United Nations E/ICEF/2003/P/L.8

Economic and Social Council

Distr.: Limited
8 April 2003

Original: English

For action

United Nations Children's Fund
Executive Board
Annual session 2003
2-6 and 9 June 2003
Item 6 of the provisional agenda*

Draft country programme document**

Sierra Leone

Summary

The Executive Director presents the draft country programme document for *Sierra Leone* for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $11,794,000 from regular resources, subject to the availability of funds, and $16,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2004 to 2007.

* E/ICEF/2003/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF Extranet in October 2003, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2004.

03-31607 (E) 020503

0331607

Basic data (2001 unless otherwise stated)		
Child population (millions, under 18 years)		2.3
U5MR (per 1,000 live births)		316
Underweight (% moderate and severe) (2000) (		27
Maternal mortality ratio (per 100,000 live births) (2000)		1 800
Primary school enrolment and/or attendance (% net, male/female)	(1999) (2000)	68/63 39/34
Primary school children reaching grade 5 (%)		..
Use of improved drinking water sources (%) (2000)		57
Adult HIV prevalence rate (%)		7.0
Child work (%, 5-14 year-olds) (2000)		72
GNI per capita (US$)		140
One-year-olds immunized against DPT3 (%)		44
One-year-olds immunized against measles (%)		37

The situation of children and women

1. Children in Sierra Leone live very precarious lives. The country has the world's lowest ranking in the Human Development Index, and there are very few systems that adequately protect and fulfil children's rights. Peace is a little more than one year old and the task of recovery is huge. Health indicators are alarming, with an under-five mortality rate of 316 per 1,000 live births and a maternal mortality ration of 1,800 per 100,000 live births.

2. Malaria-related morbidity in children under five years of age is very high, with rates ranging from 35 to 45 per cent throughout the country. Use of insecticide treated bednets is negligible, with usage rates ranging from 5 per cent in rural areas to only 30 per cent in urban areas. Similarly, there are high morbidity figures for acute respiratory infections (ARI) (10 per cent) and poor nutrition, with the prevalence of underweight and stunting in children under five years at 27 per cent and 33 per cent respectively. Some 86 per cent pregnant women are anaemic. Through tremendous efforts, 88 per cent of the pre-war primary health units (PHUs) have been rehabilitated, but many are not fully operational. As many as 73 per cent of PHUs operate from private houses and the majority are run by the lowest cadre of health worker. Nationally, there is one doctor for every 34,000 people, which increases to over 200,000 in the northern and eastern districts. Although the immunization coverage rate is increasing gradually, it is still only 35 per cent. The relatively high rates for access to water and sanitation hide wide disparities (between 3 and 54 per cent) and the very dilapidated state of many facilities. Hygiene practices are poor, so that as much as 90 per cent of water from a safe source is contaminated in the household container. Consequently, there is a 25-per-cent morbidity rate for diarrhoea and cholera is endemic.

3. School enrolment rates are increasing but the net enrolment ratio is less than 50 per cent. Many children are overaged for their level because of the missed opportunity for schooling during the war. Access is increasing and 97 per cent of the schools now operational but 87 per cent of the classrooms require some

rehabilitation. The quality of education is a major concern; only 50 per cent of the teachers are qualified and trained and all schools have inadequate teaching and learning materials. The high levels of child work have an influence on enrolment. Although three quarters of children are involved in some form of daily work and 10 per cent work for more than 4 hours per day, but only 1.6 per cent undertake paid work.

4. Since the end of the disarmament and demobilization in January 2002, there has been no abduction of children by armed forces. Of the 5,552 children who were registered as separated with the Disarmament, Demobilization and Reintegration programme, 98 per cent have been reunified with their families and centre-based care has been replaced by community-based support. The increasing number of reported cases of sexual exploitation and abuse and the number of children on the streets indicate real protection concerns. The juvenile justice system is barely operational and children have little protection when in conflict with the law. The whole system requires substantial reform and rehabilitation.

5. HIV/AIDS is a major threat. All the factors that facilitate the spread of HIV are present in the country, including high levels of population displacement, very low access to education and health care and low levels of knowledge. Fewer than 20 per cent of adolescents can name three methods of prevention or three modes of transmission and fewer than 10 per cent of adolescents use condoms.

6. Many laws and policies do not cover areas that are critical for children, e.g., child protection, child rights and safe water. Monitoring and evaluation systems are weak and little importance is given to quality assurance.

7. There are positive signs, however. There is growing political stability and state authority is returning to all the districts. The economy is recovering and real gross domestic product has continued to grow. Productive sectors have shown growth over the last few years, with agricultural production rising by 20 per cent in 2001-2002. Diamond mining is gradually coming under control but large-scale commercial mining has not yet restarted. Nonetheless, government income is low. Over 60 per cent of the annual budget of about $200 million is generated from donor funding, of which 65 per cent is used for salaries, leaving only $50 million for development. The funds from the Debt Initiative for Heavily Indebted Poor Countries (HIPC) of about $169 million over three years will be a significant source of development financing.

Key results and lessons learned from the two previous cooperation programmes, 2000-2003

Key results achieved

8. Over the last three years, the programme was able to respond to the changing situation in the country. During the conflict, the programme concentrated on access to services, which collapsed in 2000 in the more than two thirds of the country held by the Revolutionary United Front. Now, immunization services are operational throughout the country and coverage has reached 35 per cent. The polio eradication initiative and vitamin A distribution have been particularly effective, with over 90 per cent of children reached. There has been no case of polio for the last two years. The programme contributed to the restoration of the primary health care (PHC) system with support to 333 PHUs and the physical rehabilitation of 40 PHUs. Over

245,000 people have been provided with access to safe water and sanitation and over 5,000 community hygiene promoters have been trained. Although cholera is endemic in Sierra Leone, there has been no outbreak since 2001. The education system was equally strengthened. Support to the primary education system has enabled children to attend school (127,000 children in formal schools and 55,000 in non-formal schools). The rapid response education programme enabled 16,500 children to return to school and the Comprehensive Rapid Primary Education for Schools (CREPS) catch-up programme has enrolled 35,000 children.

9. The child protection programme was particularly successful in the protection of children who were combatants or separated from their families due to the fighting. Through the support and leadership of the programme, a well-organized system that includes all child protection agencies has been developed and is operational nationwide. At its peak, there were 13 interim care centres throughout the country, caring for a total of 7,134 children. The Family Tracing System was developed and spread throughout the country and to date, 98 per cent of all registered children have been reunited with their families. In 2002, the transition from centre-based care to community-based care was undertaken and 5,552 children now are being supported in their reintegration to normal life. The system of care for survivors has been developed and seven programmes have assisted over 2,000 children. The programme has also developed a bank of child protection systems and skills and has made child rights a well-known concept to which the Government is committed.

Lessons learned

10. Community ownership and voluntarism are difficult development ideals to attain during this recovery phase. The experience of the country programme has shown that it is possible to develop community ownership of child reintegration and ongoing child protection efforts. During 2002, the programme shifted from a centre-based care system to a community-based system based on community child welfare committees (CWCs). In Eastern Province, 83 CWCs are operational and show potential, but their success depends on the degree of commitment to this approach by the implementing partners. The health programme has experienced varied success in terms of community contributions to the rehabilitation of health units. All other programmes are paying for local labour and materials in an attempt to accelerate rehabilitation. Nonetheless, it is essential that the seeds of development are planted during this recovery phase. Therefore, the country programme will demonstrate an integrated approach in 120 communities where community participation that will empower rights holders will be a central strategy.

11. The destruction in the war was so severe that all interventions will require some element of rehabilitation if the programme is to be credible and effective. By early 2002, only 13 per cent of classrooms in the 3,030 primary schools were usable following rehabilitation. PHUs show a similar pattern. Although many have reopened (222 in 2002 alone), the majority are below standard. In one of the focus districts, 72 per cent of the PHUs are operating in private houses. Rehabilitation provides a basis from which to improve quality of service. The new country programme will concentrate on improving the quality of services, including basic rehabilitation, so that the schools and health units have a base to improve standards.

12. The year 2002 began with only 3,000 refugees in country and hopes for a period of stability. However, within nine months the number of refugees from Liberia had risen to nearly 64,000 and prospects for 2003 are similar. After a few months of stability, the influx is starting again, on top of the return of 206,000 internally displaced persons (IDPs) and 198,000 returning refugees. These large population displacements have put a huge strain on the country's humanitarian response capacity. UNICEF and the Office of the United Nations High Commissioner for Refugees (UNHCR) have a memorandum of understanding for joint support of refugees in the areas of child protection, education and water and sanitation. Because a comprehensive response to emergencies is vital for the success of the country's recovery, it is essential that the programme maintain an active emergency response capacity.

The country programme, 2004-2007

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Education	2 123	2 510	4 633
Health	1 769	3 630	5 399
Child protection	1 769	4 590	6 359
Water, sanitation and hygiene promotion	1 179	1 710	2 889
Adolescent HIV/AIDS	1 769	2 560	4 329
Planning, monitoring and evaluation	708	200	908
External relations	708	-	708
Cross-sectoral costs	1 769	800	2 569
Total	**11 794**	**16 000**	**27 794**

Preparation process

13. The programme will have a duration of four years so as to harmonize with the United Nations Development Assistance Framework (UNDAF), which was completed in January 2003. The planning process began with a workshop to analyse the goals of the UNICEF medium-term strategic plan (MTSP) within the context of the national recovery situation. The resulting outline strategy and the Peace-Building and Recovery Strategy of the United Nations country team were shared with the Ministry of Economic Development and Planning, which organized a number of detailed planning meetings with line ministries, other United Nations agencies, principal donors and other partners. Cross-cutting themes and areas of intersectoral collaboration were explored by mixed groups. There was an exchange of data and strategies between the country programme planning process and the development of the Consolidated Appeal, the UNDAF and the National Recovery Strategy. Target districts were chosen to reach the least served, ensure compatibility and mutual reinforcement, and avoid duplication or imbalance of support across the country. The resulting logical framework for the country programme was drawn up

by senior government planners together with the UNICEF regional and country office before being presented to the Government.

Goals, key results and strategies

14. The country programme will contribute to the protection and fulfilment of the rights of children and women and enhancement of their participation. It will support Sierra Leone in its post-war rehabilitation and transition to development with an emphasis on disparity reduction and child rights promotion. The programme will focus on the rebuilding of quality basic social services and critical areas including juvenile justice and district-level management. Primary education will be a particular emphasis, and each programme will support some aspect of work in schools.

15. Because the country is characterized by an unpredictable security and socio-political situation, particularly in the focus districts, it is hard to predict the speed of rehabilitation or re-establishment of systems necessary for programme implementation. The mid-term review will assess the situation and refine the strategies as necessary.

16. The programme will support both national programmes and integrated programming in four selected districts which will be zones of convergence. The target districts are in border areas which have the greatest disparities in terms of access to services and damage resulting from the conflict. They will also receive the majority of refugees in the event of insecurity in the neighbouring countries. The districts have an estimated population of 1.7 million, which is 35 per cent of the total population. Within these four districts, the programme will concentrate in 120 selected communities with a total approximate population of 360,000, to provide an integrated programme of interventions.

17. The national interventions will include immunization, reintegration of former child soldiers, CREPS for children who have missed schooling, improving teacher training and supervision and rebuilding the juvenile justice system. Each programme will support the updating of policies and implementation guidelines and systems that include decentralization, district management and national harmonization of data management. In addition, the programme will maintain an emergency response capacity with in-country stocks of supplies for 10,000 people.

18. In the four target districts, there will be two levels of intervention. On a district-wide scale, the programme will ensure that basic social services function at pre-war levels, with improved quality and planned and managed by district technical teams and district councils. All schools and health centres will have water and sanitation facilities combined with health education, life skills and hygiene promotion. In addition, in an integrated community development approach, efforts in 120 communities will focus on significant improvements in child well-being. Due to limited capacity, birth registration will be revitalized in only one of the focus districts.

19. Programme communication, both for behavioural change and for community participation, will be a major component of each programme. Community participation will be facilitated through the strengthening of village development committees and the CWCs. This coincides with the approach being adopted by all the humanitarian agencies under the leadership of the National Commission for

Social Action. UNICEF will demonstrate and promote how this approach can include women and children in their own right. Gender, like HIV/AIDS, will be mainstreamed throughout the programmes. Reducing gender disparities will be a central target of the sexual exploitation and life skills programmes.

Relationship to national priorities and the UNDAF

20. In the recovery phase, the Government has prioritized the restoration of national security, political stability, government and civil authority, and rehabilitation of basic social services. The areas of particular concern are those where the majority of returning IDPs and refugees are resettling, the majority of ex-combatants are reintegrating and districts that have suffered the greatest war damage, located in the northern and eastern provinces. The country programme will work in four of the seven districts in these two provinces. The UNDAF reflects the same themes, divided into four components: poverty reduction and reintegration; human rights and reconciliation; good governance, peace and security; and economic recovery. The strategy of the United Nations country team for transition includes girls' education, malaria control, reducing the spread of HIV/AIDS, food production and household food security, all of which are components of the country programme. The Government is developing a poverty reduction strategy which prioritizes the restoration of social services. All strategies note the ever-present possibility of political instability and insecurity in the neighbouring countries, for which an emergency contingency is required.

Relationship with international priorities

21. The country programme will contribute to four of the five priorities of the MTSP. Girls' education is a priority for the Ministry of Education. In collaboration with the school rehabilitation programme funded by the Word Bank, the programme will focus on access and retention for girls. Immunization is the vanguard component of the rehabilitation of the PHC. The immunization programme quickly reached national-level coverage and in the next few years will concentrate on improving quality of services and reaching the most disparate areas. The country programme is the central core of the country's child protection sector. As the reintegration of former child combatants is completed, the rehabilitation of the juvenile justice system will be accelerating alongside the expansion of services for survivors of sexual violence. Since the start of the HIV/AIDS programme in 2002, the country programme has become a central actor and the technical leader in terms of programme communication and behavioural change. The work on information and life skills will be expanded and progressively lead to the introduction of voluntary counselling and testing (VCT) for adolescents. Given the poor state of the service infrastructure and low capacity of non-governmental organizations (NGOs), it will not be possible to institute an integrated approach to early childhood development. However, the integration of programmes in selected districts will lay a firm foundation for such an approach in the next county programme phase.

22. The country programme will contribute to achieving the Millennium Development Goals related to access to primary education, reversal in the incidence of measles, reduction in the spread of HIV/AIDS and increasing access to safe water. The first two goals will be addressed on a national scale while the others will be undertaken within the four focus districts.

Programme components

23. The **education** programme will aim to: improve the quality of training and supervision of primary-school teachers nationally by making six teacher-training institutions fully functional and training 2,000 teachers; increase net enrolment rates to 75 per cent in the four target districts; promote quality primary education in 413 schools; and strengthen district-level management of education. In addition, 80,000 children of primary-school age will have the opportunity to attend non-formal education, in a system that which is showing significant improvements in terms of quality. The programme will continue its commitment to provide educational opportunities through CREPS to an additional 100,000 children who have missed school due to the conflict.

24. The **health** programme will continue to improve immunization services throughout the country to reach a 75-per-cent coverage rate, reduce mortality due to measles (with a target of 90-per-cent coverage) and achieve polio-free status by 2005. An additional campaign against neonatal tetanus will target a 75-per-cent coverage rate. In addition, in the four focus districts, it will establish the integrated management of childhood illness approach and strengthen the entire PHC and referral system, combined with a community-based approach in 120 communities, to reduce malaria, ARI, diarrhoea, malnutrition and anaemia in pregnant women. In the target communities, the programme will also aim to reduce the malnutrition rate from 27 to 20 per cent, halve the incidence of malaria and increase the rate of deliveries by trained staff from 42 to 75 per cent. The programme will provide technical support, supplies (particularly vaccines and essential drugs) and training, and the district health management teams will supervise and manage the activities. Each district will be self-sufficient in terms of drug supply through an initial one-year supply to the rehabilitated PHUs and a district pharmacy based on a cost-recovery system.

25. The **child protection** programme is designed to address current major protection issues. It will complete the reintegration of up to 9,000 former child combatants and separated children and establish a sustainable, community-based support system for them. Protection services will be increased through the updating and revitalization of the juvenile justice system and expanding services for child victims of sexual and physical abuse. These will include a national reporting system and case management for cases of sexual exploitation. The birth registration system will be progressively revitalized starting in one district. The programme will provide training, policy and implementation guidance, technical and financial supports and supplies. The child welfare system will be strengthened in each district, and services for the survivors of sexual exploitation will be increased to cover the main provincial towns and the four focus districts. Information and awareness-raising materials will be disseminated nationally to change attitudes and practices concerning gender-based violence. In the initial years the programme will work with the Truth and Reconciliation Commission and Special Court to ensure that the rights of children who will be involved will be protected.

26. The **water, sanitation and hygiene** promotion programme will support the revitalization of primary education and health in the focus districts. It aims to contribute to a 20-per-cent decrease in the prevalence of hygiene-related diseases and prevent outbreaks of bloody diarrhoea and cholera in the four districts. The programme will ensure that all 241 PHUs and 764 primary schools in the four

districts will have water and sanitation facilities, especially for girls, and that 120 communities have 100-per-cent coverage together with hygiene promotion; establish a community-based maintenance system; and strengthen district monitoring and planning.

27. The **adolescent HIV/AIDS** programme provides support in its area of comparative advantage, i.e., information and behavioural change targeted at adolescents. The programme will increase the percentage of adolescents who state a change in their protection practices. In four districts, it will support life-skills activities in 400 schools, working with centres for street children and child commercial sex workers in seven district towns and the capital city, in conjunction with the development of VCT services.

28. External relations will focus on maintaining a media profile for all relevant issues and supporting follow-up to the Special Session on Children, reporting to Committee on the Rights of the Child and national promotion of children's and women's rights.

29. In an emergency situation in which the implementation infrastructure is very weak, the country programme has to maintain many programme implementation functions, especially field-level monitoring. **Cross-sectoral costs** are used primarily to support field-level monitoring and supervision, including the costs of the two field offices and logistics for all programme monitoring, as well as staff and office security.

Major partnerships

30. The HIPC funding for post-conflict recovery will enable the Government to implement major rehabilitation programmes that the country programme can complement. The principal partner to the education programme will be the World Bank school rehabilitation programme, including the improvement of teacher training and supervision within the Bank's programme. The health programme will work with the European Union (EU) to revise the national essential drug supply system; with the EU and World Bank on the rehabilitation of health facilities; and with the United States Centers for Disease Control and Prevention, the Global Alliance for Vaccines and Immunization and Rotary International on the immunization programmes. The programme will collaborate with the United Nations Population Fund and World Health Organization on strengthening maternal health interventions. The child protection programme will work with a wide range of NGO partners, the National Commission for War-Affected Children and the child protection section of the United Nations Mission in Sierra Leone to develop policies and guidelines and provide services. In its initial years, the programme will work with the Truth and Reconciliation Commission and Special Court to ensure that the rights of children will be protected. The water and sanitation and hygiene promotion programme will collaborate with the World Bank on its proposed support to strengthen the sector's management and implementation capacity. The adolescent HIV/AIDS programme will work with the World Bank's Sierra Leone HIV/AIDS Response Project (SHARP) in the national planning and development of implementation guidelines; and collaborate with the United States Agency for International Development and CARE on the social marketing of condoms. NGOs are the main implementing partners for all programmes and UNICEF plays a major role in sectoral coordination. The country programme collaborates closely with

UNHCR in provision of services to refugees for water and sanitation, education and child protection.

Monitoring, evaluation and programme management

31. Monitoring and data management for planning will be of critical importance in this recovery period. The country programme will contribute to decentralization and the strengthening of district planning and management by enhancing supervision and monitoring systems and harmonizing data management systems. The programme will collaborate on participatory poverty assessments and disparity assessment evaluations of the reintegration programmes, gender in education and HIV prevalence. Evaluations will be undertaken on quality of education, CREPS, quality of service provision, HIV/AIDS behaviour, hygiene behaviour, sexual exploitation, domestic violence and child trafficking. A multiple indicator cluster survey will be undertaken in 2005. A mid-term review will take place at the end of 2005. All of these activities will facilitate the development of a national monitoring and evaluation network.

32. During the recovery period, substantial UNICEF will be required to provide substantial technical expertise and support in all areas of sectoral and programme development, evaluation and monitoring of programme implementation. Programme communication will be strengthened with international experience for the HIV/AIDS programme. The water and sanitation and hygiene promotion programme will increase its expertise in hygiene promotion. Programme interventions will be closely supported and monitored from two field offices which have been established under the current programme, one of which is a joint United Nations facility.