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Draft country programme document**

Sierra Leone

Summary

The draft country programme document (CPD) for Sierra Leone is presented to the Executive Board for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of \$17,286,000 from regular resources, subject to the availability of funds, and \$97,712,335 in other resources, subject to the availability of specific-purpose contributions, for the period 2013 to 2014.

* E/ICEF/2012/9.

** In accordance with Executive Board decision 2006/19, the present document will be revised and posted on the UNICEF website, along with the results matrix, no later than six weeks after discussion of the CPD at the 2012 annual session of the Executive Board. The revised CPD will then be presented to the Executive Board for approval at the second regular session of 2012.



<i>Basic data[†]</i>	
<i>(2010 unless otherwise stated)</i>	
Child population (millions, under 18 years)	2.9
U5MR (per 1,000 live births)	174
Underweight (% , moderate & severe)	22 ^{a,d}
(% , urban/rural, poorest/richest)	20/22, 22/15 ^d
Maternal mortality ratio (per 100,000 live births, adjusted, 2008)	970 ^b
Primary school enrolment/attendance (% net, male/female)	73/76 ^{c,d}
Survival rate to last primary grade (% , male/female)	93 ^{c,d}
Use of improved drinking water sources (%)	55
Use of improved sanitation facilities (%)	13
Adult HIV prevalence rate (% , 15-49 years of age, male/female, 2009)	1.6
Child labour (% , 5-14 years of age, male/female)	50 ^d
Birth registration (% , under 5 years of age, 2008)	51
(% , male/female, urban/rural, poorest/richest)	52/50, 59/48, 43/62
GNI per capita (US\$)	340
One-year-olds immunized with DPT3 (%)	90
One-year-olds immunized against measles (%)	82

[†] More comprehensive country data on children and women can be found at www.childinfo.org/.

^a Underweight estimates are based on the WHO Child Growth Standards adopted in 2006.

^b 860 deaths per 100,000 live births is the 2008 estimate reported in the Demographic and Health Survey, 2008. The Maternal Mortality Estimation Inter-agency Group (WHO, UNICEF, UNFPA and the World Bank, together with independent technical experts) produces comparable sets of maternal mortality data, adjusted for underreporting and misclassification of maternal deaths. For more information, see http://www.childinfo.org/maternal_mortality.html.

^c Survey data.

^d Results from final draft of Multiple Indicator Cluster Survey round 4 (MICS4) report, pending full review by the UNICEF Statistics and Monitoring Section.

Summary of the situation of children and women

1. Sierra Leone is one of the poorest countries in the world with an estimated gross national income per capita of \$340 in 2009. Economic growth averaged 4.5 per cent in the last three years. The country is fragile due to poor public services, governance difficulties, inadequate infrastructure, regional insecurity, poverty and significant inequities. Political stability has prevailed since 2002 and elections scheduled for November 2012 will be an indicator for continued political stability.

2. Children are featured in Sierra Leone's Poverty Reduction Strategy Paper (PRSP), with emphasis on the provision of basic health, education and social welfare services. In 2012, the Government allocated about 16 per cent of its budget to education, 7 per cent to health and less than 1 per cent to social welfare. Timely execution of the budget for children's services is weak, with disbursement of grants to educational institutions at 57 per cent and transfers to local councils at 41 per cent, as of 30 September 2011. Government revenue and grants in 2012 are projected at \$530 million, up from \$502 million in 2011, with revenues from mining growing fast.

3. Sierra Leone is unlikely to meet any of the Millennium Development Goals by 2015.

4. About 74 per cent of primary-school-age children attend school, with significant regional disparities — 79.5 per cent (urban) and 72.2 per cent (rural) in 2010, improving from 85 per cent (urban) and 63 per cent (rural) in 2005. Gender gaps have disappeared in primary education but persist in secondary education. The net attendance ratio for girls in secondary school is 33 per cent compared to 40 per cent for boys.

5. Poverty, informal fees, long distances to schools and late disbursement of grants are major bottlenecks to school attendance and completion. While efforts to improve the quality of education have involved training teachers, establishing school management committees and orienting community members and children to the code of conduct for teachers, there is still need for more support to provide child-friendly learning environments. About 40 per cent of teachers are inadequately trained and there are few female teachers at all levels. Provision of adequate water and sanitation facilities in schools is low.

6. Orphaned children are disadvantaged with regard to access to education. About 26 per cent of children aged 10-14 years with both parents deceased are not attending school, compared to 16 per cent of children with both parents alive. Children with disabilities have low access to education.

7. Barriers to the protection, survival and education of girls include child marriage and teenage pregnancy, unfriendly school environments and social biases. The inadequate number of secondary schools forces adolescent schoolgirls to live or commute to schools far from home and away from family support. This exposes them to early sexual relationships, teenage pregnancy and child marriage. In 2010, 44 per cent of girls aged 20-24 were married before the age of 18. In 2008, about 47 per cent of girls reaching 18 years of age had a child or were pregnant. In 2010, 8 per cent of girls in the 15-19 age group were married before the age of 15, compared to 15 per cent in 2005; 7 per cent of girls in this age group had a live birth before 15 years of age (9 per cent in rural areas, 5 per cent in urban areas). The poorest were more than four times as likely to have a birth before the age of 15.

8. Child and maternal health is improving but mortality rates remain high. The under-five mortality rate (U5MR) declined from 267 deaths per 1,000 live births in 2005 to 174 in 2010. Infant mortality accounts for 59 per cent of deaths among children under 5, a rate that has not changed since 2005. Infant and under-five mortality rates are much higher among the poor, in rural areas and in households with less educated mothers. Since the launch of Sierra Leone's Free Healthcare Initiative (FHC-I) in 2010, access to services for children and mothers has improved but services are constrained by limited funding, inadequate distribution, and low numbers of skilled and motivated staff. Other factors contributing to high child mortality are low knowledge and improper practices of caregivers to ensure timely vaccination; prevent and cure pneumonia, malaria and diarrhoea; and maintain good hygiene, as well as costs of access to services. Although there is near-universal ownership of long-lasting insecticidal nets (LLINs), 27 per cent of children under 5 and 23 per cent of pregnant women still do not sleep under a net. A high rate of teenage pregnancy and lack of access to basic emergency obstetric and newborn care, family planning, skilled attendance at birth and antenatal care, contribute to maternal mortality.

9. Chronic malnutrition is increasing and 44 per cent of children under 5 were stunted in 2010, up from 40 per cent in 2005. Social norms and low knowledge of appropriate infant and young child feeding practices contribute to high rates of stunting and underweight children. Teenage pregnancy accounts for one third of all pregnancies nationwide, yet undernutrition among adolescent girls is high — 16 per cent of girls in the 15-19 age group had a body mass index of less than 18.5 in 2008. Anaemia among women of reproductive age is 62 per cent but only 17 per cent of pregnant women take iron folate for more than 90 days. The lack of supplies and capacity to deliver micronutrient supplements, as well as inadequate understanding of their importance, contribute to maternal and child deaths.

10. HIV prevalence has stabilized at 1.5 per cent of the general population, with higher prevalence in urban areas compared to rural areas. In the 15-19 age group, HIV prevalence is higher among girls than among boys. Antenatal care sentinel surveillance showed a decline of HIV prevalence among pregnant women, from 4 per cent in 2007 to 3.2 per cent in 2010. Currently, about 62 per cent of HIV-positive pregnant women are receiving antiretrovirals for prevention of mother-to-child transmission of HIV (PMTCT). However, poor monitoring leads to a smaller proportion adhering to the full therapy regimen. Poor knowledge of HIV, low condom use, inadequate testing and stigmatization drive the epidemic. Children affected by HIV/AIDS face stigma and exclusion from services.

11. Use of clean water improved to 57 per cent of the population in 2010, up from 47 per cent in 2005. However, rural areas and the poorest households have low access to improved water sources. Only 13 per cent of people use non-shared improved sanitation facilities, with the richest quintile having 29 times more access than the poorest quintile. Water and sanitation infrastructure, as well as hygiene practices in homes, schools and health facilities, are inadequate.

12. Weak child protection systems, standards and capacity as well as harmful practices and gender discrimination are major bottlenecks for attaining a protective environment for children. The most vulnerable groups are children not living with their parents, and adolescent girls. Some 22 per cent of children do not live with their biological parents. These children are more vulnerable to violence, abuse and sexual exploitation. About 88 per cent of women in the 15-49 age group have undergone female genital mutilation/cutting (FGM/C), a decline from 94 per cent (MICS 2005). The 2008 review by the Committee on the Rights of the Child called for vigorous action to implement Sierra Leone's Child Rights Act, 2007.

13. Local level governance is weak due to low institutional capacity to plan, manage, coordinate and engage communities. Moreover, community participation in social issues, planning and control of economic activities is dominated by men and elders. Young people, women and children play peripheral roles and this prevents them from accessing knowledge and gaining social and economic empowerment.

14. Analysis of the situation of children is equity-focused. However, lack of regular, reliable and timely information is an obstacle to monitoring and evaluating results for children and women at all levels.

Key results and lessons learned from previous cooperation, 2008-2012

Key results achieved

15. The child survival and development programme component supported the strengthening of the policy environment through the development of the Reproductive, Newborn and Child Health Policy and Strategy by the Government. The programme has made a significant contribution to the implementation of FHC-I and as a result, the number of children using health facilities increased 2.5 times and appropriate artemisinin-combination therapy for malaria in children and institutional deliveries rose by 45 per cent. However, the demand for, and coverage of, essential services have raised capacity challenges. Modalities are being put in place to strengthen delivery of services at central, district and peripheral health units (PHUs).

16. Interventions in communities have been reinforced by health workers and Child Health Weeks for hard-to-reach populations to prevent and treat malaria, pneumonia and diarrhoea and increase uptake of HIV testing. Significant progress has been achieved with universal coverage of long-lasting insecticide nets (LLINs) in 2010. The proportion of children under 5 sleeping under LLINs increased from 30 per cent to 73 per cent and that of pregnant women from 28 per cent to 77 per cent between 2010 and 2011. ARV uptake increased from 56 per cent in 2009 to 71 per cent in 2011.

17. Progress has been made in infant and young child feeding practices with the rates of children breastfed exclusively increasing from 8 per cent in 2005 to 32 per cent in 2010. Support was provided for the development of the national water and sanitation policy and the national WASH policy implementation strategy. Considerable progress was also made in Community-Led Total Sanitation (CLTS), with 30 per cent of all villages declared “open defecation free”.

18. The basic education programme component supported the production of a capacity development strategy for the education sector. Key donors will be funding its implementation. The programme has contributed to increased net attendance in primary school, from 69 per cent in 2005 to 74 per cent in 2010. In the same period, the gap in attendance between rural and urban children reduced from 22 to 7 percentage points. However, the gap between the poorest and the richest quintiles has only dropped from 33 to 29 percentage points. Gender parity in primary schools is 1.04. The net attendance ratio for girls in secondary education rose from 17 per cent to 33 per cent and for boys from 21 per cent to 40 per cent between 2005 and 2010. The main inequity is low access to primary school among the poorest children.

19. Eighty per cent of the 1,750 qualified teachers who participated in the training courses on emerging issues and child-centred teaching techniques followed up with training within their own schools. Approximately 70 per cent of the 1,500 teachers who completed the distance education programme obtained a basic teaching certificate. A case study in Sierra Leone shows that education has a key role to play in peacebuilding, especially through the Emerging Issues Teacher Training.

20. The programme component on child protection supported research studies that informed the development of the draft child protection system policy. Prevention and response to violence and abuse, with a focus on sexual abuse and teenage pregnancy, were improved through evidence-based programming in seven districts,

including the roll out of a referral protocol and the strengthening of community-based structures. Some 102 chiefdoms out of 149 have a functioning child-welfare committee. Data collection by government institutions on children in contact with the law was improved in four districts. The Alternative Care Policy was developed to regulate formal care while reintegration guidelines were finalized. Seven out of 53 children's homes were closed for not meeting the minimum standards of care. Of the 1,781 children in children's homes, 18 per cent were reunified with their communities.

Lessons learned

21. The rapid scale-up of programmes, such as FHC-I, requires a strong monitoring system at decentralized levels to ensure quality service, mitigate risks and improve accountability. Inadequate logistics reporting mechanisms with clear roles and responsibilities and poor documentation of stocks, from central to district medical stores and on to PHUs, had a high risk of leakage. A Logistics Management Information System and a Risk Control Matrix were developed by UNICEF and the Government to address this challenge.

22. The two-track strategy implemented by UNICEF and partners for procurement and supply management was effective in establishing initial capacity to procure and deliver supplies for FHC-I in the short term; in the long term, it aims to build a robust system of procurement. Improved monitoring will help to provide better understanding of bottlenecks and barriers to access and use of health services by vulnerable populations.

23. A capacity development strategy is required to gradually move away from the current approach of basic service delivery through suppliers, large implementation contracts with non-governmental organizations (NGOs) and labour-intensive monitoring, to service delivery through central, local and community structures with strong mutual accountability.

24. Communication for development initiatives should focus more on improving utilization of services by triggering behaviour change, improving parenting skills, influencing social norms and enabling community participation.

25. The intersectoral approach to programming produces positive results and avoids duplication. Joint monitoring and evaluation also play a vital role in improved implementation of programmes and higher quality of services. The needs of adolescents should become an intersectoral initiative to reduce teenage pregnancy, child marriage, maternal mortality, HIV infection, sexual exploitation and gender-based violence.

The country programme, 2013-2014

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	5 101	64 900	70 001
Basic education	3 010	22 300	25 310
Child protection	2 020	2 640	4 660
Planning, monitoring and evaluation and social policy	3 505	4 481	7 986
Advocacy, partnerships and leveraging	1 000	1 000	2 000
Cross-sectoral	2 650	1 893	4 543
Total	17 286	97 214	114 500

Preparation process

26. The country programme planning was carried out by UNICEF, in consultation with the Ministry of Finance and Economic Development, line ministries, United Nations agencies and other development organizations, which did a critical assessment of the situation of children and identified priorities. Preparatory work was directly linked to the process of developing the 2013-2017 Poverty Reduction Strategy Paper (PRSP) and the United Nations Transitional Joint Vision (2013-2014). The outcomes of the midterm review (2009) and the updated equity-focused Situation Analysis of Children and Women, undertaken by UNICEF in 2011, were used. The proposed programme builds on the previous country programme and is a transition to the next five-year country programme (2015-2019).

Programme and component results and strategies

27. The overall goal of the country programme is to support the Government of Sierra Leone in enhancing sustainable national capacities to achieve the aims of the PRSP so that all children can enjoy their rights. The programme will contribute to the outcomes of the United Nations Transitional Joint Vision on access to quality basic education and health services, as well as strengthened capacity for improved equity, gender mainstreaming, social and child protection.

28. The country programme will focus on equity, and support social protection to accelerate progress towards the Millennium Development Goals. It will support decentralization and the transition from emergency and recovery to development. Policy dialogue and development, social budgeting and sector reforms will be emphasized. All the programmes will have a national approach to strengthening of systems. However, some elements will have a phased approach to implementation (research, piloting and scale-up) while others are targeted to specific populations, based on identified bottlenecks.

29. As specified in the programme components below, and based on the situation analysis, the country programme will be guided by the following interrelated strategies: (a) equity-focused policy formulation, social protection, gender mainstreaming and results-based planning, monitoring and evaluation; (b) capacity development for service

delivery by the Government, NGOs, community and faith-based organizations and communities, with special focus on adolescent girls, poor children without parental care, children with disabilities, and children with low access to services; (c) promotion of behavioural and social change in households and communities; (d) building emergency preparedness capacity; (e) joint programming with other United Nations agencies to maximize results; and (f) intersectoral approaches to programming.

Programme components

30. **Child survival and development.** This programme component will support implementation of the FHC-I; reproductive, newborn and child health; water and sanitation; HIV/AIDS; and nutrition policies, as well as the development of an environmental health policy. It will continue its support to developing a strong system of procurement. Service delivery will be strengthened with special attention to hard-to-reach communities and adolescent girls. Evidence of impact achieved in community case management, CLTS, management of malnutrition, responses to HIV and procurement supply will be used to advocate for policy development, scale up delivery and increase the demand for services.

31. The programme approach will support high coverage of full immunization and deworming of children under the age of 1; screening for acute malnutrition, micronutrient supplementation for children under 5; early-infant HIV diagnosis; PMTCT; and promotion of hand washing. The programme will develop capacity in 130 selected PHUs (11 per cent) to be upgraded to basic emergency obstetric and newborn care sites.

32. Through communication for development, the programme will aim to promote essential family practices and improve health-seeking behaviour. Special attention will be given to reducing malaria morbidity and mortality by enhancing community case management, prioritizing the districts facing inequity, and promoting LLIN use. Capacity for preventing and managing epidemics will be enhanced in line with the Core Commitments for Children in Humanitarian Action. The programme will also emphasize better access to sexual and reproductive health information and services for adolescent girls to empower them and reduce teenage pregnancy.

33. The programme will support reduction in chronic malnutrition in four districts with high prevalence of stunting, with focus on the 1,000 days critical window — from pregnancy to two years of age. Nutrition interventions in communities will emphasize infant and young child feeding promotion and counselling and micronutrient supplementation. This will also include strengthening the treatment of acute malnutrition and working with the United Nations Transitional Joint Vision to establish synergies with agriculture, education, water, sanitation and hygiene and social protection. Formative research to understand adolescent feeding behaviour and needs will be conducted. Public-private partnerships for iodine and iron fortification will be explored.

34. The Government's capacity to plan, manage, monitor and scale up improved water supply and sanitation services in communities and health facilities will be strengthened. Community-based approaches to influence social norms, increase knowledge, enhance participation and change child and family care practices will be used. Public-private partnerships in selected deprived urban centres and rural areas will be established to increase services to meet the demand created by CLTS interventions.

35. The skills of health-care providers in 750 PHUs (63 per cent) across the country will be improved to increase the proportion of HIV-positive pregnant women receiving antiretroviral drugs for PMTCT, and HIV-positive children receiving treatment and care. In collaboration with the child protection programme component, systems will be strengthened to increase access to services by children orphaned or affected by HIV. Access to appropriate HIV prevention services for most-at-risk adolescents will be addressed through community approaches to behaviour change. In collaboration with the education component, comprehensive knowledge of HIV/AIDS and access to life skills will be increased through the school curriculum, the emerging issues teacher-training course and peer-to-peer education.

36. UNICEF will contribute to the following programme result: By 2014, all children, adolescents, and women of childbearing age, utilize essential high impact child survival and development services (prevention, treatment and care).

37. **Basic education.** This programme component will support the revision and implementation of Sierra Leone's Education Sector Plan (2007-2015). This involves support for capacity development, including teacher management, and strengthening planning, supply and distribution systems. The programme will focus on reducing disparities in access to quality basic education and increasing right-age entry and school completion rates in primary education, especially for girls and the poorest and rural children. The programme will improve the quality of education through child-friendly schooling approaches and support all five teacher-training colleges. Together with the child survival and development programme component, interventions in sanitation, hygiene education and school-led total sanitation will be implemented in all schools in six districts with the worst water, sanitation and hygiene education (WASH) indicators. Emergency preparedness and peacebuilding will be integrated throughout the programme. Research to inform the next country programme will be undertaken through communication for development on parenting skills and social norms in early childhood development and on opportunities for out-of-school adolescents.

38. UNICEF will contribute to the following programme result: by 2014, children, both boys and girls, especially the most vulnerable, have access to quality basic education.

39. **Child protection.** This programme component will strengthen the child protection system to reduce children's exposure and vulnerability, improve responses and address the lack of primary caregivers, with special focus on adolescent girls and boys to combat teenage pregnancy, violence, abuse and sexual exploitation. The Government's capacity for planning, budgeting, coordination and monitoring will be strengthened. To address the vulnerabilities of children not living with their primary caregivers, family tracing and reunification networks will be set up in seven districts that have been implementing child protection activities. Social workers and focal points will be trained at the community level to monitor child protection abuses. The development of social change strategies to reduce sexual abuse and female genital mutilation will be promoted. Support will be provided for improvements in the juvenile justice system, with a focus on diversion, mediation and alternatives to detention.

40. UNICEF will contribute to the following programme result: By 2014, children, especially the most vulnerable, are better protected from abuse, violence, and

exploitation, with a specific focus on children lacking primary caregivers, child justice and gender-based violence, in seven districts.

41. **Planning, monitoring, evaluation and social policy.** This programme component will support ongoing situation analysis of children and women and monitoring of progress towards achievement of the Millennium Development Goals through administrative data, national databases, household surveys and Level 3 monitoring. It will support equity-focused policy analysis and formulation and provide technical support to develop an implementation plan for the country's Social Protection Policy. Policy analysis to enable better execution of budgets and reduce resource leakages will be supported. The programme will emphasize high-quality gender research and information. Support for capacity development to improve planning, monitoring and evaluation and knowledge management will be provided at all levels.

42. To generate evidence for action, the programme will support the National Health Management Information System; the Logistics Management Information System; and the Education Management Information System. It will support national data collection efforts for the Demographic and Health Survey (2012), the multiple indicator cluster survey (2013), and the Census (2014). To track short-term progress towards results, the programme will institute the Monitoring of Results for Equity System, with a special emphasis on Level 3 monitoring. A preliminary bottleneck analysis by the Country Office and selected partners has been conducted. This will be enhanced as part of the preparation process of the country programme action plan, together with partners. Selected indicators for intermediate results will be used for more focused Level 3 monitoring. This will enable the programme to assess if inputs are addressing identified bottlenecks. Strategic Result Areas, intermediate results and indicators, which will be the subject of Level 3 monitoring, will be chosen in a participatory manner together with partners during the preparation of the country programme action plan.

43. A communication for development strategy has been developed and agreed with the Government. Capacity to undertake community-driven dialogue to advance social change and ensure appropriate knowledge and skills on health care, education and child protection issues will be strengthened. Better community partnerships and engagement with Paramount Chiefs and decentralized structures will be emphasized.

44. Policy coherence and partner capacity to mainstream gender equity in service delivery, utilization and outcomes, will be strengthened. Capacity at central, local and community levels for emergency preparedness, response and disaster risk reduction will also be developed.

45. UNICEF will contribute to the following programme result: By 2014, the Government and partners undertake equity-focused policy analysis, programme planning, monitoring and evaluation.

46. **Advocacy, partnerships and leveraging.** This programme component will forge strategic partnerships and advocate on key child rights to leverage resources and influence policy development. It will continue to work with the local media to improve reporting on children and women in accordance with international ethical standards. As part of its cross-sectoral tasks, the programme will ensure effective coordination of programme funding, including leveraging additional resources from key donors. Technical support to develop tools for national and international

resource mobilization will be provided. Strategic media and external communication will support increased visibility of child rights and gender issues and contribute to fund-raising and emergency preparedness.

47. UNICEF will contribute to the following programme result: By 2014, strengthening of relevant development partnership platforms and media capacity for increasingly reflecting issues concerning the rights of children and women in accordance with international ethical standards.

48. **Cross-sectoral.** This component will cover the management and support of the overall country programme, including programme planning, coordination, field monitoring and emergency preparedness. They will also cover staff and operational expenses.

Relationship to national priorities and the UNDAF

49. The country programme was developed within the context of the new United Nations Transitional Joint Vision (Sierra Leone's version of the UNDAF), which outlines the United Nations approach to supporting transition from a post-conflict to a development-oriented country. The framework is consistent with the Government's national priorities and is aligned to the PRSP priorities for sustainable growth, poverty reduction and human development. The proposed country programme is in line with Pillar I: Inclusive Growth and Poverty Reduction and Pillar III: Accelerating MDGs for Human Development: Transforming a Population Trapped by Poor Education, Poor Healthcare and Nutrition and Chronic Hunger of the PRSP.

Relationship to international priorities

50. The country programme is guided by the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, and other human rights treaties. Its objectives and strategic approaches are consistent with the Millennium Declaration and the Millennium Development Goals, and with the Government's commitment to the principles of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action. The new programme will contribute to the focus areas of the extended medium-term strategic plan for 2006-2013 and the Core Commitments for Children (revised 2010).

Major partnerships

51. The new country programme will collaborate with other United Nations programmes, including the broader United Nations Transitional Joint Vision. UNICEF will engage in social policy formulation with the Government and partners and advocate for the development of the implementation plan for the Social Protection Policy and the PRSP pillar on human development and social protection. This is to ensure interventions for children are top priorities. UNICEF will participate in Development Partnership Coordination Groups; the Peacebuilding Fund Steering Committee; the Steering Committee for the Multi-Donor Budget Support; Inter-Agency Coordination Committee on the "GAVI Alliance"; the Country Coordination Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria; and the National Policy Advisory Group on Child Survival and Maternal Mortality Reduction. To ensure that issues concerning children's and women's rights are high on the national agenda, UNICEF will continue to co-chair the Local Education Group, the Health Development Partnership and the WASH

Donor Partners Group. UNICEF will also participate in the Health Sector Steering Committee and various United Nations thematic groups. These partnerships will be used to establish Sector-Wide Approaches in health and education.

52. Strategic engagement will continue with the United Kingdom Department for International Development, the European Union, Irish Aid, the Japan International Cooperation Agency and the Canadian International Development Agency. Partnerships will be further developed with the University of Sierra Leone, Statistics Sierra Leone, Paramount Chiefs, the Inter-Religious Council, the Parliament, international NGOs, Children's Forum Network and other civil society organizations. Partnerships with local media will continue to raise awareness and build capacity for ethical reporting on children and women.

Monitoring, evaluation and programme management

53. The Ministry of Finance and Economic Development will be the national coordinating body for the country programme. Programme implementation and management will be carried out by relevant government agencies and NGOs. Existing multi-stakeholder thematic groups will continue to be strengthened for programme management, monitoring and evaluation.

54. Key indicators for monitoring progress towards programme results are detailed in the summary results matrix. An integrated monitoring and evaluation plan will be developed to enhance monitoring and evaluation.

55. The programme will formally institute Level 3 monitoring and will use the Assessment Dashboard to monitor programme implementation. Demographic and Health Survey (2013), multiple indicator cluster survey (2013), and the Census (2014) will be used for reporting on progress towards the Millennium Development Goals. A country programme evaluation will be conducted at the end of 2014. Annual reviews of the programme will be part of the annual reviews of the United Nations Transitional Joint Vision.