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**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 to support activities that will lead to the preparation of a full-length country programme. The Executive Director *recommends* that the Executive Board approve the amount of \$4,837,000 from general resources, subject to the availability of funds, and \$9,548,700 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 2000 to 2001.

* E/ICEF/1999/15.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

Basic data

(1997 unless otherwise stated)

Child population (millions, under 18 years)	2.2
U5MR (per 1,000 live births)	316
IMR (per 1,000 live births)	182
Underweight (% moderate and severe) (1990)	29
Maternal mortality rate (per 100,000 live births)	..
Literacy (% male/female) (1995)	45/18
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%) (1981)	64
Access to safe water (%) (1994)	34
Routine EPI vaccines financed by Government (%) (1996)	3
GNP per capita (US\$)	200
One-year-olds fully immunized against:	
tuberculosis	38 per cent
diphtheria/pertussis/tetanus	26 per cent
measles	26 per cent
poliomyelitis	28 per cent
Pregnant women immunized against tetanus	11 per cent

The situation of children and women

1. The situation of children and women in Sierra Leone continues to be characterized by an emergency that has brought havoc, poverty and the destruction of life and property. It seemed that this would have ended when the military forces provided by the Military Observer Group of the Economic Community of West African States, together with the Sierra Leone Civil Defense Forces (CDF), intervened to drive the military junta forces from Freetown and the provincial capitals in February 1998. Although the elected President returned to Freetown in March 1998 and constitutional Government was restored, the conflict continued and even escalated at the end of 1998 and into early 1999.

2. The economy declined in early 1998 due to sanctions and the destruction of the infrastructure, although it improved slightly after the restoration of the Government. The International Monetary Fund, the World Bank, the African Development Bank, the European Union and other donors revived previously agreed economic and development programmes, and the Government intensified efforts to collect revenue. Business confidence had been severely shaken, leading to little job creation and few regular wage earners.

3. Both infant and under-five mortality rates continue to be among the highest in the world, at 182 and 316 per 1,000

live births, respectively. Maternal mortality was estimated by UNICEF in 1990 at 1,800 per 100,000 live births. At the same time, a high prevalence of anaemia was detected among women. Conditions have since deteriorated. Insecurity and inaccessibility to primary health units (PHUs) led to the breakdown of health services, including the expanded programme on immunization (EPI). Immunization coverage has decreased from 75 per cent in 1990 to an estimated 40 per cent for all antigens countrywide, and the low level of immunization coverage has resulted in several outbreaks of measles.

4. Access to potable water and coverage of sanitation and refuse disposal systems remain low, estimated at 34 and 12 per cent, respectively. An outbreak of diarrhoea and vomiting in late 1998 affected 1,500 people, with a case fatality rate of 6 per cent in parts of Freetown, Kambia, Makeni and Masingbi. Some samples tested positive for cholera.

5. Before the coup d'état of 25 May 1997, the primary school enrolment rate was 50 per cent, with a very high drop-out rate. Adult literacy was estimated at 40 per cent for men and less than 15 per cent for women. During the junta period, all schools were closed and an estimated 500,000 pupils aged 6–18 years were left without formal education. Approximately 300 schools — up to 70 per cent of schools in some areas — were vandalized. This setback should be seen against the background of the Government's declining economic base,

which has resulted in dwindling support for the education sector and rising educational costs for parents. As most parents struggle to meet the cost of education, children are forced to work to supplement the family income. As many as 66 per cent of children aged 6–14 years are out of school, displaced or serving as combatants.

6. Since late 1996, an estimated 10,000 children have been separated from their families. A total of 4,527 have been registered, of whom 31 per cent have been reunited with their families. These figures will increase if the fighting continues and children who fled into neighbouring countries are repatriated. An estimated 3,000 children are associated as combatants or in other support roles with the Revolutionary United Front rebels and 1,500 with CDF, and these numbers are growing. Increasing numbers of children living on the street are vulnerable to exploitation and abuse. There is an urgent need to address the issue of juvenile justice to minimize the violation of the rights of children in conflict with the law and to examine the root causes. Family disintegration resulting from war and poverty have contributed to an increase in child prostitution, with children as young as 13 years old being sexually exploited.

7. The rebel attack on Freetown on 6 January 1999 left a trail of destruction to life and property. Sixty-four primary schools and an estimated 5,000 houses and other structures, including churches and mosques, were burnt or severely damaged. Tens of thousands of people who were displaced from the eastern section of town (which suffered the most devastation) sought temporary refuge in the national stadium and other sites, including schools. Over 3,000 children disappeared, 40 per cent of whom have been verified as having been abducted by the rebels who forced some children to commit atrocities on the civilian population. Girls, some as young as nine years old, were systematically raped and others were taken away to be used as “wives”. Children, women and men had limbs amputated, and over 200 victims have survived the ordeal and received medical assistance. Families were broken up and there was a notable exodus of those who could afford to leave. This will have serious consequences on the human resources so badly needed for the reconstruction of the country. The number of families headed by single women has also increased, and the lack of opportunities for these mothers will place a great strain on traditional family support systems. Disaffected youth are very evident and their demands will have to be addressed.

8. The Government presented its initial report to the Committee on the Rights of the Child in October 1997, and the Committee’s questions were sent to the Government. The Government’s response to the Committee has been delayed because of the continuing conflict situation in the country.

Programme cooperation, 1998–1999

9. Because of the unstable situation in Sierra Leone in 1997, several scenarios were considered in planning the country programme for 1998–1999: (a) scenario one — improvement in the overall security situation in the country resulting from a peace plan and a realistic demobilization process; (b) scenario two — a continuation of the status quo, where the fluid security situation continued to create instability in parts of the country, limiting intervention and exacerbating humanitarian intervention activities; (c) or scenario three — a significant deterioration of the prevailing situation, with an escalation of armed conflict.

10. In early 1998, UNICEF Sierra Leone staff worked in three operational locations. International Professional and some national staff were in Conakry, Guinea, coordinating operations and providing administrative and logistical services. The Freetown office continued to function, with national staff continuing to deliver emergency services. A sub-office was opened in Kambia, close to the Guinean border, with 20 national staff relocated there to continue programmes. In February, when the junta forces were driven from Freetown and pushed into pockets in the north and east of the country, UNICEF re-established full operations in Freetown. Kambia was maintained as a field office, with a minimal staffing structure. With improved security in the south and parts of the east, the field office in Bo was opened in July and the Kenema field office was strengthened. The start of 1999 saw a similar situation, with international Professional and some national staff operating out of Conakry, while the bulk of staff maintained the programmes in Freetown and Bo. As of May 1999, the security situation had stabilized and all staff had returned to Freetown. A peace process had begun, with strong hopes for an improved situation for the future.

11. For most of the year, the country programme was based on scenario two, with the implementation of the following programmes. In health and nutrition, 73 of the targeted 80 PHUs were fully re-equipped in the eight accessible districts. Twenty-five per cent of the population, 1.1 million people, were covered for the six EPI antigens in mass immunization programmes in seven major urban centres. At each of the 10 UNICEF-supported PHUs in each district, women were trained in growth monitoring activities, and 132 groups representing 11,880 household members were assisted in household food security activities. Water and sanitation activities delivered low-cost sanitation for internally displaced persons (IDPs), chlorinated wells and trained for

2,000 “Blue Flag” volunteers for cholera prevention. Some 470 wells were rehabilitated, and 64 large diameter wells were constructed.

12. Education programmes assisted 51,335 children with school materials and provided in-service training for 58 school inspectors. In non-formal schooling, 152 facilitators teaching 5,650 learners were trained in adult literacy techniques; and 320 facilitators assisted 9,048 children registered in difficult-to-reach areas in the non-formal primary school project. Income-generating projects for women resulted in the building of a community school and scholarships for children in two areas. Child protection activities assisted 511 demobilized child soldiers and 1,892 other unaccompanied children, and also supported 54 agencies to form the Gross Child Rights Violation Network.

13. While scenario two prevailed for most of 1998, in December 1998, the situation deteriorated to scenario three, which continued into early 1999. Insecurity severely disrupted the implementation of many programmes, including the first National Immunization Day (NID) in December, postponed implementation of the programme in the Northern Province, and disrupted the distribution of cold-chain and other supplies to other areas. The rebel offensive in January 1999 caused enormous destruction to much of the medical infrastructure set up for the NIDs, and the second round set for February was totally abandoned.

14. Government ministries lack the capacity to ensure correct management of the supplies brought in by UNICEF to address the mounting needs of the target population. This has increased the pressure on UNICEF logistical capacity. UNICEF is working with the relevant ministries to develop their capacities to receive and dispatch supplies in a satisfactory manner.

15. Coordination was strengthened with the World Bank and the European Union to avoid duplication of project funding. In both the health and education sectors, UNICEF and the World Bank have maintained close consultation on areas of intervention. With the European Union, there have been similar consultations concerning child protection, health and other programmes.

16. During the year, and in response to pressing needs, UNICEF, in partnership with non-governmental organizations (NGOs), supported two youth initiatives — “Youth in Crisis” and “Youth in Development”. Support for the next cycle will be based on the results of those initiatives. The resumption of regular coordination meetings with counterparts and NGO partners culminated in a series of two-day workshops in October 1998 to review implementation of the 1998 programme plans of action and to plan for 1999. In addition

to the funds provided by such major donors as the Governments of Canada, Denmark, Germany, Norway, Sweden and the United States, and National Committees for UNICEF, funding was pledged from the United Nations Fund for International Partnership.

Lessons learned

17. While operating under scenario two, UNICEF prepared for scenario three by backing up financial and personnel data well in advance of the events. Satellite phones and associated e-mail communications enabled daily communication with sub-offices and Conakry. These preparedness measures enabled continuation of the emergency programme when scenario three began in December 1998.

18. National staff moved into new programme management and operations roles when international staff members were evacuated. Their courage and commitment in spite of losses of homes and property enabled the uninterrupted maintenance of UNICEF support to basic services. The continuous presence of UNICEF enabled it to play a crucial leadership role in health, nutrition, child protection, and water supply and sanitation.

19. Community support for some activities appeared to play an important role in maintaining continuity of services when the political and security situation changed. Newly established, community-based schools continued to function well, while formal schooling ceased for one year; community-run chlorination of wells prevented the recurrence of cholera; and organized women’s forums carried out community-based food production and income-generating activities in spite of difficult circumstances.

Recommended programme cooperation, 2000–2002

Estimated annual expenditure

(In thousands of United States dollars)

	2000	2001	Total
General resources			
Health and nutrition	551.4	440.0	991.4
Water and sanitation	256.0	300.0	556.0
Education and youth development	408.0	451.0	859.0
Child protection	383.0	400.0	783.0
Planning, monitoring and evaluation	152.6	200.0	352.6
Advocacy and social mobilization	270.0	300.0	570.0
Cross-sectoral costs	363.0	362.0	725.0
Subtotal	2 384.0	2 453.0	4 837.0
Supplementary funding			
Health and nutrition	1 250.0	1 400.0	2 650.0
Water and sanitation	865.5	1 100.0	1 965.5
Education and youth development	819.3	1 000.0	1 819.3
Child protection	813.9	1 100.0	1 913.9
Advocacy and social mobilization	200.0	200.0	400.0
Cross-sectoral costs	400.0	400.0	800.0
Subtotal	4 348.7	5 200.0	9 548.7
Total	6 732.7	7 653.0	14 385.7

Programme objectives and strategies

20. The overall goal of the programme of cooperation is to strengthen Sierra Leone's capacity to restore the social and economic viability of affected displaced communities and to promote sustained improvements in the survival, development and participation of children and women. It is based on the same scenarios used for the previous programme. The programme is also based on the rights-based approach in the context of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, and will continue to build on the previous programme strategies of service and capacity-building, advocacy and social mobilization, sustainability, empowerment, decentralization and community participation.

Health and nutrition

21. The objectives of this programme are to provide services in accessible areas. These include increasing access to primary health care, expanding EPI coverage from 40 per cent (1998 estimate) to 75 per cent for all antigens, and contributing to the reduction of maternal morbidity and mortality in three pilot districts. Additionally, the programme aims to reduce the morbidity and mortality of children under five years of age and women of child-bearing age resulting from malnutrition. The programme will be implemented within a network of revitalized PHUs that provide a package of maternal and child health services, including EPI, antenatal clinics and safe deliveries. UNICEF will complement the Ministry of Health in the equipment and provision of drugs to these units. Routine EPI activities, as well as NIDs and measles and neonatal tetanus control, will be supported. Wherever a status of emergency prevails, UNICEF will continue to support clinics in camps for displaced persons, ensuring a rapid response to outbreaks of disease and emergency feeding for children under five years of age. Cross-cutting interventions will also be implemented. The already

close collaboration with the United Nations Population Fund and the World Health Organization will be strengthened.

22. The nutrition project will focus on micronutrient deficiencies in children under five years of age, adolescent girls and women of child-bearing age within the context of the micronutrient initiative. The capacity of the Ministry of Health will be strengthened to improve the diagnosis and case management of malnutrition. Women's groups will be organized and trained in the skills needed for them to participate in and implement community-based projects to improve household food security.

Water and sanitation

23. The programme will seek to rehabilitate and/or construct 600 wells and 3,250 low-cost sanitation facilities in up to 125 communities, including those that have been damaged or destroyed. Three thousand well owners will be trained to chlorinate traditional water sources to prevent cholera. Hygiene education and low-cost sanitation facilities for IDPs will be a feature of the programme. These activities will be implemented primarily in camps for displaced persons in communities that have been severely affected by the war, and in schools and health clinics in accessible areas, benefiting an estimated 550,000 people.

24. Using low-cost technologies, community members will be trained to manage their water and sanitation facilities through preventive maintenance, including chlorination of water sources. The training will focus on local artisans and masons, community leaders and well owners. Technical support will be given to counterparts in the form of management and logistical training to equip them to monitor programme activities.

Education and youth development

25. The objectives of this programme are to support increased access to basic education for children through strengthened emergency responses and support for the re-admission of out-of-school children, especially girls, to formal and non-formal institutions. Teaching and learning materials will be provided to benefit 300,000 pupils. The quality of basic education in terms of improved curricula will be strengthened. Communities will be sensitized through advocacy and social mobilization on the importance of early childhood development, education and the completion of schooling, particularly for girls and displaced children. In-service training for teachers and supervisors in school

management will be provided in the areas of peace education and emergency preparedness and pedagogy. One hundred damaged schools will be rehabilitated. Studies will be conducted to determine the impact of interventions on children and the educational system.

26. Youth-associated activities will aim to animate and organize adolescents to take the necessary actions to develop their potential and rights as individuals and groups. Information and services to address their needs in the areas of reproductive health, drugs, hygiene and disease prevention will be provided. Consultative meetings will be organized, and advocacy and sensitization materials will be designed and produced to highlight their problems and needs. Multimedia programmes will be developed to promote youth issues and concerns. The programme will assess educational, health and reproductive problems and develop appropriate activities, as well as life skills programmes, to respond to them.

Child protection

27. The priority objective of the programme is the disarmament and demobilization of children associated with the fighting forces. Tracing mechanisms for the reunification of separated children will be strengthened, and psychosocial assistance will be provided to children separated from their families, children associated with the fighting forces and sexually abused girls. The programme will also support strengthening the capacity of the Child Protection Network, including the Ministry of Social Welfare, to sustain the quality of follow-up services for children affected by the war.

28. The programme will focus on care and services that promote the social reintegration of all categories of children in need of special protection. The social reintegration of separated children, including those associated with the fighting forces, will be emphasized through strengthening family and community capacities for their care and protection. Monitoring of gross violations of children's rights through NGO partners will be strengthened.

Advocacy and social mobilization

29. All stakeholders will be involved in this programme to ensure the survival, protection and developmental needs of women and children. Government counterparts will be mobilized to make meaningful policies based on the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women which will uphold the basic rights of women and

children in the country. Information, education and communication (IEC) activities will be supported to ensure the effective participation of women and children as actors in country programme activities. The population will be sensitized against attitudes, habits and practices that negatively affect their situation. Specific IEC activities will include mass sensitization campaigns on reproductive health, literacy, girls' education and the protection of children affected by war. Target groups will include opinion leaders in the Government, religion, education and politics as well as women and children. A network of community radio-listening groups will be supported.

Planning, monitoring and evaluation

30. This programme will ensure that the country programme is effectively planned and implemented to meet the emergency needs of children and women of child-bearing age in Sierra Leone. Capacity will be built within sectors to achieve the desired objectives. The programme will be monitored for effectiveness of sectoral projects through review meetings, supervisory field reports, special studies and data collection using quality assurance indicators. The integrated monitoring and evaluation plan will be prepared for the country programme. Child rights issues will also be monitored.

Programme management

31. The country programme will be managed from Freetown with support from the two sub-offices in Bo and Makeni, which, along with government counterparts and NGO partners, will be responsible for monitoring and implementation of the UNICEF-supported programmes within their areas of operation. The Bo office will cover the southern region and accessible areas of the eastern region, and the Makeni Office will concentrate on the northern region.

32. The programme will be implemented in close collaboration with sectoral ministries, other United Nations agencies and NGO partners. The major international NGO partners include *Médecins sans frontières* (Doctors Without Borders) (Belgium and the Netherlands), OXFAM, CARE, Catholic Relief Services, AFRICARE, World Vision, ADRA (Adventist Development and Relief Agency) International, *Action contre la faim* (Action against Hunger) and MERLIN. Humanitarian assistance will be coordinated through the Inter-Agency Coordination Committee chaired by the United

Nations Humanitarian Coordinator. UNICEF will continue to collaborate with the World Bank in the area of health, basic education, and the demobilization and integration of child combatants.

33. In addition to regular supplementary funding, emergency supplementary funding will be mobilized through consolidated appeals to respond to acute unforeseen emergency needs.

Linkage of programme budget and staffing/staff costs