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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

Sierra Leone

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Sierra Leone with a duration of two years. The Executive Director recommends that the Executive Board approve the amount of \$2,916,000 from general resources, subject to the availability of funds, and \$4,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1998 to 1999.

* E/ICEF/1997/20.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1996. They will be contained in the "Summary of 1997 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.18).

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BASIC DATA
(1996 unless otherwise indicated)

Child population (millions, under 18 years)	2.1
USMR (per 1,000 live births)	284
IMR (per 1,000 live births)	164
Underweight (% moderate and severe, 1990)	29
Maternal mortality rate (per 100,000 live births, 1990)	1,800
Literacy (% male/female)	45/18
Primary school enrolment (% net, male/female)	...
Primary school children reaching grade 5 (%)	...
Access to safe water (% , 1994)	34
Access to health services (% , 1990)	38
GNP per capita	\$180

One-year-olds fully immunized against:

tuberculosis:	60 per cent
diphtheria/pertussis/tetanus:	43 per cent
measles:	46 per cent
poliomyelitis:	43 per cent

Pregnant women immunized against:

tetanus:	61 per cent
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THE SITUATION OF CHILDREN AND WOMEN

1. The May 1997 coup by the Armed Forces Revolutionary Council, allied with the Revolutionary United Front (RUF), ousted the democratically elected President and Government of Sierra Leone. This led to renewed movement of displaced persons within the country and a flight of professionals abroad. As of late June, it was not clear how and when the crisis would be resolved. It is clear, however, that the nature of the regime and the manner of the resolution of the conflict will determine questions such as diplomatic recognition, security within the country, the return of national professionals and the extent and nature of external funding. All of these factors affect not only children and women but also the way UNICEF responds to the evolving situation. Whether working in displaced persons' camps or communities, and although the balance of partnerships to be pursued may vary, the primary aim of UNICEF in Sierra Leone will be to support the restoration of basic services through the stages of relief, rehabilitation and development. UNICEF will also work to address child protection issues, particularly with regard to child combatants.

2. Even prior to the coup, five years of internal armed conflict had resulted in over 70 per cent of the population living below the poverty line and by 1996, 40 per cent of the population were internally displaced. By the end of 1996, democratic elections and a peace agreement with the RUF appeared to set the stage for improved security and donor funding. Agriculture and mineral production, the base of the economy, showed positive signs of improvement with most displaced persons returning to their communities and planting crops for the harvest in October. In early 1997, however, implementation of the peace agreement was stalled, with RUF fighters holding out in several strategic parts of the country and new conflicts developing between the army and civil militias called kamajors. The Government's promised decentralization to district

administrations was delayed and their capacity to deliver basic services was very weak, with a resulting reliance on international non-governmental organizations (NGOs) for the operation of essential services.

3. Because of the population displacements, reliable data on the condition of women and children in Sierra Leone are limited. The predominant causes of infant and under five mortality are malaria, diarrhoea and acute respiratory infections. The maternal mortality ratio, among the highest in the world, is a result of sepsis, eclampsia, obstructed labor and haemorrhage, with anaemia a major contributory factor. About 25 per cent of all maternal deaths occur to teenagers. The present crisis has caused further deterioration in the education sector, where school enrolment was already low with adult illiteracy at 67 per cent.

4. Any further dislocation of the population will inevitably lead to more children being separated from their families, increasing the number of unaccompanied children which already was estimated at over 8,000. Because youth unemployment is a serious problem, continued conflict will attract child combatants. Rape and sexual abuse of women and girls are prevalent during attacks and contribute to already high rates of teenage pregnancy and sexually transmitted diseases. Girls are also subject to sexual and labour exploitation, although the nature and extent of this abuse needs to be researched.

PROGRAMME COOPERATION, 1996-1997

5. The previous programme of cooperation was approved for two years because of the emergency situation. UNICEF originally concentrated on support to displaced people in camps and densely populated communities, and with their return to their communities in 1997, shifted its focus to community-level rehabilitation and resettlement.

6. UNICEF initially focused on provision of basic health services through satellite clinics in displaced persons' camps and urban areas. As populations returned to their communities, support shifted to rehabilitation of primary health units, training, mass immunization campaigns and rehabilitation of the cold chain. UNICEF worked with the World Health Organization (WHO) and NGOs in cholera prevention. Over 5,000 community "blue flag" volunteers were trained to promote oral rehydration therapy, immunization and sanitation in camps and overcrowded communities and also chlorinated 4,000 water wells. Other water and sanitation activities included daily trucking of water to camps, drilling of bore holes and provision of purification sets and water tanks. As populations return to communities, traditional water sources will be rehabilitated and wells drilled, and low-cost sanitation latrines will be constructed with community involvement.

7. UNICEF supported nutrition surveillance and therapeutic feeding for 5,000 children, supported periodic nutrition surveys and provided health staff and women leaders with guidelines and equipment for growth monitoring. A national system was established to monitor salt iodization and 50 salt monitors were trained. Vitamin A capsules were administered to 176,000 children in combination with therapeutic feeding and immunization. Teenage mothers and other vulnerable women received farming tools and seeds which were used to cultivate over 2,000 acres. Over 1,000 displaced women in camps were trained in small-scale food production and income-generation skills and provided with microcredits.

8. UNICEF provided school-in-a-box kits, exercise books and teaching and learning materials to camps and primary schools. Displaced primary school teachers were trained in peace education and over 400 facilitators were trained to provide 20,000 adult learners with non-formal education.

9. Unaccompanied children were supported with basic day care services in drop-in centres. UNICEF also supported the establishment of a national family tracing and reunification network for these children and over 1,000 children were reunited with their families. UNICEF assisted the demobilization, care and rehabilitation of child soldiers, including the development of a trauma-healing curriculum and related training. Following the events of May 1997, some 500 child combatants were part of the RUF forces in Freetown. As of late June, UNICEF was advocating for the removal of these children from the front lines and for their care and rehabilitation.

RECOMMENDED PROGRAMME COOPERATION, 1998-1999

Estimated annual expenditure

(In thousands of United States dollars)

	1998	1999	Total
<u>General resources</u>			
Health and nutrition	413	400	813
Water and sanitation	150	153	303
Child protection	180	184	364
Education	180	184	364
Programme planning and development	<u>535</u>	<u>537</u>	<u>1 072</u>
Subtotal	<u>1 458</u>	<u>1 458</u>	<u>2 916</u>
<u>Supplementary funding</u>			
Health and nutrition	900	800	1 700
Water and sanitation	250	350	600
Child protection	400	400	800
Education	250	250	500
Programme planning and development	<u>200</u>	<u>200</u>	<u>400</u>
Subtotal	<u>2 000</u>	<u>2 000</u>	<u>4 000</u>
Total	<u>3 458</u>	<u>3 458</u>	<u>6 916</u>

10. Prior to the events of May 1997, UNICEF, in consultation with the Government, had decided on a short-duration country programme that would support the restoration of basic services for children and women and allow the development of a longer-term programme. The programme elements remain unchanged by recent events, although the manner and pace of implementation will depend on the evolution of events.

Health and nutrition

11. Health and nutrition will be fundamental to the proposed country programme. EPI, including the provision of vaccines and injection materials and support for the cold chain, will remain a priority. Training will focus on cold-chain management and EPI monitoring at central, district, and peripheral

levels in collaboration with WHO. Primary health units will be provided with basic medical equipment, and essential drugs and a phased cost-recovery system will be introduced. Training for the health and community workers will cover immunization, ORT, growth monitoring, promotion of breast-feeding and safe motherhood. Members of district health teams will be trained in the concept of decentralized health services management, integrated management of childhood illnesses, monitoring and evaluation and will be supported in their monthly monitoring and supervisory activities. The Bamako Initiative will be extended to cover those districts where conditions allow.

12. UNICEF will support the establishment of a national nutrition surveillance system to address the basic causes of malnutrition and guide resource allocation and decision-making to target vulnerable groups. Vulnerable female-headed families will continue to be targeted for household food security.

Water and environmental sanitation

13. The programme will seek to increase access to and utilization of adequate water and sanitation facilities to displaced persons and returnees. Hygiene education will be intensified and teaching materials developed. Teachers and scouts/school children will be trained to promote hygiene education in their schools and communities. In addition, 2,000 "blue flag" volunteers will be mobilized to disseminate hygiene education messages in communities and camps. Local latrine technicians will receive training on how to construct and maintain latrines in their own communities and hand-pump caretakers will be trained to service community pumps. Well owners will be trained on efficient chlorination.

14. Traditional water sources will be improved and better wells constructed. Hand-pumps will be provided to collaborating NGOs active in the sector. The water and sanitation project will support chlorination of at least 5,000 wells in urban areas as a preventative measure against cholera outbreaks. Hygiene education will also be conducted in urban areas.

Education

15. The objectives of the programme will be to provide access to education for primary school-aged children (especially girls) through both the formal and the non-formal system of education, as well as to increase the adult literacy rate, especially of women in resettled areas. Quarterly mass sensitization campaigns for basic education (especially for females) will target the general public, parents and guardians, school children, teachers, religious leaders, women's groups and traditional leaders. Teachers in resettled districts will be trained in peace education and support will be provided for teacher-training colleges to improve the quality of teaching in primary schools. Primary schools in resettled areas will be provided with school-in-a-box kits and teaching and learning materials for various training. Facilitators will be trained in the methodology of non-formal primary education and teaching literacy to adults targeted to women. The non-formal education curriculum (both primary and adult) will include aspects of peace education.

Child protection

16. The social integration of the remaining 8,000 unaccompanied children in the country will be accelerated by mobilizing institutions and communities. The demobilization of the remaining estimated 2,000 child combatants will require advocacy in support of their reintegration through the phases of tracing, skills training and psychological support. UNICEF will support the provision of basic services to the estimated 3,000 street children while progressively downgrading support to direct interim care in favour of family reintegration.

17. Key personnel will be trained in psycho-social activities and community-based trauma alleviation. A joint peace education and conflict resolution programme will be carried out in collaboration with the Ministry of Education and coordinated with education activities. Priority will be given to operational research on the plight of girl children both to understand their situation and design and implement interventions to address protection issues.

Social mobilization, communication and advocacy

18. Social mobilization and programme communication will support all sectoral components in terms of soliciting political commitment, creating public awareness and enhancing community participation. Specifically, this cross-cutting programme will design strategies and materials to enhance community participation in the specific programmes and services. Audience analysis will stimulate community-specific strategies and interventions to enhance the empowerment of individuals, families and communities, especially women, to undertake activities to improve their status and well-being and that of their children.

19. Advocacy activities will focus on implementation of the Convention on the Rights of the Child, using local and international media and NGOs to increase awareness of children's and women's rights and to advocate for policy and resource allocation to address child welfare resources.

Programme planning and development

20. Programme planning and development supports all programme sectors by maintaining the social sector database and through monitoring and evaluation. Programme planning also steers the UNICEF programme management process including periodic management reviews and coordination with other United Nations activities such as the System-wide Special Initiative for Africa.

Resource mobilization

21. The UNICEF programme of cooperation will be financed with general resources and supplementary funds as approved by the Executive Board. In addition, a consolidated inter-agency appeal is expected to solicit funds for emergency relief activities.

TABLE
LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : SIERRA LEONE PROGRAMME : 1998-1999	PROGRAMME BUDGET										POSTS M/										STAFF COSTS N/																																
	PROGRAMME SECTION/AREAS AND FUNDING SOURCE		GR		PSF		HSF		TOTAL		02/17		01/06		P/15		P/13		P/12		IP		WP		GS		TOTAL		LOCAL		TOTAL																						
GENERAL RESOURCES :																																																					
HEALTH AND NUTRITION		813,000							813,000	0	0	0	0	0	0	0	0	0	0	0	1	2	2	2	2	5	394,569	88,668	483,237	0																							
WATER AND SANITATION		303,000						303,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																					
EDUCATION		344,000						344,000	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	2	2	0	47,402	9,380	47,402	0																						
CHILD PROTECTION		344,000						344,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0																					
PROGRAMME PLANNING AND DEVELOPM.		1,072,000						1,072,000	0	0	0	0	0	0	0	0	0	0	0	0	0	4	8	12	12	12	0	211,707	0	211,707	0																						
TOTAL GR		2,916,000						2,916,000	0	0	0	0	0	0	0	0	0	0	0	0	1	7	12	20	20	394,569	357,157	751,726	0	0	0	0																					
SUPPLEMENTARY FUNDING :																																																					
HEALTH AND NUTRITION		1,700,000						1,700,000	0	0	0	0	0	0	0	0	0	0	0	0	0	2	4	6	6	0	87,259	0	87,259	0	0	0	0																				
WATER AND SANITATION		400,000						400,000	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	2	0	83,913	0	83,913	0	0	0	0																				
EDUCATION		500,000						500,000	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	2	0	34,590	0	34,590	0	0	0	0																				
CHILD PROTECTION		800,000						800,000	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2	2	290,630	28,959	319,589	0	0	0	0	0																				
PROGRAMME PLANNING AND DEVELOPM.		400,000						400,000	0	0	0	0	0	0	0	0	0	0	0	0	2	1	12	15	15	581,260	147,285	728,545	0	0	0	0	0																				
TOTAL SF		4,000,000						4,000,000	0	0	0	0	0	0	0	0	0	0	0	0	3	7	17	27	871,890	342,005	1,233,895	0	0	0	0	0																					
TOTAL GR & SF		2,916,000						6,916,000	0	0	0	0	0	0	0	0	0	0	0	0	4	14	29	47	1,266,459	779,163	1,985,622	0	0	0	0	0																					
SUPPORT BUDGET																																																					
									500,848	0	0	1	1	1	0	0	0	0	0	0	3	2	8	13	1,154,027	219,907	1,344,934	0	0	0	0	0	0																				
GRAND TOTAL (GR + SF + SB)										0	0	1	2	4	0	0	0	0	0	0	7	16	37	60	2,428,486	939,070	3,358,556	0	0	0	0	0	0																				
Number of posts and staff costs:																								5	14	34	53																										
Current programme cycle																								7	16	37	60																										
At the end of proposed programme cycle (indicative only)																																																					

GR = general resources.
SF = supplementary funding.
PSF = funded supplementary funding.
HSF = new supplementary funding.
IP = international Professional.
WP = national Professional.
GS = General Services.
SB = support budget.
M/ Each post, regardless of its funding source, supports the country programme as a whole.
N/ Excludes temporary assistance and overtime.