases 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

43. 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 National Monitoring and Evaluation Directorate (NAMED), Ministry of Social Welfare (MoSW), and the Ministry of Planning and Economic Development (MoPED).

44. **Disability**. Since 2022 UNICEF has engaged in revising the national system for disability assessment and certification. UNICEF, along with other UN agencies, also provided technical support for the review of the Persons with Disabilities Act in 2022.

Table 10. 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 5 results
• Disasters, economic shocks, and stresses • Global, regional, or national economic crisis or downturn

Programme Effectiveness

45. 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.

46. *Social and behaviour 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.

47. *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.

48. *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. UNICEF collaborates with UNFPA on the issues of child marriage, female genital mutilation (FGM), newborn mortality and teenage pregnancy.

3.3. Partners and stakeholders

49. 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 11 shows the main partners and stakeholders of the country programme, and their interests in the country programme.

Table 11. Main partners and stakeholders of CP

Stakeholder/partner	Role and Responsibilities
Government of Sierra Leone	Collaborate with UNICEF on delivering services for children through improving the quality and strengthen institutional capacities; joint planning, implementation 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	Provide financial support to programmes, and work in partnership with UNICEF. As donors, these organizations should be interested in the effectiveness, relevance, efficiency, sustainability, impact, and value for money of the CP.
United Nations Country Team	UN agencies collaborate with UNICEF on sector programmes and cross-cutting issues of gender and disability inclusion.
Civil society organizations	CSOs serve as implementing partners in UNICEF programmes and have an advocacy role.

3.4. Resources

Financial resources

50. 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% 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%). 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**

Source: UNICEF

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

Human resources

51. As of February 2024, UNICEF Sierra Leone has a total staff complement of 135 including 22 consultants. Of these, 124 staff are 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.
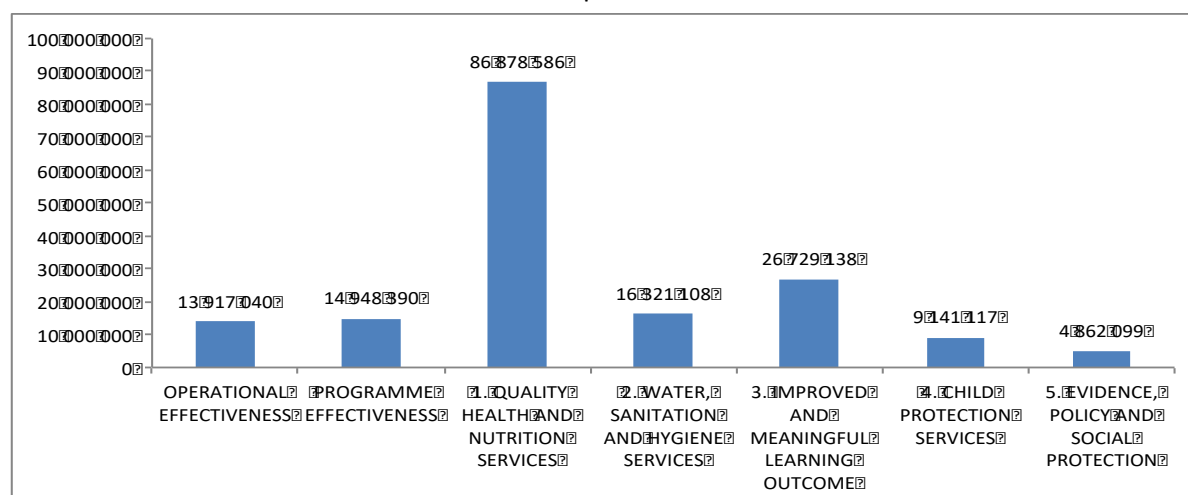
52. In checking the staff list against the organigram, the evaluation team verified personnel of 115, of which 4 UN volunteers and 18 consultants, and 11 vacancies[62]. A complete staffing table is featured in Annex P: Staff allocation as of Feb./2024.

---

[62] 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. See Annex P for details.

4. EVALUATION PURPOSE

53. 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 should 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 intended results.

54. 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 2025-2030.

55. 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.

56. 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.

57. Table 12 shows the expected users and potential uses of the evaluation.

Table 12. 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
Donors and other in-country development partners	Development partners may use the evaluation findings as input to their country strategies.
NGOs, CSOs, and other local service providers	Integrate good practices identified in the evaluation into their work, and address issues that emerged during the analysis

5. EVALUATION OBJECTIVES

58. 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 the government partners and UNICEF and other stakeholders in ensuring that the new country programme will deliver successful and sustainable results for children.

6. EVALUATION SCOPE

6.1. Thematic scope

59. The evaluation provides an in-depth analysis of the current Country Programme's development and humanitarian interventions. Specifically, the evaluation assesses 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 also covers the contributions made by operations, logistics, and supply, as these are crucial elements in ensuring that the programmes are carried out efficiently and effectively.

60. As outlined in the Terms of Reference, the following are key areas of the evaluation's thematic scope:
    - 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.
    - UNICEF's sectoral and multi-sectoral implementation strategies and ways to improve them.
    - UNICEF's mechanisms for effective and efficient promotion of multi-sectoral and convergent approaches and integrated packages.
    - 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.
    - The CP's results-based framework and the extent to which equity, gender and needs and priorities of children, adolescents are integrated.
    - The extent to which the CP's results framework is based on informed and evidence-based decision making.

61. The evaluation does 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, including limited data availability, the evaluation will not cover the impact criterion.

6.2. Geographical scope

62. The evaluation covers the country programme's sectoral and cross-sectoral activities in Sierra Leone's geographical areas where UNICEF operates as described in the Table 5. Primary data collection from rights holders via survey research took place in programme's key districts. The sampling procedure and representativeness are discussed in Section 8.5.

63. The conclusions of this evaluation are applicable to all CP's geographic locations (see Table 5. CP geographic coverage).

6.3. Chronological scope

64. The evaluation covers 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.

7. CRITERIA AND EVALUATION QUESTIONS

65. The evaluation is guided by the following OECD-DAC criteria: relevance, coherence, effectiveness, efficiency, and sustainability. In addition, it includes 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 13. In discussion with UNICEF, two evaluation questions from the ToR were discarded: ToR EQ.3.3. "What positive and negative (expected and unexpected) effects have emerged and are likely to arise due to the CP's results?" was satisfactorily answered under EQ 3.1; EQ 4.4 "To what extent were cooperation mechanisms with the government and development partners, especially in terms of innovation and participation, efficient?" could not be answered satisfactorily because it had only interview material to rely on, and the answers were not sufficiently thorough. The ToR EQ 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?" was re-categorized as a coherence question and became EQ 2.6.

Table 13. Evaluation questions as outlined in the ToR and amended

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	EQ.1.1. To what extent has the CP aligned with and met the needs and priorities of all children, especially the most vulnerable groups? EQ.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	EQ.2.1. To what extent have the government policies and programmes supported the CP's activities and vice versa? EQ.2.2. How has interoperability and intersectorality between programmes contributed to achieving the intended results? EQ.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? EQ.2.4. To what extent has UNICEF contributed to the functioning of the coordination mechanisms of the UNCT? EQ.2.5. To what extent has UNICEF contributed to the technical results groups, including the Covid-19 socio-economic response plan? EQ 2.6. To what extent were mechanisms 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? *This question was EQ. 3.2.*
Effectiveness Extent to which UNICEF achieved the country	EQ.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

Evaluation criteria	Evaluation questions
programme's intended results and will complete by the end of the programme's cycle	transformed the CP's outputs into short-term and intermediate outcomes? EQ.3.2. became EQ 2.6. EQ.3.3. *Cancelled. The results were included in EQ. 3.1.* EQ.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? EQ.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?
Efficiency Extent to which the country programme's inputs are converted into outputs and outcomes.	EQ.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? EQ.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? EQ.4.3. To what extent have UNICEF's partnership modalities contributed to achieving the CP's results in a timely manner and cost-efficiently? EQ.4.4. *Cancelled as explained above.*
Sustainability Extent to which the country programme's effects for children 's situation will continue and are likely to continue in the long run	EQ.5.1. To what extent are the CO's results sustainable financially, environmentally, and socially? EQ.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?
Gender, equity, and human rights Extent to which UNICEF integrated gender, equity, and human rights dimensions in the country programme	EQ.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? EQ.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?

7.1.   Evaluation matrix

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

8. METHODOLOGY

8.1. Approach of the evaluation

67. The evaluation follows the UNEG Norms and Standards for Evaluation and the UNEG Ethical Guidelines for Evaluation.[63] The Evaluation Team paid 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.

68. Non-experimental design, the evaluation follows 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.

69. The evaluation focused 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, when possible, the evaluation also adopted 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 sought evidence as to what may or may not have occurred in the absence of UNICEF's programme.

8.2. Methods and data collection tools

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

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

72. 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.

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

74. The evaluation followed a phased approach and was carried out in dialogue with UNICEF Sierra Leone and stakeholders at various stages of the evaluation process.

8.3. Primary data collection

---

[63] 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

Consultations

75. 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.

Key informant interviews

76. The evaluation conducted 46 interviews with key informants from government institutions, development partners, implementing partners, United Nations agencies and UNICEF.
77. Through these key informant interviews, the Evaluation Team gained 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 also explored suggestions for improvements and issues for consideration in the next country programme. Interviews were semi-structured with guides tailored for each category of key informants. The average interview time was 60 minutes. The interview guides are provided in Annexes G through J.

Focus Group Discussions

78. The evaluation team conducted gender-balanced focus group discussions (FGD) with adolescents and parents/caregivers. FGDs with implementing partners were also carried out to complement KIIs with this stakeholder group.
79. The focus group discussions provided opportunities 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 featured in Annexes D through F.

Household Survey

80. A household survey with 715 households was carried out 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 was 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.
81. The survey primarily focused on social and behaviour change and awareness raising on issues related to the wellbeing of children and adolescents. The survey included a household roster and simplified version of UNICEF - Washington Group Module on Functional Limitations that allowed data disaggregation by social and economic profile for equity-focused analysis.
82. The survey assembled first-hand data necessary to assess the country programme's influence on specific areas of the country where communities show elevated levels of deprivation intended to be addressed by the Country Programme outcomes. The survey questionnaire is to be found in Annex K.

8.4. Secondary data

83. The inception phase of the evaluation included a preliminary desk review of available documents and statistical information. The data collection phase comprised a more detailed desk review of documents to respond to the key evaluation questions and served as a means for triangulation of primary data.

Desk review

84. During the inception phase, the evaluation team performed desk reviews of all pertinent national and international reports and documentation associated with the Country Program strategic areas and workplans. A list of documents provided during the inception stage is featured in Annex Q. To carry out the analytical work, an examination of existing programme documentation, including programme documents and annual reports spanning from 2020 to 2023, was undertaken. The Desk Review encompassed an in-depth examination of the regular sectorial reports along with key research documentation. The documents consulted are referenced in the footnotes throughout this report.

Statistical data review

85. During the inception phase, the Evaluation Team conducted a comprehensive review and analysis of the available secondary data to assess the progress of the programme's indicators. The data sources used are the Demographic and Health Survey (DHS 2019), the Multi-Indicator Cluster Survey (2010 and 2017), the National Nutrition Survey (2021), WASH Norm and Sierra Leone Annual School Census (2020, 2021 and 2022). Other sources were also used for the statistical analysis, including routine data from DHIS2 to triangulate with the information stemming from the surveys. Finally, the evaluation team also conducted an analysis of routine data concerning birth registration and justice for children. The aim of the exercise was to assess progress in improving the living conditions of Sierra Leone's children and women. The Evaluation Team also conducted a trend analysis and presented the preliminary findings at the Strategic Moment of Reflection Workshop of the Country Office on 5 December 2023.

8.5.   Samples

Key informant interviews

86. 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. Forty-six informant interviews were conducted online. The table below shows the number of key informants interviewed for each category of stakeholders. Mapping of key informants is shown in Annex N:

Table 14. Sample of Key Informant Interviews

	Government partners		UNICEF		UN in Sierra Leone		Non-UN Development partners / Donors		Implementing partners	
	M	F	M	F	M	F	M	F	M	F
Health and Nutrition	2	3	1	3[64]	2	1			1	
WASH	3	0	1					1	1	
Education	1	1		1				1		
Child Protection	1	1		1					2	
EPSP	1			1		1	1			
Innovation	1		1		1					
SBC/Gender	1			1		1				1
Operations	-	-	1	3						
Senior Management			1	1						
M/F	10	5	5	11	3	3	1	2	4	1
Total	15		16		6		3		5	

Focus Group Discussions

87. FGD1 with caregivers in urban settings took place in Kroo Bay, with 8 women and 4 men, in a community salon. FGD2, also with caregivers but in a rural area, was held in Port Loko, with 8 women and 4 men. FGD3 with adolescents aged 11-15 was carried out in Susan Bay with 6 girls and 3 boys participating. FGD4 with rural-dwelling adolescents was held in Port Loko with 5 boys and 7 girls in the 10–15-year-old range.

88. The programme manager of implementing partner Focus 1000 was contacted by the evaluation team to provide a comprehensive list of both participant categories (FGDs with caregivers and adolescents) for the selected communities. Participants were part of Focus 1000 programs implemented with the support of UNICEF (Peace Building Fund, consisting of Life Skills dialogues for adolescents, and breastfeeding and early child health support for caregivers). This list was provided and shared with the local data collection provider for the recruitment of participants.

89. A systematic randomized sampling approach was used, making phone calls to participants at an interval of 5 from the list and informing them about the engagement. Initially, 20 participants were called and the mentors in each community were contacted to help bring them in an open field to select only 12 for the FGD.

90. Ballot papers were written, and participants select one ballot at a time randomly until the 12 participants emerged, which were verified to be gender balanced. The venue and time for each engagement were communicated to participants a day before the actual engagement.

91. Finally, FGD5 with implementing partners was held in Freetown to complement KII data with these stakeholders.

---

[64] One H&N interview featured a group of M and F

Table 15. Sample of Focus Group Discussions

Focus Group	Topics	Setting	Location	Men/ Boys	Women/ Girls
1 – Caregivers	Maternal and child health, Nutrition, Education, Child protection	Urban	Kroo Bay	4	8
2 – Caregivers		Rural	Port Loko	4	8
3 – Adolescents	Education, Health and Nutrition during menstrual cycle, Child protection, WASH	Urban	Susan Bay	3	6
4 – Adolescents		Rural	Port Loko	5	7
5 – Implementing partners	Coherence, Relevance, Efficiency and Effectiveness of CP	-	UNICEF Freetown	7	2

Household Survey

92. A simple random sample of 610 respondents proportional to the population size of districts was initially **planned**. The criterion of presence of at least one child under two was adopted, as per agreement with UNICEF, 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 would therefore be representative of Sierra Leonean households with children in that age range.

93. The proposed sample size corresponded 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.

94. The sampling was initially conducted with demographic representativeness based on the 2021 census data. As mentioned, the plan involved collecting 610 questionnaires nationwide and conducting a pilot study (of an indefinite number) in the Western Area Urban . Since the pilot results met acceptable quality standards, 105 additional inputs were incorporated into the initially planned total, resulting in an overrepresentation of the Western Urban area. The **resulting sample** consists of **715** households. There was one respondent per household, of whom 25% were women and 75% men. Given the aforementioned parameters, the resulting sampling error is 2.60%, as per

$$\delta^2 = \frac{z_{95\%} S^2 [N - n]}{N \cdot n}$$

Where:

- δ: sampling error
- $z_{95\%} = 1.96$: Standardized normal inverse at 95%.
- $S^2 = 0.25$: maximum variance.
- $n = \mathbf{715}$: sample
- N=7541641: Population

$$\delta^2 = \frac{1.96 \cdot 0.25 [7541641 - 715]}{7541641 \cdot 715}$$

95. The sampling was carried out in three stages: first, we drew 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 drew one chiefdom/council. If between 11 and 20, two chiefdoms/councils, and so on. The second stage was a randomization of communities within each chiefdom/council. The third stage consisted of randomizing households on the community itself.

96. Finally, the selection criteria of existence of at least one child below the age of 2 was applied. A sizeable portion of the questions specifically pertained to this age group; however, the questionnaire also addressed a broader population.

97. Regarding the distribution by urban and rural zones, approximately 70% of the sample belongs to the rural areas.

Figure 4. Distribution of the survey sample by urban/rural (%)
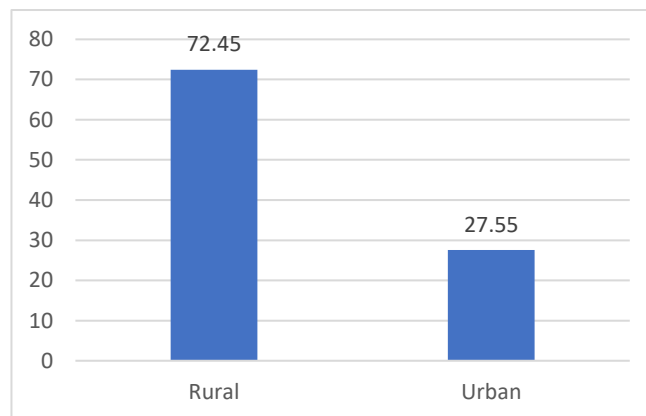
98. The distribution of observations by district is as follows, including the addition of questionnaires in Western Urban from the pilot:

Figure 5. Distribution of the survey sample by district (%)
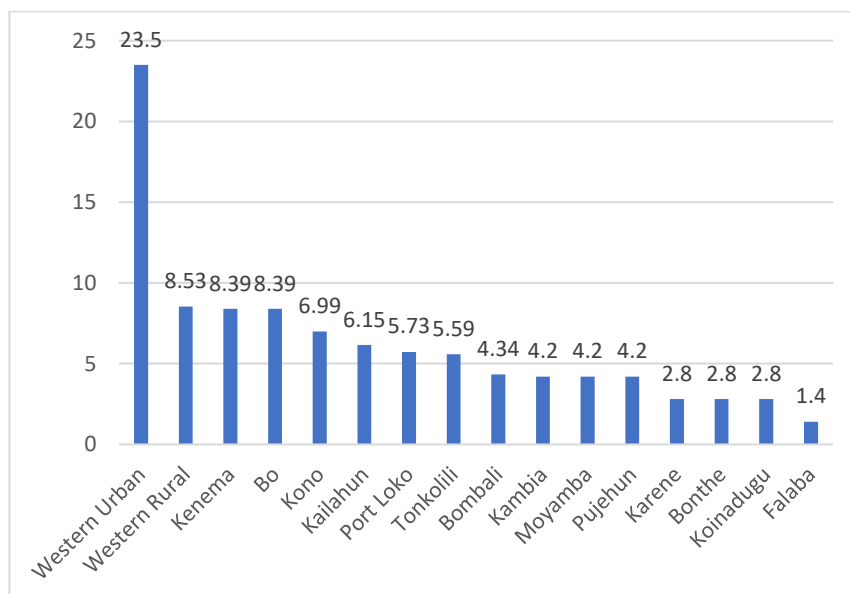
At the national level, the average household comprises 7 people. Urban dwellings are slightly smaller in number of inhabitants, averaging 6 people per household. Zooming in to the district level, Pujehun

boasts an average of 10 people per household, whereas Tonkolili has an average of 9 people per household.

99. As to the gender of the respondents surveyed, 25% were women against 74.9% men.

100. The household survey integrated disability by using simplified UNICEF-Washington Group (WG) Child/Adult Functioning Modules. These modules cover key domains such as i) vision, ii) hearing, iii) concentration, and iv) self-care (e.g., dressing). The survey results indicated that in 3.5% of households, at least one individual experienced a functional limitation in one or more of these domains.

101. The full survey results are reported in a separate publication[65]. Only the survey data pertinent to this evaluation, as per Annex C: Evaluation matrix, are featured in this report.

8.6. Data analysis and quality assurance

102. Qualitative data from interviews were organized in an evidence matrix where relevant passages were inserted into worksheets with tabs coded according to stakeholder profile, lines coded per interviewee (anonymized) and columns coded per evaluation dimension.

103. Data from focus groups were coded in a separate worksheet and cross-referenced by evaluation dimension to the KII worksheet.

104. Data from the desk review were turned into narratives describing how UNICEF-supported interventions brought about the desired results given the enabling contexts. These data were then integrated into the Findings section and triangulated manually with information from the interviews and key informant interviews. All sources are quoted in the footnotes.

105. The household survey utilized the KOBO tool for data collection and preliminary processing. Consistency checks were performed daily verifying critical variables such as duration of questionnaire application, geographical variables, average questionnaire application time per enumerator, existence of missing variables and incompatible demographics. Inconsistent returns were rejected and the concerned households re-visited. Results underwent processing and analysis in STATA.

106. The means and methods for quality assurance employed are described in detail in Annex L: Primary Data Collection Protocol.

8.7. Ethical considerations and evaluation principles

107. 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[66], and additional ethical guidelines described next. Throughout the evaluative process, the research team abided by the European Union General Data Protection (EU 2019/679) guidelines for collecting and using human subjects' data. The instruments for data collection and consent/assent forms required were revised and approved by the Ethical Review Board (ERB) prior to field missions. The letter of approval is available in Annex O.

---

[65] UNICEF Sierra Leone (2024). Survey Report – UNICEF Sierra Leone Country Programme Evaluation

[66] 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.

108.The data collection team followed the company's Annex L: 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 followed an ethical review approval process and included explanations and relevant documentation in relation to this in all the guides used by the consultants and enumerators.

109.Each subject formally agreed to participate to the research beforehand. Participants were asked to sign an informed consent form. In case of remote interviews, consent was given orally. By the start of each interview and FGD, the respondents knew they could refuse to answer to any question and could at any time put an end to the interview or FGD, without losing any program services or benefits. When underage people were consulted, voluntary and informed consent was obtained. Informing the subjects of the confidential nature of the interview and collected data was required as part of obtaining their informed consent.

110.Children and Adolescent's safety and well-being were prioritised, and data confidentiality and anonymity were protected, following the guidelines for ethics research from UNICEF.[67] Potential harm was 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.

8.8. Limitations and mitigation measures

111.The Evaluation Team conducted a short evaluability assessment 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 assessment is presented in Annex B: Evaluability assessment. It complements the Evaluability Assessment of the CPD carried out in 2023[68].

112.The timeframe allotted for the evaluation, in practice, was a major constraint, but the challenge was met. The Terms of Reference indicated that data collection and analysis would take approximately 40 days but has been reduced to 20-25 days. Data were successfully collected in the allotted period.

Table 16. Limitations and mitigation strategies

Limitations and Constraints of the Evaluation	Mitigation strategies deployed
Reduced timeframe of contract implementation to meet the timeline of the new Country Programme development process.	Increased number of enumerators to accelerate the data collection. Anticipate data collection phases that will answer most EQs (KIIs and desk review).
Trouble reaching government partners for KIIs: many confirmed their presence but did not show up to be interviewed.	The list of government interviewees was expanded; UNICEF intervened to reinforce the importance of the evaluation.
Large data volume generated entailed a longer analysis period than anticipated.	Survey results and partial versions of the evaluation report were delivered prior to completion of evaluation for incorporation into the next CPD strategy.

---

[67] UNICEF (2015). Procedure for ethical standards in research, evaluation, data collection and analysis
[68] UNICEF Sierra Leone Country Office (2023) Evaluability Assessment of UNICEF Sierra Leone Country Programme (2020-2023).

Limitations and Constraints of the Evaluation	Mitigation strategies deployed
Lack of data on some programme outcome indicators.	Household survey filled some gaps to the extent possible.
Lack of data on cost-efficiency.	Used RWPs to extract data on requested versus secured funding and used KIIs to produce information on efficiency from the perspective of section leaders and operations staff.
Gender imbalance in the household survey. The survey primarily targeted heads of households, who are often men in the surveyed locations. Due to time constraints and the need to prioritize efficiency, achieving equal gender representation among respondents was not feasible.	The household roster data collected during the survey includes detailed information on all household members. This allows the data to provide a representative picture of the situation of both female and male rights holders in the surveyed locations.

9. FINDINGS AND PRELIMINARY CONCLUSIONS

9.1. Relevance

EQ 1.1. To what extent has the CP aligned with and met the needs and priorities of all children, especially the most vulnerable groups?

113. The program effectively integrated the needs and priorities of rights holders, especially the most vulnerable population, through several strategies:
     - Diagnostic Evidence: Reliance on disaggregated data by gender, age, and location helped identify and address the needs of vulnerable groups, ensuring programmatic relevance.
     - Sanitation and Water Interventions: Focused on accessibility for children with disabilities and provided gender-specific facilities and educational materials.
     - Child Protection Programming: Included targeted initiatives such as support for the Teenage Pregnancy Secretariat, a toll-free GBV response line, and child-friendly legal access, all based on vulnerability assessments.
     - Collaboration for Disability Inclusion: Partnered with UN agencies to advocate for the rights of vulnerable children and address issues like school-related gender-based violence.
     - Relevance of Programming: Implementing partners confirmed the program's pertinence, particularly in addressing violence against children, teenage pregnancy, and election-related violence.
     - NGO Collaboration: Worked with NGOs on immunization, life skills training, positive parenting, and campaigns against child marriage, focusing on vulnerable communities.
     - Education Initiatives: Emphasized data-driven priorities, supported policies for inclusive education, and engaged local stakeholders to ensure relevance.
     - Monitoring and Work Plans: Established yearly work plans with disaggregated data to monitor progress and target the most vulnerable groups.
     - Health and Nutrition: Conducted studies to inform policy revisions and targeted health services, although gaps were noted in antenatal and postnatal care.

114. A common feature of the implementation strategy of the programmatic sectors evaluated was their reliance on diagnostic evidence to plan their interventions. The Common Country Assessment and a series of sector-specific situational analysis and studies feature disaggregated data on the most vulnerable groups, at a minimum by gender, age, and location (rural/urban). The widespread use of diagnostic data prior to intervention across CP sectors has been a key driver of alignment with the priorities of vulnerable children, and therefore of programmatic relevance.

115. In sanitation and water interventions, there was a strong concern with catering to children with disabilities, with accessibility ramps for latrines, separate girls' toilets in schools, girl-specific educational material, and the targeting of high vulnerability districts[69].

116. In the planning of child protection programming, examples of targeting for vulnerability abound. Noteworthy initiatives in child protection based on relevance assessments include backing for the Teenage Pregnancy Secretariat, the establishment of a toll-free line for Gender-Based Violence (GBV) response, the Joint Programme to End Child Marriage, Gender-based Violence and Information Management System (GBVIMS), and child and adolescent-friendly access to justice through the Legal Aid board , to cite just a few examples of evidence-based policy targeting.

---

[69] UNICEF (2021). ASWA Summative evaluation, p.37

117. UNICEF collaborated with UNDP and UNFPA in two joint programmes. One in disability inclusion and another to combat child marriage and advocate for the rights of vulnerable children[70]. Both were strongly evidence-based. A study commissioned by UNICEF identified the main forms of SRGBV in schools, namely corporal punishment by teachers, sexual harassment, and abuse of female students by teachers, peers and community members, and physical and emotional bullying among peers[71].

118. Implementing partners who work with UNICEF in child protection confirm the deep relevance of UNICEF's programming. They emphasize the importance of positive parenting initiatives in addressing the root causes of violence against children, which existing data indicate is frequently committed by parents and caregivers, especially towards children aged 0-5. They also emphasize the importance of preventing teenage pregnancy, which is often linked to risky sexual behavior and is a major contributor to school dropouts. Similarly, they highlight the need to address election-related violence, which has been associated with the incarceration of young people and children[72].

119. UNICEF has collaborated with several NGOs such as Defence for Children International (DCI) and Focus 100 on Social and Behaviour Change. Of note is the collaboration with Focus 100 on areas such as immunization, life skills training, positive parenting education, engaging adolescents and parents in life skills programs, and implementing campaigns to end child marriage. These efforts aimed at improving the health and well-being of children and adolescents by targeting vulnerable communities[73].

120. In Education there has been heavy emphasis on data-driven priority determination stemming from both large-scale surveys and contextual learning at the local level. UNICEF has supported a study on out of school children that informed government policy priorities in that area, such as the National Policy on Radical Inclusion in Schools 2021 (a complement to the FQSE) that aims to guarantee that all boys and girls, especially those who are normally marginalized or excluded, have access to and inclusion in schools throughout Sierra Leone[74]. The Out of School Children Study (OOSC) shows that girls drop out of school at a higher rate which can be attributed to the intersection of poverty and gender norms, involving issues such as transactional sex, early marriage, and the burden of having to perform a disproportionate share of household chores. To ensure the relevance of its programming, the education section has engaged with district authorities as well as CSOs, parents, teachers, and particularly children and adolescents in focus group discussions with youth and children[75].

121. To implement the Country Programme and monitor the progress of services for children and women, the Sierra Leone government and UNICEF establish yearly rolling work plans (RWP) for all sections. The work plans outline primary outputs, their respective activities, goals, and means of verification, with data disaggregated to a level that allows the identification and targeting of the most vulnerable groups.

122. Such work plans include assessments that seek to ensure that the supported activities are in line with the country's needs. In Health and Nutrition (HN), for example, four studies were carried out to generate evidence which sustained the recommendations for HN policy revision at the country level, the development of training and implementation plans[76]. The studies informed the program on the country's situation with respect to the fulfilment of the rights of children and adolescents (comprising sexual and reproductive health, access to health care, breastfeeding practices, anaemia, and early child feeding practices); reassessed the population of children, pregnant women, and women of reproductive age on anthropometric and micronutrient nutritional status, prevalence of malaria,

---

[70] Interview 19 – Donor

[71] USAID and UNICEF (2022). Action research project on school-related gender-based violence and implementation of the minimum standards in Sierra Leone

[72] FGD with implementing partners

[73] Interview 5 – Implementing partner

[74] Government of Sierra Leone (2021). National Strategy for Out-of-School Children in Sierra Leone

[75] Interview 2 – UNICEF

[76] IMNCI Health Facility Survey Report (2020), Sierra Leone National Nutrition Survey (NNS, 2021) , Situation Analysis of Children and Adolescents in Sierra Leone (2022-2023); Formative Research on adolescent nutrition, health and support systems (2023)

access to food and fortified foods, food insecurity, dietary and diversity intake, malnutrition, mortality, morbidity, breastfeeding and WASH indicators; evaluated health facilities to measure and compare the IMNCI quality of care in primary health care facilities and mapped the determinants of adolescent health and nutrition and related support systems (regarding psychosocial, sociological, economic, cultural and environmental determinants of adolescent health and nutrition practices). UNICEF-supported HN studies offered data for discussion, result comparisons and assessments[77]in support of policy formulation[78]. Duty-bearers have revised policies to hire, train and integrate community health workers into community and other action plans, and drafted an additional report describing the strategies implemented to achieve the objectives[79]. In terms of relevance gaps in the HN section, it was pointed out that UNICEF could target more intensively antenatal and postnatal services, including baby care units, attention to pregnant and lactating women[80].

123. The program effectively addressed the needs and priorities of children, which remain highly relevant. The program's design and implementation comprehensively covered these needs and contextual factors, as confirmed in discussions with rights holders. For instance, there is a heightened awareness of improvements in healthcare services, increased knowledge of quality care for pregnant women, and better understanding of breastfeeding and WASH practices.

124. While awareness about the wellbeing of mothers and children has improved, household survey results indicate that breastfeeding prevalence and minimum dietary diversity still fall short of UNICEF's standards. Discussions also highlighted many other relevant issues, further underscoring the relevance of the Country Programme's implementation strategies and the necessity of continuing to address these areas.

125. In sum, all CP sections deploy evidence-based activities from initial assessments to work plans that are aimed at targeting interventions to priority groups. A longer assessment of the planning pieces produced to support policy targeting is provided under EQ 2.6 as well as the Effectiveness section.

EQ 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?

126. The CP has demonstrated institutional capacity to adapt its operations to emergency situations by mobilizing its partner network and build on existing programming. UNICEF remained agile and able to respond to the impacts of emergencies, including COVID-19 pandemic. Partnerships with government, implementing partners, other UN agencies and the World Bank ensured a coordinated approach and leveraging the strengths and resources of the different stakeholders.

127. Given the primacy of WASH, HN, risk communication and community engagement in public health emergencies, UNICEF was called upon to lead the response in that area during the Covid-19 pandemic in coordination with WHO, UNDP and international NGOs working under the National Public Health Agency (then EOC)[81].

---

[77] Ministry of Health and Sanitation (Sierra Leone), UNICEF, Helen Keller International, and WHO. 2013 Sierra Leone Micronutrient Survey. Freetown, Sierra Leone; 2015.
Ministry of Health and Sanitation (Sierra Leone), UNICEF, Kit Royal Tropical institute & Dalan development consultants. National Mixed methods study on KAP and barriers on maternal, infant, and young child nutrition in SL. Sierra Leone; 2019

[78] National community health worker policy (2021); Sierra Leone National Nutrition Policy (2022 – 2030); Sierra Leone RMNCAH and Nutrition Strategy 2017 to 2025; Child survival action plan (2023-25)

[79] Maternal, Infant and Young Child Nutrition (MIYCN) Social and Behaviour Change Communication (SBCC) Strategy (2021-25)

[80] Interview 8 – UNICEF

[81] Interview 3 – UNICEF

128. UNICEF also provided technical assistance to the NDMA to ensure timely support with counselling and stimulation for children, as well as access to basic social services[82]. In testament to its ability to adapt its programming to a combined humanitarian-development nexus, UNICEF supported the building of three oxygen plants, originally intended to treat Covid-19 cases but now used for other treatments as well[83]. Support to the government in Covid-19 vaccination resulted in more health facilities being equipped and trained to perform vaccinations in general. The deployment of a cash transfer programme in partnership with the World Bank and the government during the emergency laid the groundwork for establishment of such a programme on a more permanent basis, via the COVID Response Plan[84].

129. As part of the UN Covid-19 Socioeconomic Response Plan UNICEF committed to supporting the provision of essential health services such as vaccination programmes, sexual and reproductive health, and nutrition programmes to 2,168,798 people ; reaching 100,000 people with critical WASH supplies ; benefitting 572,718 people with social protection schemes ; reaching 1,800,000 people through awareness and advocacy campaigns ; facilitating access to GBV risk mitigation, prevention or response interventions to 300,500 women, girls and boys ; and facilitating social dialogue events, advocacy and political engagement spaces with 350,000 at-risk people[85].

130. The GoSL implemented the Covid-19 Quick Action Economic Response Programme (QAERP)[86] with close technical and operational support from UNICEF. The QAERP was designed with a core concern for relevance with GoSL and UN strategic objectives alike. It was guided "by the principle of ensuring an effective response to the crises within the continued implementation of the country's Medium-Term National Development (2019-2023), which effectively operationalizes the SDGs on the ground"[87].

131. The relevance of UNICEF's support to emergency planning has been highlighted by several interviewees. Government partners praised its support to planning, developing and implementing risk communication and community engagement activities[88], emergency preparedness strategies, including support to the development of a national plan[89] and its swiftness in deploying emergency structures such as treatment centres, logistics and procurement of materials and services (UNICEF was the overall supply coordinator during the Covid-19 emergency)[90]. The expertise acquired during the successful containment of the Ebola crisis was highlighted as a major driver of the quality of UNICEF and government emergency response[91].

132. At the UN Country Team level, UNICEF was also praised for its leadership in information management and communication:

> *"Their updates in terms of hotspots, response to vaccine intake, the spread and extent of COVID [infections] and the support required in terms of recovery was very instrumental, very helpful."[92]*

---

[82] UNICEF (2022) Country Office Annual Report, p. 3

[83] Ibid.

[84] Interview 4 – Donor

[85] United Nations Sierra Leone (2020). UN Socio-economic Response Plan Results Matrix (Volume 2). The attainment of these targets could not been verified.

[86] Government of Sierra Leone, 'COVID-19 Quick Action Economic Response Programme (QAERP)', March 2020.

[87] UN Department of Economic and Social Affairs (n/d). Accelerating implementation of the COVID-19 Quick Action Economic Response Programme (QAERP) within the Sierra Leone Medium-Term National Development Plan.

[88] Interview 18 – Government partner

[89] Interviews 24, 31, 34, 35 – Government partners

[90] Interviews 30, 31, 35 – Government partners

[91] UNICEF (2020) Country Office Annual Narrative Report, p.1

[92] Interview 43 – UN

133. Amidst the positive views of UNICEF's programming adaptability in emergencies, there was concern by some stakeholders that UNICEF sometimes respond a bit late. For example, a government stakeholder opined that in a disaster situation, children need immediate support in the form of shelter, food, and basic services, and that there are times when this kind of support comes in a bit late[93]. UNICEF staff heard on the matter acknowledge that at the UN emergency preparedness and response group and national inter-pillar coordination they have identified this challenge and dived deeply into it. Previous responses have been challenged with having required data to help provide adequate response. According to UNICEF staff, the data collection and analysis window is quite large and they are working with national agencies and volunteers for capacity building that enhance timely data collection and reporting, which in turn will allow for a quicker response[94].

> **Preliminary Conclusions**
>
> **REL 1:** The CP was largely relevant to the needs of children and the most vulnerable among them by basing its programming on an evidence base of assessments (§ 115,116,120,121) and stakeholder consultations (§ 120,121); databases feature indicators that are useful for targeting. The relevance of programming has been attributed to a steady collaboration and permanent learning from government, other UN agencies and implementing partners from initial assessments to results-based monitoring practices such as the CP-wide Rolling Work Plans (RWPs) (§ 121).
>
> **REL 2:** UNICEF's quick deployment of resources during the Covid-19 emergency built from the lessons learned from the Ebola outbreak and the legitimacy it has acquired among stakeholders as a leader of emergency activity coordination, notably in WASH, health, and nutrition (§129-131). The CP has successfully demonstrated capacity to work within a humanitarian-developmental logic, having left a post-Covid legacy of structures, services, and institutional strengthening (§ 128,131).

9.2. Coherence

EQ 2.1. To what extent have the government policies and programmes supported the CP's activities and vice versa?

134. Government partners universally praise the quality of UNICEF's programming and its alignment with their policy instruments, notably the Sierra Leone Medium-term National Development Plan (MTNDP). Interviews with GoSL partners reveal a unanimous perception that UNICEF adheres to government priorities at ministerial and national planning levels[95]. Likewise, UNICEF staff confirm that government agencies whose activities intersect with UNICEF's mandates do take part in CP activities when invited.

135. Within its mandate, UNICEF has been keen to abide by the MTNDP. In particular, the output and outcome indicators tracked in the RWPs feature correspondence to those of the MTNDP's policy clusters as well as SDGs.

136. The close alignment between the CP and the government's priorities is illustrated by this excerpt where the interviewee emphasizes the symmetrical relationship both parties have built in their results-based programming:

> *"We've just recently developed the child protection country program that fits into the UNICEF broader program. It is built jointly with UNICEF because we take*

---

[93] Interview 36 – Government partner
[94] Comment to v. 1.1 of this report
[95] Interviews 6, 18, 24, 26-28, 30, 31, 34-39, 41, 45

> *it from the government angle and also align with the UN broader [plan] because everything is geared towards the SDG's. (…) So, we collectively build that. It's not that UNICEF dictates, and we agree, but rather we look at country priorities and see opportunities (…) to work together."[96]*

137. The 2020-2023 (now extended to 2024) Country Programme Document was designed to be in alignment with the objectives of the MTNDP for 2019-2023. The Plan foresaw eight policy clusters: 1-human capital development; 2-diversifying the economy and promoting growth; 3-infrastructure and economic competitiveness; 4-governance and accountability for results; 5-empowering women, children and persons with disability; 6-youth employment, sports and migration; 7-adressing vulnerabilities and building resilience; 8-plan implementation.[97] Analysing both documents, we find that CP priorities cohere with the MTNDP as follows:

   A. For the scaling up strategies: (a) strengthening the community health worker (CHW) programme and supply chain for primary health care (PHC) and (b) improving infant and young child feeding practices are in line with the health care improvement goal (MTNDP goal 1.3) of policy cluster 1; (c) ending open defecation falls into policy goal environmental sanitation and hygiene (1.4) of policy cluster 1; (d) improving access to pre-primary education and learning outcomes dovetails with free quality basic and senior secondary education (1.1); (e) strengthening the child protection system aligns with the children and adolescents (5.2) goal of policy cluster 5; and (f) expanding the social safety net with its namesake goal (1.5) also under cluster 1.

   B. Complementing its scale-up strategies, the current CP proposed to address "system-wide bottlenecks" by means of seven strategies. Four of them are in line with the MTNDP, namely (a) completing the transition from humanitarian response to development while promoting emergency preparedness and increasing resilience, which corresponds to MTNDP cluster 7 (goal 7.1 for building environmental resilience and 7.3 for improved disaster management governance); (b) reaching scale and impact through evidence and strategic advocacy, (c) strengthening institutional capacities to deliver quality services, and (g) promoting innovation and use of data for effective planning, monitoring and accountability, which cut across goals in cluster 4 related to governance and accountability.

   C. Three strategies related to social participation and civil society development do not find direct correspondence in the text of the MTNDP: (d) programming for and with adolescents; (e) fostering parenting and community-led dialogue to address social norms and behaviour change; and (f) leveraging resources and influencing public financing for increased investments in social sectors. The MTNDP document speaks of policy action "[to] develop political inclusion and participatory policies" under the governance cluster; however, the targets set therein refer to civic education and emphasize social cohesion rather than social participation: "eliminating anomalies… inconsistent with the developmental state", "improve public knowledge on civic responsibilities and obligations" and "create a critical mass of Sierra Leoneans with knowledge about political issues and the developmental state model".[98] According to UNICEF staff, the CP has now provided support in engaging youth and adolescent participation in the development of the CPD 2025-2030, well as the MTNDP 2024-2030 and Youth on Climate Change Actions[99].

---

[96] Interview 34 – Government partner

[97] Government of Sierra Leone (2019). Sierra Leone's Medium-Term National Development Plan (2019-2023), Vol. I

[98] Ibid., p.118

[99] UNICEF Comment to an earlier draft of this report

138. In terms of the quality of UNICEF support, more than a few government interviewees at the ministerial level welcomed the high level of involvement and especially their hands-on, technically informed approach. Here is one such example that summarizes a point made across policy sectors:

> *"They helped us develop policies, train people, raise awareness. And physical infrastructure (…) I can say 70% to 80% has been supported by UNICEF. So, we heavily rely on UNICEF. (…) What is distinct about them comparatively is that they speak in terms of operations, in terms of implementation while some other agencies are more general."*[100]

139. Leveraging its emphasis on innovation, during the current CP UNICEF supported numerous government initiatives across various sectors, using digital public goods (DPGs) to advance education, health, child protection, and gender equality, among other areas. UNICEF's role was multifaceted, including the implementation and scaling of DPGs, event hosting, and the creation of support infrastructure for these digital initiatives. UNICEF was also involved in implementing and contributing to sectoral and cross-sectoral DPGs in health, WASH, child protection, education, Social and Behaviour Change, and gender equality[101].

140. The government of Sierra Leone has exhibited commitment to fostering innovation and embracing digital education, as illustrated by partnerships such as that with UNICEF and the establishment of the Directorate of Science, Technology, and Innovation (DSTI). This has been in line with national objectives that prioritize technological connectivity and digital literacy, especially among disenfranchised communities. However, the political ambition was sometimes overshadowed by the country's infrastructural and systemic educational challenges, limiting the scope and impact of these interventions (See Effectiveness, ahead).

EQ 2.2. How has interoperability and intersectorality between programmes contributed to achieving the intended results?

141. Linkages across CP outcomes were identified, and cross-cutting issues and strategies, with more progress to be made in the innovation area, were adequately integrated into the programme's sectoral components. These linkages are grounded in the thematic needs of each programme and the contextual factors in which the UNICEF team operates. During the planning phase of each implementation year, the programme sections identify, and integrate time-bound, costed and specific indicators and cross-sectoral activities tailored to the needs of their work plans. This section of the report provides several examples thereof, further emphasizing the importance of intersectoral collaboration in achieving results.

142. Successful operations occurred across CP sectors. A catalysing driver of intersectoral collaboration has been UNICEF's Social and Behaviour Change (SBC) as well as its Innovation sections. With SBC, the Education section has worked at the community level to change assumptions about gender norms that affect access to schools contributing to a communications strategy by the UN Girls' Education Initiative - UNGEI (Social Norms to Girls Education, 2023)[102]. SBC also produced education research reports like the Radio Content Assessment and contributed to strategic pieces: the Foundational learning advocacy strategy (2022); ECE Communication Strategy (2022); and SRGBV Communication Strategy (2023)[103]. Intersectorality happened in the form of inputs and reviews from SBC to Education, thus SBC played more of a consultative role than an operational one in this case.

143. Cross-sectoral work between the Innovation and Education sections demonstrate a promising approach to tackling the digital divide by enhancing internet access for children and young people,

---

[100] Interview 26 – Government partner
[101] Digital Public Goods Alliance (2022). State of the Digital Public Goods Ecosystem 2022 – Aligned for Impact
[102] Interview 2 – UNICEF
[103] SBC Section Presentation (2023)

promoting education and human capital development. For example, the CP's Generation Unlimited programme expanded the digital learning hub network from four to 50 hubs in 2024 through public-private partnerships. The second project of the two sections is Reimagine Education, which aims to accelerate educational outcomes for children and young people in Sierra Leone. GIGA[104] is a key component of the project, and it aims to provide internet access to schools and includes unique learner ID and artificial intelligence in education initiatives.

144. A crosscutting initiative within this programme is the Learning Passport, which now covers 100% of the MBSSE curriculum and is promoted throughout the digital learning hub (DLH) network. Additionally, Project Alpha, an initiative to enhance power in schools and potentially other facilities, is part of the Reimagine Education project.

145. The Innovation Section has been working on identifying linkages with all other sections to support their programmes. The work is incipient but has been carried out in a structured fashion by looking at each programmatic area's theory of change. The section has been supporting Child Protection with monitoring the use of a case management software platform. They have also been supporting the Education Section, partnering with UNDP to use the Learning Hub Network –designed to help entrepreneurs shape ideas into a business model—to develop an incubator wherein entrepreneurs receive mentorship in finance, marketing, and sales.[105] There are conversations with the Innovation Section to support the private sector [106].

146. The true cross cutting nature of the DLH initiative becomes apparent as the hubs convert to youth clubs in the afternoon where UNICEF trained volunteers, called Digital Champions, host themed "meet-ups" on topics such as climate action, entrepreneurism, woman empowerment, life skills and more. The Champions, manage the structure of the sessions as well as supporting the upkeep of the hubs and improving digital literacy in communities. The Innovation team works with different sections, partner and government agencies to create specific tailored content for these youth clubs, held and accessed on the Learning Passport. With Child Protection, SBC collaborated to engage key leaders and influencers in promoting positive social norms, including the development of a message guide on child protection issues with the Inter-Religious Council of Sierra Leone for message dissemination through the religious' leaders' network. Child Protection and SBC also expanded their social norms programming by linking community engagement and skills-building frameworks such as positive parenting, children, adolescent life skills, and leadership and advocacy-building. The Youth Peace Ambassadors (YPAs) under the Peacebuilding Fund Programme was established as a new platform for community engagement, empowering youth to lead and create space for discussions on youth concerns and protection issues in communities. In terms of data products, SBC and Child Protection collaborated on the conduct of the social and behavioural drivers survey on child marriage, with Sierra Leone being one of the two West African countries selected for this global pilot research initiative.[107]

147. Child Protection's collaboration with the innovation team includes the Amplifying Voices of Youth (AVOY) project which leverages technology such as U-Report to ensure that children and young people are heard at the policy-making level, driving transformation and long-term change. Sub-projects include the Peace Building Fund, grassroots engagement through AVOY, E-Mobile Journalism (EMOJO), and specific U-Report activities.

148. Within HN, SBC engaged in the greatest number of initiatives. On the operational front --coordination of communications groups, the Malaria SBC group, engagement of influencers, vaccination campaigns, development of community engagement platforms for CHW, community radio stations—SBC was instrumental increasing the effectiveness of programming and therefore of results. SBC reports 6,515

---

[104] GIGA is a global initiative launched by UNICEF and the International Telecommunication Union (ITU) to connect every school to the internet and every young person to information, opportunity, and choice (https://www.unicef.org/innovation/giga)

[105] Interview 12 – UNICEF

[106] Interview 3 – UNICEF

[107] UNFPA-UNICEF (2021) Global Programme to End Child Marriage: Sierra Leone Country Profile

trained CHWs in 2022 only, and a total 30,000+ social mobilizers involved in engagement activities during the current CP[108]. Its collaboration with HN was particularly effective during responses to outbreaks, especially Covid-19. Throughout the pandemic (2020-2021), 23,000 social mobilizers were trained and deployed because of SBC collaboration with HN[109]. On the knowledge front, the two sections collaborated intensively with vaccine introduction plans, communication strategies and especially in data for action deliverables such as Knowledge, Attitudes and Practices (KAP) and BeSD studies, standardized rapid assessment SBC tool, standardization of collect of SBC and RCCE indicators, social listening and the KAP components of the Covid-19 Rapid Social Data Surveys[110]. The observed results would not have been achieved in terms of quality and of reach had SBC not contributed to HN's programming.

149. SBC staff acknowledge that during the current CP there has been encouragement of cross-sectoral work and reliance on SBC for priority actions, especially during the Covid-19 emergency response. As recommendations for improvement, the section points to the need for more long-term staff in SBC itself and suggests that there should be dedicated focal points for SBC in other programmatic areas [111].

150. Although formally situated in Operations, the Supply and Logistics function also cuts across all programmatic activities and works very closely with them in budgeting and procurement. In addition to its heavy operational tasks, the section is constantly sharing its know-how on technical specifications, coordination, and performance appraisal, acting as advisors. In that capacity, Supply and Logistics occupies an indispensable role in the interoperability of all CP programmes and have been at the forefront of the response to the Covid-19 emergency.[112]

151. Beyond SBC, Innovation and Operations, which are by definition "intersectoral," there were numerous instances of cross-sectoral cooperation with tangible results. The cooperation between WASH, HN, SBC and Education in implementing the Early Childhood Development (ECD) Programme and providing WASH services at schools, a pillar of one of the CP's strategic priorities in early childhood development, is a standout example. It has been found to be coherent at the local level, providing nutritional education and delivering vaccination campaigns on top of the pedagogical activities.[113]

152. Overall, initiatives including the positive parenting, ending child marriage, community engagement for emergency preparedness and response, as well as the Covid-19 campaigns, to name a few, all have relied on inter-sectoral operational work. It has emerged across interviews with staff that interoperability is an increasingly important driving factor of efficiency and effectiveness in programming given the breadth of UNICEF's commitments in Sierra Leone and that the collaboration required during the response to the Covid-19 emergency solidified this understanding.

EQ 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?

153. UNICEF demonstrates synergies with other UN agencies and partners through coordinated efforts and collaborative initiatives across various sectors. For example, joint programmes and initiatives, shared resources and expertise, emergency response, policy and advocacy.

154. UNICEF's engagement with UNDP in the context of elections, with awareness messages and juridical support for youth in the context of Freedom Fund-supported programming was highly praised, particularly UNICEF's operational capacity to coordinate the actions of multiple implementing

---

[108] SBC Section Presentation (2023)

[109] Ibid.

[110] Ibid. and UNICEF Sierra Leone, IGC, Y-Rise and Wageningen University (2022). Covid-19 Survey Summary Report Rounds 1, 2, and 3

[111] Interview 12 – UNICEF

[112] Interview 9 – UNICEF

[113] UNICEF Sierra Leone (2023). Summative/ Formative Evaluation of the Early Childhood Development (ECD) Programme in Sierra Leone (2016-2022), p. iii

partners[114]. UNFPA, in their turn, held a positive view of UNICEF's staff availability and engagement in their joint programs in child marriage, adolescent pregnancy, persons with disabilities and the GBV response hotline[115]. The overlapping of mandates between the agencies was pointed out as a source of greater effectiveness through the concentration of expertise rather than conflict over resources or strategies.

155. In Health and Nutrition, UN partners interviewed hold in high esteem UNICEF's capacity to work productively in a shared decision-making space involving five agencies (UNICEF, WFP, FAO, IFAD and WHO). They highlight the importance of the technical support received from UNICEF to results-based policy pieces in nutrition such as the annual work plan and the multi-sectoral plan[116]. Feedback from partners in nutrition has been positive particularly with respect to UNICEF's proactivity in following-up with government to track programme results with a focus on learning and policy improvement[117].

> *"UNICEF's input is critical (…) because in terms of looking forward as to what the UN as a whole should be focusing on, as far as WASH, nutrition, education, health (…) where the focus should be, we count on UNICEF a lot in terms of giving us a broader vision and strategic vision."[118]*

156. There was little indication of duplication of effort in the cooperation between UNICEF and UN agencies stemming from the interviews or the documents reviewed. The minor issues that were raised in the work with UNFPA were later solved, namely initial complaints of lack of consultations to the agency on work that UNICEF was carrying out in GBV, which UNFPA leads[119].

157. Within social and behaviour change, it was pointed out that UNICEF is the leader among UN agencies given that such agencies are not working explicitly in that domain even though their actions result in SBC[120]. With UNICEF's lead, cross-agency SBC work has focused on Health WASH, Education (e.g. collaboration between education and child protection teams to target the same communities for life skills and positive parenting programmes), but the need is felt to expand cooperation beyond those sectors[121].

158. Donors ("development partners") had plenty of positive of reviews of UNICEF's ability to coordinate partnerships at the programmatic level, as in this example involving cash transfers in partnership with the World Bank during Covid-19:

> *"For example, when Covid started, government developed the Covid Response Plan and UNICEF had the pilar on social protection and support protection and assistance. So, we came together. (…) The government wanted cash transfer (…) UNICEF actually put money into the Grievance Redress Mechanism, provided*

---

[114] Interview 15 – UN. UNICEF and UNDP, with Peacebuilding Fund support, worked in 6 districts considered "conflict prone" to foster youth and community engagement. The agencies also supported the MGCA with Legal Aid Board to raise awareness among youth in schools, reporting and referral through helplines.

[115] Interview 19 – UN. UNICEF and UNFPA's joint programmes were the Joint Programme to End Child Marriage, Advancing Disability Inclusion in Sierra Leone, Gender-based Violence and Information Management System (GBVIMS), the revision of the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy of the Ministry of Health and Sanitation, and the E-Referral Pathway (e-RPW).

[116] Interview 20 – UN

[117] Interviews 20, 42 – UN

[118] Interview 43 – UN

[119] Interview 33 – UN

[120] Interviews 10 and 12 – UNICEF

[121] UNICEF (2022). Country Office Annual Report, p.8

> *training for the staff that are working in that mechanism, and also funded the development of the platform."[122]*

159. In sum, most interviewees within UNICEF and other UN institutions in the country remarked that UNICEF is unquestionably the leading UN agency in the country as measured by the wide scope of its programming, as well as the know-how to integrate development actors, lead projects and manage implementing partners. Among UN staff interviewed, UNICEF's contribution was qualified as "huge"[123], "crucial," "very strategic"[124].

EQ 2.4. To what extent has UNICEF contributed to the functioning of the coordination mechanisms of the UNCT?

160. UNICEF participates in all results groups of the UNCT, with programmatic contributions to all four outcome areas of the UNSDCF in Sierra Leone[125]. Its inputs to the coordination mechanisms include active participation in the Business Operations Strategy, participation in the four working group meetings and quarterly reporting of monitoring data[126].

161. UNICEF's active participation in the coordination mechanisms and programmatic cooperation with other UN resident agencies was acknowledged, which is an achievement in itself given what several interviewees described as a challenging context where UNCT cross-sectoral planning and coordination could be better[127]. Coherence across UN agencies within the country has been described as "a patchwork"[128] in the sense that, despite agencies reporting and planning jointly, including in cross-sectional issues, the resulting implementation is performed mostly in silos when it should be more integrated[129].

> *"When we were preparing [programme name] (…), the government brought all UN and other partners together. Everyone has picked up what they could do, [then] went home and then started working on what they have agreed. And this is actually not in line with the one UN principle."[130]*

162. We have seen in the previous EQ, however, that partners hold UNICEF as a model of cross-sectional work, which implies that its coordination skills could inspire the UNCT to work on improving their mechanisms.

163. In operations, a highlight of UNICEF's contribution to the UNCT's coordination mechanism has been its leading role in the Operations Management Team (OMT), supporting the implementation of cross-agency programming and issuing Long-Term Agreements that are mutually recognized by UN agencies in the country for common procurement[131].

EQ 2.5. To what extent has UNICEF contributed to the technical results groups, including the Covid-19 socio-economic response plan?

---

[122] Interview 4 – Donor
[123] Interview 43 – UN
[124] Interview 42 – UN
[125] United Nations in Sierra Leone (2021). UN Annual Results Report.
[126] Interview 12 – UNICEF
[127] Interviews 7, 10, 14, 29 – UNICEF
[128] Interview 29 – UNICEF
[129] Interviews 12, 22, 29 – UNICEF
[130] Interview 23 – UNICEF
[131] Interview 21 – UNICEF

164. With respect to participation in UNSDCF (2020-2023/24) results groups in Sierra Leone, UNICEF reports on the following outcomes:

- Result group 1 (Sustainable agriculture and food security) - outcome 1: output 1.3
- Result group 2 (Transformational governance) - outcome 2: outputs 2.3 to 2.6
- Result group 3 (Access to basic services) - outcome 3: outputs 3.1 to 3.3, leading reporting of 7 indicators
- Result group 4 (Protection and empowerment of the most vulnerable) - outcome 4: outputs 4.3, 4.4, 4.6 and 4.7, leading 5 indicators[132]

165. UNICEF contributed in 16 out of 28 outcome groups, leading indicator reporting in 8 of those groups[133].

166. In the results groups where UNICEF has leadership roles —access to basic services and protection and empowerment of the most vulnerable—there has been active participation. Interviewees who lead indicator reporting have pointed out that the process is labour intensive given the extent of inter-agency, and often government, consultations required. There is a process of internal discussion, approval by section chiefs, validation by the pillars and the UNCT[134]. While data is not always complete, indicators that are reported are deemed the best available.

167. The bi-annual meetings and retreats organized to discuss results were considered productive but there was no mention of specific ways in which UNICEF contributed to improving their content or format.

168. Regarding the contribution to the result group of the Covid-19 socio-economic response plan, it was mentioned that UNICEF has led the work of finalizing the results framework for the SERP through their previous Chief of Planning, who chaired the UN M&E group[135].

EQ 2.6 (EX-3.2). To what extent were mechanisms put in place to ensure effective and efficient promotion and implementation of multi-sectoral and convergent approaches, and integrated packages? How did these mechanisms work in terms of fostering strategic shifts, especially in innovation and stakeholder participation among the government and development partners?

169. The 2019-2023/4 CPD highlighted UNICEF's "shift of emphasis" towards "programmatic convergence". The cross-programmatic areas prioritized in this convergence were (1) early childhood development (ECD) comprising interventions in early years of schooling, nutrition, and health interventions; (2) integrated programming for adolescents, focusing on delayed marriage and pregnancy, skill development and social and emotional learning; and (3) evidence generation to support systemic change (also discussed under Relevance, above)[136].

170. *(1) Early childhood development:* In 2020, the GoSL selected UNICEF to be the grant agent for the Global Partnerships for Education (GPE) funding of 17.1 million for the country. As part of this collaboration, 60 Early Childhood Development (ECD) classrooms were first built, with WASH facilities and playgrounds[137]. ECD training packages were distributed to teachers and caregivers as learning materials to 16,610 children in pre-primary that year. In 2021, the GoSL approved an Integrated Early Childhood Development (IECD) Policy[138]. By 2023, UNICEF/GPE has supported the construction of 101 ECD centres since 2020, bringing the total number of pre-primary school centres available in the

---

[132] United Nations Sierra Leone (2019). UNSDCF 2020-2023

[133] Ibid.

[134] Interview 23 – UNICEF

[135] Information added as comment to the draft evaluation report by UNICEF staff

[136] UNICEF Executive Board (2019). Country Programme Document - Sierra Leone, §31. Evidence generation has been moved to the

[137] UNICEF Sierra Leone (2020). Country Office Annual Report, p.4

[138] UNICEF Sierra Leone (2021). End of Year Results Summary Narrative, p.1

country to 1.984.[139] UNICEF staff interviewed consider the enabling environment for educational policy and planning quite good, with a Ministry of Education that is open and willing to work in partnership in ECD, albeit with limited implementation capacity.[140] The evaluation of the ECD Programme has found that it contributed to policy development (National Minimum Standards, National Curriculum), sparked interest among caregivers for early childhood education, developed teachers' skills, brought teachers and caregivers closer together and strengthened community participation and local governance by means of ECD management committees. WASH facilities in those centres, however, faced maintenance challenges[141]. One important shortcoming of the ECD programme was the lack of an integrated school feeding programme reaching all centres (coverage is partial)[142], even though education on good nutritional practices was verified to be effective.

171. *(2) Integrated programming for adolescents:* UNICEF's efforts led to the establishment of a Gender-Based Violence (GBV) interagency platform, integrating social work into higher education, and supporting alternative reports on child rights, reflecting a realistic situation. Their role in governance and legal reforms ensured that child rights were embedded within the broader human rights agenda, collaborating closely with the government in developing key policies and curricula[143]. From the interview with a UN partner[144], the partnership with UNICEF achieved remarkable results, such as reaching more adolescent girls with life skills, educating them about their rights, reducing child marriages, and supporting school retention and re-entry. The use of technology for tracking results and commissioning impact studies highlighted the program's effectiveness.

172. In countering School-related gender-based violence (SRGBV), UNICEF has assumed an important role at national level policy related work, supporting the Ministry of Education both in the development and then operationalization of the radical inclusion policy that focuses on the most disadvantaged populations (pregnant teens, out of school children, children with disabilities) involving Ministry of Gender and Children's Affairs and the Ministry of Social Welfare in relation to SRGBV. Following the Sierra Leone 2021 Voluntary National Review (VNR) Report, more than 90 % of 249 pupils, 252 parents, and 83 school administrators interviewed said they were generally satisfied with these policies.[145]

173. The joint project initiated under the UN Peacebuilding Fund in August 2022 aimed to support the peaceful conduct of the 2023 general and presidential elections in Sierra Leone. UNICEF focused on gender-based violence (GBV) awareness, youth participation, and legal representation for those affected by the electoral process. UNDP contributed by supporting the organization and establishment of situation rooms, conflict prevention, and early warning mechanisms within civil society and government offices, actively engaging with entities like UNEP and the National Office for National Security. The complexity of the project is highlighted by its engagement with various state institutions and civil society groups within a challenging political and economic context[146].

174. Focus 1000, in collaboration with UNICEF conducted life skills training for adolescents between 11 and 19 years led to notable behavioural changes, including a decrease in teenage pregnancy rates and increased school attendance in areas like Kono and Coqueema[147]. An unexpected yet favourable outcome was observed in the positive parenting education program, which not only transformed

---

[139] UNICEF Sierra Leone (2022). Country Office Annual Report
[140] Interview 02 – UNICEF
[141] UNICEF Sierra Leone (2023). Summative/ Formative Evaluation of the Early Childhood Development (ECD) Programme in Sierra Leone (2016-2022)
[142] Ibid., p.40 and 65. It was pointed out that WFP is the UN agency in charge of school feeding (Interview 02 – UNICEF).
[143] Interview 07 – UNICEF
[144] Interview 19 – Donor
[145] United Nations (2022) UN Common Country Analysis – Sierra Leone
[146] Interview 15 – Development Partner – Child Protection- UNDP
[147] Interview 05 – Implementing Partner

adolescents but also united parents in decision-making, leading to improved family dynamics, this was corroborated by the interview with a UNICEF representative[148].

175. ST Foundation and UNICEF Innovation collaborated in Sierra Leone to enhance education and promote digital proficiency through diverse initiatives. These efforts aimed to expand learning opportunities and digital accessibility, resulting in many children benefiting from improved skills and access to new opportunities.

176. One of the standout programs was the Accelerated Girl Empowerment Project. Ambitious in scope, it sought to impart vital digital skills to a cohort of 10,000 adolescent girls. Among them, a select group of 1,500 participants was chosen for intensive training in Microsoft Office applications, equipping them with the tools for future employment and the pursuit of entrepreneurial ventures[149].

177. Simultaneously, the ST Foundation, with the backing of UNICEF, addressed the needs of children with special needs by pioneering pilot labs at schools for the visually and hearing-impaired. These labs were more than mere classrooms; they were gateways to the world of information and communication technology designed to make learning inclusive and accessible[150].

178. In a bid to further bridge the digital divide, two senior secondary schools were the beneficiaries of new Digital Unified Labs, located in the districts of Kono and Tonkolili. These facilities became hubs of digital learning, where students could hone their ICT skills[151].

179. Another critical initiative was the Learning Passport Becker and NPSE Pilot. This effort was to embed digital learning solutions into the educational framework, fostering an environment in which digital access complements traditional learning methodologies. Across 16 dedicated labs, in alliance with DSTI, students engaged with the Learning Passport application, leveraging it to prepare for national exams and beyond[152]. In addition to reflecting a cross-sectoral collaboration between innovation and education teams, the collaboration for the Learning Passport (LP) pilot involved key partnerships that combined expertise in education and technology. The LP became an effective examination preparation tool with high engagement, improving digital literacy among educators and students, indicating that user engagement and continuous feedback are critical to innovation in education.

180. *(3) Evidence generation to support systemic change:* Government and UNICEF interviewees alike stressed the quantity and quality of the evidence pieces produced with UNICEF support. The strength of the databases and reports in place is highlighted as an enabling factor to achieve effective policy targeting. Annual School Census, EMRA/EGRA assessments, DHS and MICS provide a solid foundation for socioeconomic policy decisions.

181. Regarding WASH policies, UNICEF contributed to evidence generation and crafting of two pivotal national documents: the Guidelines for Implementing Sanitation Policies and the National Sanitation and Hygiene Plan. These documents contributed to the strategic initiatives to promote the adoption of safe sanitation services by 2030. Further UNICEF supported the government to establish WASH Information Management Systems (WASHIMS).

182. On the front of poverty assessment, UNICEF provided vital assistance to the government in 2022 by facilitating the development of new multidimensional estimates of child poverty and conducting thorough trend analyses.

183. Another example is the Baseline Study on Social Norms and Behavioural Drivers Related to Child Marriage in Sierra Leone conducted in 2021. This report was designed to delve into the origins of child marriage in Sierra Leone, analysing the factors that perpetuate the practice as well as those that encourage its abandonment. It offers an overview of the potential for Social and Behaviour Change, identifying both influences and influencers, and assessing respondents' readiness and willingness to end the practice of child marriage. This study contributed to UNICEF's support in reducing, preventing,

---

[148] Interview 10 – UNICEF
[149] Interview 44 – Implementing Partner
[150] Interview 44 – Implementing Partner
[151] Interview 44 – Implementing Partner
[152] Interview 44 – Implementing Partner

and responding to child marriage (KRC6), as part of the assistance the National Secretariat for the Reduction of Teenage Pregnancy in implementing the National Strategy for the Reduction of Teenage Pregnancy and Child Marriage (2018-2022).

184. Under education, a significant milestone was reached in 2021 with the completion of an updated study on Out-of-School Children (OOSC). This study pinpointed poverty, gender-based violence, teenage pregnancy, and disabilities as primary obstacles hindering children's access to education. Consequently, it informed the development of a comprehensive National OOSC Strategy. UNICEF played a pivotal role in supporting the formulation and launch of Sierra Leone's National Strategy for OOSC, serving as a critical instrument for advancing the government's inclusive policy and the agenda of "leaving no child behind." However, it is noted in Education that is still difficult to collect high frequency data (e.g. attendance) and an agenda of specific studies and M&E procedures is missing.[153]

Preliminary Conclusions

COHE 1: The current CP strategy is coherent with the Government's Medium Term National Development Plan (§135,137), except for results involving social participation, which are important for UNICEF but all but absent from the MTNDP (§135). GoSL partners extensively praise UNICEF's engagement in all stages of policy implementation (planning, funding, technical support, supervision of implementing partners). UNICEF's Rolling Work Plans incorporate MTNDP policy cluster indicators, facilitating and promoting results-based management (§138).

COHE 2: The current CP is a success story of intersectoral work, notably as a result of integrating SBC programming with other sectors (§141-148), but also in Innovation and across WASH, HN and Education (§151). The response to the Covid-19, which required integrated action in operations as well as programming, further consolidated the understanding of the role that inter-sectoral work plays to increase programme efficiency and effectiveness (§152).

COHE 3: There is ample recognition of UNICEF's leadership in joint inter-agency programming and operations (§155,159) and no evidence of duplication of efforts (§156). UN partners interviewed hold UNICEF as a model of intra-UN cooperation.

COHE 4: UNICEF has been contributing to the UNCT in all four outcome groups of the UNSDCF with leadership in operations (§163) and tangible results in social protection (§158). UN stakeholders interviewed feel that UNICEF's proactivity could inspire the UNCT to improve inter-agency coordination mechanisms in Sierra Leone (§161).

COHE 5: UNICEF contributes to the majority of outcome groups and leads indicator reporting in 8 of them. It has been an active participant in the discussion of results at the country level (§165,166), but no special engagement has been noted in terms of contribution to the functioning of the technical results groups (§167).

COHE 6 (ex-EFFE 2): There is compelling evidence that the CP accomplished the goal of programmatic convergence foreseen in the current CPD. All three priority cross-programmatic convergence areas (early childhood development, integrated programming for adolescents and evidence generation to support systemic change) showed tangible results. The ECD Centres package developed in collaboration with the GPE sustained a steady stream of deliveries which strengthened cross-sectoral work within UNICEF, was implemented in close collaboration with the MBSSE, and successfully integrated service delivery at the community level (§ 170). Integrated programming for

---

[153] Interview 02 – UNICEF

adolescents was a hallmark of the CP, with social and behaviour change successfully integrated into anti-SRGBV and Accelerated Girl Empowerment programmes, cross-UN work in the Peacebuilding Fund, and innovation initiatives in Digital Unified Labs and Learning Passport (§ 171-179). Evidence generation was strong across all sections with research pieces that effectively supported national planning capacities and RBM (§180-184).

9.3. Effectiveness

EQ 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?

185. In what follows, we describe the results achieved in each of the 5 outcome groups of the CP as featured in the results framework, which in its turn derives from the CP theory of change. Some results matrices at the programmatic area-level were missing data. The evaluators requested such data from the section and received some updates, resulting in the tables featured in this section, which reflect the current state of outcome measurement (May 2024). When outcome data is absent, we present information from other sources, such as the household survey and output data, that may help shed light on the progress towards results, albeit approximately. We proceed in numerical order of CP outcomes, from 1 to 5.

CP Outcome 1: Health and Nutrition Programme

Table 17. Level of achievement of the expected results - Country Programme Outcome 1

Outcome 1: By 2023, more children (aged 0-18) and women benefit from quality comprehensive health and nutrition services and healthy life practices.			
Outcome Indicators	**Expected results**	**Results achieved**	**Assessment [154]**
1.1. Children aged 0-59 months with symptoms of pneumonia taken to an appropriate health provider	90%	72%[155]	**Fair level**
1.2. Percent of children under five who are stunted	27%	26.2%[156]	**Good level**
1.3. Number of districts with at least 80% coverage of DTP-containing vaccine for children <1	16	15	**Good level**
1.4. Percent of women attending at least four times during their pregnancy by any provider (skilled or unskilled) for reasons related to the pregnancy	80%	93%[157]	**Good level**
1.5. Percent of HIV exposed infants receiving a virological test for HIV within 2 months	60%	10.2%[158]	**Poor level**
1.6. Percent of infants under 6 months exclusively fed with breast milk.	70%	52.7%[159]	**Fair level**
1.7. Percent of children aged 6-23 months fed a minimum number of food groups	35.6%	22.9%[160]	**Fair level**

---

[154] Poor level: shy of target by more than 20%. Fair level: shy of target by 20% or less; Good level: on target or beyond.

[155] USAID and Momentum (2022). Integrated Management of Childhood Illness (IMNCI-2022)

[156] Government of Sierra Leone (2021). National Nutrition Survey (NNS-2021)

[157] NNS (2021)

[158] Unverified, self-reported by UNICEF CP

[159] NNS (2021)

[160] NNS (2021)

186. To enhance Health and Nutrition (H&N) services for children and women, UNICEF has been actively involved in all the initiatives aimed at improving the country's health system, working alongside UN agencies, NGOs, national and district-level government. UNICEF initiatives have furthermore made it possible to generate evidence capable of addressing the multiple issues of vulnerability in the country and subsidizing action plans with tangible goals that promote inclusion, access to health and basic rights, contributing to social development and reducing the disparities identified. The Covid-19 pandemic also offered an opportunity for improvements to be made to the health care system that have long term benefits across the sector, including the improvement of cold-storage facilities and oxygen tank provision to regional hospitals. Although progress is slow, mortality rates are declining, several new-born care units have been established nationwide, the disease burden has decreased, and improvements to disease monitoring, prevention and treatment have been made. The network of community health workers has grown, and progress has been made in improving the sustainability of this programme. Stunting and wasting prevalence have declined below target.

187. According to DHIS 2, the pneumonia rate among children has not substantially changed in the last few years, with a sudden increase in 2020, proxy used as admissions/visits to health facilities increases due to COVID 19, the exact coverage not recorded due to break in regularity of supervisory visits. To assess the likelihood of parents taking their children to appropriate healthcare providers (specifically targeted in the Outcome indicator 1.1), the evaluation results show that in the last three years (2021, 2022 and 2023), 86% of respondents' children accessed services for a variety of reasons at health centres, primary health units, and hospitals. Children in Koinadugu are less likely to access appropriate health care services (55%), while in other districts, the percentage of the respondents with better access to health services is between 70% and 100%.

188. While stunting and prenatal care reached the expected national goals for 2023, significant disparities remain at district levels (Highest in Kenema 32.9% and lowest in WAU 20.3%) per national nutrition survey 2021, with critical performance in Kenema, Kono, Tonkolli and Western Rural, where the prevalence of stunting has increased between 6-11% over the years (2017 to 2021). There is also opportunity to focus on closing the gender gap in the nutrition programme's activities, as there has been an increase by 5% in the prevalence of stunting among boys.

Figure 11: Stunting (HAZ<-2) Rates by District/Domain
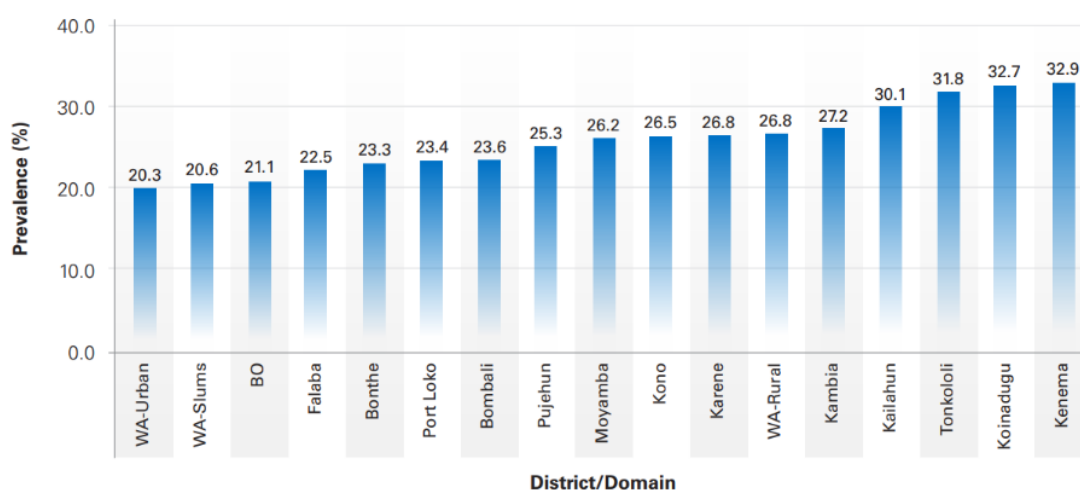
189. Although HIV testing for children, breastfeeding and dietary diversity fell short of target, results reflect the strategies developed to improve access to healthcare (such as Universal Health Coverage/UHC 2021-2030 and Child Survival Action/CSA 2023-2025). As per the results of NNS 2021, the lowest

performances for key infant and young child feeding indicators would be priorities in the next action plans, including diet quality and meal frequency, complementary feeding practices in early infancy, exclusive breastfeeding, health coverage for micronutrient supplementation and policies and food insecurity.

190. Antenatal coverage has been steadily increasing nationally, with Kono and Bombali underperforming compared to other districts[161].

Figure 6. Antenatal 4th visit coverage
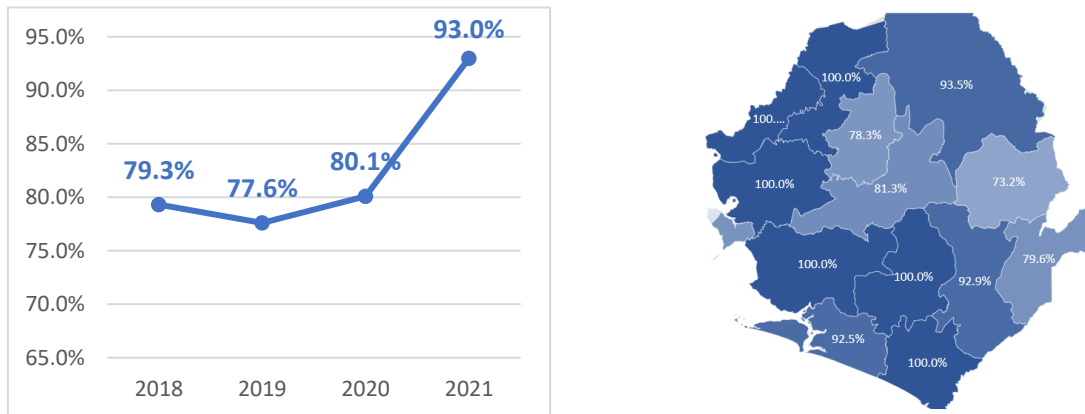
Sources: DHIS2, NNS (2021)

191. In addition, the evaluative evidence indicates a high level of awareness. For example, 90.35% of respondents are aware of antenatal healthcare services. There is no significant difference between the level of awareness among respondents living in urban and rural areas, except for variation at the district level.[162]

192. Focus groups with caregivers in a rural area revealed that people see a continuity in the quality of maternal and essential newborn care at health facilities since 2020, with no substantial improvements to highlight. There was a general criticism about costs involved in health attention (e.g. lab tests).[163]

> P4: *"Pregnant women and children are taken care of today as well as yesterday [2020] in terms of medicine and care."*
>
> P6: "In 2020, there is a slight difference because they used to give us syrup but now they just give you the normal treatment with no syrup and other tablets. There has been no improvement since 2020, things are just the same at the hospital for pregnant women and breastfeeding mothers."
>
> P6: "You have to give money before you could be treated or before they could treat your child. No improvement since 2020."

---

[161] NNS (2021) and District Health Information Software 2 (DHIS 2)
[162] CPE household survey data
[163] FGDs with caregivers, rural area

> *P10: "Some time ago I went to the hospital when my child was sick and they had to ask me to pay for lab tests, and any test they do you have to pay for it."* [164]

193. In the urban area, on the other hand, caregivers spoke highly of the work of community health workers and were glad to be able to deliver in a hospital. Furthermore, women learned how to care for themselves during pregnancy through the knowledge they gained from their antenatal clinic visits. [165]

> *P1: "Before this time [2020] there was a high rate of death of children and mothers during childbirth, and a high rate of miscarriage of pregnant women but now this has reduced drastically, and it hardly happens again from our health centre."*
>
> *P2: "Now women give birth on their own without operations before this time this was not happening, now they also take care of themselves during pregnancy because of the awareness they received during their clinic days."*
>
> *P3: "The nurses are doing their best to encourage pregnant women to go to the clinic. Sometimes they even visit them at home and tell them to go to the health centre and it is free of cost they are not paying anything for the services."*
>
> *P10: "Now pregnant women give birth at the hospital which is very helpful for them and their children. Before this time, they gave birth at home their grandmothers used to do their delivery but now that has stopped."*
>
> *P7: "Before, there were lots of health complications after delivery, for example, bleeding of mothers after giving birth which resulted in the loss of life of the mothers and even loss of the lives of children because of lack of parental care."*
>
> *P8: "There are lot of information on childbirth birth which has created awareness for women which is protecting lives[166]."*

194. Although there has been some increase in the number of immunized children according to DHIS2 data[167], the evaluation results highlight a need to intensify EPI campaigns, increase vaccine supplies, improve access to healthcare, and enhance awareness among households, especially in rural areas. For example, there is an uneven distribution of vaccinated children across districts, with vaccine coverage notably higher in areas around the capital.

---

[164] Ibid. Participants (P) in FGDs were assigned unique numbers
[165] FGDs with caregivers, urban area
[166] Ibid.
[167] DHIS (2023)

195. The evaluation results also found that only 54.41% of children below 2 are fully vaccinated and the rate of households with children under 2 years old having complete vaccination coverage varies substantially across districts, with urban areas surpassing rural areas by 17%.

196. The evaluative evidence also revealed that in urban areas, hospitals are the primary source for information on vaccination, while rural areas rely equally on primary health units and hospitals. Radio is more significant in urban areas, whereas community leaders are more important in rural settings. Religious leaders have a similar influence in both areas. Over 60% of respondents chose hospitals, and 56% chose primary health units to get information about vaccines for children. Only in Pujehun and Moyamba respondents show significant trust in community health workers. In Tonkolili, respondents mostly get information from community leaders rather than primary health units or hospitals[168].Due to the distance and costs associated with transportation to health centres, health workers visits constitute a cornerstone for disseminating public health information in more remote areas. The household survey revealed that a significant portion of respondents reported no community health worker visits in the past month, with rural areas experiencing fewer recent visits compared to urban areas. Urban residents were more likely to have received visits a week prior to the CPE survey, whereas visits occurring over a month ago were more common in urban areas than in rural ones.

197. Exclusive breastfeeding practices remain constant, with a significant gap (17 points) towards the target set by the country programme. Although, at the national level the prevalence of breastfeeding reduced slightly in 2021 during the programme implementation, the differences between districts are more balanced, compared to the situation before the current CP.

198. The evaluative evidence highlights progress in closing the equity gap in breastfeeding practices at the national level. For example, in Moyamba, which was one of the least-performing districts, substantial progress is observed in terms of increasing breastfeeding rate but also reducing stunting rate reduced in the first two years of the CP. The assessment results of the Integrated Child Survival Development (ICSD) project implemented in Moyamba,[169] shows that it achieved most of its indicators ranging from SAM screening, awareness of breastfeeding, good nutrition and other important areas progress of which is likely correlated with UNICEF's efforts in improving breastfeeding practices and reducing stunting among children.

199. The level of awareness on the importance of breastfeeding across districts is high (95%), with no significant difference between rural and urban areas. Although most respondents support exclusive breastfeeding, opinions about what age children should be breastfed vary. Overall, 63.22% of the respondents confirmed that children under 2 were breastfed. Women in rural areas are more likely to breastfeed their children compared to those in urban areas.

200. Among women who stopped breastfeeding their children, most reasons include simply not wanting to breastfeed anymore, while some cited reasons such as being advised by a family member or a health worker to stop breastfeeding or a child refusing breastmilk.

201. Little progress is observed in increasing the number of children aged 6-23 months fed a minimum number of food groups. The prevalence of minimum dietary diversity (MMD) among surveyed household with children under 2, stands at a modest 39%. Further evaluation analysis shows that over 60% of surveyed parents had to reduce the amount of food or the number and variety of meals per day due to the loss of income.

202. The output-level analysis demonstrates that HN has been successful in accomplishing their activities and meeting the expected targets. Difficulties in translating outputs into outcomes are mostly due to contextual factors, discussed under EQ 3.4 further ahead.

203. For Output 1 *("increasing the capacity of evidence-based planning, budgeting, and monitoring for health and nutrition services through eight activities that would support the development, implementation and evaluation of future strategies and action plans"),* there is evidence that the

---

[168] CPE household survey data (2023).
[169] Ministry of Health and Sanitation, UNICEF and Irish Aid. 2023 "Lot Quality Assurance Survey (LQAS) Endling Survey of

Maternal, Newborn, Child & Adolescent Health (MNCH) programme is making good progress in achieving its intended outcomes. Satisfactory performance has been noted in all three dimensions of this indicator:

- MNCH implementation plan: The plan is available and meets the required criteria (category 1)[170].
- Monitoring child survival bottlenecks: 100% of districts are now monitoring barriers and bottlenecks related to child survival[171].
- Quarterly reports on key indicators: Quarterly reports are being produced for all districts, exceeding the initial goal of 1 report per country by 2023[172].

204. For Output 2 *("increasing the capacity to deliver quality comprehensive maternal and child HN services, through nine suggested activities"),* the program demonstrated substantial progress in several areas, exceeding targets for hospital capacity, healthcare worker training, and treatment success for malnutrition. However, achieving effective vaccine management and eliminating DTP stockouts require further efforts and targeted interventions. Performance was good in the following components:

- CHW trained for anaemia/nutrition: Increased from 13,500 to 18,600 (37% progress)173. The expected goal was to achieve at least 250 trained CHW.
- In terms of hospital capacity (hospitals equipped with functional Special Baby Care Units (SBCUs) and Neonatal Intensive Care Units (NICUs), expectations were exceeded with additional support provided by an external agency[174](14 expected /16 delivered)
- DTP stockouts: goals were achieved, and stocks were sustained throughout the assessment period without any stockout reports [175]
- The program achieved remarkable success in treating severe acute malnutrition, achieving the result of 98% of health facilities reaching the goal of > 75% of the cure rates exceeding the target of >85% by over 15%.[176]

205. Lower than expected performance was observed in vaccine management, which scored below target of 80% (56% for 12-23 months, 51% for 24-35 months receiving all basic vaccinations) with significant variation by district, with coverage ranging from 70% in Bo to 44% in Port Loko[177].

206. For Output 3 *("installing community-based HN interventions into the health system and at increasing the level of CHW institutionalization and integration into the formal health system")*, there is evidence of progress towards CHW integration and functionality. Good performance was noted in all components:

- Institutionalization of CHWs: Achieved and considered "sustained"[178]
- Functionality and integration of CHWs in HMIS: Achieved and considered "sustained"[179]

---

[170] Government of Sierra Leone, Ministry of Health (n/d). National Reproductive Maternal Neonatal Child and Adolescent Health Strategy (RMNCAH) 2017-2025

[171] Government of Sierra Leone, Ministry of Health, and Sanitation. Child Survival Action Plan (CSA) 2023-2025

[172] Government of Sierra Leone, Ministry of Health, and Sanitation. District Health Information System (DHIS)

[173] UNICEF (2023). Situation Analysis of Children and Adolescents in Sierra Leone (SitAn – 2023)

[174] Data provided by UNICEF CP, extracted from the Results Assessment Module (RAM)

[175] UNICEF CP - RAM

[176] UNICEF CP - RAM

[177] SitAn (2023)

[178] SitAn (2023). "Sustained" is the topmost score in a scale of weak, partial, fully established and sustained. If there was a 100% coverage for CHW in hard to reach areas, plus training, and if the target for visits was exceeded by 8 times the expected figures, then this indicates that the CHW integration is being sustained. This however does not mean there is sufficient CHW staff, as mentioned in Sitan 2023, only that the workforce hired is compliant with the agreed outputs.

[179] SitAn (2023). See previous footnote.

- CHW training for community case management: considerable progress was made by 2023, achieving 100% coverage for CHWs in hard-to-reach areas with ICCM training[180].
- Number of post-natal care visits by CHWs: The program significantly exceeded the target for post-natal care visits, achieving eight times the expected number (606,332 against a target of 75,000 visits)[181].

207. In Output 4 ("strengthening evidence-based approaches towards communities and at increasing the extent of implementation of programs to improve the dietary diversity and essential HN practices") there is evidence of progress towards three MNCH programme outcomes related to promoting healthy behaviours, indicating positive progress in implementing communication and dietary diversity programs:

- Multisectoral communication plan: Implemented and meeting multisectoral criteria[182].
- Dietary diversity programs: Implemented, with four to five programs in place to improve children's dietary diversity[183].

208. Caregiver knowledge of at least five essential health practices failed to achieve the target of 40% by 2023, compared to baseline of 24% in 2021. Final cycle results (33,3%) show the goal stablished for 2022 of 30% were accomplished, improving the baseline status by 9,3%.

209. Access to drinking water and use of handwashing facilities have both increased and may have attained the target (data are from 2022 and by then targets were within reach).

CP Outcome 2: Water, Sanitation and Hygiene (WASH)

Table 18. Level of achievement of the expected results – Country Programme Outcome 2

Outcome 2: 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.			
Indicator	**Expected results**	**Results achieved**	**Assessment**
Proportion of the population using basic drinking water service	69%	62.6%[184]	**Fair level**
Proportion of population using basic sanitation services	28%	31.4%[185]	**Good level**
Proportion of the population using handwashing facilities	33%	25.1%[186]	**Fair level**
Proportion of the population practising open defecation	12.7%	14.6%[187]	**Fair level**

---

[180] UNICEF CP, extracted from RAM

[181] UNICEF CP, extracted from RAM

[182] Government of Sierra Leone, Ministry of Health, and Sanitation/ Directorate of Food and Nutrition (n/d). RMNCAH Strategy 2017-2025

[183] Government of Sierra Leone, Ministry of Health, and Sanitation (n/d). National Nutrition Policy (NNP) 2022-2030

[184] Government of Sierra Leone and UNICEF (2023). WASH National Outcome Routine Mapping Report (WASHNORM-2022).

[185] WASHNORM 2022

[186] WASHNORM 2022

[187] UNICEF (2022). Country Office Annual Report, p.5

Outcome 2: 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.			
Indicator	**Expected results**	**Results achieved**	**Assessment**
Number of people still practising open defecation	1,080,070	1,229,466 [188]	**Fair level**

210. Since the start of the CP, access to drinking water has increased by 5.5% in urban areas and 11% in rural areas since 2019, indicating progress in bridging the gap between urban and rural areas.

211. While almost 80% of the urban population enjoys access to drinking water, only 54.5% of rural households can access it. The evaluative evidence shows that over 75% of the population must leave their homes to collect water, spending an average of 15 minutes traveling to the water source, which is a public network tank for the most surveyed respondents primarily residing in rural areas. Additionally, over 50% of them stated that they do not treat their water for drinking, with variations at the district level.

212. UNICEF has supported the GoSL in the development of a National Strategy on Water Safety Plans (WSPs) to "ensure drinking water quality; enable provision of safe, affordable and adequate drinking water to the satisfaction of the people of Sierra Leone; protect public health and sustain local water resources."[189] The Strategy abided by the WHO guidelines for drinking water quality, which recommend WSPs as the most effective means of providing drinking water sustainably. UNICEF also provided technical support to GoSL with the Sanitation Policy Implementation Guidelines and the National Sanitation and Hygiene Game Plan, both launched in 2022.[190]

213. The CP has surpassed its target for improving access to sanitation services, with 31.4% of the population now having access to basic sanitation services. There has been an impressive increase of 13% in the population utilizing basic sanitation services, translating to an annual growth rate of 4.3%. Notably, urban areas have experienced a substantial surge, with a 20.2% increase in households accessing basic sanitation services while access to basic sanitation services in rural areas has seen a rise of almost 13%. This disparity between urban and rural areas underscores the need for intensified efforts to bridge the development gap and ensure equitable access to basic sanitation services across all regions[191]. The evaluation's primary data also confirm progress in access to basic sanitation services as well as the urban-rural disparities, with toilet/latrine usage in urban areas amounting to 61.4% of households and 35.2% in rural areas.

214. The evaluative evidence also indicates that the urban population generally practices safer hygiene behaviours regarding faeces disposal compared to the rural population, with some variation across different hygiene practices.

215. Although more people have toilets, the majority who live in rural areas, did not have handwashing stations, although most reported practicing hygiene practices washing their hands before and after meals with soap, including after using a toilet[192]. Sierra Leone, however, was considered "off-track" in

---

[188] WASHNORM 2022. Figure calculated by multiplying the percentage of people practicing open defecation by the total population

[189] Government of Sierra Leone, Ministry of Water Resources & Ministry of Health, and Sanitation (2020). National Strategy on Water Safety Plans for Sierra Leone (2020-2030), p. vi

[190] CPE household data 2023.

[191] WASHNORM 2022

[192] *Ibid.* .

terms of providing universal access to safe sanitation and hygiene by 2030 (SDG 6.2)[193], specifically in terms of reducing the prevalence of open defecation (OD). The increase is observed in rural areas, while it remains the same with no observed positive changes since 2019.[194]

216. To reduce OD practices, UNICEF has been implementing the community-led total sanitation (CLTS) approach within the WASH Programmes to promote sustained behaviour change by raising awareness of the health risks of open defecation and supporting the self-construction of household toilets as well as providing public buildings with adequate sanitation services. The Accelerated Sanitation and Water for All (ASWA) Programme was implemented using CLTS approach in Sierra Leone, with the goal to accelerate progress towards sanitation goals. An evaluation of this programme found that it was effective in reaching its coverage targets, with a vast majority of communities having reached ODF status via a combination of WASH infrastructure, hygiene awareness raising and microfinance, attesting to the success of a convergent, inter-sectoral approach[195].

217. The scale up of sanitation infrastructure still requires massive government investment. UNICEF has been supporting actions to end open defecation through a chiefdom-wide approach. So far in 17 chiefdoms the practice has all but ended[196]. Nonetheless, this geographical coverage accounts for less than 10% of the country's 190 chiefdoms[197]. By the end of 2022, UNICEF had contributed to a cumulative total of 462,975 people living in 1,039 open-defecation free (ODF) communities during the course of the current country programme[198].

CP Outcome 3: Basic Education and Learning

Table 19. Level of achievement of the expected results – Country Programme Outcome 3

Outcome 3: By 2023, more children have access to improved and meaningful learning outcomes			
Indicator	**Expected results**	**Results achieved**	**Assessment**
Transition rate between primary and lower secondary education	98,5%	121%[199]	**Good level**
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	22%	Unknown[200]	N/A
Percentage of children aged 36-59 months attending an early childhood education programme (attendance rate)	15.2%	Unknown[201]	N/A

---

[193] Government of Sierra Leone, Ministry of Health and Sanitation, Directorate of Environmental Health, and Sanitation (2021). ODF Verification and Certification Protocol

[194] WASHNORM 2022.

[195] UNICEF (2021). Summative evaluation of the Accelerated Sanitation and Water for All (ASWA) Programme in Sierra Leone (2012-2019)

[196] Important to note that the increase in the prevalence of open defecation is only observed in rural areas. The prevalence of open defecation in urban areas remains the same with no observed positive changes since 2019 (WASH Norm 2022 and DHS 2019)

[197] Interview 3 – UNICEF

[198] UNICEF (2022). Country Office Annual Report, p.4

[199] Government of Sierra Leone (2022) Annual School Census

[200] Latest data is from 2017 MICS. ECD gross enrolment rate has doubled since baseline

[201] Latest data is from 2017 MICS. ECD gross enrolment rate has doubled since baseline

Outcome 3: By 2023, more children have access to improved and meaningful learning outcomes			
Indicator	**Expected results**	**Results achieved**	**Assessment**
Completion rate of primary and lower secondary education of girls and boys	Primary: 87% Lower Secondary: 77%	Primary: 101% Lower Secondary: 95%[202]	**Good level**
Percentage of children aged 7 -14 who completed 3 foundational reading/maths tasks	Reading: 20 (M: 20.7%; F: 19.4%) Maths: (M: 16.2%, F 15.5%)	Reading: 15.3% Maths: 70.2%[203]	N/A (Unreliable data)
Rate of out-of-school children of primary and lower secondary school age.	15%	Unknown[204]	**N/A**
Gross enrolment rate in pre-primary education	26%	25%[205]	**Good level**
3.8. Percentage of children (Grade 2-3 and 5-6) achieving minimum proficiency levels in reading and mathematics	33%	Unknown[206]	N/A
3.9. Percentage of children at grade 2-3 achieving minimum proficiency levels in reading and mathematics	21%	Unknown[207]	N/A
3.10. Percentage of children at grade end of primary (at Grade 5-6) achieving minimum proficiency levels in reading and mathematics	51%	Unknown[208]	N/A

218. UNICEF achieved most education programme outcomes for which data are available: transition rate between primary and lower secondary education, completion rate of primary and lower secondary, and gross enrolment in pre-primary, but there remain seven unknown outcomes. Given these gaps, we proceed below to an analysis of output performance and how they may have contributed to the expected results.

219. The transition rate from primary to junior secondary schools is 121%, with the increase by 26% since 2019. The CP target was already reportedly achieved with 97.6% transition rate in 2021, exceeding the target, with more girls transitioning than boys[209]. Nevertheless, learners are an average of two years

---

[202] Government of Sierra Leone (2022) Annual School Census
[203] EGRA-EGMA (2021). Education programme deems data unreliable
[204] Government of Sierra Leone (2018). Sierra Leone Integrated Household Survey, cited in Government of Sierra Leone (2022)   Education Sector Plan, p.9.
[205] Government of Sierra Leone (2022) Annual School Census
[206] Latest data is from 2017 MICS
[207] Latest data is from 2017 MICS
[208] Latest data is from 2017 MICS
[209] COAR 2021 https://www.unicef.org/media/116391/file/Sierra-Leone-2021-COAR.pdf

older than they should be in both grade 2 and grade 4, an age-for-grade distortion that contributes to overcrowding and an early grade bulge that adds cost and wastage to the system [210].

220. The evaluation evidence shows that for Output 1 "*The Government has improved evidence and strengthened capacity to ensure education policy planning, implementation and management*" UNICEF provided technical assistance to generate evidence and analysis of data for Education Sector Plan (ESP) development, implementation and monitoring, strengthen education service delivery systems and Teacher Training Institutions (TTIs) capacity, operationalization of Basic Curriculum (including prioritization of basic health, hygiene and WASH.

221. UNICEF also facilitated technical support in operationalization of Learning Assessment Unit (LAU), improved access to EduTrac application for participatory monitoring, and timely collection of quality data through the national Education Management Information System (EMIS).

222. In terms of inclusion, and particularly focusing on Out of School Children (OOSC), UNICEF, along with MBSSE, MTHE, TSC, LCs, and CSOs, has provided technical support to generate evidence and develop strategies to address inequalities in access to education.

223. To address the issues of OOSC, UNICEF and partners conducted a study that identified poverty, school-related gender-based violence, teen pregnancy, and disabilities as key barriers to accessing education.[211]. Building on the evidence, UNICEF supported the development and launch of the National Strategy for OOSC in Sierra Leone. This strategy is a crucial element in implementing the Government's radical inclusion policy and the 'leave-no-child-behind' agenda.

224. Regarding Output 2 *"Government authorities and communities are better able to improve the coverage and quality of early learning and development"*, , the outcome indicators show some promising results with a high transition rate between primary and junior secondary school,[212]and a gross enrolment rate that almost meets the target in the pre-primary level.[213]

225. Only one in four learners, reportedly attended nursery school before starting primary school[214]. This has negative consequences on the students' learning trajectory as it has been proved that learners without pre-primary education struggle to gain foundational skills in the early years of primary school which leads to poor performance, difficulties in acquiring foundational skills and slower progress through their educational trajectory.[215]

226. There is nonetheless qualitative evidence that ECD centres supported by UNICEF directly contribute to enhancing children's ability to learn and be better prepared for primary education. The evaluation of the ECD Programme also found "consistent evidence of high levels of household member engagement with children who had attended the ECD centres and high levels of children's engagement with household members". The evaluation attributes this prominent level of involvement to sensitization meetings held by implementing partners.

227. The ECD programme has also enhanced caregiver involvement in early childhood stimulation and improved equal access to education for both boys and girls, as well as for children with disabilities[216]. Supporting this finding, household data from the evaluation indicate a high level of awareness among

---

[210] Government of Sierra Leone-GPE-UNICEF (2021) Sierra Leone National Early Grade Reading and Mathematics Assessment Baseline Study

[211] UNICEF and Irish Aid (2021) Out-Of-School Children Study Sierra Leone

[212] Ideally, the Transition Rate should not exceed 100% unless there are extraneous factors at play, such as pupils entering JSS1 who did not enter the last grade of primary, because they sat and passed the transition exam when in P4 or P5, and/or many repeaters of the NPSE who succeeded in passing the exam the second time round as well as out of school children who sat and passed the transition exam.

[213] Government of Sierra Leone (2022) Annual School Census

[214] Government of Sierra Leone-GPE-UNICEF (2021) Sierra Leone National Early Grade Reading and Mathematics Assessment Baseline Study

[215] Ibid.

[216] UNICEF. 2023. "Evaluation of the ECD Programme", accessed on Evaluation reports | UNICEF Evaluation

caregivers regarding the importance of equal access to education for all children, regardless of gender or disability. [217]

228. Since the beginning of the CP's implementation, the Government, with support from UNICEF and funding from the Global Partnership for Education (GPE), completed 59 ECD centres with the training of 4,836 teachers cumulatively, and expanding access to education for more than 24,000 children aged 3-5.

229. UNICEF also supported the training of an additional 988 ECD teachers, 82 percent of whom were female. This effort increased the number of qualified pre-primary teachers by 22 percent, improving the teacher-pupil ratio from 1:44 in 2019 to 1:39 in 2022[218]. UNICEF also helped train 68 percent of all early grade teachers in Sierra Leone, equipping 4,305 out of 6,287 teachers with early learning pedagogies.

230. Regarding adults' engagement in activities to promote learning and school readiness (Outcome 1.3), the CP evaluation further assessed general caregivers' involvement in children's education and found that only 36% were engaged in parent-teacher exchanges. Overall, the evaluation highlights the positive effects of UNICEF's communications strategy in disseminating key education messages. These messages advocate for right-age enrolment in pre-primary and primary school, uphold child rights, particularly the right to education, and promote inclusive and equitable education for all school-aged children. This strategy has contributed to increased caregiver involvement in early childhood education, which is likely to be reflected in improved enrolment and attendance rates.

231. In terms of gross enrolment rate (GER) in pre-primary education in 2022 was at 25%, close to reaching the 26% target set of the CP for 2023[219]. It should be noted that pre-primary schools are quite low in number and many 4 and 5 years old are enrolled in class 1, because pre-primary schools are limited in number and availability in rural areas. At primary level, the coverage was above 100% indicating the adequacy of the system to accommodate the primary school age population.

232. Focus groups with parents in a rural area have revealed concerns regarding the cost of schooling, notably transportation, but ultimately willingness to bear them:

> P9: "Yes, it is expensive. I pay [responses range between 10 and 24 Leones] to and from for my child to go to school."
>
> P9: "The parents have to bear [the costs] as they must dedicate themselves to ensure that their children go to school and become better people in life."
>
> P1: "Parents should provide for the needs of the children; for example, if teachers are asking your child to go with textbooks or exercise books, ensure that you provide them on time. Also provide lunch, good uniform, and transport so they will feel like going to school every day[189]."

233. In urban areas, schooling costs including transportation, food and fees were deemed challenging:

> P12: "The problem I am facing is that whenever my child comes from school, she will say my teacher said we should pay for this or that. The

---

[217] CPE Household data 2023

[218] COAR 2022.

[219] UNICEF (2022) Response Plan for Floods in Freetown - Aug / Sept 2022

> *school is always asking for money. That is my problem with the school."*
>
> *P6: "For transportation alone, I have to give my child twenty Leones every day. It does not include lunch and other things, it is expensive."*
>
> *P7: "What you should do as a parent is pay up all your child's school expenses. Because if you don't do that your child will be skipping classes. So as a parent, you should fight hard to ensure that all payment at school for your child is done."*
>
> *P10: "What encourages a child to learn is to give the child sufficient lunch if you don't the child will be reluctant.[190]"*

234. Concerning Output 3 "*The education system has strengthened capacity to improve the quality of basic education*". UNICEF contributed to MBSSE supporting training of teachers, head teachers and administrators for improved learning outcomes and safe schools (including school readiness, early grade learning outcomes, inclusive and safe schools, and classroom practices). Along with other implementing partners, UNICEF provided training to 4,853 new early grade teachers and 6,925 teachers trained in phase 1, who were trained in early grade reading and numeracy pedagogy, gender responsiveness and inclusion. It has also assured the provision of teaching and learning materials, setting as 2022 milestones that 300,000 children (50% of which girls) receive learning materials. And approximately 3,500 early grade teachers received solar radios and teaching learning materials.[220]

235. No significant progress observed in the quality of learning in primary schooling, with 16% of children being able to complete 3 foundational tasks at baseline in 2014, and 15.3% of children able to do so in 2021[221]. Most learners in grades 2 and 4 are not able to comprehend the text they read (64-73%), while only 25-30 per cent are at an emerging skill level. Nevertheless, there was significant improvement in performance from the first assessment in 2014 to the one administered in 2021, with a strong reduction in non-readers between both years.[222] The math scores were deemed unreliable and are not considered for this evaluation.[223] Data on minimum proficiency levels for grades 2-3 and 5-6 stem from the MICS, thus no progress on this outcome can be established until the next round of the survey is completed in 2024.

236. In terms of teacher's qualifications, ASC shows that about 62% of all teachers had the credentials for the level they were teaching, and approximately 17.5% of the teachers were new to the job (i.e., first-timers into the teaching profession). There is a drop of 5% for all teachers qualified to teach at the right level, from 67% in 2021 to 62% in 2022 which implies a persistent challenge in the quality of education and hinders improvement of the competencies.

237. With respect to Output 4 *"Adolescents, particularly girls, have improved access to opportunities to develop skills for learning, employability and active citizenship",* apart from growing public investment in this specific age group[224], UNICEF have developed several activities outlined in the RWP to achieve

---

[220] Government of Sierra Leone (2022). Annual School Census.

[221] EGRA/EGMA (2021)

[222] ibid

[223] Remark to the UNICEF Sierra Leone Results Framework

[224] https://documents1.worldbank.org/curated/en/991441623650002503/pdf/Sierra-Leone-Public-Expenditure-Reviews-2021-Primary-and-Secondary-Education.pdf

the desired output such as the promotion of the Reimagine Education Agenda with particular focus on gender-sensitive 21st century skills (e.g. social innovation skills and social innovation entrepreneurship training, particularly to adolescent girls, supporting the development of marketable skills for employment or enterprise development) as well as promotion of life skills and sexual education. Lastly, the evidence generation on minimum standards on School Related Gender Based Violence (SRGBV) and the implementation of key recommendations from SRGBV pilot contributed to the encouraging outcomes observed in terms of completion rates that surpassed the expected target.

CP Outcome 4: Child Protection

Table 20. Level of achievement of the expected results - Country Programme Outcome 4

Outcome 4: By 2023, fewer children experience physical and sexual violence, abuse, and exploitation			
Indicator	**Expected results (2023)**	**Results achieved**	**Assessment**
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	69%	Unknown[225]	N/A
Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	90%	Unknown[226]	N/A
Percentage of young women and men aged 18- 29 who experienced sexual violence by age 18, by sex and age	3.2%	Unknown[227]	N/A
Percentage of children under 1 whose births are registered	87%	Unknown[228]	N/A
Number of girls and boys who have experienced violence reached by health, social work, or justice/law enforcement services.	17.811	56.061[229]	**Good level**
Women (20-24 yrs.) married before age 18	24%	Unknown[230]	N/A
Girls and women aged 15-49 years who have undergone FGM/C, by age group	79%	Unknown[231]	N/A

238. By 2022, the indicator "Number of girls and boys who have experienced violence reached by health, social work, or justice/law enforcement services" had surpassed its 2023 target. As to the remaining

---

[225] Most recent value is 86.5% from MICS (2017)

[226] Most recent value is 90%, from DHS (2019)

[227] Most recent value is from 2019 DHS and includes women only, stratified by age group (0.5% for 18-19, 0.6% for 20-24, and 1.4% for 25-29)

[228] NCRA data from 2022 features an absolute value of 143.638 but no information on percentage

[229] CSI indicator from UNICEF Sierra Leone administrative documents

[230] Most recent data is from 2019 DHS: 29.6%

[231] Most recent data is from 2019 DHS: 83%

indicators, we quote secondary data to establish the effectiveness of the different child protection programmes UNICEF supports and how the outputs were converted into outcomes.

239. Although the outcome indicator "*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*" does not feature updated data, we can infer that the positive parenting education program has contributed positively to its achievement. The program led to a notable increase in knowledge and practice of "positive parenting," with substantial improvements in non-violent discipline, parental self-care, gender-equitable practices, and positive family communication, but also fostered a community-wide change in attitudes towards child-rearing, creating a healthier, more supportive environment for children's development.

240. The interactions between the life skills training for adolescents and the positive parenting program revealed behavioural changes of adolescents within families, contributing to improved family dynamics. Additional data from Data from Justice for Children initiative show that the number of child victims of violence decreased from about 4,500 in 2019, to about 1,400 in 2023. During the same period, the number of child offenders also decreased from about 6,700 in 2019 to 2,200 in 2023[232].

241. The data on legal representation for children show that close to 10,000 children have had legal representation between 2019 and 2023. In the same period, about 130,000 girls and boys have benefited from alternative dispute resolution mechanisms, while over 140,000 children benefitted from legal education initiatives.[233]

242. While there is no updated survey data on the "*proportion of children under 5 years of age whose births have been registered with a civil authority, by age*", we use information from a proxy indicator, the CSI indicator "*Government has strengthened capacity to scale up the birth registration of children within a harmonized CRVS system*" to infer progress towards the outcome[234]. The 2023 CSI data from two data points show that about 180,000 children under 5, were registered at birth in each data point[235]. Disaggregation of the data shows that just over 98% of the children registered were children under 1 year of age. The NCRA data for January to October 2022 showed that just over 140,000 children under 1 year of age were registered at birth, and about 27% of these were registered with certificates.

243. While the indicator "*percentage of young women and men aged 18- 29 who experienced sexual violence by age 18, by sex and age*", does not have up-to-date data, UNICEF's contributions of which led to the establishment of a Gender-Based Violence (GBV) interagency platform, which included a toll-free line for GBV response, is discernible. The GBV platform integrates social work into higher education and supports alternative reports on child rights. UNICEF's role in governance and legal reforms ensured that child rights were embedded within the broader human rights agenda, while collaborating closely with the government in developing key policies and curricula.

244. It can also be inferred that the support for the Teenage Pregnancy Secretariat, as well as the development of an integrated curriculum and training for healthcare workers, aiming to increase accessibility to sexual and reproductive health services, including adolescent engagement programs to counteract peer pressure likely contributed to meeting the targets under the indicator "*women (20-24 years) married before age 18*". According to most adolescents who took part in FGDs in rural and urban areas, 25 years is an appropriate age for marriage[236]. The research on the Bondo Initiation also contributed to advocate for policies that contribute to the indicator "*girls and women aged 15-49 years who have undergone FGM/C, by age group.*" As mentioned, these are only logical causal statements that, albeit plausible, are unverified by empirical evidence given that outcome data are missing.

---

[232] Justice for Children data, 2019 – 2023

[233] ibid

[234] NCRA Jan-Oct 2022 registered births death 2

[235] Data extraction performed by UNICEF from CSI database. Document "Data points-CP.docx"

[236] CPE FGD data.

245. For the Sierra Leone Positive Parenting Education Programme, a comparative analysis of 2019[237] and 2022[238] data highlights remarkable transformations. Over this period, positive parenting knowledge and practices saw substantial progress, while negative parenting styles notably declined. The program also succeeded in significantly reducing instances of violent discipline, actively promoting non-violent, positive disciplinary approaches. Within families, there were observable improvements in relationships and communication , resulting in decreased violence and harmful practices towards children.

246. The program had a notable impact on community norms and attitudes related to parenting, fostering a shift towards less violence and more effective discipline methods within the community. A significant milestone was the development of a five-year strategic plan by the ministry of social welfare, emphasizing positive parenting and family support, inclusive of validated curricula and child rights policies, garnering broad stakeholder acceptance. According to a government stakeholder, the strategic plan is heavily focused on positive parenting and other areas that relates to supporting families making sure that children are better cared for and supported and protected[239]. Interviews with other partners point to improved communications between parents and children in the household because of the positive parenting programme, with evidence in communities where programme has been piloted that parents have changed their perception in caring for their children[240].

247. The impact of the positive parenting programme was assessed by comparing the pre- and post-test

Figure 7. Percentage of households thinking it is necessary to physically punish a child to educate them (by district)
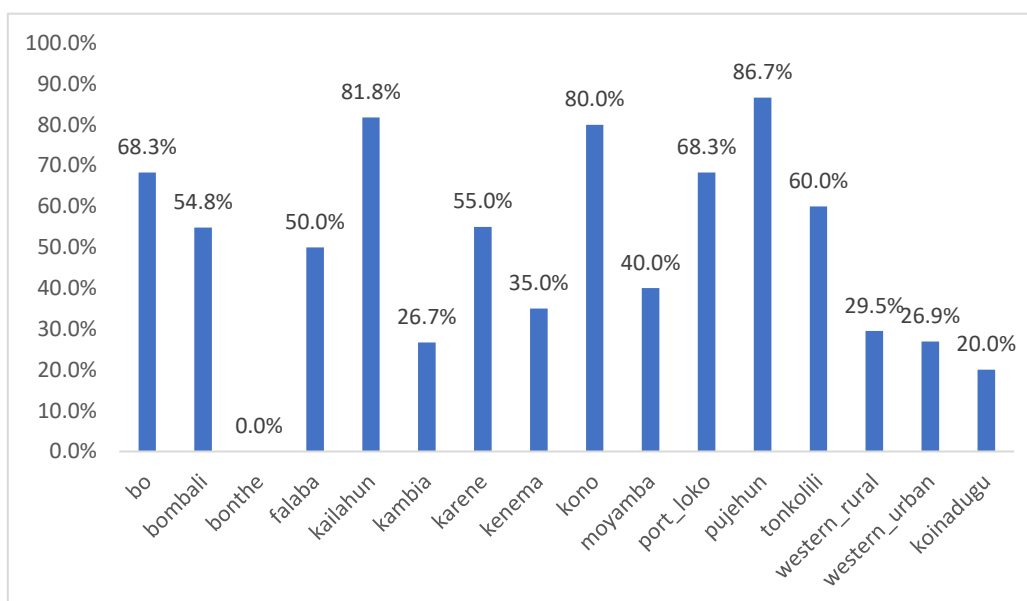
Source: CPE Household Survey. N=715

outcomes in relation to knowledge and self-reported practice of positive parenting techniques. Participants demonstrated a remarkable shift towards non-violent discipline (which included setting rules and boundaries, and praise), with a 41% positive score difference. The importance of parental well-being also gained prominence, with an 18% positive score difference, reflecting a growing awareness among participants. Gender-equitable practices at home also witnessed positive changes, as evidenced by a 20% positive score difference in their promotion. There were significant

---

[237] Formative research on violence against children (VAC) in homes to inform opportunities for positive parenting in Sierra Leone (2019)

[238] Strengthening of Sierra Leone's Positive Parenting Education Programme Implementation Framework final report (2022)

[239] Interview 6 – government partner, child protection

[240] Interview 36 – government partner, child protection

enhancements in family communication, with a 15% positive score difference, and in the role of being a positive model for children, with a 12.5% positive score difference. The impact of the program was reinforced through home visits, which revealed a noteworthy reduction in the inclination towards violent discipline, with 78% of participants favouring non-violent methods.[241] According to the evaluation's household survey results, half of the respondents support physical punishment of children to "properly educate" them. There are, however, important cross-district variations in terms of attitudes towards physical punishment [242].

CP Outcome 5: Evidence, Policy and Social Protection

Table 21. Level of achievement of the expected results - Country Programme Outcome 5

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.			
Indicator	**Expected results**	**Results achieved**	**Assessment**
Number of children living in poverty according to (a) International extreme poverty line; (b) National monetary poverty lines or (c) National multidimensional poverty lines.	2,047,144	Unknown[243]	UNICEF is currently working on updating the child poverty estimates. Initial assessment indicates little change in poverty levels.[244]
Number of children covered by social protection systems	100,000	2021: 190,094 2022: 166,245 2023 :[245] Total : 73,628 (Male: 36,945, Female: 36,683)	Disaggregated data are not available for 2021 and 2022.

248. Across EPSP thematic areas, there was a commendable degree of execution with several interventions achieving or surpassing their anticipated output goals. UNICEF surpassed its goal of reaching 100,000 children through social protection systems for 2021 and 2022. However, in 2023, just over 70% of the

---

[241] Strengthening of Sierra Leone's Positive Parenting Education Programme Implementation Framework final report

[242] A direct comparison between the household survey and the PPE Implementation Framework final report is not straightforward as the report did not feature data by district. Overall, there were positive changes when the post-test scores were compared with the pre-test as shown in earlier sections.

[243] Latest estimate is from 2019. UNDP. Sierra Leone Multidimensional Poverty Index (2019).

[244] Development Pathways. 2024. "Producing Multidimensional Child poverty Analysis for Sierra Leone: Preliminary Findings".

[245] The reason 2023 is lower than the previous two years is that there are two programmes, and payment under one of these was postponed to early 2024.

target was achieved due to the postponement of one of the social protection programme payments to 2024.

249. UNICEF has been supporting the National Social Safety Net (SSN) Programme, Sierra Leone's flagship social protection initiative, present in all districts of the country, since 2014. UNICEF also supported the implementation of the Emergency (urban) Cash Transfer (ECT) that aided 29,000 households with one-time cash payments and the expansion of the SSN to support an additional 65,000 households affected by the pandemic.

250. Launched in November 2022, the Productive Social Safety Net and Youth Employment (PSSNYE) programme builds on the successes of the existing *Ep Fet Po* SSN programme. With the support from UNICEF and World Bank, it aims to scale up and introduce new activities to address youth employment in both urban and rural areas while retaining the support to the extreme poor[246]. UNICEF has also begun assisting the Government with costings for a child grant, with plans to build a strong investment case and potentially pilot the programme. Following the 2022 Strategy, initial coverage will focus on the first 1,000 days of a child's life and expand gradually. The World Bank assessment of Sierra Leone's social protection system based on a lifecycle approach pointed to positive results such as a significant expansion of the school feeding programme in during childhood; the Ep Fet Po SSN programme for youth; and programmes such as empowering women in post-production, green jobs, women's digital centre, green public works and food systems resilience during adulthood [247]

251. EPSP's Output 1 sought to *"increase the government's capacity to use disaggregated data and evidence related to child deprivations".* Over the past four years, UNICEF has supported Statistics Sierra Leone, particularly in data collection, analysis, and dissemination related to multidimensional poverty, the Multiple Indicator Cluster Survey (MICS) rounds 6 and 7, and certain activities related to the 2021 Mid-Term Population and Housing Census. These activities, crucial for understanding and addressing children's needs, were directly sponsored by UNICEF, highlighting their commitment to improving children's welfare in Sierra Leone[248]. The domain of social safety nets also saw advancements, with more households reporting cash transfers that were predominantly invested in food and business ventures[249].

252. There was progression in establishing frameworks for child-responsive budgeting and augmenting the capacity of Ministries, Departments, and Agencies (MDAs) to execute child-sensitive initiatives. Successes encompassed strategic planning integration of child rights programs, advocacy for elevated budget allocations for child-sensitive schemes, and improved budget execution prioritizing child welfare. For the education and health sectors, the 2023 budget reflected increased allocations, indicating a prioritization of children's needs. The Ministry of Basic and Secondary School Education (MBSSE) saw a 21% budget increase[250], reinforcing the Free Quality Education program.

253. UNICEF also provided support in producing Sierra Leone's 2021 Voluntary National Review (VNR) report[251]. The report presents an evaluative overview, showcasing the impact of SDG policies on the welfare of the population. By comparing current results with those from the 2019 VNR, the report highlights progress and areas needing improvement. Output 2 aimed at *"enhancing the government's ability to provide child-sensitive and integrated social protection programs, reaching the most deprived, including in humanitarian situations".* The result was the creation of a CRPD (Convention on the Rights of Persons with Disabilities)-compliant disability assessment framework, a move towards a more

---

[246] World Bank and UNICEF (2024). A Retrospective Assessment of the Evolution of the Social Protection Sector and Programmes in Sierra Leone (2002-2023).

[247] Ibid.

[248] Interview 27 - Government Partner - EPSP

[249] Sierra Leone Covid-19 Integrated Monitoring Survey (CIMS) Round 2 report Final, September 2021

[250] For a GDP growth of only 3.46% in 2022 thus a growth in both absolute and relative to GDP terms.

[251] Government of Sierra Leone. 2021. "2021 VNR Report on SDGs in Sierra Leone".

inclusive social protection system. Although specific budget implementation figures were not disclosed, the initiatives' outcomes indicated a strategic pivot towards inclusive approaches[252].

254. In addition to providing substantial support for the development of the National Social Protection Strategy (2022-2026), UNICEF has also extended financial and technical assistance towards the Social Protection Bill in Sierra Leone. This multifaceted support has been crucial in shaping policies and frameworks aimed at enhancing social safety nets and ensuring a more inclusive and effective social protection system in the country. UNICEF's involvement underscores its commitment to fostering sustainable development and improving the welfare of vulnerable populations in Sierra Leone.

255. UNICEF along with the World Bank supported the Business Case and Fiscal Space Analysis led by the Government of Sierra Leone for social protection. This analysis revisited the prioritization of recommendations from the 2013 World Bank Assessment and examined three specific programmes: an unconditional child grant for individuals aged 0-17, a cash-for-work programme for working-age individuals linked to a youth skills-development initiative, and an unconditional cash transfer programme providing social pensions to the elderly (60+) and transfers to persons with disabilities (0-64)[253].

256. Output 3 centred on *"equipping local government authorities to develop, coordinate, and monitor evidence-based multisectoral plans for child's well-being".* Specific budget figures and quantifiable outcomes, however, were not fully detailed, indicating a gap in the comparison of planned versus actual expenditures and the effectiveness of funds utilized[254]. Working through the field offices, Social Policy supported the setting up district development coordination mechanisms at the district level at a time when there was a travel ban (during the Covid-19 pandemic). The chiefs of the field offices were able to reach out to the district councils, working on the agendas for meetings and making sure that chiefs of field offices felt ownership. Currently, these district coordination committees are functional across the country. Through that process, MOPED stakeholders at the central level have been connected directly to chiefs of field offices with observable open lines of communication there[255].

Unexpected Positive Findings

257. In *Health and Nutrition,* UNICEF initiatives have made it possible to generate evidence capable of addressing the multiple issues of vulnerability in the country *beyond HN*, and subsidizing action plans with tangible goals that promote inclusion, access to health and basic rights, contributing to social development and reducing the disparities identified.

258. The Covid-19 pandemic also offered an opportunity for improvements to be made to the health care system that have long term benefits across the sector, including the improvement of cold-storage facilities and oxygen tank provision to regional hospitals.

259. The rate of formal health service utilization over the past three years is remarkably high, with 86% of respondents to the household survey stating that they have utilized these services. When respondents were asked about their satisfaction level regarding the health services received, there was a notable average satisfaction rate of 71% at the national level, although disparities were observed at the district level[256].

260. Although there is no concrete indicator for preventing malaria related death among children, UNICEF's H&N Programme also covers awareness raising activities and supplying families with children with

---

[252] Elaboration on report: Disability assessment and determination

[253] World Bank and UNICEF. 2024. " A Retrospective Assessment of the Evolution of the Social Protection Sector and Programmes in Siera Leone (2002-2023).

[254] Interview 45 – Government

[255] Interview 46 – UNICEF Social Protection

[256] The number of observations at the local level is not sufficient to draw conclusions about disparities between different types of facilities). The survey report shows a higher utilization of primary health units for all districts except Bo (16.7%), Kenema (15%), Kambia, and Port Loko (0%). In Western Rural and Urban, the hospital is used more (100%) and (90.4%) compared to primary health units (50.8% and 55%) respectively.

mosquito nets. The evaluative evidence shows that nearly 70% of households with children in the programme areas use mosquito nets. The use is especially high in rural areas.

Unexpected Negative Findings

261. In *Education*, there are still some areas where results haven't been as expected, e.g. retention rates at primary schools stand at 45%, meaning that only about half of the students that enrol in first grade finish the last grade of Primary.[257] The teacher workforce also exhibits several persistent weaknesses, despite UNICEF and partners contributions in this area. Since 2020, UNICEF support has aided in training 68% of all Early Grade teachers in Sierra Leone in early childhood pedagogies. However, various aspects such as recruitment, training, and deployment continue to face challenges, resulting in a small number of qualified and motivated teachers. The pupil-to-teacher ratio, encompassing both qualified and unqualified teachers, has remained almost unchanged according to successive school censuses. Furthermore, there is a deficiency in certified preparation, with nearly 25% of teachers surveyed by EMRA/EGRA having only a basic education or West African Senior School Certificate, lacking the certified training required to become a teacher.

262. In *Child Protection*, although the evaluation did not measure child labour using the standard methods employed by UNICEF, it did collect data to estimate children's involvement in income-generating and household activities. Nearly 60% of respondents reported that their children always or often help with household chores, while 13.85% stated that their children seldom assist with household work. Additionally, 33% of caregivers indicated that their children help earn income.

263. These findings suggest a significant portion of children's time is spent on household and income-generating activities, potentially at the expense of their education and social development. This highlights the need for further efforts to balance children's contributions to family welfare with their educational and developmental needs.[258]

264. Although the awareness level of harms of physical punishment on children is high, a sizeable portion of respondents resort to harmful punishments for disciplining or managing their children's behaviour, with 70% admitting to doing so . Specifically, at the rural level, 73% of respondents acknowledge the use of punishments, while in urban areas, this figure slightly decreases to 63%. This attitude harbours little gender variation: 72% of men report employing punishments, compared to 69% of women.[259]

EQ 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?

265. The prerequisites for achievement of the Health and Nutrition Programme (CPO1) were "sustained political commitment; communities receptive to behaviour change messages; continued support for community-based interventions; and commitment to address health sector human resources gaps".

---

[257] Ibid.

[258] As such, child labour is not sufficiently assessed in the survey, as per UNICEF definition. UNICEF definition of child labour is structured as follows:

Ages 5–11: At least 1 hour of economic work or 21 hours of unpaid household services per week

Ages 12–14: At least 14 hours of economic work or 21 hours of unpaid household services per week

Ages 15–17: At least 43 hours of economic work per week

[259] Important disclaimer: Household data are merely illustrative of the current situation. No causality to CP's results may be inferred due to the lack of both a time series and a comparison group, although differences across districts may give hints as to whether the ones targeted by UNICEF-supported interventions fare better.

Figure 8. CPO1 Theory of Change

OUTPUTS	CONDITIONS	OUTCOMES
Increased capacities for planning, budgeting delivering and monitoring services Better utilization of CBH & nutrition interventions in health system. Rights holders benefit from approved approaches to improve their health.	Sustained political commitment Communities receptive to behavior change messages. Continued support for community-based interventions Commitment to address health sector human resources gaps	1. More children (aged 0-18) and women benefit from quality comprehensive services and practices.

266. External positive factors include political commitment that supports health and nutrition policy programming Such commitment would be demonstrated by the existence of national-level strategies resulting in coordinated implementation such as the RMNCH, IMNTI, the Early Newborn Action Plan[260], and particularly the national Child Health Plan, which sprang from the UN-supported Child Survival Action Plan[261].

267. External negative factors and risks include limited human capacity, which may hinder the effective and efficient implementation of the programme One interviewee mentioned a human resource gap, attributed to low salaries in government jobs. This poses a risk of government experts opting to accept jobs elsewhere, like NGOs and the development community, including the UN system[262]. No mention of government resistance to UNICEF continuing to support community-based interventions has been made.

268. Internal positive factors highlight UNICEF's community engagement strategies, including social mobilization teams, mobile vaccination teams, as critical for increasing vaccine uptake and addressing hesitancy[263]. For example, the digital listening platform has been an SBC innovation that helped target communication to reduce prejudice against vaccination[264]. As far as it is possible to infer from the available information, most of the conditions for the transformation of outputs into outcomes were therefore in place during the current CP.

269. Within the WASH Programme, the ToC requisites for the conversion of outputs into outcomes are stated as "political commitment to accelerate progress towards SDG 6.1 and 6.2" (safely managed drinking water, sanitation, and hygiene services) and "Children [and] their families will adopt safe WASH practices once they have knowledge, skills and facilities".

Figure 9. CPO2 Theory of Change

OUTPUTS	CONDITIONS	OUTCOMES
Improved evidence & capacity to implement WASH policy Strengthened capacities to improve coverage and quality of water services Increased community capacities & commitment to use basic sanitation facilities and improve hygiene and sanitation practices	Political 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	2. 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.

270. In Sierra Leone, WASH responsibilities are scattered across four ministries, with the Ministry of Water Resources & Sanitation in charge of water supply, the Directorate of Health, and Environmental

---

[260] Interview 38 – Government
[261] Interview 31 – Government
[262] Interview 38 – Government

Sanitation handling WASH in health care units, the Ministry of Basic and Secondary Education in charge of WASH in Schools and the Ministry of Local Government and Rural Development managing WASH services at district levels. WASH in rural communities is overseen by district councils[265].

271. The political commitment necessary for National WASH capacities was declared in the presidential address of 2018, when the government proposed to increase the sanitation budget stationed then at 3% of overall goods and services[266]. There was indeed an increase and in the last three years the sanitation figures were 5.6% of total goods and services in 2021, 3.9% in 2022 and 4.2% in 2023[267]. Beyond budget, WASH delivery is seen to be limited by bottlenecks that include limited local supply of goods, irregular transfers, inadequate legal framework, and poor delivery and service maintenance[268]. With UNICEF support, in a structured attempt to confront this scenario, the Government of Sierra Leone has put together a National Strategy for Sanitation and Hygiene. The strategy includes a costed action plan which foresees heavy private sector and NGO involvement in the implementation of integrated WASH solutions in the 2020-2030 period[269].

272. For the achievement of the targets set for the Education Programme, the theory of change foresaw a scenario in which the government remained "politically, financially committed to the Free Quality Education initiative", "UNICEF and partners have safe, continued access to working with schools, communities, employers and officials" and "political barriers to school attendance [are] removed". The existence of these enabling conditions has been verified in practice.

Figure 10. CPO3 Theory of Change

OUTPUTS	CONDITIONS	OUTCOMES
Improved for evidence-based planning, and monitoring. Govt and communities better positioned to improve coverage and quality of ECD Strengthened capacity of education system to improve quality of basic education. Improved access to opportunities to develop skills for learning and active citizenship for adolescents, especially girls	Government politically, financially committed to Free Quality School Education initiative UNICEF and partners have safe, continued access to working with schools, communities, employers and officials Political barriers to school attendance removed	3. More children have access to improved and meaningful learning outcomes

273. At the policy level, Sierra Leone has a legislative framework that establishes the rights of children to attend school and affirms the responsibilities of parents to ensure attendance and of officials to ensure welfare. The lifting of a prior ban on pregnant girls attending school improved access, as did the introduction of Free Quality School Education (FQSE) which began to pay tuition fees to government supported schools. Further, the Basic and Senior Secondary Education Act passed in 2023 explicitly bans corporal punishment[270].

274. In terms of financial commitment, with the launch of FQSE initiative in 2018, the Government of Sierra Leone has all but doubled the education budget in four years, increasing expenditures in the sector from 12.5 % in 2016 to 21,4 % in 2020. In 2019, across all education levels more than US$97.9 million was spent on education representing a 46 percent increase in government spending on education since 2017. The highest share of education expenditures goes towards pre-primary and primary education

---

265 United Nations Sierra Leone (2022). Common Country Analysis
266 Parliament of Sierra Leone (2018). President's State Opening Speech, 20 May 2018
267 Government of Sierra Leone (2023). Fiscal Year 2023 Budget., Annex 3a, p. xiv
268 UNICEF (2021). Summative evaluation of the Accelerated Sanitation and Water for All (ASWA) Programme in Sierra Leone (2012-2019), p.5
269 Government of Sierra Leone, Ministry of Health, Directorate of Environmental Health, and Sanitation (2020). National Strategy for Sanitation and Hygiene Sierra Leone.
270 https://endcorporalpunishment.org/sierra-leone-prohibits-corporal-punishment-in-schools/

(38 percent); however, the priority is shifting to secondary education. At the secondary level, expenditures have more than doubled between 2017 and 2019.[271]

275. In terms of access, interviewees in both government and UNICEF confirm that UNICEF and its partners have been working extensively in technical support to government at all levels, from central planning to local schools[272].

276. The government limited capacity to mobilize resources is seen as an external constraint. The operationalization of policies at local level faces challenges, as local actors sometimes are not aware of the policies in place [273]. At the system level, certain actions faced delays due to external institutional factors, specifically the elections in 2023. Additionally, excessive bureaucracy, a common issue in projects involving the government, was identified as a hindrance to faster expansion of programmes.[274] There is a need to streamline sector policies, strategies and guidelines and to ensure enhanced planning for operationalizing those policies[275].

277. Positive results are also attributable to well established current coordination mechanisms between different actors. In this regard, UNICEF collaborates with other UN agencies such as UNFPA and UNDP (for life skills in adolescents), and WFP for school meals. While the main donors (World Bank, EU, USAID) coordinate interventions via an education group led by the government and meeting on a quarterly basis, there is still work to do in engaging smaller NGOs, CSOs, and grassroots organizations, which may not necessarily align with this proposal and may present a divergent line of work. Additionally, the private sector is marginally involved in the discussions, with their most notable collaboration providing access to Internet services in schools.

278. Despite FQSE, many children are still out of school, at risk of dropping out or not benefiting from this initiative, as they live in remote rural communities where there are no schools or schools are yet to be approved by the government to qualify for the FQSE. Furthermore, due to high and persistent levels of poverty, parents are unable to pay the direct and indirect costs of education even with the FQSE initiative.[276] Despite its valued efforts, FQSE has proven insufficient as it has not fully addressed indirect schooling costs to the extent required to retain children through secondary education or where children are required to study outside of the government system. Nor has it addressed other non-economic barriers marginalized children face. While vast numbers of OOSC have been incorporated back into schools --broadly with gender parity—interviewees highlight that inequitable access persists, particularly in line with gender, disability, and geography[277].

279. Several initiatives were implemented under the output "Accelerated results for children" through *innovation* and influencing the external context to create an enabling environment for others to innovate for children. These initiatives have resulted in a significant improvement in digital educational infrastructure, access, and capacity building in Sierra Leone. The results reveal a remarkable achievement in enhancing digital connectivity, access, and education in Sierra Leone. Through strategic partnerships, quality hardware provision, and targeted training programs, the initiatives have advanced digital literacy, educational access, and the capacity of educational institutions to leverage digital tools. The results also signify a substantial step forward in the digital transformation of education in Sierra Leone, laying a robust foundation for future advancements in digital learning and educational access.

280. Several factors acted as enabling environment, albeit with challenges as well. The government of Sierra Leone has exhibited a clear commitment to fostering innovation and embracing digital education, as

---

[271] World bank Data https://documents1.worldbank.org/curated/en/991441623650002503/pdf/Sierra-Leone-Public-Expenditure-Reviews-2021-Primary-and-Secondary-Education.pdf

[272] Interviews 02 (UNICEF), 37 and 45 (government)

[273] Interview 02 – UNICEF

[274] Interview 16 – Donor

[275] UNICEF comment to an earlier draft of this report

[276] Government of Sierra Leone-UNICEF (2021). National Strategy for Out-of-School Children in Sierra Leone

[277] Interviews 02 (UNICEF) and 37 (Government)

illustrated by partnerships such as that with UNICEF and the establishment of the Directorate of Science, Technology, and Innovation (DSTI). This government resolve has been in line with national objectives that prioritize technological connectivity and digital literacy, especially among disenfranchised communities. However, the political ambition was sometimes overshadowed by the country's infrastructural and systemic educational challenges, limiting the scope and impact of these interventions.

281. The cultural stance of Sierra Leoneans towards education and new technology was a crucial determinant in the uptake of interventions. The enthusiasm and high demand for digital education solutions among learners and educators indicated a general cultural inclination towards digital integration in education. Yet, the variation in technical literacy called for targeted educational initiatives to elevate engagement and maximize the benefits of digital platforms.

282. Overall, therefore, while the supportive political, socio-economic, cultural, and institutional context of Sierra Leone laid the groundwork for UNICEF's digital educational projects, it also presented a complex array of challenges that required a comprehensive and sustainable approach. The need for robust infrastructure, ongoing capacity building, and steady collaboration among all stakeholders was recognized as essential for maintaining and scaling the impact of such initiatives.

Figure 11. CPO4 Theory of Change

283. Cultural norms and practices have an impact on the Child Protection Programme initiatives. These are worded in the ToC conditions as "traditional leaders, community members and women willing to engage in public discussion on sensitive issues such as FGM." The second condition for the effective transformation of outputs into outcomes in Child Protection is stated as "political and financial commitment to strengthen/reform child protection framework."

284. GBV is a persistent problem in the country. Data from the 2019 Sierra Leone Demographic and Health Survey (DHS 2019) showed that an estimated 62 per cent of women aged 15–49 report have experienced physical or sexual violence. With the onset of the Covid-19 pandemic, it was feared that the rates of GBV, which were already unacceptably high in Sierra Leone, would be exacerbated. Sixty one percent of ever-married women aged 15-49 have experienced spousal violence whether physical, sexual, or emotional by their husband or partner[278]. Despite policy initiatives, UNICEF child protection officers note low prevention mechanisms and a lack of family involvement in this area, hindering the sustainability of these efforts.[279] Weak capacity, commitment, and coordination among local duty bearers at multiple levels were major factors preventing more effective responses to SRGBV. A particular gap in Sierra Leone lies in the availability of services or referral pathways for vulnerable children who may be experiencing a crisis other than one stemming from abuse or violence.

---

[278] UNFPA, available at https://sierraleone.unfpa.org/en/topics/gender-based-violence-11

[279] Interview 02 – UNICEF

285. The formative research on violence against children in Sierra Leone conducted to inform the positive parenting program observed that harmful practices such as Female Genital Mutilation (FGM) persist, with widespread societal support, particularly in rural areas. While there have been shifts in attitudes, especially among urban and younger populations, FGM remains deeply embedded in Sierra Leonean society, illustrating the cultural complexities that interventions must navigate[280].

286. Public financing for children, especially in the context of advancing child protection programming (including on Violence Against Children, Justice for Children, Preventing Harmful Practices and Legal Identity), still needs to be further prioritised for prevention and response programming. For instance, one of the lead agencies for CP, MoGCA was only allocated 0.1% (2021, actual) and 0.2% (2022, estimate) of the total goods and services the government spent each year[281]. This allocation, together with the need to harness broader political commitment and address root and other structural issues, is crucial for preventing and responding to Child Protection violations.

Figure 12. CPO5 Theory of Change
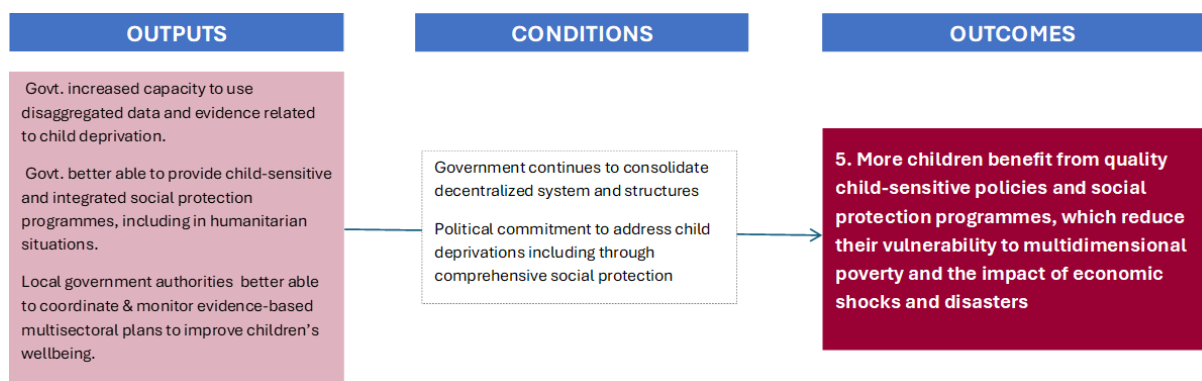
287. In *EPSP*, Outcome 5 presupposed continued government decentralization and, again "political commitment" to comprehensive social protection.

288. The policy context was favourable, with both decentralization and political prioritization having occurred during the CP. The government's response to the pandemic, which included measures such as lockdowns and school closures, was initially met with high public satisfaction, but also led to socio-economic repercussions, such as income loss, increased prices, and educational disruptions that necessitated a call for improved healthcare access, price regulation, and cash payments, as detailed in the Sierra Leone Covid-19 Integrated Monitoring Survey (CIMS) Round 2 report September 2021)[282]. The lockdowns and school closures had additional negative impacts on learning outcomes for students in Sierra Leone. According to a study conducted in 2022[283], with the onset of school closures globally, students in Sierra Leone unlike in many other nations received no online or television instruction, but instead relied on radio, which proved beneficial for students in cities and large towns. Students' learning was thus affected by factors such as lack of electricity, attention, health concerns, and family issues, even though radio programmes served as a medium of learning for students and teacher educators. Following the partial reopening of schools and the need to observe social distancing spacing criterion, pupils were divided into groups based on the maximum number of students a classroom can hold. This impacted the educational system negatively as it takes a lot of time and money to complete a topic for a level of students.

---

[280] Formative research on violence against children (VAC) in homes to inform opportunities for positive parenting in Sierra Leone

[281] Government of Sierra Leone (2023). Fiscal Year 2023 Budget

[282] Sierra Leone Covid-19 Integrated Monitoring Survey (CIMS) Round 2 report September 2021

[283] Kamara, S. S., & Dadhabai, S. (2022). Available at
https://www.academia.edu/86960255/Impact_of_COVID_19_on_the_educational_system_of_Sierra_Leone

289. Compounding the socio-economic context were cultural and social issues like the high rates of teenage pregnancy and child marriage, which had severe implications for maternal and infant health. These issues were attributed to poverty, inadequate parenting, and peer pressure. The government and stakeholders aimed to address these through educational initiatives, reproductive health services, and social protection measures like cash transfers, reflecting the efforts to cultivate a supportive environment for adolescents[284].

290. Despite the developing institutional environment for social protection, highlighted by policy instruments like the NSPP and the MTNDP, challenges persisted in coordination and financing within the sector[285].

291. The initiative to develop the Cash+ model for preventing child marriage and teenage pregnancy unfolded within a socio-economic and cultural context that required a nuanced understanding of the complex interplay between the social protection, education, health, and child protection sectors. A collaborative and inclusive approach involving adolescents and their families was paramount to ensuring community engagement and aligning interventions with the real needs of the target population[286]. The collaboration between the World Bank and UNICEF was grounded in a shared commitment to improving social protection mechanisms and influencing child-centric policies. This synergy, which capitalized on UNICEF's grassroots presence and the World Bank's analytical and financial strength, fostered effective advocacy and implementation of programs benefiting children's welfare[287].

292. Lastly, the interventions unfolded within a socio-economic environment that necessitated a focus on educational reform as part of the national development agenda. This included initiatives targeting human capital development, employability, and gender equality in education, aligning with national priorities and the Sustainable Development Goals (SDGs). UNICEF's evolving focus on the needs of children with disabilities illustrated a responsive adaptation to these complex dynamics and demonstrated a commitment to intersectoral collaboration, addressing issues such as child marriage and teenage pregnancy, and contributing to broader developmental goals, including gender equality and the reduction of multidimensional poverty[288].

EQ 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?

293. During the current CP, UNICEF undertook a series of humanitarian initiatives in Sierra Leone in response to the September 2022 flood disaster in Freetown and the ongoing challenges posed by Covid-19. These interventions spanned multiple sectors, including health and nutrition, WASH, child protection and psychosocial support, education, and social protection. During the floods, 1,817 households were registered for support, including 2,177 children under five and 2,898 school-going children [289]. This population received WASH kits, including purification tablets and soap, nutrition rations, cash transfer (processed by WFP), and benefitted from a coordinated communication response plan with message dissemination, engagement of community leaders and activation of complaint and feedback mechanisms[290].

294. The legacy of the Ebola outbreak served as a preparatory backdrop for the Covid-19 response, providing both infrastructure and experienced personnel. However, the health system's fragility and

[284] Lakka workshop report
[285] Towards shock-responsive social protection: lessons from the Covid-19 response in Sierra Leone Research report
[286] Inception Report: Development of Cash+ Model for Prevention of Child Marriage and Teenage Pregnancy
[287] Interview 04 – Development Partner
[288] Interview 46 – UNICEF
[289] UNICEF Sierra Leone (2022) Situation update flood disaster in Freetown
[290] Ibid.

economic vulnerabilities, especially in densely populated urban areas, presented significant challenges to the interventions. The government's proactive strategies, such as early border closures and the state of emergency declaration, helped lay the groundwork for a coordinated national response[291].

295. In the health and nutrition sector, UNICEF facilitated the continuation of essential services, ensuring access to vital medicines and psychological support. This was implemented in collaboration with the Government of Sierra Leone, specifically the former Ministry of Health and Sanitation[292]. The target of providing vitamin A supplementation to 1,5 million children every six months was precisely met, with a total of 1,500,000 children aged 6 to 59 months receiving these vital supplements. The sector's allocated budget of US$4,900,000 underscores the importance placed on nutritional support in the wake of the disaster[293]. UNICEF, together with the World Health Organisation (WHO), World Bank and Gavi continued to support the MoHS in the COVAX application process, including drafting of a Covid-19 vaccine deployment plan and rapid inventory taking of cold chain equipment[294]. As of 2022, UNICEF has provided support with the capacity building of more than 1, 500 health workers, who have received training as vaccinators. In addition, over 800 cold chain equipment have been procured and distributed to districts and health facilities across the country[295].

296. Efforts in WASH were amplified to improve clean water access and sanitation while establishing robust infection control in health facilities, schools, and communities, in partnership with the Ministry of Water Resources & Sanitation[296]. The aim of ensuring that 100,000 people had access to safe water was successfully achieved, with these individuals now able to use clean water for drinking, cooking, and maintaining personal hygiene. The sector was supported by a budget of US$3,500,000, reflecting its critical role in promoting health and preventing disease spread post-disaster[297].

297. Child protection services, including initiatives for gender-based violence in emergencies and prevention of sexual exploitation and abuse, were given priority, addressing the needs of vulnerable populations, with implementation support from the Ministries of Social Welfare and Gender and Children's Affairs[298]. With a target and achievement synchronously at 1.8 million people, there was extensive outreach in providing safe channels for reporting sexual exploitation and abuse. A budget of US$1,596,000 was dedicated to protecting the most vulnerable populations, particularly in the chaotic aftermath of a disaster[299].

298. Education initiatives were innovated to ensure that all school-aged children had access to learning, whether through schools or distance education platforms, including radio teaching programs supported by the Ministry of Basic and Senior Secondary Education[300].

299. In support of QAERP, UNICEF supported cash transfers managed by the National Commission for Social Action (NaCSA) as well as oversight from the Anti-Corruption Commission (ACC) and the World Bank (WB). The emergency cash transfer programme benefitted 29,000 households[301].

300. Social protection systems were reinforced through cash transfers to vulnerable families, an initiative spearheaded by the Ministry of Finance and NaCSA. Social safety nets were reinforced, with 65,000 households receiving new or additional social transfers, aided by a budget allocation of US$1,660,000, ensuring support to those most in need during trying times[302].

---

[291] Sierra Leone Covid-19 Response: One Year On
[292] UNICEF (2021). Humanitarian Action for Children – Sierra Leone
[293] 2021 HAC Sierra Leone
[294] UNICEF Sierra Leone COVI Situation Report no. 12, 1 – 31 December 2020
[295] https://www.unicef.org/sierraleone/stories/support-towards-effective-covid-19-vaccine-roll-out
[296] Ibid.
[297] 2021 HAC Sierra Leone
[298] Ibid.
[299] Ibid.
[300] Ibid.
[301] UNICEF (2020). Country Office Annual Report 2020 - Sierra Leone, p.6
[302] Ibid.

301. UNICEF's implementing partners for these initiatives included local district health management teams, the National Disaster Management Agency, NGOs such as Caritas and Concern, and FHM for child protection support. The overarching funding needs for these comprehensive efforts amounted to $12.7 million, aimed at mitigating the effects of the pandemic and other challenges faced by children and families in Sierra Leone.

302. UNICEF and its partners have brought about significant changes in social and behavioural patterns during the pandemic, with a focus on improving public health readiness and response at the community level. These initiatives have not only been instrumental in addressing immediate health challenges such as Covid-19 but have also paved the way for long-term improvements in community resilience and capacity. One noteworthy achievement of these initiatives was the successful training of 20 national trainers who subsequently disseminated their knowledge to approximately 9,300 community mobilizers. These efforts encompassed comprehensive training programs, extensive community engagement, and active individual participation in community-led action (CLA) for emergency response. This was evident in the substantial increase, from 25% to 89%, in the number of eligible individuals visiting health facilities for the Covid-19 vaccine in communities with action plans. Furthermore, communities that developed Covid-19 vaccination action plans increased from 11% to 97%[303].

303. In a separate evaluation of the UNICEF interventions, it was found that while there was a significant increase in awareness and positive attitudes towards the Covid-19 vaccines, logistical challenges and misinformation still hindered higher vaccination rates. The role of community health workers and local healthcare providers emerged as critical in disseminating trusted information about Covid-19 and vaccines[304].

304. The school system's emergency response to Covid-19 further exemplifies the commitment to UNICEF's programming adaptability during the pandemic. In this regard, over 500,000 solar radios have been provided to teachers as part of an initiative to facilitate uninterrupted learning during challenging times. This innovative approach not only addresses immediate needs but also underscores the importance of adaptability and forward-thinking in the educational landscape and is highlighted by different partners.[305]

305. Overall, the Covid budget requirement for 2021, amounting to US$12.734.000, was allocated across the sectors, with a large share directed towards Health and Nutrition (38.5%) and WASH (27.5%), followed by Social Protection and Cash Transfers (13.0%), Child Protection (12.5%), and Education (8.5%). The matching of targets with actual results demonstrates the effectiveness of the interventions, providing a model of success for humanitarian response in crisis situations[306].

Preliminary Conclusions

EFFE 1: Outcome targets for 2023 have for the most part been attained, despite the challenging context of multiple emergencies during the current CP. HN achieved expected outcomes for stunting and antenatal care and was close to achieving targets for appropriate care to children with pneumonia and, in the realm of nutrition, close to targets for breastfeeding and dietary diversity (§ 187). WASH outcomes were either close to target or attained: coverage of drinking water, basic sanitation services, and handwashing as well as proportion and number of people practicing open defecation (§ 209). Education has achieved most targets for which data are available: transition rate between primary and lower secondary education, completion rate of primary and lower secondary,

---

[303] GOAL presentation on CLA learning
[304] Rapid Social Data Surveys Covid-19 Survey Summary Report
[305] Interviews 23 (UNICEF) and 37 (Government)
[306] 2021 HAC Sierra Leone

and gross enrolment in pre-primary (§ 218). Child protection has performed above target in the one outcome indicator for which there is data: children who have experienced violence that are reached by social services (§ 238). EPSP outcome regarding children covered by social protection systems indicates that targets have been surpassed (§ 248). Analysis of its output indicators (government capacity to use data, government ability to provide child-sensitive and integrated programming, and development of evidence-based multisectoral plans) indicates that substantial progress has been made (§ 249-256). For all sections, qualitative analysis at the output level indicates almost universal achievement of targets.

Unexpected positive findings of the current CP include, in health, long-term benefits stemming from emergency action during Covid and a very high rate of formal health service utilization (86%) and satisfaction therewith (71%) (§ 186); Unforeseen points of attention despite UNICEF's efforts include little to no progress in retention rates in Primary schools and the persistence of high pupil-to-teacher ratio. In child protection, the incidence of physical punishment at home is still very high (73% in rural areas and 63% in urban). (§ 264).

EFFE 4: The Covid-19 emergency slowed progress towards the achievement of CP outcome targets, but also presented opportunities for the improvement of coordination mechanisms, with closer collaboration across UN agencies and government entities (§ 275). The enabling context was largely favourable, with government showing political will in support of policies across the CP portfolio and openness to cooperation (§ 277,271) as well as budget increases in Education (§ 274) and an overall improvement in evidence-informed legislation (§ 273,378). Nonetheless, budget allocations in the social sector are low in relation to the challenges faced by the country, especially in child protection (§ 285), suggesting that the political will does not yet entirely materialise into effective policy. Other bottlenecks identified include modest GoSL operational capacity, which may pose a challenge to future scale-up (§ 276), and cultural norms that stand in the way of reducing violence against children and women (§ 284).

EFFE 5: UNICEF service delivery during the Covid-19 pandemic was effective across programmatic areas, as was its coordination of inter-agency activities (§ 293,299,300). Highlights of the CO's performance were its flexibility in adapting programming to the changing context (§ 304) and focus on Social and Behaviour Change (§ 301,354). Results were observed in favourability towards vaccination, handwashing, community mobilization, and improved communication for behavioural change (§ 299,354).

9.4. Efficiency

EQ 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?

306. Resources have been sufficient to ensure the rollout of the current CP and the achievement of the outputs described in the previous section. There is no notice of a project being cancelled or suspended once underway for insufficient human or financial resources, be them regular or emergency funds, but delays and partial executions were observed. An analysis of RWP funding realization coupled with testimonials from UNICEF staff indicate that there are some gaps in funding that impact the scope and the timing of programme implementation to different degrees depending on the section.

307. In terms of *financial resources*, data from the Rolling Work Plans indicate that secured funding is subject to significant variations from year to year. Although data is not available for the entire period, it can be observed that for the signed 2022-2023 RWP, across all sections, 59% of the resources were funded for 2022 and 15% for 2023 (Figure 13).

Figure 13. 2022-2023 RWP - funded versus unfunded
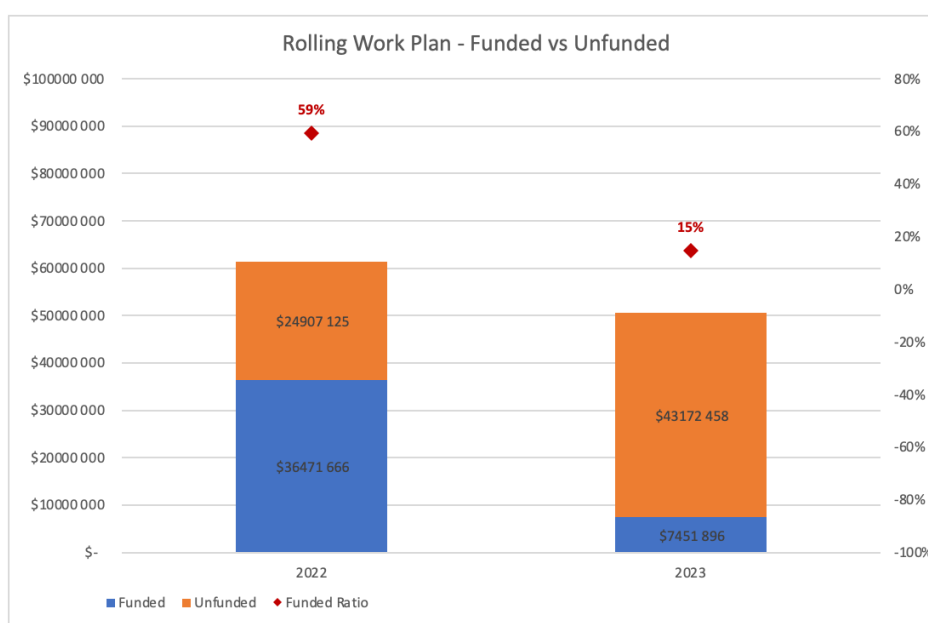
Source: ET analysis of 2022-2023 RWPs signed April 2022[307]

308. The funding gap varies strongly by sector, as highlighted in Figure 14. With very low coverage ratios in 2023, Health had 8%, and SBC and EPSP had 19%. Across the entire program, EPSP faced lower funding coverage ratios: 20% in 2020, 28% in 2022, and 19% in 2023.

---

[307] Includes analysis of Child Protection, Education, EPSP, Health and Nutrition, SBC, WASH, T4D

Figure 14. Funding coverage ratios per CP section, in%[308]

	Health & Nutrition	Education	WASH	SBC	EPSP	Child Protection	T4D
2020		73%	87%		29%		
2021		25%	55%		40%		
2022	59%	62%	58%	75%	28%	39%	79%
2023	8%	26%	21%	8%	19%	42%	28%

Source: ET analysis of RWPs.

309. The funding allocation for emergency management show an efficient coverage of needs. In this regard, it is important to highlight the prevalence of multiple crises experienced by the country, including global emergencies experienced during the current CP. One notable example is the global food crisis of 2022, which exacerbated food insecurity, prompting The March 2022 WFP Harmonised Framework for Sierra Leone[309] to recommend emergency food assistance for over 1.2 million people. Additionally, during that year, as documented in emergency reports[310], Sierra Leone was faced with urban fires, floods, and a measles outbreak affecting over 2,000 families, necessitating urgent responses. UNICEF, among other development partners, provided technical support to the Government's National Disaster Management Agency (NDMA) to ensure affected children and families received necessary aid, without negative repercussion on the rest of the programme[311]. Such crises triggered a redirection of humanitarian efforts, highlighting the challenge warned by the Sierra Leone Country Programme: the potential interruption of development trajectories due to insufficient funding or another significant emergency. These socio-economic crises challenged the implementation of lessons drawn from previous programs that emphasized the need to scale interventions from emergency responses to results-based management approaches.

310. Data provided by Operations indicate that total expenditures grew steadily during the emergency crisis years of 2020-2022 (Figure 15).

Figure 15. Values of purchase orders, 2020-2023

---
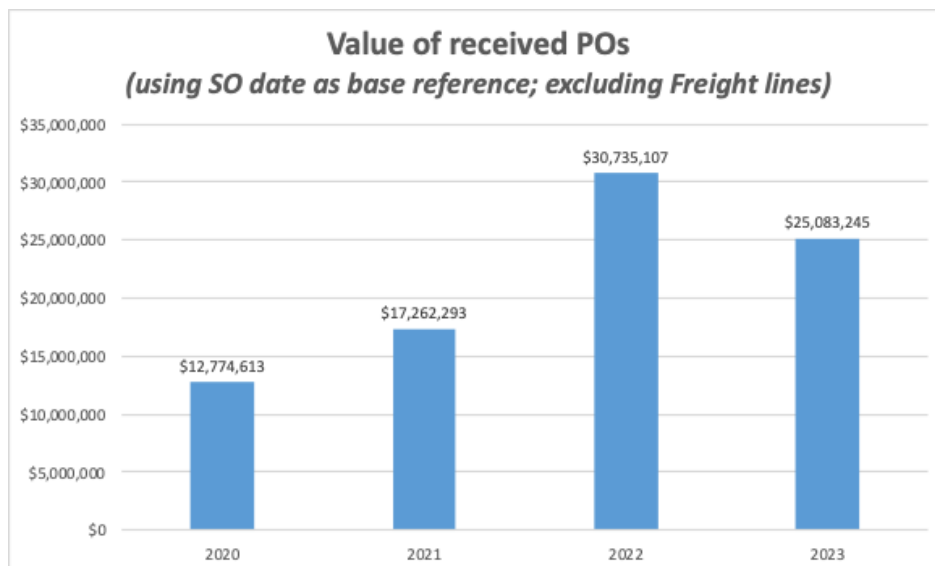
[308] T4D = Innovation
[309] WFP-Sierra Leone Annual Country Report, 2022, p.7
[310] UNICEF Sierra Leone, Flood Disaster in Freetown, Sierra Leone, UNICEF Situation Update – Internal Document, September 2022
[311] Comment by UNICEF staff to an earlier draft of this report.

311. Disaggregating the analysis by purchase category type (Figure 16), one sees a predominance of procurement in immunization, medical equipment, and pharmaceuticals compared to material support for other sectors, further confirming the increase in expenditures directly related to the health crises.

Figure 16. Purchase Orders in USD, per material group
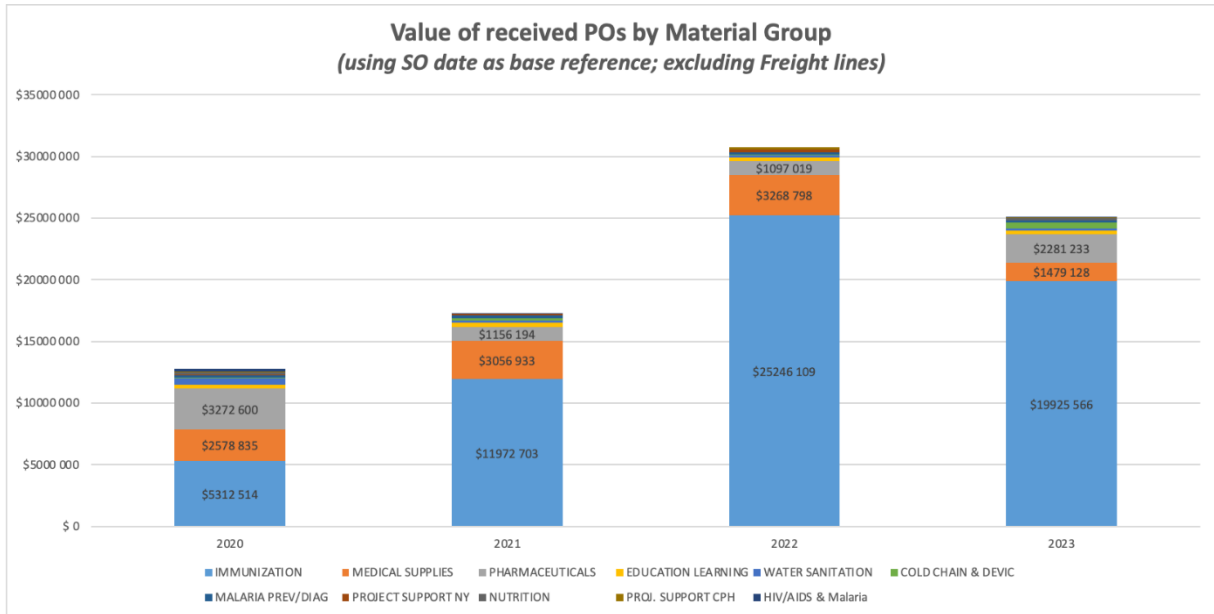
Source: ET Analysis based on UNICEF SL Dashboard

312. Vaccines for Covid-19 represent the largest item in the POs for immunization, as illustrated in the following analysis taken from the Dashboard (Figure 17).

Figure 17. Immunization - Purchase Orders in USD, per disease

79
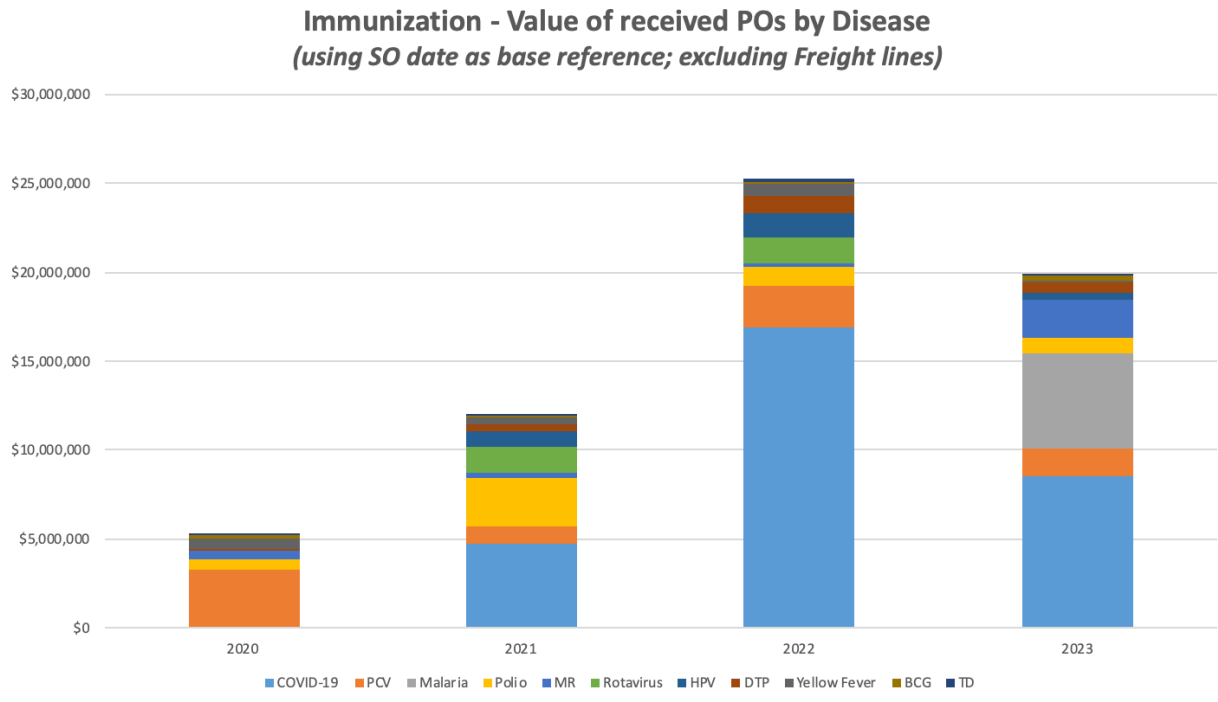
313. In a context of recurrent crises and emergencies, there is a notable emphasis not only on acquiring more resources whenever possible but also on managing limited resources more effectively, seeking their most efficient utilization. UNICEF senior management report that the CO has achieved around 80% of their resource mobilization target according to the plan outlined in the current CPD[312].

314. Interviews mention new areas of work, such as adolescent civic engagement, which have potential for funding, particularly when combined with issues like climate change[313]. SLCO hired an Adolescent Specialist to work on adolescent programming. The Education and Health Team, including EPSP have also increased their capacities to meet the demands. The office is exploring partnerships with the private sector, aiming to leverage resources beyond just funds. Aligned with this fundraising strategy, the CO is implementing a resource mobilization plan for 2022-23, which includes developing standardized materials for presentations and concept notes to facilitate outreach and engagement with potential partners.

315. One person in a coordination role feels the need to secure funding to ensure continuity of contracts, consuming a substantial share of their time. [314]

316. Developing integrated, cross-sectoral proposals with comprehensive plans that address multiple variables simultaneously was one of the strategies used to maximize fundraising options. Some areas adopted cost-efficiency measures such as reformulating their scope to operate based on the regular resources available, without incorporating other lines of funding (for example, birth registration). This trade-off resulted in compromises regarding both the programmatic scope and the internal management of the sections.

317. In terms of *human resources*, the picture that emerges from the set of 14 interviews with UNICEF staff is one where programme teams have devoted a significant amount of time in the current CP to operational tasks like partnership management in addition to technical and strategic support. It is important to highlight, however, that operations make a significant part of programmes in the context of Sierra Leone. Addressing children's issues in the country requires more operationally heavy programmes, compared with higher income countries where most of UNICEF support is oriented towards policy level activities.

318. This trend is reported to be due to recurrent emergencies in the country:

> *"The problem is like one pandemic is not only the issue in Sierra Leone. In my first year, we had a polio outbreak. The first in 10 years, we got Ebola emergency, and we got a measles outbreak. And I don't know how many other outbreak emergencies in Sierra Leone and in public health. It is just something normal.[315]"*

319. Indeed, for what concerns HR management during emergencies / public health crises, the analysis of the SL dashboard data reveals a higher level of contracting for consultants in the year 2021, coinciding with the Covid-19 pandemic, indicating efforts to support the public health emergency with extra human resources (Figure 18).

---

[312] Interview 12 – UNICEF
[313] Interview 12 – UNICEF
[314] Interview 07 – UNICEF
[315] Interview 10 – UNICEF

Figure 18. Service contracting in USD
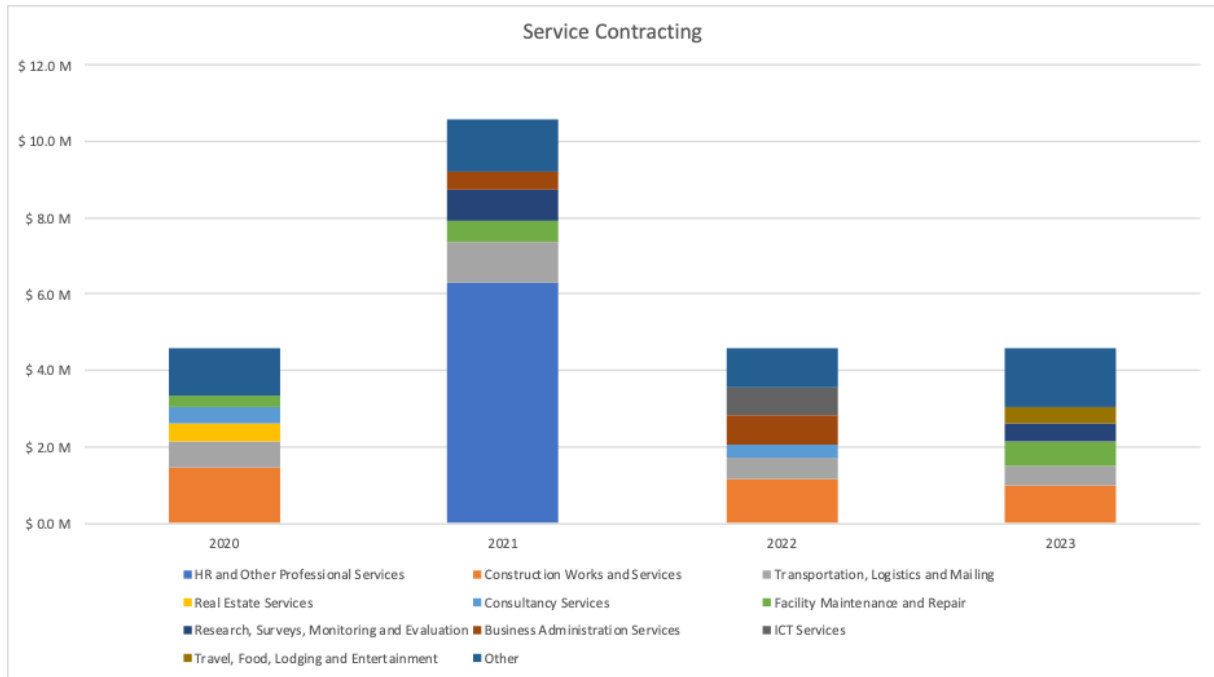
Source: ET Analysis based on UNICEF SL Dashboard

320. Small teams need to allocate some time to recruitment, whether for consultants, temporary, or fixed-term staff, which could potentially create time constraints for other strategic tasks, according to one UNICEF staff interviewed.

321. One UNICEF staff interviewed report challenges to hire gender specialists. According to this interviewee, while this function should be ideally integrated into programmatic specializations, this does not seem to be fully achieved or is only partially implemented due to lack of clarity on responsibility for gender mainstreaming[316]. Other UNICEF officials think otherwise, saying there would be no need for specialist staff, but instead for short-term consultants and support from the Regional Office and UNICEF HQ[317]

322. In response to these challenges, UNICEF country office has implemented strategies to maximize the utility of available resources. Some notable strategies include:

- Deploying support staff with cross-section expertise:

> *"You can have people that are technically sound in gender and inclusion and can work within the education and child protection and across sections. So, you don't need to have a dedicated one for each of the sections. We can identify areas where we can have cross-section expertise. So, you can streamline the structure of the office definitely to reduce cost.[318]"*

- Integrating activities across different units to save costs and redirecting resources to critical activities:

---

[316] Interview 10 – UNICEF
[317] Remark made by UNICEF staff during the revision of this report
[318] Interview 02 – UNICEF

> *"For training we integrate [activities], for outreach services we integrate, so even at district level if there are activities that need to be integrated you also integrate in terms of even procurement for transportation, for supportive supervision. (…) So, [if a] unit cannot buy, and the other unit buys or we do it laterally. So, we have been working closely to see where we can save some funding and then use that funding for other relevant [areas] that can save lives[319]"*

323. Another element that hinders further efficiency gains in implementation are protocols for establishing implementing partnerships, which involve compliance requirements. These procedures follow standard operating procedures that require more or less time depending on context, but which count towards the project implementation timeframe agreed with the donor:

> *"To start and implement a partnership agreement, it's quite a lengthy process. You need to first advertise an area of interest, then you need to select, then you need to start developing partnership agreements with the partner and it will take at least a month or two back and forth. Then there's the special committee in the office that needs to meet and there's back and forth for comments. So just like that it would take four months —even If you have the funds— to select a partner and sign an agreement to enable them to work. And four months is the best-case scenario. It can take longer. So, I think the way UNICEF and I'm sure other UN agencies operate is that because we are putting so much effort on making sure that there's checks and balances, there is a very stringent oversight and financial procedures on everything. It does not speak to the flexibility of funding that we get as organizations. Sometimes you get [only] six months duration of funding for a very targeted area, and you need to have a partnership agreement, so you have basically no time to implement[320]"*

324. On the operational side, one interviewee mentioned delays in the timelines of certain implementing partners due to weak capacity:

> *"There were significant delays with some NGOs that were recruited to do the work (…) many NGOs weren't very good engineers in terms of construction work and we had issues in some of the places[321]"*

325. Other delays are attributed to unavailability of institutional partners namely during election season, institutional reorganization, or school closure, resulting in interventions conducted with funds close to expiry.

> *"Yes, sometimes there are delays. That has sometimes to do with funds getting very close to expiry, because in most of our interventions, we are not an implementing agency, the government and other partners implement. Even though there are always more plans, activity plans to follow, or sometimes there are competing priorities, there are delays in*

---

[319] Interview 08 – UNICEF
[320] Interview 07 – UNICEF
[321] Interview 01 – Government

> *implementation of programs. So yes, from the government side, we also had that problem and that's led to most of the time postponing[322]*

326. Finally, other assessments are made in terms of capacities that surpass financial resources. The logistics strategy to improve supply delivery times emerges as a challenge in this regard. This interview suggests that difficulties in logistics have emerged since the Covid-19 crisis:

> *"(...) if you look at the only domain of supply, for example, supply is a big component of operation. For that one, we need some kind of organization in terms of the delivery, in terms of efficiency, in terms of delivery time, so I know that there are some constraints. There are many constraints that we face since Covid-19 in terms of logistical challenges, and that has impacted a lot in our operation[323]"*

327. UNICEF staff highlighted the ability to create an enabling environment for the continuity of activities. In light of the experience during the Covid-19 crisis, significant support was observed from the CO to ensure program continuity without interruption:

> *"We've been able to provide the enabling environment here. The resources are provided, and the support is provided. Even when we had these emergencies, the country office was able to ensure that activities do not stop, the work from home policy was established, staff were provided with all the support needed, internet, and everything.[324]"*

328. Among the efforts to achieve greater efficiency, it is noted that UNICEF has provided positive tools to enhance the work of teams and time utilization, including digital tools:

> *"UNICEF has provided us with all the tools [to perform our work]. There are a lot of enhancements, a lot of digitization going on, which is really creating a lot of efficiency, you know, in the use of time. So, in terms of providing the tools, the organization really is making good strides in that area[325]"*

EQ 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?

329. In general terms, the monitoring and evaluation (M&E) tools provided by UNICEF for supporting activities are positively valued. Supply dashboard is perceived as very instrumental to tracking processes:

> *"When it comes to monitoring of Supply, I would like to give a big credit to UNICEF because now we have a Supply dashboard whereby you can see the orders, when they're for auction, when they're going to arrive.*

---

[322] Interview 08 – UNICEF
[323] Interview 21 – UNICEF
[324] Interview 22 – UNICEF
[325] Interview 32 – UNICEF

> *(…) When there's a delay, the monitoring system actually shows the number of days the procurement process is taking and the delays. (…) We have a very good system which monitors everything that we do, and this is also reflected on our management dashboard. When an indicator is not looking very good, it actually shows red on the dashboard[326]"*

330. As far as monitoring systems are concerned, the evaluation team observed the regular use of data by programme sections within the framework of Results-based management (RBM). This is evidenced by the regular use and tracking of DHIS2 and WHO and UNICEF Estimates of National Immunization Coverage (WUNIEC) by HN teams, aiming to strengthen the Community Health Information System (CHIS) and integrate the nutrition database into DHIS2, for example. The initial phase of this evaluation also highlighted the usefulness of WASH National Outcome Routine Mapping (WASHNORM) for monitoring and tracking data on water and sanitation access and coverage.

331. The provision of data by UNICEF is particularly valued as it enables not only a precise diagnosis of the national situation but also understanding and learning from international best practices on certain topics. Taking the example of nutrition indicators, this content is multifactorial and holistic, including data on markets and profiles of food insecurity, which are highly relevant in cases like Sierra Leone, given the prevalence of malnutrition:

> *"If you only do food security monitoring, market analysis, and you don't really do nutrition analysis to know how many children or how the communities are malnourished or the nutritional status, then you will not have a comprehensive international best practice report.[327]"*

332. On the side of implementing partners interviewed, there were no complaints regarding difficulties to monitor activities, and all interviewed IPs confirmed that data produced is used for RBM in addition to reporting. One donor, however, remarks that IPs in a programme they sponsor under UNICEF support often require assistance to complete monitoring activities :

> *"You have to constantly [in] engagement with them so that the staff in charge send in reports. Giving them red flags, timelines as to when they should send in their reports. Reminding them ahead of time and those types of things should have been done so that they can avoid the blocking of the system. [328]"*

333. In what pertains to results indicators at the outcome level, as has been noted under Effectiveness, above (Section 9.3), work is needed to select indicators that are more easily measured and updated more frequently.

EQ 4.3. To what extent have UNICEF's partnership modalities contributed to achieving the CP's results in a timely manner and cost-efficiently?

334. Government counterparts reaffirmed UNICEF's positive role in providing a constant flow of resources, not only financial but also human and operational, to carry out planned actions. They also praise UNICEF's flexibility in making the most out of limited resources:

---

[326] Interview 09 – UNICEF
[327] Interview 42 – UN
[328] Interview 16 – Donor

> *"The value of the partnership is [in] the timely intervention. Because UNICEF are very constant and we're able to rely on them to ensure that even if the whole program doesn't get the funding, at least we're able to implement it until that which will come from the government arrives[329]"*

> *"The most value of the partnership is that UNICEF consults with us before taking any action. Also, in terms of planning together, I value that. And the other [aspect] which I value, and which can be scaled up, is the support they give to us in terms of logistics. It's only UNICEF. So, capacity building, training, logistical support, planning together, all that has been huge.[330]"*

335. Implementing partners remark that UNICEF could do more to increase the effectiveness of project delivery by having staff dedicated to the management of partnerships and to assessing the capacity of partners. While these remarks are critical, the evaluators see it also as a sign of partners' grand expectations towards UNICEF, given the technical know-how and flexibility it has demonstrated in its work with partners (see Section 6.2). Because UNICEF has been so supportive, IPs find it plausible to expect more support:

> *"It's a common problem to experience delays, but one reason for these delays is because UNICEF does not deliberately focus on managing partnerships. So, they have programme people in health, in WASH, in Child Protection, but they don't focus a lot on how they manage the partnership itself and how programs are being planned to be implemented. (…) So, I think UNICEF really needs to pay attention to partnership management and make deliberate efforts to make sure that they can anticipate these issues that may cause a delay and put in place mitigating measures to address these things. I don't see that in the way UNICEF works. They assume everything's going to work out. [But] things pop up, and it becomes a challenge to even address them, and we eventually end up with the delay.[331]"*

> *"We don't see UNICEF making efforts to build the capacities of organizations to be able to deliver. I think they go with this assumption that, oh, they are able to do it, they have all the logistics, they all have the human capacity in place to be able to do it, so they don't provide capacities in those regards. And they don´t actually follow up, they do assessments to check what you have in place, but they don't deliberately make efforts, for instance, to do a capacity assessment and to also provide capacity support to address those issues. So even quite recently when they started just providing resources for organizational capacity development, they really would not work into specifically find out what are the capacities that you lack, how are you improving on these capacities. So, it's still being treated like organizations should be*

[329] Interview 28 – Government
[330] Interview 36 – Government
[331] FGD with implementing partners

> *able to handle this on their own, and sometimes organizations struggle.[332]"*

336. Regarding the modes of partnering with other actors, it was highlighted as a challenge that UNICEF needs to be more flexible when carrying out processes that, within the framework of an emergency, cannot afford to take months. In this sense, there is an opportunity to improve the efficiency of institutional procedures and prevent "red tape" from hindering the agility needed to respond to certain emergencies in an efficient manner. It is not clear how much room there is to improve efficiency in this realm at the country level, but the issue is pressing:

> *"So, there is where UNICEF [Sierra Leone] has to be more efficient and more adaptable and more flexible in the process that we have in terms of a contracting local partner, for example. We are very bureaucratic, and we are not agile. If you have a multi-year grant, you can manage. If you are in an emergency situation or you have a donor that is funding you within a year, you are going to have to struggle. (…) That is where UNICEF is not efficient, and people, our bureaucracy, don't allow us to be agile and move fast. I think there is a space to look into that and have some reform, in the way we work with the partners[333]"*
>
> *"The processing of funds I think is where the delays come from actually, because definitely if funds are not being disposed of on time, then It means we'll be a little bit late in the liquidation process[334]".*

337. While there are testimonials that indicate that partnership modalities have contributed positively to achieving the CP's results, we do not have sufficient evidence to conclude that overall this was performed in a timely and cost-efficient manner, and thus this EQ cannot be answered properly.

EQ 4.4. To what extent were cooperation mechanisms with the government and development partners, especially in terms of innovation and participation, efficient?

338. When evaluating cooperation mechanisms with the government and other development partners, UNICEF and other UN representatives emphasized the importance of increasing the involvement of governmental actors to ensure the sustainability of interventions. Furthermore, there is mention of the significance of involving the private sector and fostering its collaboration with the government. This underscores the importance of private sector participation in funding programs, thus diversifying funding sources.

> *"We need to engage the private sector. We need to foster partnership between the government and the private sector and that's something that we need to do very soon because the tendence is for us to think that there's no robust private sector in Sierra Leone, but I've seen that the private sector in Sierra Leone is robust. So, I think this is that, and I also think that within UNICEF we might need to start looking at being, I don't want to use the word aggressive, maybe more strategic in*

---

[332] Ibid.

[333] Interview 02 – UNICEF

[334] Interview 05 – Implementing partner

> *mobilizing resources, especially I mean kind of passion we have I mean in UNICEF, so we need to mobilize more resources for the wash section[335]"*

339. The WASH Information Management System (WASHIMS) platform is highlighted positively as a source of community-provided information. In interviews with UNICEF staff, it stands out as the sole reference to a feedback mechanism associated with the program's efficiency.

> "At the moment we have our own WASH data and then we also have a web-based platform called WASHIMS which brings information which allows people in the communities and districts to send information. (…). So, we also use this to plan[336]"

Preliminary Conclusions

EFFI 1: Funding has been sufficient for the rollout of programming throughout the CP, development, and emergency programmes alike. Funding grew steadily during the 2020-2022 period, when the CP confronted a series of health and humanitarian emergencies (§307). The CO was particularly efficient in using additional resources in a timely fashion to deploy supply, logistics and consultancy services during the response to Covid-19 (§309-312). The CO achieved 80% of the CP resource mobilization target by early 2024, because of a successful fundraising effort, but the panorama is quite uneven across sections and in different years. For example: EPSP had to make do with less than half of expected funding every year of the CP; and in 2023 all sections faced a gap of guaranteed funds of more than 50%. The CO has implemented efficiency measures such as integrating activities across sections, relying on cross-sectional experts, and investing in IT tools and a work-from-home policy so staff can be more productive (§322,327-328). Efficiency challenges remain in the realm of partnerships, where contracting generally takes longer than staff consider reasonable, affecting both the timeliness and the scope of programming (§324-326). Most of these procedures are outside the governance of the CO, leaving limited room for improvement.

EFFI 2: Monitoring systems are being used throughout the CO for programming and operations alike as part of a results-based management approach. The supply dashboard is the mainstay of Operations (§329), and tracking of frequently updated surveys such as DHIS, WUNIEC and WASHNORM is an integral part of programming (§330-331). Higher level data at the outcome level is used for reporting and strategic planning, and could be improved as remarked under Section 9.3 for Education, Child Protection and EPSP, by utilizing data sources that are more frequently updated and more easily accessible (§333).

EFFI 3: This question relied on testimonials and could not be fully answered for lack of a proper cost-effectiveness analysis. UNICEF's record of honouring and renewing its resource commitments and its willingness to work together with partners the extract the most of limited resources added to its reputation as a reliable partner and one which emphasizes cost-efficiency (§334). Given this demonstrated flexibility in adapting to implementing partner needs, the latter express interest in having UNICEF play an even more active role in the management of partnerships by building IP capacity (§335). In terms of timeliness, UNICEF could do better, according to its own staff and implementing partners. The desirability of more agility in the contractual validation processes has been raised repeatedly, in the

---

[335] Interview 03 – UNICEF
[336] Interview 03 – UNICEF

understanding that not all improvement is within the CO possibilities given UNICEF contracting regulations that apply worldwide (§336).

EFFI 4: Limited data collected for this EQ call for greater private sector involvement in the operation of UNICEF-supported WASH infrastructure, claiming that the private sector in Sierra Leone is sufficiently mature to do so (§338). Limited evidence on innovation and participation in partnerships points to the example of the WASH Information Management System, which is populated with information from communities and districts (§339).

9.5.   Sustainability

EQ 5.1. To what extent are the CO's results sustainable financially, environmentally, and socially?

340.The CO's results are not sustainable financially due to limited government funds, but show signs of social sustainability through community participation, and of environmental sustainability. In this section we go over each of the three components of sustainability (financial, social, environmental) in order.

341.Informants interviewed across the spectrum of UN, government and implementing partners are sceptical about the prospects of government sustaining the UNICEF-supported interventions autonomously from the *financial* point of view. Within government, interviewees remark that there is little space for state investment left after operational expenses. In such situation, support from donors will remain essential to expand and improve public services in the near future. Several officials (see ahead) stressed that funds are insufficient to keep services running that came about because of UNICEF support. An example is the case of Legal Aid:

> *"We cannot do it at the level which is required of us. For instance, the Provincial Act says there are 190 chiefdoms and in each of those chiefdoms we should have paralegals, clerks, this, and that. But the government doesn't have the money for us to employ even if it's just 190 people. So, we try where we can, and this is where the interventions with UNICEF come in.[337]"*

342.Government officials in the Health sector praise UNICEF's indispensable coordination of donor support to the running expenses of basic services such as baby care units, providing staffing and medication, and mention very limited government allocations to Health compared to its needs.[338]

343.In WASH, officials mention "over-reliance" on donor funding, citing insufficient budget coming from central government to implement policies that were agreed to in the MTNDP.[339] Likewise in Social Welfare[340] and Innovation[341], officials speak of budgetary allocations below what has been planned and agreed to, and which require supplementary donor funding.

344.UNICEF staff highlight that despite the positive enabling environment in terms of government willingness to work together with donors to develop policy, the actual state capacity to mobilize resources from its own tax base for implementation is very limited, tying programme sustainability to permanent support from donors[342].

> *"They have limited resources. A lot of the resources are going to repay back the debt, so the fiscal space is really, really small for the government to leverage resources. So, the willingness is there, but they are really struggling to find a way, and until that gap is not closed, sustainability remains really a question mark. They are really depending*

---

[337] Interview 28 – Government

[338] Interviews 34 and 38 – Government

[339] Interview 35 – Government

[340] Interview 36 – Government

[341] Interview 41 – Government

[342] Interviews 02, 08 – UNICEF

> *a lot on external support to continue basic services in education, health. So that is the reality.[343]"*

345. In what pertains to *social* sustainability, all implementing partners interviewed mention that their programmes rely on Community-based Organizations (CBOs) to assist in project implementation and that accountability mechanisms to community leaders are always in place. An IP for SBC work makes reference to recruiting local facilitators and training them:

> *"So even when [the IP] us no longer in the community we have a structure that continues to sustain our interventions.(…) We ensure that we provide the capacity to people from the community with training them to deliver the session.[They] have the strength to move on with such programs, also pass on life skills education.[344]"*

346. Some CBOs have increased their level of "ownership" and involvement in public services to the point of being directly involved in contributing labour, land and materials to their construction, in addition to assisting in their cleaning and monitoring the attendance of children and educators.[345]

347. Among UNICEF staff interviewed, some expressed enthusiasm about the sustainability of capacity building and system strengthening interventions, notably in health, in terms of trained personnel (for example CHWs) and improved systems, like the NHIS[346]. The benefits of greater UNICEF field office involvement with district councils to sustain the benefits of interventions was emphasized, in line with the GoSL decentralization policy of empowering District Councils:

> *"In the country we have a decentralization process that's been going on for quite a number of years (…) So, I worked very closely with the chiefs of the field offices in reaching out to the district councils, working on the agendas for these meetings and making sure that our chiefs of field offices felt ownership for this activity. That was actually something that really, really worked very well. So, we now have those district coordination committees functional across the country. We have managed to mainly do that through our field offices (…) Through that process, I've also managed to connect the MoPED people at the central level directly to our chiefs of field offices so that there is actually an open line of communication there, which I think is quite extraordinary.[347]"*

348. UN partners interviewed corroborated this vision. The integration of program activities into government mainstream programming was seen as crucial for the sustainability of results. Engaging subnational structures (districts and communities) was identified as an effective strategy to increase ownership of programmes by beneficiaries and thus serve as a platform for continued success when the UN or other organizations withdraw support.

349. On the *environmental* front, the expansion of water and sanitation infrastructure to schools and public health institutions was highlighted as crucial for hygiene improvement. Challenges to sustainability

---

[343] Interview 02 – UNICEF

[344] Interview 05 – Implementing partner

[345] UNICEF (2023). Summative/ Formative Evaluation of the Early Childhood Development (ECD) Programme in Sierra Leone (2016-2022), pp. 74-75

[346] Interviews 08, 13 and 23 – UNICEF

[347] Interview 46 – UNICEF

were acknowledged by partners working in UNICEF-supported WASH interventions, including issues with maintenance and operation of water points and sanitation facilities due to population growth and mobility in certain communities.

EQ 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?

350. UNICEF-supported SBC interventions were particularly praised in positive parenting education, which reportedly had a lasting impact on parents and child relationships[348]. Evidence from the Positive Parenting Education Programme Implementation Framework report shows that the program succeeded in actively promoting non-violent, positive disciplinary approaches, with observable improvements in relationships and communication within families, resulting in decreased violence and harmful practices towards children. Furthermore, the program had a notable impact on community norms and attitudes related to parenting, fostering a shift towards less violence and more effective discipline methods within the community[349]. The engagement of vulnerable groups, specifically adolescent girls, and children with disabilities, through targeted interventions like life skills training and ICT education, was also seen as a significant contribution to both immediate benefits and longer-term empowerment[350]. For example, the creation of a CRPD-compliant disability assessment framework signified a move towards a more inclusive social protection system, and an indication of a strategic pivot towards inclusive approaches[351]. Overall, these efforts are expected to have sustainable impacts by addressing underlying issues such as gender inequality and access to education.

351. Among all stakeholders interviewed, there was a consensus on the critical role of behaviour change for sustainability, with examples from WASH and reproductive and maternal health showing that when rights-holders and community-level duty bearers take responsibility, there is a noticeable improvement in service delivery and maintenance of facilities.

> *"Of course, behaviour change has a role to play. A year ago, we supported two districts under the primary health care model. And one of the interventions we are doing is appreciative inquiry. In the appreciative inquiry, we bring on board health workers in their facilities and ask them to discuss what do they think are the bottlenecks in terms of service delivery, in terms of supplies, supply chain management, and in terms of demand of the services and the quality of the service. Now, the results we got from the appreciative inquiry was they themselves were not taking full responsibility to ensure that services are provided effectively, and they are of quality. From the appreciative inquiry, they said, okay, this is where I think I am wrong: I am not coming to the facility on time; I am not providing high quality services to the caregiver, etc. I have agreed that [from now on] I will ensure I do A, B, and C. We saw a tremendous change in those facilities.[352]"*

---

[348] Interviews 05 and 40 – Implementing partners

[349] Strengthening of Sierra Leone's Positive Parenting Education Programme Implementation Framework - final report

[350] Interviews 05, 40 and 44 – Implementing partners

[351] Elaboration report Disability assessment and determination

[352] Interview 22 – UNICEF

352. Interviewees across the spectrum highlighted the importance of integrating social behaviour change into all interventions to ensure sustainability, suggesting that UNICEF should focus on this aspect in future programming. Evidence from the evaluation shows that SBC already cut across several thematic areas such as health, WASH, child protection, and emergency preparedness, especially at the community level. UNICEF's endeavours in SBC have played a significant role in bolstering emergency preparedness, fostering community engagement, and supporting health interventions, including impactful Covid-19 vaccination campaigns.

353. Initiatives centred on training and community-led action (CLA), have been helpful in facilitating immunization for children under five, engaging adolescents and parents in life skills programs, and implementing campaigns to end child marriage. A network of Community Champions emerged because of these initiatives, playing a pivotal role in community-based surveillance and service delivery facilitation.

354. This network fostered a positive feedback loop between communities and authorities, advocating for at various administrative levels. The CLA mobilizers significantly boosted routine vaccination uptake, including vaccines for HPV and measles. Additionally, they played a crucial role in addressing other public health emergencies such as the Ebola Virus Disease (EVD) and Anthrax[353]. During the COVID-19 pandemic, between July 2020 and April 2022, these initiatives demonstrated impressive behavioural changes and health outcomes in several districts. In six districts, there was a substantial increase in mask-wearing and handwashing with soap. The percentage of women wearing masks rose from 26% to 45%, and for men, it increased from 21% to 51%. Handwashing with soap saw an increase from 17% to 31% for women and from 17% to 41% for men[354].

355. Other initiatives like media engagement for supporting radio and TV programs and creating informational jingles, social system support utilizing tools like Talk Walker for effective social management, and material production for the development and dissemination of educational health and safety materials.

356. In WASH, the engagement of local communities in managing their resources, along with the development of local capacities (e.g., engineers and mechanics for water system maintenance), was emphasized as crucial for achieving sustainability without continuous external support. Community stakeholders' roles in monitoring and maintaining WASH facilities were mentioned as part of a system already in place to ensure sustainability, highlighting community ownership as a critical factor. By involving a wide range of community stakeholders in program delivery and decision-making, these structures would be positioned to continue program activities independently of external support, according to this implementing partner:

> *"If the people do not own the project and do not put their money on the table for maintenance of the project, you cannot achieve sustainability (...) Do they want to manage the water system themselves? Do they want outsiders to come and do it? A private firm to come, and do it? So, the management models selected by the community should be the one that should be in operation. So, when we get to this point, I can assure you sustainability is going to be achieved. Until this happens, we will still be struggling.[355]"*

357. Implementing partners expressed a need for continued investment in areas showing results, such as positive parenting education, indicating that while substantial progress has been made, further

---

[353] Ibid.

[354] Ibid.

[355] Interview 03 – Implementing partner

resources could strengthen and extend the sustainability of these results[356]. Challenges related to addressing broader socio-economic factors, such as poverty, which contribute to issues like teenage pregnancy were acknowledged, and interviewees suggested that more comprehensive support packages could enhance the sustainability of outcomes by addressing these root causes.

358. At the community level, implementing partners confirm the intensive level of engagement that is necessary to encourage the attitudes and practices that are expected to change, and the indispensable role of capacity building and community recruitment to ensure sustainability:

> *"For every project, we should bring the communities together and explain to them what their own part of the whole project is, what is expected of them. Work with community stakeholders to ensure they understand the project, work with community members themselves, like recruiting them as facilitators, as mentors. If you go to the WASH area technicians are common people, so they will continue, the facilitators on the positive parenting programs for the safe spaces, the mentors, they are all based in the community, are not people that you just put there, they are based there, so if you are not there, they are able to continue implementing the program. (…) If you meet at the football field, you're able to talk to the boys about the behaviours that they need to change, how they need to support girls' education. If you meet with the parents in any meeting, somebody must be there to talk about how to live with your kids at home, things like that. So, sustainability [comes] by working with community structures, community stakeholders, people themselves, to ensure they are part of the programme.[357]"*

359. Just building community structures, however, may not guarantee that behaviours change in the long run. One IP calls attention to the need for maintaining support for longer than the two years that projects typically last, given the resilience of traditional behaviours:

> *"For child protection, many of our programs last for a maximum of 2 years, and I think that is really too short-lived. I think UNICEF needs to really pay attention to designing programs so that they can last for a number of years that will actually create more opportunities for people to uptake behaviour patterns before the program ends. Because, no matter how many community structures you have, if people are not engaged to be able to uptake behaviours, they are going to go back to their old ways because they do what they know, what they understand, and what they think works for them.[358]"*

360. It should be highlighted, however, that the degree of sustainability of a change in behaviour is dependent on an interaction of environmental and cultural factors, and that programme duration is only one factor that influences a programme's effectiveness.

361. In terms of system strengthening, the alignment between UNICEF programming and National Development priorities has increased the likelihood that pilot interventions will be mainstreamed into

---

[356] Interview 05 – Implementing partner
[357] FGD with implementing partners
[358] Ibid.

policy and thus be inherently more sustainable, insofar as the likelihood of receiving funding for scale-up will be higher and technical capacities remain in-house within government. As an example, working closely with the MBSSE and integrating programs with national priorities like human capital development were mentioned as ways to ensure alignment and support from local stakeholders. The integration of menstrual health and hygiene into school programs because of learning from previous projects shows an adaptive approach to capacity development and behaviour change activities.

362. Technical assistance and capacity building provided by UNICEF have been catalytic in certain sectors like social protection, indicating potential for long-term sustainability through increased awareness and institutionalization of procedures. Active participation of government officials in the planning stages of UNICEF's programs was reported. The use of Memorandums of Understanding (MOUs) with participating institutions to secure commitments on key issues like lab security and free access to ICT training was highlighted as a strategy for ensuring sustainability in innovation.

363. The involvement of the private sector was seen as a potential avenue for achieving sustainability, particularly in areas like environmental conservation, WASH infrastructure maintenance, and digital transformation.

Preliminary Conclusions

SUST 1: There is a positive enabling environment for government-UNICEF cooperation in policy development and implementation, but state capacity to sustain initiatives financially remains limited due to insufficient resources (§342). The scarcity of funds affects not just investment capacity but also operational costs in the policy areas of health, WASH, social welfare, and innovation, according to government sources. This means that continued donor funding is necessary for the upkeep of programmes, including those that came about as a result of UNICEF support (§344). On the social front, programmes that rely on community-level participation for at least part of their operation are promising in terms of sustainability as the withdrawal of such participation implies loss of service quality (§341,344). Likewise, those interventions that delivered greater empowerment to women and girls are likely to be sustained as a sense of entitlement develops (§345,346). On the environmental front, investments in WASH represent UNICEF's main contribution to sustainability (§349).

SUST 2: Social and behaviour change interventions have shown long-term promise, particularly in integrated programming in WASH, education, and health (§350,356). Implementing partners confirm the relation between community involvement and sustainability but call for longer-term projects to increase the likelihood of behaviour change (§358,359). System strengthening and the planning level has been observed in the form of alignment of donor community support with the MTNDP goals (§359). Private sector involvement has been limited but stakeholders recognize potential for sustainable cooperation in environmental conservation, WASH infrastructure, and ICT (§362,363).

9.6.   Gender, equity, and human rights

EQ 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?

364. Evidence from the desk review and interviews point to myriad actions integrating gender, human rights, and equity into the planning and programmatic execution of activities. These actions operate in a coordinated manner on different scales, meaning that while efforts are made at the government level to promote policies, work is also done at the community level to achieve changes in gender behaviour and social norms. Additionally, UNICEF has been supporting the Government of Sierra Leone on State Party reporting for the Convention on the Rights of the Child (CRC) as part of the overall child rights monitoring efforts.

365. During the Covid-19 emergency, a key achievement in gender, human rights, and equity (GHRE) resulting from UNICEF's collaboration with implementing partners, was the revision of the National Community Health Worker (CHW) Policy[359]. This revision aimed to ensure the continuity of essential health and nutrition services during the pandemic. In addressing GHRE widespread issues such as early marriage or violence against women and girls, the revision of the CHW policy made significant contributions by implementing affirmative actions aimed at changing norms and power structures that disadvantage women. For instance, it was proposed to address the gender imbalance in the CHW workforce by establishing a target ratio of six women to every four men recruited.

366. Additionally, the launch of Sierra Leone's first Universal Health Care (UHC) roadmap in 2020 stands out as an example of implementing a human rights strategy during the public health emergency. These accomplishments required significant technical and financial investments from various entities, including the World Bank, Global Fund, UK FCDO, UNAIDS, WHO, and UNICEF. Both policies have contributed to improving maternal and child health outcomes in Sierra Leone.

367. The availability of evidence with disaggregation of data by gender and age   has been central to the effectiveness of programming. For example, a study conducted in 2023[360] gathered empirical data on the experiences, needs, and priorities of adolescents regarding their nutrition, health, and support networks. Based on this, a series of recommendations were obtained on various health and well-being areas, including those related to sexual and gender-based violence.

368. A gender transformative strategy was a cross-cutting theme of the programming. This is illustrated by several examples in what follows.

369. In education, UNICEF collaborated with the MBSSE and the Teaching Service Commission to promote gender parity within the teaching workforce. The focus was on increasing the number of female teachers and implementing policies to support them, particularly in rural areas where they can serve as role models for girls. At the community level, trained teachers work on SBC to shift gender norms and promote girls' education. Another area of collaboration is related to the revision of the curricula to eliminate gender biases and training teachers on gender-sensitive pedagogy.

> *"We now have gender-disaggregated data. That was often not the case. [We now also] work with the Minister of Education Teaching Service Commission for gender equity within the management of teaching workforce. We work a lot with social and behaviour change to shift the gender norms. So, there we are working at community level to*

---

[359] Ministry of Health and Sanitation, The Republic of Sierra Leone (2021). National Community Health Worker Policy.

[360] Anthrologica (2023). Formative research on adolescent nutrition, health, and support systems

promote girls' education. (…). We are also revising the instructional core to ensure that gender bias for example is not there (…) so the curricula also needed to be revised, teachers needed to be trained on gender sensitive pedagogy[361]."

370. Integrating gender into the objectives of WASH and Education, the "Empowering Girls in Sierra Leone through Menstrual Hygiene Management" program was a joint effort by the CO, MBSS, MWR, and MHS, in collaboration with Girls Child Network. It targeted 6,000 adolescent girls aged 9 to 18 in 36 schools and 6,000 boys in the Western and Urban Rural districts, aiming to promote access to sanitary products and address household poverty with the objective of keeping students on their educational paths. Programmatic documents indicate positive outcomes over the first two years of implementation, reaching 200,000 adolescents across 269 schools.

371. According to UNICEF personnel interviewed, setting specific goals related to the participation of girls and women in strategic program initiatives (such as WASH Committees or Digital Education) has ensured that gender transformation was built into programme implementation:

> *"We ensure that we have men and women within the institutions we are working with. And then, at the community, we ensure that at least 40% of the members of WASH Coms are women. Not just being members, also participating actively in every meeting[362]."*

> *"So, what the Innovation department is trying to do is develop a product called Digital Learning Hub in a box which is effectively promoting young women to start an offline Digital Learning Hub in remote areas. What UNICEF will do is provide the training and the materials and the hardware to set up a digital learning hub in remote areas, which has all the information on the Learning Passport in an offline server together with a couple of devices and a solar panel and a battery, etc. And then we give them training[363]."*

372. A gender perspective is utilized in the built environment of schools with the design of girl-friendly spaces incorporating features such as compartments to facilitate menstruation management and protocols for female hygiene. These interventions contribute to the goal of keeping girls within the school system.

373. Regarding the reduction, prevention, and response to child marriage (KRC6), UNICEF continued to support the National Secretariat for the Reduction of Teenage Pregnancy in implementing the National Strategy for the Reduction of Teenage Pregnancy and Child Marriage (2018-2022). Concretely, in 2022 98,405 children benefitted from health, social work, justice, and law enforcement services delivered as part of this strategy, three times as many as in 2021 (33,425)[364]. In 2022, the implementation of the strategy was reviewed to extract lessons that would guide the development of a new strategy for the Reduction of Teenage Pregnancy and child marriage (2024- 2030)UNICEF's ambitious gender policy mandates that programmes take a proactive approach to remove "structural barriers" that reproduce

---

[361] Interview 02 – UNICEF
[362] Interview 03 – UNICEF
[363] Interview 14 – UNICEF
[364] UNICEF Sierra Leone (2022). Country Office Annual Report 2022, p.4

gender differences like "harmful social norms and gendered power systems" in a holistic approach to the drivers of gender inequality[365]. In the area of child protection, the CP has two major examples of such an approach to its credit. One is UNFPA-UNICEF Global Programme to End Child Marriage, which in Sierra Leone fostered community dialogues where the root causes of gender inequality were called into question. Traditional and religious leaders were invited to build a consensus around no longer tolerating child marriage, thus eliminating one of its root causes; and men and boys took part in sessions about harmful masculinities that normalize oppressive gender roles and reproduce gender inequalities. Another is the Life Skills Dialogue programmes on early pregnancy, child marriage and overall adolescent empowerment. Adolescents who were part of the programme were keen to point out the cumulative impact of early pregnancy in the life-chances of girls:

> *"Some girls come from homes where they cannot get all the necessary things they need; as a result, they will date a boy who may provide all that they need, and they may end up having sex which may be the cause for an early pregnancy. This will force her to drop out of school. Also, some girls are faced with a very difficult situation at home, where the uncle or someone else at home may sexually abuse them until they get pregnant, and most will quit their studies. And finally, too much domestic work at home for a girl is not good and it will not help her to focus on her studies because she does too many household chores. Education doesn't need too much workload or else you will get tired and give up on it, and this has occurred to so many girls out there[366]."*

374. Internally, UNICEF also prioritizes gender integration in its hiring practices, advocating for the consideration of gender criteria when evaluating a supplier and proceeding with the procurement process:

> *"We have what we call sustainable procurement. I'll take the example of gender. We work very closely with programs to make sure that in their programming they also indicate that if Supply is to do procurement, some of the business should be run by women, and that needs to be in the terms of reference[367]."*

375. On eliminating harmful practices and promoting rights, significant efforts were made to align the legislative framework with international conventions. UNICEF's direct involvement focuses on national legal policy reform, ensuring legislation complies with international obligations. This includes working on the Child Rights Act and addressing gender equality and harmful practices. They persistently advocate and support the government in integrating these issues into policies, laws, and procedures.

376. In addition to UNICEF's efforts to increasing access to social services in rural and urban areas, the innovative approaches to bridging the digital divide are crucial for equity in Sierra Leone. By enabling offline education services for children in schools and communities in remote areas without internet coverage, UNICEF ensures that all children, regardless of their location, have access to quality education. By providing offline education services, UNICEF is addressing the significant gap between children who have access to digital resources and those who do not, ensuring equitable access to education.

---

[365] UNICEF (2021). UNICEF Gender Policy 2021-2030
[366] FGD with adolescents, rural area
[367] Interview 09 – UNICEF

377. UNICEF's social protection strategies, highlighted in the effectiveness section of the report, are designed to close equity gaps by addressing poverty and enhancing access to social services. For instance, UNICEF's support to the government in implementing child grants and the Social Protection Bill plays a significant role in developing a more inclusive social protection system in the country.

EQ 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?

378. It has been 13 years since the GoSL ratified the Convention on the Rights of Persons with Disabilities (CRPD) and passed the Persons With Disabilities Act (PWDA), creating an enabling environment for policy. A 2023 Report[368] observes that children and adults with disabilities in Sierra Leone are less likely than others to have access to education, health services and employment and are facing disability-related costs and barriers that prevent them from seizing opportunities and increase their vulnerability to shocks. A substantial number live on begging and are homeless, while some reside in collective shelters formed and maintained by persons with disabilities.

379. There is some progress in addressing the needs of children with disabilities. In the ECD programme, ramps and adapted toilets were built so that ECD centres remained accessible for children with disabilities[369]. WASH facilities implemented as part of the ASWA programme were also designed to foresee accessibility for people in wheelchairs[370], with access ramps, wide doors, large cubicles, and grab rails. [371] UNICEF staff highlight ongoing discussions at the policy level, like working with the Teaching Service Commission to provide training on classroom management to integrate children with disabilities[372]. Software for people with disabilities is being integrated into the Digital Learning Hub platform, such as the Le We Tok app to teach sign language (ongoing)[373].

380. The availability of evidence to support the outlined strategies for integrating disabilities has helped the government target its programming. This includes both publicly accessible statistics produced by the Government or by development partners, such as the Child Functioning Module, released by UNICEF, and the Washington Group on Disability Statistics in 2016, from which numerous studies were conducted[374], and confidential surveys related to the rights of children and adolescents in Sierra Leone:

> "[We] are using the census data for calculating indices for child disability[375]"
>
> "In terms of disability, the WASH survey identified 1.4% of the students in Sierra Leone have one form of disability. And so, what that means

---

[368] UNICEF (2023). Multi stakeholders process to build a disability assessment and determination system for inclusion of persons with disabilities in Sierra Leone (draft)

[369] GPE (2021). ESPIG Progress Report – UNICEF Sierra Leone, November 2021, p.11

[370] Interview 03 – UNICEF

[371]

[372] Interview 02 – UNICEF

[373] Interview 14 - UNICEF

[374] See, United Nations Children's Fund. Seen, Counted, included: Using data to shed light on the well-being of children with disabilities, UNICEF, New York, 2021.

[375] Interview 27 – Government

> *that whatever we plan, we have to plan for 1.4% [of people with disabilities] now, so we use that now to design the toilets[376]"*

381. The ASC 2022 found 44,792 pupils with disabilities ranging from visual, hearing, learning, physical, and speech impairments, enrolled at various levels of schooling. About 4% of these children were enrolled in pre-primary school, 62% were enrolled in primary school, and 24% were enrolled in JSS, whilst 10% were enrolled in SSS. The majority were visually impaired (27%), followed by those with disabilities related to hearing (21%), learning (20%), speech (18%), and other physical impairments (14%). These numbers pose both a challenge and demand for increasing strategies for closing equity gaps in the next CP.

382. It was noted in informal exchanges and discussions during the initial phase that disability is not yet fully statistically accounted for in recent surveys given its complexity. More can be done in assessing the prevalence and types of disability:

> *"So, at this stage in terms of disability inclusion we have been working with the Teaching Service Commission to provide some sort of training on classroom management and on how to integrate [the topic] better in the way the teacher manages the class. (…) we have supported a kind of e-service general training for the teacher on how to identify children that may have developmental problems and refer them for their health support.[377]"*
>
> *"The Digital Learning Hubs will need to be [also] a Disability Access Learning Hub, so we would make sure that's a prerequisite. We also will try to have audio equipment. The content that we're producing needs to be friendly to disabilities, but specifically we're working on something called the Le We Tok app. And the Le We Tok program is about teaching people with hearing difficulties and also people without hearing difficulties sign language.[378]"*

383. Efforts are being made to integrate the disability approach into construction contracting processes, promoting the consideration of accessibility criteria when evaluating a building project. Accessibility for people with disabilities is a mandatory requirement for all construction projects, including toilets and ramps. Vendors who do not meet these requirements are disqualified.

384. Regarding the challenges that still need to be addressed, UNICEF interviewees mention the areas of health and nutrition, which does not have a specific work designed to increase access to PwDs, in apparent disconnect with EPSP's work to promote it:

> *"In Health and Nutrition, we are not specifically working to increase access for people with disabilities. That is a big issue because this is a UNICEF mandate, and we need to do it. Currently, we don't have any specific program on identification of disabilities[379]"*

---

[376] Interview 03 – UNICEF

[377] Interview 02 – UNICEF

[378] Interview 14 – UNICEF

[379] Interview 09 – UNICEF

385. Finally, UNICEF staff emphasized that, in terms of the scope of the organization's interventions, it is necessary to focus more efforts on generating and strengthening the capacities of local governments to deal with disabilities through a bottom-up approach.

Preliminary Conclusions

GEEW 1: Activities across the CP integrate GHRE into the planning and program execution at various levels and this continued to be the case during the Covid-19 pandemic (§365-366). The availability of evidence (gender, age and vulnerability-disaggregated data) has been an enabling factor of those activities (§367). Gender-transformative programming focused on girl and women empowerment during the current CP span sections such as education, WASH, child protection, and innovation (§369-373). Efforts to overcome deep-ingrained gender roles include the Programme to End Child Marriage and the Life Skills Dialogue, showing evidence of intention to confront structural barriers, as per UNICEF's global gender strategy (§373). On the human rights front, the CP has successfully advocated for alignment of legislation with international conventions (§375).

GEEW 2: Interviews mention advances in considering the needs of children with disabilities in schools, training teachers in early identification (§379), incorporation of accessibility in digital education such as the Learning Hub (§381), and in construction projects (§383). Internally in the CO, the efforts to integrate the needs of people with disabilities are not fully coordinated, which may explain uneven progress —e.g. the HN section would like to be doing more in that regard (§384). The availability of evidence supporting planned activities for integrating disabilities has increased and has assisted the GoSL in targeting this population (§380).

10. LESSONS LEARNED

Effectiveness of Muti-Sectoral Approaches

386. There are substantial documentary and interview evidence in support of the effectiveness of multi-sectoral approaches that combine integrated packages, behavioural change interventions and activities at the community level. Such configuration was to be seen in early childhood development centres, the capacity-building of community health workers and the ASWA integrated sanitation solution, among others.

387. Evidence on contributing factors to the success of these interventions point to a combination of bottom-up and top-down approaches, where the community-level solution is matched with a national policy framework. So, it was the case that CHWs were integrated into the National Health System directives, ASWA was coherent with the National Sanitation and Hygiene Plan, and ECDs put in place directly by the Ministry of Education with GPE support. With both elements present, there are several advantages to be had:

388. Increased Funding Likelihood:
   - Integration with national policy frameworks and directives (e.g., CHWs in National Health System, ASWA in National Sanitation Plan, ECDs by Ministry of Education) makes funding for scale-up more likely.
   - The known modus operandi, costs, and benefits of these integrated interventions increase the chances of securing financial support.

389. Greater Impact:
   - Multi-sectoral approaches amplify impact through behavior change interventions, leading to multiplying effects.
   - Community-level activities combined with national policies create a synergistic effect, enhancing overall outcomes.

390. Enhanced Sustainability:
   - Embedding interventions within long-term national planning instruments ensures their continuity and sustainability.
   - Integration into national systems (health, education, sanitation) provides a stable foundation for ongoing efforts and maintenance.

Effectiveness of Evidence-based Tailored Technical Support to the Government

391. Evidence from interviews with government, UNICEF staff and implementing partners alike indicate unanimously that UNICEF's close support to the planning units of the central government via carefully chosen technical assistance providers was instrumental to the strengthening of state capacity and to maintaining the relevance of its interventions. UNICEF has demonstrated great dedication to developing evidence-based programme guidelines that speak to government needs and development goals, spending substantial time customizing solutions to the national context. This level of involvement resulted in:

392. Strengthening State Capacity:
   - Carefully chosen technical assistance helped to build the capabilities of central government planning units, enhancing their ability to effectively manage and implement programs.

- The limited human resources of public administration in the country opened a window of opportunity for capacity building, and UNICEF seized it by leveraging its ability to mobilize and channel funding towards development goals.

393. Maintaining Relevance of Programme Activities:
- Customizing solutions to the national context ensures that programme guidelines are aligned with government needs and development goals, making the services for children more relevant and effective.

394. Effective and Timely Programme Delivery:
- Close support and tailored assistance enabled the swift and efficient execution of government programmes, achieving results in a shorter timespan compared to more hands-off approaches.

The Need for Developing More Effective Fundraising Solutions and Donor Engagement Strategies

395. Evidence from UNICEF staff interviews indicates that fundraising has become a challenging task in the context of a post-pandemic gap in funds, with smaller sections struggling to maintain their programmes running at the optimal level. This experience as a lesson learned could be considered in developing more effective fundraising solutions and donor engagement strategies for lower priority programmes, as these are most likely to contribute to:

396. Sustained Programme Operations:
- Improved fundraising solutions can help maintain optimal levels of programme operations, especially for smaller sections with limited staff, ensuring that crucial activities continue without interruption.

397. Increased Donor Support:
- Enhanced donor engagement strategies can attract and retain donors, including for programmes that are not traditionally seen as priority areas, thereby broadening the funding base and providing more financial stability.

Efficient Cross-sectoral Convergence to Increase Productivity

398. The deployment of productivity-increasing measures such as integration of activities across sections, common procurement, reliance on cross-sectional experts, and investment in IT have contributed to improving efficiency. Cross-sectoral fundraising is another efficiency-increasing measure that has been successfully adopted in the CP. These efforts can yield benefits such as:

399. Enhanced Collaboration and Innovation:
- Cross-sectoral fundraising and integrated activities promote collaboration between different sections and experts, fostering innovative approaches for the delivery of services. This leads to more creative and effective solutions that can address complex challenges more comprehensively.

400. Improved Efficiency:

- Integration of activities across sections can streamline operations, reducing redundancy and saving time, and lead to more efficient use of resources.

401. Cost Savings:
- Common procurement and the use of cross-sectional experts help reduce costs by leveraging economies of scale and shared expertise. Investment in technology, for example, further enhances cost-efficiency by automating processes and improving data management, ultimately freeing up funds for other critical areas of the organization.

Leveraging Integrated Programming During Emergencies

402. UNICEF clearly seized the opportunity to apply its integrated programming expertise during the Covid-19 emergency. Determinant factors of success were:

403. Flexibility in Programming:
- Flexible programming allows for rapid adjustments in response to changing circumstances, ensuring that interventions remain relevant and effective despite unforeseen challenges.

404. Strong operational capacity
- UNICEF's capacities in procurement, logistics and general operational coordination across UN agencies ensured rapid deployment of structures, goods and services.
- Strong operational capacity ensures that services are carried out consistently and reliably, building trust among stakeholders and rights holders.

405. Focus on Behaviour Change
- The programme's behaviour change component was instrumental to increasing the update of vaccination and awareness of prevention measures.
- Behavior change initiatives often have long-lasting effects, as they alter underlying habits and practices, contributing to sustained improvements in health and well-being.

11. FINAL CONCLUSIONS

Relevance

406. Evidence diagnostics and stakeholder participation in the planning stages have been a major explanatory factor of programme relevance during the 2020-2024 CP, as it allowed UNICEF to discuss and validate proposed interventions, legitimizing these among duty-bearers and avoiding a donor-driven agenda. Dialogue with implementing partners has been open and productive across sectors, and assessments and situational analyses have informed activities, confirming the widespread adoption of RBM in the CO. Central government's reliance on UNICEF-sponsored technical support for its sectoral planning documents and UNICEF's concern with aligning their programming with the MTNDP have both contributed to policy convergence and, as a result, more focused implementation. Closing the virtuous cycle of programming relevance, donors working with UNICEF understand and abide by the latter's strategic priorities.

407. The CP was compliant with UNICEF's global change strategy of supporting policy, capacity development and systems strengthening as well as fostering cross-sectoral programming to ensure their relevance[380]. Relevance has also been increased by the CP's generation of data in support of programme modelling, notably needs assessments and the situational analysis, which is in line with UNICEF's global change strategy.[381] Nonetheless, the long-elapsed time between MICS, currently at seven years due to COVID, challenges the relevance of current national-level planning, reliant for the time being on an outdated evidence base.

Coherence

408. The current CP strategy demonstrates strong alignment with the national priorities, particularly in the areas of policy implementation and engagement across multiple sectors. However, the Government's MTNDP lacks focus on social participation, an area of priority for UNICEF, suggesting an opportunity for advocacy in future partnerships. UNICEF's leadership in join-interagency programming is widely recognized with no evidence of duplication of efforts. UN partners in Sierra Leone acknowledge UNICEF CO's leading role during the Covid-19 emergency. Because the CO learned from previous emergencies where it also coordinated the response, it successfully mobilized expertise and resources across its programmes and was able to support the UN-wide intervention as well as government through the Ministry of Health and Sanitation. In working with the GoSL on natural disasters, UNICEF supported the National Disaster Management Agency while mobilizing the network of international donors and national implementing partners needed for a coherent emergency response that spoke to the GoSL priorities.

409. Outside of emergencies, UNICEF and other UN agencies found common ground and worked in a coherent, non-overlapping fashion. Cooperation with the government in ensuring alignment between MTNDP and UNICEF CP outcomes in policy pieces has been a major driver of coherence with direct consequences for greater effectiveness. UN partners in Sierra Leone believe more could have been accomplished with more UNCT coordination to further increase alignment with national priorities as per UNICEF's global strategy[382].

---

[380] UNICEF (2018). Strategic Plan 2018-2021. Cf. Change Strategy 1. The current CPD was drafted in line with UNICEF's Strategic Plan for 2018-2021, which comprises eight change strategies: (1) programming at scale result for children, (2) gender-responsive programming, (3) winning support for the cause of children from decision-makers and the wider public, (4) developing and leveraging resources and partnerships for children, (5) leveraging the power of business and markets for children, (6) United Nations working together, (7) fostering Innovation in programming and advocacy for children, and (8) using the power of evidence to drive change for children.

[381] Ibid., Change Strategy 8

[382] Ibid., Change Strategy 6

410. UNICEF successfully achieved its goal of programmatic convergence, with good progress in early childhood development, adolescent programming and evidence generation. Intersectoral work stands out as a major contributing factor of coherence, driven by the integration of SBC and innovation across programming, including during the Covid-19 emergency.

Effectiveness

411. The 2023 CP outcome targets have largely been achieved, despite the challenging context of multiple emergencies during the programme implementation. Additionally, the CP's results framework aligns well with the theory of change. At the output level, indicators were adequately measured, while at the outcome level there were challenges obtaining data notably for Child Protection, Education and EPSP outcomes due to data sources being outside of UNICEF's governance (e.g. government-sponsored surveys) or reliant on the MICS, which was delayed due to the Covid-19 pandemic. An incomplete results framework constitutes a challenge to effective demonstration of the programme's contribution to positive social change and hampers results-oriented management, a key organisational enabler foreseen in UNICEF's global Strategic Plan[383].

412. A feature common to 5 outcome areas that explain the observed effectiveness was the proximity between government officials and UNICEF management team, staff and consultants before and during implementation, with demonstrated capacity to follow-up and adapt management at the intervention (project) level.

413. In terms of the effectiveness of the mechanisms for promotion of convergent approaches, results are apparent, with SBC and Innovation having contributed significantly to cross-programming. Integrated programming for adolescents, for example, has been exemplar of an instance where UNICEF acted on multiple fronts, from advocacy across ministries to inter-agency coordination to building capacities at the local level, delivering in adolescent life skills and against GBV in school settings. Digital transformation has delivered results within the Integrated Programming for Adolescents priority area, notably in skills development. Likewise, in evidence generation, the studies UNICEF commissioned during the current CP across sections were instrumental to support the GoSL in its strategic planning, which in turn resulted in targeted programming for priority areas, confirming that the CP's focus on coherent, evidence-based management has been productive in terms of tangible outputs that contributed to positive outcomes.

Efficiency

414. The CO was successful in raising funds to match its increased commitment during the emergencies that Sierra Leone faced between 2020 and 2022, expanding its hiring of consultants. With the expected decrease in funding that came with the end of the Covid emergency, the CO adjusted its staffing to the new reality.

415. Attention is needed to ensure that smaller sections like EPSP and Child Protection, and notably intersectional units with high strategic priority like SBC and Innovation, are not stretched for human resources. As an actor-centred approach requiring little to no investment in infrastructure, SBC opens the possibility of bringing about rapid social transformation. Innovation, in its turn, is by design focused on maximizing efficiency through cost-saving technological solutions. If carried out judiciously based on an extensive understanding of the drivers of development problems in Sierra Leone, both approaches offer the prospect of widespread adoption, and therefore of economies of scale and value for money.

---

[383] Ibid., "Four organizational drivers to steer results"

Sustainability

416. Given UNICEF's ascendancy over the development sector in Siera Leone, expectations surrounding the extent and quality of its support are high, and consequently government institutions in the social sector consider it the go-to institution for securing donor funding. In areas like child protection and health, the operation of existing programmes depends on external funding that has been obtained through UNICEF support and without which service provision would be compromised. UNICEF-supported GoSL programming is therefore not yet financially sustainable.

417. In terms of systems strengthening and human capacity building within the government administrative apparatus, progress has been observed because of UNICEF technical assistance in all programmatic areas.

418. The outlook from local level is promising in terms of sustainability. Small-scale interventions in social and behaviour change notably in WASH committees and ECD centres have shown results in terms of community involvement in the management of existing structures as well as in the definitive improvement of individual hygiene practices, awareness of contraception, vaccination, maternal health, and infant nutrition, with sustained positive consequences. Greater private sector involvement in areas showing potential for scaling such as sanitation, digital transformation and environmental conservation, and longer project durations to increase the likelihood of behaviour change, have been called for as ways to increase the sustainability of interventions.

419. Overall, the enabling context is challenging to sustainability given the country's budgetary limitations. Nonetheless, evidence from this evaluation indicates that UNICEF is on the right track in focusing on behaviour change interventions at delivery point of public services —namely the district and community levels— as these have shown clear signs of having been successful in promoting emancipation, reducing the incidence of harmful practices, and promoting healthier behaviours.

Gender, equity, and human rights

420. The gender, human rights, and equity perspectives have been incorporated into programming across the CP as per UNICEF mandate. Gender-disaggregated data are now the norm and widely used in planning. Integrated programming focused on GBV, notably in schools, stands out in that realm, but also within health and nutrition major milestones were achieved. During the pandemic, both the revision of the CHW Policy and the launch of the UHC roadmap prescribed affirmative actions aimed at correcting gender imbalances and empowering women, in testament to the CP's ability to adapt gender mainstreaming to an emergency context.

421. The CP's integrated programming for adolescents and the SBC components embedded into WASH, Health and Education aimed at empowering girls and women have proven highly relevant and effective despite their limited reach. Ample evidence stemming from reports and confirmed in the focus groups with adolescents indicates that traditional gender norms are ingrained in the country in both urban and rural areas, confirming the need for the continuation of the CP's proactive stance against structural barriers to gender inequality in line with UNICEF's global gender policy.

12. RECOMMENDATIONS

These recommendations are the result of an iterative process starting with the first draft of the final report and culminating in two validation workshops, one with the CMT and another with the ERG, based on version 3 of this report. This table reflects the consensus built after such feedback and discussions.

Table 22. Strategic recommendations

Preliminary conclusions	Recommendation	Duty bearer	Level of priority[384]
SUST 2, EFFE 2, COHE 4	Deepen and diversify multi-sector interventions and integrated packages in cooperation with donors and UN in Sierra Leone, considering their demonstrated effectiveness in areas such as GBV, ECD, CLTS, among others.	UNICEF CMT, Donors, UN in SL	M
SUST 1	Support government partners in enhancing their capacity for sustaining social sector programmes financially by benchmarking budget allocations with best international practices and strengthening capacity in resource mobilisation and HR retention.	UNICEF CO, GoSL	M
REL 1, COHE 1, SUST 1, EFFI 4, EFFE 4	Maintain the multi-level engagement with government partners from policy formulation to supervision of project implementation, calibrating the level of involvement to match developing institutional capacities, and budget accordingly. In the process, consider encouraging social participation by building the capacities of NGOs as means to strengthen the community's awareness of and capacity to claim their rights to state-provided services.	UNICEF CO, implementing partners	L
EFFE 1, GEEW 1	Given the persistence of extreme poverty, GBV, violence against children, and gender and regional inequities, increase efforts for enhancing social protection and inclusive access to social services via technical assistance and advocacy for child-focused public financing.	UNICEF CO programmatic areas, CMT, UN in SL	M
EFFE 4, EFFE 5, SUST 2, GEEW 1	Incorporate SBC into as much of programming as possible —drawing from development partners' expertise if necessary— given their verified effectiveness and the pervasiveness of traditional practices harmful to women and children.	UNICEF CO programmatic areas, CMT, UN in SL	M
EFFE 1	Given the observed prevalence of open defecation, advocate for OD-targeted	UNICEF CO WASH, GoSL	H

---

[384] Key to priority levels: high = to be achieved within 3 months maximum; medium = to be achieved within 9 months; low = to be achieved within 1-2 years

Preliminary conclusions	Recommendation	Duty bearer	Level of priority
	programming and increase technical assistance to the GoSL in that area.		
EFFE 1, COHE 1, COHE 3	Close the interval gap between MICS rounds and enhance cooperation with agencies that gather relevant data to UNICEF programming.	UNICEF CO, UN in SL, GoSL	M

Table 23. Operational recommendations

Preliminary conclusions	Recommendation	Duty bearer	Level of priority
EFFE 1	Ensure that the results framework for the next CPD features SMART indicators that can be updated regularly and inform for managerial decisions. Current WASH CPOs are a good model, with few indicators and frequent data collection.	UNICEF CO, CMT	H
EFFE 1	Ensure that data collection at the outcome level covers the entire geographical scope of the CP and is timed to coincide with its duration.	UNICEF CO, CMT	H
EFFI 1, EFFI 4	Consider establishing joint, cross-programmatic fundraising activities to reduce the transaction costs and maximize time dedicated to programmatic activities.	UNICEF CO, CMT	M
COHE 1, SUST 1	Social participation was not prominently reflected in national policies, but it remains a key priority for UNICEF. Therefore, it is important to build the capacity of national partners and encourage more active involvement in community development and strengthening at the local level.	UNICEF CO programmatic areas, CSOs in SL	L
EFFI 1, EFFI 4	Consider increasing the proportion of fixed-term staff in the CO and foresee new hires for sections that are understaffed but strategic to the next CPD by weighing the workload of those sections against CP objectives.	UNICEF CMT	H
EFFI 1, EFFI 3, EFFI 4	Improve contract procedures with implementing partners by shortening ToR drafting times, streamlining contract validation processes, relying on common procurement, extending contract durations for SBC-related interventions, and introducing inflation-correcting mechanisms.	UNICEF CO Operations, CMT and programmatic areas	M

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

13. APPENDICES

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, which 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:

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

- 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 (MoH) • Ministry of Water Resources & Sanitation • 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.

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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[385] % in 2016 to 21.4 % in 2020.[386] 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.[387] 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,[388] the incidence of poverty in Sierra Leone is nearly 60 per cent,[389].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.[390] Half of these children live in overcrowded shelters with inadequate infrastructure.[391] 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. [392]

Sierra Leone ranks 155 out of 162 countries on Gender Inequality Index.[393] Girls and women remain vulnerable to gender-based violence, social discrimination, and poverty. About 30 % of women aged 20

---

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

[386] 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

[387] UNICEF, 2022, 'Climate Landscape Analysis for Children in Sierra Leone'.

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

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

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

[391] Ibid.

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

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

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

to 24 married before the age of 18, and 13 % before the age of 15. [394][395] 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.[396][397] 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).[398][399] The prevalence of violence at home against children increased from 81% in 2010[400] to 86.5% in 2017[401]. 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[402] whereas the same among women aged 14-24 was 48% in 2010[403].

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.[404] 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 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

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

[395] 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).

[396] MICS 2017.

[397] DHS 2019.

[398] MICS 2017.

[399] DHS 2019.

[400] 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).

[401] MICS 2017.

[402] Ibid.

[403] MICS 2010.

[404] Ibid.

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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[405], down from 116.79 in 2018.[406] 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.[407] The maternal mortality ratio reduced from 837 in 2010 to 443 to 2020 per 100,000 live births[408] . 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% [409] to 56%.[410] 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.[411] Of these, around 65,000 are severely malnourished and at high risk of dying if left untreated.[412] 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. [413] 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.[414] 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

---

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

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

[407] MICS 2017.

[408] 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).

[409] MICS 2017.

[410] DHS 2019.

[411] 26% stunting prevalence and 5% wasting prevalence, Source: Ministry of Health and Sanitation and UNICEF. (2021). *Sierra Leone National Nutrition Survey 2021*. Freetown: UNICEF.

[412] Ibid.

[413] 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)

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

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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. [415]

Less than 2 % of the population aged 15-49 is HIV positive.[416] 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[417]. 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.[418] 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. [419] 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. 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,[420][421] 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[422] except for merely being a little-known fact among parents and caregivers.

2. Evaluation Object: UNICEF Sierra Leone Country Programme (2020-2023)[423]

---

[415] 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
[416] DHS 2019-20.
[417] Ibid.
[418] DHS 2019-20.
[419] Ibid.
[420] MICS 2017.
[421] DHS 2019.
[422] MICS 2017.
[423] UNICEF Sierra Leone, 'Country Programme (2020-2023).

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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.
- 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

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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 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 include 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).

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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 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

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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.
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, Port Loko, 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.

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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.

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?

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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?

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?

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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

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:

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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.

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 [424] 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 considered, including the most vulnerable and hard to reach.

6.1. Inception Phase

o **Desk Review**

---

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

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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
- ➢ 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.

- o **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.

- o **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.

- o **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.

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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 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**	

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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) <u>**Evaluation Team Leader**</u>

- 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.

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

- 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:
    o Health and nutrition of children, mothers, and adolescents
    o Basic education, and early childhood education and development
    o Child protection and gender-based violence
    o WASH
    o Social protection including children with disabilities, child poverty,
    o Policy, local governance and PF4C
    o Disaster risk reduction and emergencies
    o Social and behaviour change and community engagement
    o Gender and adolescent engagement
    o 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.
   - 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:**

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

- 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.
- 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

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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.

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

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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
    - 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

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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	
		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

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

		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

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)

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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

Budget Code: non-grant

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

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

Prepared by: **Signature**

Sevara Hamzaeva

Multi-Country Evaluation Specialist, WCAR   **Date:**

Reviewed by: **Signature**

Mona Korsgard

Chief, EPSP Section, UNICEF Sierra Leone   **Date:**

Reviewed by: **Signature**

Bervery Chawaguta

Chief, Supply and Logistics, UNICEF Sierra Leone,   **Date:**

                                       Signature

Validated by:

Frederic Unterreiner

Senior Specialist/Regional Evaluation Advisor a.i., WCAR   **Date:**

Approved by: **Signature**

Daisy Duru-Iheoma

OIC, Deputy Representative   **Date:**

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

Annex I

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

2.1.1 Health and Nutrition (HN)

To achieve the Health and Nutrition Programme outcomes, UNICEF supports the Ministry of Health (MoH) 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 paediatric 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
- 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 Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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-channelled 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%

2.1.2 Water, Sanitation and Hygiene (WASH)

UNICEF's primary government partners for the WASH programme are the Ministry of Water Resources & Sanitation (MoWRS) Ministry of Fisheries and Marine Resources (MoFMR) and Ministry of Health

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

(MoH), 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)
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%

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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 are 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.

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

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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 aged 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 proficiency levels in reading and mathematics. (KRC 4.2 NEW)	30% (2021)	51%

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 Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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)
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%

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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.

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.

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

Cross-sectoral programme interventions (the programme 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 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

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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.

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

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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

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 aged 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.

UNICEF Sierra Leone
Central Medical Stores Compound
New England Ville, PO Box 221
Freetown, Sierra Leone
freetown@unicef.org
www.unicef.org

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	Not known at this stage. Evaluation Team interaction has been limited to interviews with some programme staff.

		who might be expected to have different views?	

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 an 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 this work have 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 [425]	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, including the Covid-19 pandemic?	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 strategies to address the emerging issues of children and their families, especially the most vulnerable?	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 (disaggregated by sex, age, disability, district). Positive views expressed by the Government and stakeholders about UNICEF's	UNICEF, Government, development partners, implementing partners, UN Sierra Leone Project documents and reports	Semi-structured interviews of key informants Document review	Interpretive content analysis

---

[425] Strikethrough indicates analysis methods that were not used as foreseen

Evaluation questions	Sub-questions	Indicators	Data collection sources	Data collection methods [425]	Data analysis
		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 achieving the intended results?	3.4.2.2.1. Are linkages across CP outcomes identified and leveraged for results? 3.4.2.2.2. How well are cross-cutting issues and strategies integrated into CP sectors?	Design of interventions is issues based, drawing in different programme components and cross-cutting elements of gender 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	UNICEF staff Project documents, reports, evaluations, research studies	Semi-structured interviews of key informants Document review	Interpretive content analysis

Evaluation questions	Sub-questions	Indicators	Data collection sources	Data collection methods [425]	Data analysis
		approaches and integrated packages.			
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
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-	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	Achievement of or substantial progress towards outcome-level indicators	UNICEF, Government, development partners, implementing partners Project reports, national survey data, Secondary data analysis	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 [425]	Data analysis
term and intermediate outcomes?	outputs into short-term and intermediate outcomes?		of selected outcome indicators		
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? **(BECAME EQ 2.6)**	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
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? **(CANCELLED)**		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;	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 [425]	Data analysis
		changes in resources mobilized from development partners; political instability			
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 analysis of selected outcome indicators	Semi-structured interviews of key informants ~~Household survey~~ Document review	Interpretive content analysis Descriptive statistics
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. Is 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

Evaluation questions	Sub-questions	Indicators	Data collection sources	Data collection methods [425]	Data analysis
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?	3.4.4.2.1. Are the CP's monitoring systems at the country office level and project levels generating timely and reliable 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?	All programmes/ projects plans and reports use disaggregated data – e.g. sex, disability, district, and 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	UNICEF Work/project plans, monitoring reports, studies, COARs	Semi-structured interviews of key informants Document review	Interpretive content analysis
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? **(CANCELLED)**		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					
3.4.5.1. To what extent are the CP's results sustainable financially,		The majority of participating government functions have had their capacity improved	UNICEF, Government, development partners	Semi-structured interviews of key informants	Interpretive content analysis

Evaluation questions	Sub-questions	Indicators	Data collection sources	Data collection methods [425]	Data analysis
environmentally, and socially?		and continue to implement the programmes initially supported by UNICEF	and implementing partners Project reports	Document review	
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 government partners and UNICEF human rights, equity dimensions in the CPD lead to the planned results at the output and outcome levels?	3.4.6.1.1. 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 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	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 Government partners and stakeholder perceptions of gender-responsiveness of UNICEF interventions, including communications and advocacy	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 [425]	Data analysis
	programme's sectoral and cross-sectoral components?				
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 certificates forms for your children? If no, 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**

<u>Your statement</u>:
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 and 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*

166

	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? Is 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. 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?

Criteria	Questions
	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? *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?

Criteria	Questions
	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 <u>1 hour and 30 minutes</u> 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:	• Name:
• Time:	• Gender:
• Location (Region):	• Office/Department:
• Location (Community):	• 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? 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?*

Criteria	Questions
	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? 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?*

Criteria	Questions
	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?* 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

Criteria	Questions
	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? 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 Behaviour 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:	• Name:
• Time:	• Gender:
• Location (Region):	• Office/Department:
• Location (Community):	• 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:
	Did you collaborate with UNICEF on developing the results frameworks of your joint programmes? Please provide examples.
	Were there any duplication of programmes or 178results between UNICEF and your agency? Please provide examples.

Criteria	Questions
	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 to 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:* *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?*

Criteria	Questions
	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? 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

Criteria	Questions
	• 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?
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**[426]

- 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.

- 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

---

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

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[427]. 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:

- 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.

---

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

- 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:

Plan Eval Ltda
Rua Dr. Cândido Espinheira, 396, cj. 121
05004-000 São Paulo - SP
Brazil

Email: info@plan-eval.com
Phone: +55 1132307509

Plan Eval SRL
Avenue du Kersbeek 308
1180 Uccle
Belgium

Email: info@plan-eval.com
Phone: +32 492941075

ANNEX M: THEORY OF CHANGE

Activities	Outputs		Outcomes	Ultimate outcome

Activities

- Capacity building for government partners, communities
- Support for development of policies, strategies, systems
- Analytical studies and research for evidence-based planning and decision-making
- Communication and advocacy
- Building and strengthening partnerships
- Social and behaviour change interventions
- Leveraging technology for innovation

Programme Effectiveness strategies

Outputs

Increased capacities for planning, budgeting delivering and monitoring services
Better utilization of CBH & nutrition interventions in health system.
Rights holders benefit from approved approaches to improve their health

Improved evidence & capacity to implement WASH policy
Strengthened capacities to improve coverage and quality of water services
Increased community capacities & commitment to use basic sanitation facilities and improve hygiene and sanitation practices

Improved i for evidence-based planning, and monitoring.
Govt and communities better positioned to improve coverage and quality of ECD
Strengthened capacity of education system to improve quality of basic education.
Improved access to opportunities to develop skills for learning and active citizenship for adolescents, especially girls

Improved evidence and capacity for child protection policy implementation and coordination
Govt. and service providers better able to deliver quality gender-sensitive child protection prevention & response services.
Rights hiolders better informed to prevent and respond to violence and harmful practices.
Strengthened capacity to scale up birth registration

Govt. increased capacity to use disaggregated data and evidence related to child deprivation.
Govt. better able to provide child-sensitive and integrated social protection programmes, including in humanitarian situations.
Local government authorities better able to coordinate & monitor evidence-based multisectoral plans to improve children's wellbeing.

Assumptions (dashed boxes)

Sustained political commitment
Communities receptive to behaviour change messages
Continued support for community-based interventions
Commitment to address health sector human resources gaps

Political 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

Government politically, financially committed to Free Quality School Education initiative
UNICEF and partners have safe, continued access to working with schools, communities, employers and officials
Political barriers to school attendance removed

Political and financially financial commitment to strengthen/reform child protection framework
traditional leaders, community members and women willing to engage in public discussion on sensitive issues such as FGM

Government continues to consolidate decentralized system and structures
Political commitment to address child deprivations including through comprehensive social protection

Outcomes

1. More children (aged 0-18) and women benefit fro m quality comprehensive services and practices

2. More children and their families, particularly in rural and urban areas, have access to and use affo dable and sustainable basic water and sanitation services, and practise safe hygiene behaviours.

3. More children have access to improved and meaningful learning outcomes

4. Fewer children experience physical and sexual violence, abuse and exploitation

5. 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

Risks
Major emergencies/disasters
Economic downturn and major fiscal constraints
Lack of political commitment

Ultimate outcome

Rights of all children in Sierra Leone are realized

Assumptions

189

ANNEX N: MAPPING OF KEY INFORMANTS

Stakeholder/partner	Role/Interest
• Ministry of Health (MoH) • Ministry of Water Resources & Sanitation • 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 Bank; Bill and Melinda Gates Foundation; Republic of Korea; Iceland Government	Provide financial support to programmes, and work in partnership with UNICEF. They have an 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

ANNEX O: RESEARCH ETHICS APPROVAL

unicef | for every child

Research Ethics Approval

22 January 2024

Angela Bester & Magdalena Isaurralde
plan-eval
Cândido Espinheira 396, cj 121
05004.000 São Paulo SP Brazil

RE: Ethics Review Board findings for: *Country Programme Evaluation (2020-2023)*
        (HML IRB Review #826SLEO23)

Dear Angela Bester and Magdalena Isaurralde

Protocols for the protection of human subjects in the above study were assessed through a research ethics review by HML Institutional Review Board (IRB) on 18 December 2023 – 22 January 2024. This study's human subjects' protection protocols, as stated in the materials submitted, received **ethics review approval.**

You and your project staff remain responsible for ensuring compliance with HML IRB's determinations. Those responsibilities include, but are not limited to:

- ensuring prompt reporting to HML IRB of proposed changes in this study's design, risks, consent, or other human protection protocols and providing copies of any revised materials;
- conducting the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects;
- promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study;
- notifying HML IRB when your study is completed.

HML IRB is authorized by the United States Department of Health and Human Services, Office of Human Research Protections (IRB #1211, IORG #850, FWA #1102).

Sincerely,

D. Michael Anderson, Ph.D., MPH
Chair & Human Subjects Protections Director, HML IRB

cc: Laís Bertholino Faleiros, Fabrizio Rigout, Sevara Hamzaeva, Penelope Lantz, JD

Health Media Lab, Inc.
1101 Connecticut Avenue, NW Suite 450
Washington, DC 20036 USA
+1.202.246.8504
unicef@hmlirb.com www.hmlirb.com

ANNEX P: STAFF ALLOCATION AS OF FEB./2024

Table 24. 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			
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

ANNEX Q: LIST OF DOCUMENTS PROVIDED

#	Citation	Document type
1	United Nations Children's Fund (UNICEF), ' Programme Component Strategy Note - Outcome 4: Child Protection'.	Strategy Note
2	United Nations Children's Fund (UNICEF), 'Sierra Leone - UNICEF Programme of Cooperation 2021-2021 Rolling Work Plan: Child Protection', 2020.	Rolling Work Plan
3	United Nations Children's Fund (UNICEF), 'Sierra Leone - UNICEF Programme of Cooperation 2022-2023 Rolling Work Plan: Child Protection', 2022.	Rolling Work Plan
4	National Civil Registration Authority (NCRA) & United Nations Children's Fund - Sierra Leone (UNICEF), ' Comprehensive Country Assessment of the Cicil Registration and Vital Statistics and Identity Management Systems in Sierra Leone', 2019.	Report
5	Maestral, 'Formative research on violence against children (VAC) in homes to inform opportunities for positive parenting in Sierra Leone - Final Report', 2019.	Report
6	Maestral, 'Strengthening of Sierra Leone's Positive Parenting Education Programme Implementation Framework - Final Report', 2022.	Report
7	United Nations Children's Fund - Sierra Leone (UNICEF), 'Study of Bondo Initiation in Sierra Leone - Draft Research Report', 2020.	Report
8	United Nations Children's Fund- Sierra Leone (UNICEF), 'Christian Aid for Under-Assisted Societies Everywhere (CAUSE Canada) Sierra Leone Partnership Programme Document: Supporting Girls and Boys to Attend School in Sierra Leone ', 2020.	Programme Document
9	United Nations Children's Fund - Sierra Leone (UNICEF), 'Christian Aid for Under-Assisted Societies Everywhere (CAUSE Canada) Sierra Leone Partnership Programme Document: Stregthening Quality Early Childhood Development (ECD) in Communities', 2020.	Programme Document
11	United Nations Children's Fund - Sierra Leone (UNICEF), ' Community Initiative for Rural Development-Sierra Leone (CIFORD-SL) Programme Document - A Whole School Approach to Prevent School-Related Gender-Based Violence: Minimum Standards and Monitoring Framework', 2021.	Programme Document
12	United Nations Children's Fund- Sierra Leone (UNICEF), ' Development Initiative Programme, Programme Document: Supporting Girls and Boys to Attend School in Sierra Leone', 2020.	Programme Document
13	United Nations Children's Fund- Sierra Leone (UNICEF), 'Development Initiative Programme, Programme Document: Stregthening Quality Early Childhood Development (ECD) in Communities', 2020.	Programme Document
14	United Nations Children's Fund- Sierra Leone (UNICEF), 'Development Initiative Programme, Programme Document: Supporting School-age Out of School Girls to Enrol and Stay in School in Kono and Kambia Districts', 2021.	Programme Document
15	United Nations Children's Fund- Sierra Leone (UNICEF), 'Girl Child Network Sierra Leone (GCNSL) Programme Document: Support Girls' Education in Sierra Leone through Menstrual Hygiene Management', 2020.	Programme Document
16	United Nations Children's Fund- Sierra Leone (UNICEF), 'Girl Child Network Sierra Leone (GCNSL) Programme Document: Empowering Girls in Sierra Leone through Menstrual Hygiene Movement', 2022.	Programme Document

17	United Nations Children's Fund- Sierra Leone (UNICEF), ' Handicap International (HI) Programme Document: A Whole School Approach to Prevent School-Related Gender-Based Violence: Minimum Standards and Monitoring Framework', 2020.	Programme Document
18	United Nations Children's Fund- Sierra Leone (UNICEF), ' Restless Development Sierra Leone (RDSL) Programme Document: Generation Unlimited and UPSHIFT ', 2020.	Programme Document
19	United Nations Children's Fund- Sierra Leone (UNICEF), ' World Hope International (WHI) Programme Document: Stregthening Quality Early Childhood Development (ECD) in Communities', 2020.	Programme Document
20	Ministry of Basic and Senior Secondary Education (MBSSE), Global Partnership for Education (GPE) & United Nations Children's Fund (UNICEF), ' Sierra Leone National Early Grade Reading and Mathematics Assessment Baseline Study', 2021.	Report
21	The Ministry of Basic and Senior Secondary Education (MBSSE), 'National Strategy For Out-of-School Children in Sierra Leone', 2022.	Strategy
22	The Ministry of Basic and Senior Secondary Education (MBSSE), 'Out-Of-School Children Study Sierra Leone', 2021.	Report
23	ODI, 'Report on findings from school-related gender-based violence research in schools and communities', 2022.	Report
24	ODI,' Action research project on school-related gender-based violence and implementation of the minimum standards: Synthesis Report', 2022.	Sythesis Report
25	United Nations Children's Fund (UNICEF), ' Programme Component Strategy Note - Outcome 3: Quality Education and Learning'.	Strategy Note
26	Ministry of Basic and Senior Secondary Education, Ministry of Technical and Higher Education & United Nation Children's Fund (UNICEF), Sierra Leone - UNICEF Programme of Cooperation 2022-2023 Rolling Work Plan', 2022.	Rolling Work Plan
27	United Nations Children's Fund Sierra Leone (UNICEF), 'Education Sector Programme Implementation Grant (ESPIG) Sierra Leone -Annual Progress Report to the Global Partnership for Education (GPE): Improving equitable access to education and improved learning outcomes for girls and boys in Sierra Leone pre-primary and primary schools', 2021.	Progress Report
28	Ministry of Basic and Senior Secondary Education (MBSSE), Ministry for Technical and Higher Education (MTHE) & United Nations Children's Fund (UNICEF), ' Government of Sierra Leone - UNICEF Programme of Cooperation 2020 - 2021 Rolling Work Plan', 2020.	Rolling Work Plan
28	United Nations Children's Fund (UNICEF), World Bank & Statistics Sierra Leone (Stats SL), 'Sierra Leone COVID-19 Integrated Monitoring Survey (CIMS)- Round 2 report', 2021.	Report
29	United Nations Children's Fund (UNICEF), ' Programme Component Strategy Note - Outcome 5: Evidence, Policy and Social Protection'.	Strategy Note
30	Ministry of Planning and Economic Development (MoPED) & United Nations Children's Fund, ' Government of Sierra Leone - UNICEF Programme of Cooperation 2020 - 2021 Rolling Work Plan', 2020.	Rolling Work Plan
31	Ministry of Planning and Economic Development (MoPED) & United Nations Children's Fund, ' Government of Sierra Leone - UNICEF Programme of Cooperation 2022 - 2023 Rolling Work Plan', 2022.	Rolling Work Plan
32	United Nations Children's Fund - Sierra Leone (UNICEF), ' Public Finance for Childre (PF4C) Strategy and Action Plan', 2022.	Strategy and Action Plan
33	United Nations Children's Fund - Sierra Leone (UNICEF), 'National Budget Policy Brief: A Child Friendly Perspective', 2022.	Policy

34	National Monitoring and Evaluation Directorate & United Nations Children's Fund - Sierra Leone (UNICEF), ' Covid-19 Lessons Learnt',	Report
35	United Nations Children's Fund (UNICEF), 'Sierra Leone COVID 19 Response: One Year On', 2021.	Report
36	Anthrologica, ' Formative research on adolescent nutrition, health and support systems - Draft Report for Validation Meeting', 2023.	Report
37	Sierra Leone Ministry of Health and Sanitation, 'Maternal, Infant and Young Child Nutrition in Sierra Leone: Strategy and Costed Implementation Plan for Social and Behaviour Change Communication, 2021 – 2025', 2023.	Strategy
38	United Nations Children's Fund (UNICEF),'Sierra Leone Child Survival Action Plan 2023-2025 - Narrative Draft', 2023.	Action Plan
39	Ministry of Health and Sanitation, 'Sierra Leone RMNCAH and Nutrition Strategy 2017 to 2025 - draft 1', 2023.	Strategy
40	Ministry of Health and Sanitation - Sierra Leone, 'Sierra Leone National Nutrition Policy (2022 - 2030)', 2023.	Policy
41	Ministry of Health and Sanitation & United Nations Children's Fund, ' Government of Sierra Leone - UNICEF Programme of Cooperation 2022 - 2023 Rolling Work Plan', 2022.	Rolling Work Plan
42	United Nations Children's Fund (UNICEF), ' Programme Component Strategy Note - Outcome 1: Health and Nutrition ("Surviving & Thriving")'.	Strategy Note
43	Ministry of Health and Sanitation, 'IMNCI Health Facility Survey Report Sierra Leone', 2020.	Report
44	Ministry of Health and Sanitation, 'National Community Health Worker Policy', 2021.	Policy
45	Ministry of Health and Sanitation & United Nations Children's Fund, ' Government of Sierra Leone - UNICEF Programme of Cooperation 2020 - 2021 Rolling Work Plan', 2020.	Rolling Work Plan
46	Ministry of Health and Sanitation Sierra Leone and UNICEF Sierra Leone, 'Sierra Leone National Nutrition Survey 2021', 2021.	Report
47	United Nations Children's Fund (UNICEF) Sierra Leone, 'Situation Analysis of Children and Adolescents in Sierra Leone', 2023.	Situation Analysis
48	KIT: Royal Tropical Institute & Dalan Development Consultants, 'National Mixed Methods Study on the Knowledge, Attitude, Practice and Barriers on Maternal, Infant and Young Child Nutrition in Sierra Leone', 2019.	Report
49	Ministry of Health and Sanitation (Sierra Leone), United Nations Children's Fund (UNICEF), Helen Keller International, and World Health Organization (WHO), '2013 Sierra Leone Micronutrient Survey', 2015.	Report
50	United Nations Children's Fund (UNICEF), ' End of Year Results Summary Narrative 2021', 2021.	Report
51	United Nations Children's Fund - Sierra Leone (UNICEF), 'Sierra Leone Country Office Annual Narrative Report 2020', 2020.	Report
52	United Nations Children's Fund (UNICEF),' The Situation of Women and Children in Sierra Leone', 2018.	Analysis
53	United Nations Children's Fund (UNICEF), UNICEF Strategic Plan, 2022-2025', 2021.	Strategic Plan
54	United Nations Children's Fund (UNICEF), ' UNICEF Strategic Plan 2018-2021: Executive Summary', 2018.	Strategic Plan
55	United Nations Children's Fund (UNICEF), ' Flood Disaster in Freetown, Sierra Leone UNICEF Situation Update 15/09/2022', 2022.	Report

56	Directorate of Sciene Technology & Innovation (DSTI) & United Nations Children's Fund, ' Government of Sierra Leone - UNICEF Programme of Cooperation 2022 - 2023 Rolling Work Plan', 2022.	Rolling Work Plan
57	Ministry of Basic and Senior Secondary Education, ' Sierra Leone Learning Passport: NPSE Pilot Report (June 2022) ', 2022.	Report
58	Digital Public Goods (DPG), 'State of the Digital Public Goods Ecosystem 2022 - Aligned for Impact', 2022.	Report
59	United Nations Children's Fund - Sierra Leaone (UNICEF), 'Giga 6-month Country Office update' , 2022.	Report
60	Directorate of Sciene Technology & Innovation (DSTI), Ministry of Basic and Senior Secondary Education & United Nations Children's Fund (UNICEF) '3 Day Learning Passport training conducted by DSTI, UNICEF & MBSSE - Training Report', 2022.	Report
61	National Secretariat for the Reduction of Teenage Pregnancy 'Communication Strategy for the Reduction of Adolescent Pregnancy and Child Marriage Sierra Leone 2020-2024', 2020.	Strategy
62	The National Commission for Children (NCC) & World Vision International - Sierra Leone (WVI-SL),' Impact of Covid-19 on Children in Sierra Leone', 2021.	Report
63	Sierra Leone Ministry of Health and Sanitation, 'Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition in Sierra Leone: Strategy for Behavior Change Communication 2021 –2025', 2021.	Strategy
64	GOAL Sierra Leone,'UNICEF – EVD Preparedness and Community Empowerment Project: Knowledge Attitude and Practice (KAP) End Line Survey Report', 2022.	Report
65	GOAL Sierra Leone & United Nations Children's Fund (UNICEF), 'Community-Led Action (CLA) for Demand-Generation and Uptake of Covid-19 Vaccination Project in 8 Districts of Sierra Leone: Knowledge Attitude and Practice (KAP) Baseline Survey Report',	Report
66	GOAL Sierra Leone,'UNICEF – EVD Preparedness and Community Empowerment Project: Knowledge Attitude and Practice (KAP) End Line Survey Report', 2021.	Report
67	United Nations Children's Fund (UNICEF), Wageningen University & Research, IGC & Y-RISE, 'Rapid Social Data Surveys: COVID-19 Survey Summary Report Rounds 1, 2, and 3', 2022.	Report
68	Ministry of Water Resources (MoWR), Ministry of Health & Sanitation (MoHS) and United Nations Children's Fund (UNICEF), 'Rolling Work Plan 2020 -2021', 2020.	Rolling Work Plan
69	United Nations Children's Fund (UNICEF), ' Programme Component Strategy Note - Outcome 2: Water, Sanitation and Hygiene (WASH)'.	Strategy Note
70	Ministry of Water Resources (MoWR), Ministry of Health & Sanitation (MoHS), District Councils and United Nations Children's Fund (UNICEF), 'Government of Sierra Leone - UNICEF Programme of Cooperation 2022- 2023 Rolling Work Plan', 2022.	Rolling Work Plan
71	United Nations Children's Fund- Sierra Leone (UNICEF), 'Community Action for the Welfare of Children (CAWeC) Programme Document: Improving Access to WASH in Rural Fishing Communities in Western Rural and Port Loko Districts', 2021.	Programme Document
72	United Nations Children's Fund- Sierra Leone (UNICEF), 'Community Organisation for Development and Empowerment - Sierra Leone (CODE-SL) Programme Document: Accelerating Sanitation and Water for All (ASWA) in Sierra Leone', 2021.	Programme Document

73	United Nations Children's Fund- Sierra Leone (UNICEF), 'Community Organisation for Development and Empowerment - Sierra Leone (CODE-SL) Humanitarian Programme Document: WASH in Health Care Facilities (Government Hospitals) designated for COVID-19 Responses', 2021.	Programme Document
74	United Nations Children's Fund- Sierra Leone (UNICEF), 'Movement towards Peace and Development Agency - Sierra Leone (MoPADA - SL) Programme Document: Accelerating Sanitation and Water for All (ASWA) in Sierra Leone', 2021.	Programme Document
75	United Nations Children's Fund- Sierra Leone (UNICEF), 'Action for Development Programme Sierra Leone (ADP-SL) Programme Document: Integrated WASH Package in School and Community, Western Area Rural (Tombo)', 2021.	Programme Document
76	United Nations Children's Fund- Sierra Leone (UNICEF), 'Family Homes Movement (F.H.M) Programme Document: Accelerating Sanitation and Water for All (ASWA)', 2021.	Programme Document
77	United Nations Children's Fund- Sierra Leone (UNICEF), 'Community Action for the Welfare of Children (CAWeC) Programme Document: Improving Access to Sustainable water, Sanitation and Hygiene (WASH) in Sierra Leone', 2022.	Programme Document
78	United Nations Children's Fund- Sierra Leone (UNICEF), 'Community Empowerment and Development Agency (CEDA) Programme Document: WASH in Healthcare Facilities (COVID-19 Response) -2 ', 2022.	Programme Document
79	United Nations Children's Fund- Sierra Leone (UNICEF), 'Community Organisation for Development and Empowerment - Sierra Leone (CODE-SL) Programme Document: Accelerating Sanitation and Water for All (ASWA ii) in Sierra Leone', 2022.	Programme Document
80	United Nations Children's Fund- Sierra Leone (UNICEF), 'Community Organisation for Development and Empowerment - Sierra Leone (CODE-SL) Programme Document: Accelerating Sanitation and Water for All in Sierra Leone', 2022.	Programme Document
81	United Nations Children's Fund- Sierra Leone (UNICEF), 'Family Homes Movement (F.H.M) Programme Document: Accelerating Sanitation and Water for All (ASWA 2)', 2022.	Programme Document
82	United Nations Children's Fund- Sierra Leone (UNICEF), 'Living Water International, Sierra Leone (LWI -SL) Programme Document: Integrated WASH package in Moyamba', 2022.	Programme Document
83	United Nations Children's Fund- Sierra Leone (UNICEF), 'Sierra Leone Social Aid Volunteers (SLSAV) Programme Document: Accelerating Sanitation, Water and Hygiene for All (ASWA ii), 2022.	Programme Document
84	PEM Consult, 'Summative Evaluation of The Accelerated Sanitation and Water for All (ASWA) Programme, Sierra Leone (2012-2019)', 2021.	Report
85	United Nations Children's Fund - Sierra Leone (UNICEF), 'UNICEF Evaluation Management Response Template', 2021.	Report
86	Government of Sierra Leone - Ministry of Health and Sanitation- Directorate of Environmental Health and Sanitation, 'National Strategy for Sanitation and Hygiene Sierra Leone 2020-2030', 2020.	Strategy
87	Government of Sierra Leone - Ministry of Water Resources & Ministry of Health and Sanitation, 'National Strategy on Water Safety Plans for Sierra Leone 2020-2030', 2020.	Strategy
88	Government of Sierra Leone - Ministry of Health and Sanitation - Directorate of Environmental Health and Sanitation, 'ODF Verification and Certification Protocol', 2021.	Strategy