**2016 - 2018 Country Strategic Plan**

**Sierra Leone**



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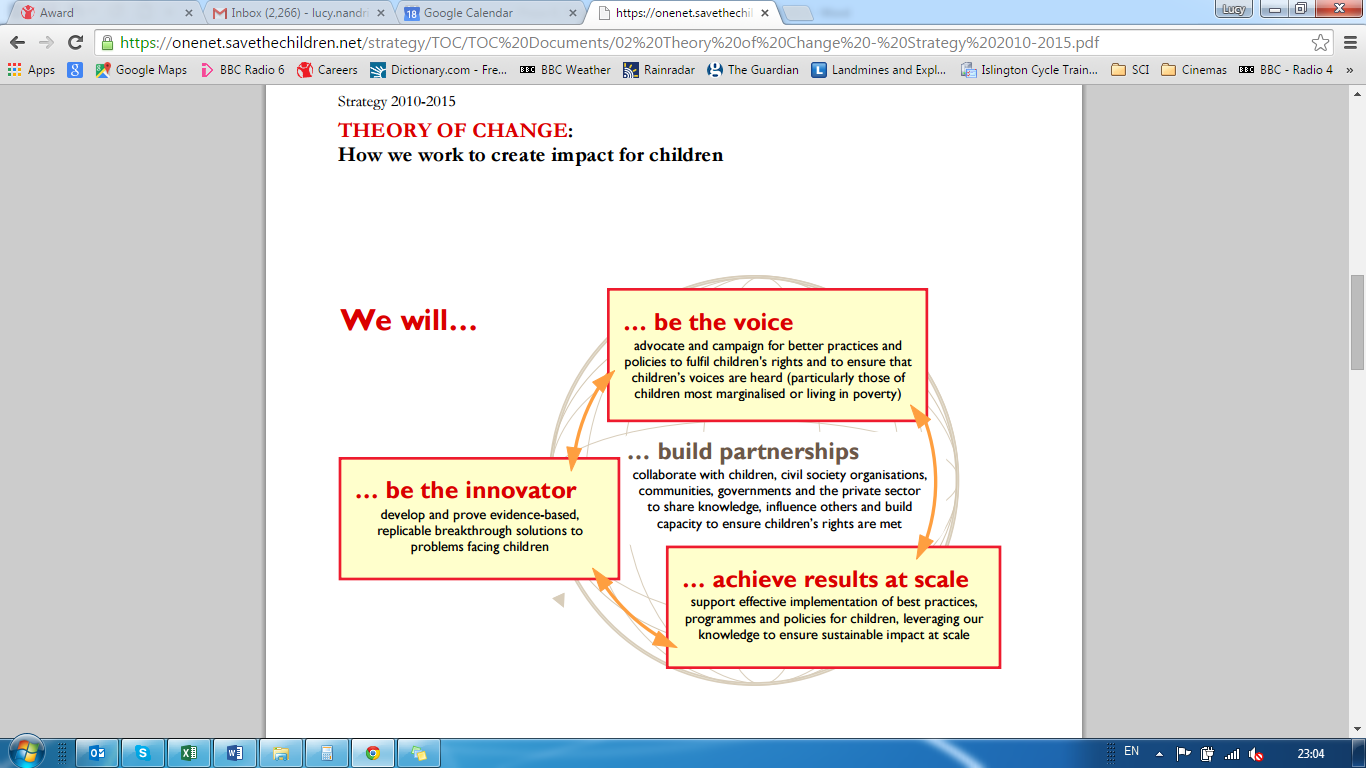
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**Theory of Change**

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1. **Context**

**External Situation and Trends Affecting Children**

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| In March 2014 the world saw the largest outbreak of Ebola Virus Disease (EVD) affecting West Africa. Sierra Leone was hardest hit with the highest number of confirmed cases and deaths overall of all three worst affected countries. To date (April 2015) 8,569 of the cases and 3,499 deaths are from Sierra Leone alone and although the number of cases per week has reduced to around 10 it will be a “very bumpy road” to maintaining zero (WHO). Prior to 2014 Sierra Leone had undergone considerable change since civil war ended in 2002, having one of the fastest growing economies in Sub Saharan Africa, with GDP at 15.2% in 2012[[1]](#footnote-1). However, despite this economic growth before the EVD outbreak, Sierra Leone was already one of the most challenging places in the world to be a child.    **The situation prior to Ebola:**  **Education:** In 2013, around 25% of children were considered to be out of school. School infrastructure was weak with less than 70%[[2]](#footnote-2) of schools having toilets in good condition and only 43.7% of schools with water and sanitation facilities. The learning outcomes that children achieve were rated as poor and quality indicators were below recommended standards. There was a 76% completion rate for primary school pupils[[3]](#footnote-3); and only one percent of children in Grade 4 level could read with sufficient fluency for comprehension[[4]](#footnote-4).  The primary pupil to trained teacher national ratio was 65:1[[5]](#footnote-5), with only 48% of Primary School teachers having a qualification, and only 25% of teachers were female.  **Child Protection:** Although various community structures were in place, (e.g. Child Welfare Committees (CWCs), School Management Committees (SMCs), Facility Management Committees (FMCs), Community Health Workers (CHWs)), the strength and functionality of these various structures differed between communities. Significant progress has been identified in terms of processes and policies that support Save the Children’s (SC) work in the country: the passage of the 2007 Child Rights Act and the 2012 Sexual Offenses Act, the development of the National Referral Protocols on Gender Based Violence (GBV); the Sierra Leone Police Standard Operational Procedures for addressing child abuse and GBV; the Child Welfare Policy, the Alternative Care Policy, and the National Strategy for the Reduction of Teenage Pregnancy in response to Sierra Leone having the highest pregnancy rate in the world for children under 15 years of age.  **Health:** In spite of strong political will and continued commitments, positive policies and programmes and considerable progress made in the expansion of basic health services in the past decade, Sierra Leone was far from reaching the health related MDGs. Even though the average annual rate of reductions of under five mortality rate and maternal mortality ratio of 4.3 and 5.3 respectively between 2000 and 2013 are remarkable compared to many other Millennium Development Goal (MDG) countdown countries, the under five mortality rate of 156 per 1000 live births and Maternal Mortality Rate (MMR) of 1,165 per 100,000 live births as reported from the Demographic Household Survey (DHS) 2013 were amongst the highest in the world. Before the outbreak, there were about 50,000 patients per physician in Sierra Leone[[6]](#footnote-6).  Sierra Leone fertility rate was very high (5 per woman) with low contraceptive use rate (16.6%). Over 100,000 pregnant women delivered each year without the assistance of skilled health providers. Sierra Leone had the highest rate of adolescent pregnancy globally with over 50% of girls starting childbearing by the age of 20. Gender-based violence, transactional sex and sexual violence were common and adolescent mothers at greater risk of maternal and neonatal deaths.  The health system prior to EVD, was underfunded, understaffed, poorly managed and grossly inadequate for the delivery of essential health services. Preventable conditions like pneumonia, diarrhoea and malaria were still the main killer childhood diseases, together with neonatal deaths, responsible for over two thirds of under five mortality. About two-thirds of 3.5 million children in Sierra Leone are living below the poverty line. 1.4 million children did not have access to improved source of drinking water and over 3 million children still do not have access to improved sanitation facilities. Over 200,000 under five children have not received vaccination as per the standard schedule. Over one-third of over 1 million under five children are stunted (18% severely) and 9% wasted (4% severely). About 800,000 children aged 6-59 months are anaemic with heightened risks of disease and poor learning ability.  **During/ Post Ebola:**  The outbreak of the EVD has had further devastating effect on all aspects of children’s lives. The psychosocial, economic, educational and health needs of children and families affected by the epidemic are substantial, complex, and will continue to last well into the future. Many government and community-based systems have been diverted to respond to the EVD outbreak, while the capacity of others has been overwhelmed.  In March 2015, SC led the Children’s Ebola Recovery Assessment (CERA) conducted in partnership with Plan and World Vision, with the aim of capturing the voices of children and youth so that their priorities in the context of the Ebola crisis were included in the wider recovery strategy discussions. On the day of writing, April 14th 2015, schools in Sierra Leone are opening after 10 months of country wide closure to prevent the spread of Ebola.  The main priority identified by over half of the children in the CERA was education and the desire to return to school. Children were unanimous in their concerns about loss of knowledge and academic concentration, with many feeling anxious about returning to schools where they may have lost teachers and friends, as well as school infrastructure and resources due to theft and disrepair. Others were worried that their schools had been used as Ebola treatment centres and were scared to return to the buildings for fear of contracting the disease.  The CERA also identified profound social impacts such as increases of child exploitation, increases of domestic chores and violence, and teenage pregnancy. Most children reported food insecurity, and some mentioned loss of household income as serious concerns. This loss of household income resulted in children being pressured into contributing economically, with reported increases in child labour and transactional sex (and consequently increases in teenage pregnancy). Food scarcity and loss of income have also contributed to increased familial stress and consequently children reported more experiences of violence in the home.  At the same time as children experiencing increased risk and stress in their lives the usual work around protecting children was less attended to. Child protection policies and legislations (e.g. GBV response and the Teenage Pregnancy Strategy) and other structures such as the CWCs and Police/FSUs, which were there to protect children, went dormant due to all but non-essential government offices closing and resources and focus being poured into the fight against Ebola. Travel restrictions also prevented SC visits to the field and so CWCs and other community structures did not receive monitoring and support during this time.  Economic pressures faced by many families post Ebola are partly due to the restrictions on trade and travel imposed nationally that impacted the agricultural industry. In addition there has been loss of household breadwinners to the disease and families were unable to farm or work during periods of quarantine. In a country where agriculture is the largest sector in the economy, providing employment for over 65% of the labour force and contributing about 35–47% of GDP[[7]](#footnote-7) the toll on household livelihoods was especially heavy as the EVD epidemic began during the planting season and intensified throughout the typical crop maintenance and harvesting periods. In the worst-affected areas (Kailahun, Kenema, Kono, Tonkolili, Bombali and Port Loko districts), “Crisis” [[8]](#footnote-8) is expected for poor and very poor households by June 2015 whilst in other areas of Sierra Leone, “Stressed”[[9]](#footnote-9) levels of food insecurity are expected. Children told us they were keen to see support provided to their parents and families to restart their livelihoods– particularly agricultural activities – and to receive food assistance until agricultural products have been recovered.  The CERA also showed that EVD has exacerbated the seasonal challenges regarding water and sanitation (WASH) for children. Children reported that they must travel further to collect water, risking abuse or violence along the way. Sanitation facilities were poor before Ebola and children reported public latrines being closed due to concern over Ebola transmission, particularly in the urban setting. Children have called for more wells, pumps and latrines to be installed in their communities. They suggested parents and caregivers be better informed on the risks of children collecting water and of open defecation.  The already weak and inadequate health system was hardest hit during the EVD outbreak, despite having the direct responsibility to respond to the outbreak. Losses of health workers who were infected with EVD have further aggravated the health worker shortage in the country and Health services utilization is down nationally an average of 20-50% of pre-EVD. UNICEF has projected an increase in under five mortality by 20% - an additional 8,593 under five deaths including 2,554 newborns on the top of 39,204 under five deaths estimated annually prior to EVD outbreak.  In addition, the devastating impacts on the survivors and affected individuals with complex medical and psychosocial problems have presented enormous challenges to the health system for the peri-post EVD recovery phase. The Government of Sierra Leone (GoSL) with support of its development partners has prepared recovery strategy focussing in four main pillars – health, education, social protection and private sector and includes the initial nine months of early recovery and the next three years of recovery phase.  These social and psychosocial impacts on children are reflected in the CERA. Many children reported having lost family members or friends to Ebola, whilst others showed a deep fear of the disease. Psychosocial support was identified as a need, especially for orphaned children, those who had lost family members or were survivors. Some children were troubled by changes in cultural practices such greetings and burials and travel restrictions resulting in the separation of families and limited social interactions were also problematic.  Children identified lack of access to functional health care as a primary concern. They recounted how many healthcare workers had fled for fear of contracting Ebola, which has left many communities without any primary health care services. Some children felt that scarce health resources were being directed towards Ebola at the expense of other conditions and it is the case that routine immunisation and other disease control programmes aiming at decreasing the incidence of measles and malaria have been interrupted by Ebola. Children called for improved health facilities and services, particularly primary care in rural areas.  For almost all the participating children, their involvement in the CERA was the first time they have been consulted about their needs or suggested solutions of children in their communities. Most children said that they were excluded from community decision-making, but wished that was not the case. They emphasised that they have ideas they that could contribute positively to society. |

**Lessons learned from previous strategy (internal)**

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| The current Save the Children (SC) Country Strategic Plan (CSP) runs from 2012-2014, with a one year extension document for 2015. During the last three+ years the country office programmes have moved to a more holistic approach aiming to provide core activities from each thematic area to our communities resulting better quality services for children. This is particularly evident in Freetown where our six original City Sections have this integration. As part of the CSP 2015 extension, we asked children what the key successes in their communities were. They told us of now having CWCs, Gender Based Violence (GBV) focal persons, CHWs, Community Fields, Children Clubs (CCs), Health Centres, Police posts, water taps, schools, Child Advocacy Networks, toilets, life skills sessions and SMCs.  *“Aunty Isatu is the GBV focal person, she said we should prevent ourselves from early pregnancy”; 15 year old girl*  *“The Children’s Club that I am a member of has help me to know my right as girl”; 14 year old girl*  *“With the support of Save the Children in our community we now know some of our rights and responsibility”; 15 year old boy*  While Save the Children has invested in supporting CP systems at national, district, and community level, more efforts need to focus on the linkages between these three levels and their sustainability within the existing legal and policy framework. While considerable progress has been made in adopting legislation and policies protecting the rights of children in Sierra Leone, the majority of these laws and policies are rarely felt at the community level, where traditional laws and practices generally guide most practices and treatment of children. This includes the continued implementation of harmful cultural practices, such as female genital mutilation (FGM) and early marriage, as well as commonly held definitions and practices around ‘child discipline’ and physically harmful punishment in both households and schools. It also includes changing reporting and response practices around violence that are considered unacceptable but rarely discussed or reported (such as sexual abuse). As a high risk aspect to our operations, Child Safeguarding mainstreaming processes are in early development. The reporting rate has seen an increase with the addition of a full time staff member and promoted internal SC reporting system, although data analysis of these cases needs to be funnelled into programme research.  Changing attitudes and behaviours around definitions of violence and abuse towards children will require changing deeply held socio-cultural beliefs around child discipline and adult-child relationships; this requires more engagement with traditional and cultural leaders, while continuing to support enforcement of existing laws and policies at the national level. This will also require more creative approaches to advocate for duty bearers to uphold children’s rights using language and approaches that are meaningful to them, and not seen as those that are externally imposed internationally and therefore ‘irrelevant to the Sierra Leone context’. Child Safeguarding systems need to be locally orientated and adapted to partner national organisations.  The previous strategy period 2012-15 provided SC real opportunities to test and prove our full spectrum programming. SC had made a remarkable progress in consolidating the past gains and taking a new height of achievements in relation to improving access and utilization of quality MNCH services in the remote districts of Kailahun and Pujehun and urban slums of six City Sections in Freetown. SC also responded to the widespread cholera epidemic in 2012 as well as the devastating outbreak of EVD in 2014-15. Our focus Districts have seen improved coverage rates for many key child survival interventions to higher than the national level – FP use rate 21% compared to 16% national, neonatal TT protection 98%, 86% deliveries assisted by skilled providers compared to 60% national, PNC visit 87% when it is 57% for the country, DPT3 coverage 89% and measles vaccination coverage 91% while the coverage at national level is still under 80%.  SC works through a combination of collaborative work with District Health Management Team (DHMT) and District Councils for building their capacity in planning and budgeting and management of district health system and comprehensive support to the health facilities. Sustained advocacy with CSO partners for improving health financing, human resource for health, medical supplies and monitoring has made a substantial improvement in the availability and quality of MNCH services and implementation of Free Health Care Initiatives. Work with communities to expand the community-based Integrated Community Case Management (ICCM) in Pujehun and Kailahun and health facilities increased the demand and utilization of the services. Working with the Freetown WASH Consortium partners, Freetown City Council and beneficiary community structures, we have also been able to improve access to basic WASH facilities in Freetown. Our work with adolescents has improved adolescents knowledge and skills on matters related to their sexual and reproductive skills. SC is a key member of the Ebola Response Consortium (ERC) established in Sept 2014 to provide national coverage of Infection Prevention Control in Health facilities.  With our cholera outbreak response in 2012 in Freetown and Pujehun, we have been able to prove that the ORT points established closer to the affected individuals within affected community can be more effective in improving access for timely management of the mild to moderate cases and prevent severe cases and loads to the CTU (Cholera Treatment Unit) improving the overall quality of response and reduce the case fatality. Similarly, a simultaneous work with Community Volunteers in the community with WASH interventions is important for prevention and control of the outbreaks in the urban context.  With the EVD outbreak response at community levels in Kailahun and Pujehun and Western rural and urban areas, we have been able to demonstrate the importance of early start of social mobilization for community awareness and actions for prevention of spread of the disease like in Kailahun which was the first to report in May 2014 and at the same time first to declare the end of outbreak, with overall attack rate limiting to 1.19/1000 which is 11% less than the overall attack rate for the country, 1.32/1000 as of April 2015. The response for case management with establishment of highly sophisticated Ebola Treatment Centre staffed with over 100 international staff and 500 national staff was mainly led from the SCI Centre and has been one of the greatest and complex challenge in the organisation history which has been tackled extremely well proving SC’s capacity to deal with such a complex medical emergency, the first successful test after Merlin merger.  Child Safeguarding (CS) was for the first time incorporated into an emergency response for the EVD outbreak. Great progress has been made although full mainstreaming needs better incorporation into every aspect of all future responses, from planning and design to implementation. A focus must also be put upon accountability and complaints systems with CS fully incorporated.  As preparation for the new CSP, the Monitoring Evaluation Accountability and Learning (MEAL) team have been building a variety of documents, investing in research and gathering evidence to inform our programme design going forwards. Much of this has focused on the urban setting to help SC understand the slum environment. SC have also tried to gather more understanding around the issues facing teenage girls in light of the high levels of teenage pregnancy in the country, and around community ownership of CHWs. This learning is continuing through the CERA process that is including an additional section to capture children’s stories and experiences from living in the slums during the Ebola outbreak.  Finally, working with partners has been a major focus for many years. The country program has a wide range of partners in all thematic areas, including local and national government agencies, local CSO partners and INGOs. A partnership strategy, a toolbox as well as staff are in place to support the programs in managing their partnerships. At the partnership forum of March 2014, SCI staff and partners evaluated our partnerships positively but also indicated several points for improvement, such as more involvement of partners in strategic planning and project design (including budgeting) as well as an increase in investment in organizational support. Due to the high number of partners, resources and time have been spread out too thinly to allow us to build truly empowering and mutually beneficial partnerships. In this strategy period, SC will therefore focus on 6 core partners, integrating programs where possible, in line with the holistic approach towards children and communities programs have been taking. |

1. **Goals**

**Global strategy (for reference)**

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| **Our Vision** | *A world in which every child attains the right to survival, protection, development and participation.* | | |
| **Our Mission** | *To inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives.* | | |
| **Global Breakthroughs 2030** | **Survive:**  *No child dies from preventable causes before their fifth birthday* | **Learn:**  *All children learn from a quality basic education* | **Be protected:**  *Violence against children is no longer tolerated* |
| **Global Breakthroughs 2030- Krio Translation** | *No pikin wei nor five year ate nor for die pan dem sick dem wei we kim able tap* | *We wan soba book learning for all pikin dem* | *All dem bad bad thing dem wei kim happen to pikin dem for tap* |

## **Contribution to breakthroughs and value proposition**

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| **Country contribution to Global Breakthroughs 2030** | **Survive:**  *By 2030 in Sierra Leone, no child under 5 dies of preventable causes, through the universal coverage of key child survival interventions delivered through a well- resourced, managed and resilient health system with active involvement of communities, including children.* | **Learn:**  *By 2030, every girl and boy in Sierra Leone reaches their full learning potential through the removal of all barriers and obstacles to access to appropriate quality basic education.* | **Be protected:**  *By 2030 all communities across Sierra Leone endorse intolerance of abuse and violence towards children through leveraging positive cultural norms and practices, within an existing legal and policy framework and service delivery system.* |
| **Country contribution to Global Breakthroughs 2030- Krio Traslation** | *By 2030, all side na Salone nor for gree en timap tranga one for tap dem bad bad thing dem wei de ambog de pikin dem en for make sure say then do fine fine thing dem wei de make de country go befoe.* | *By 2030, all boy en girl pikin dem na salone go get soba book learning / dem go pool comot all dem tranganess en book learning go be fine fine one.* | *By 2030 na Salone, no pikin wei nor five year ate nor for die pan dem sick dem wei we kim able tap en we for put all wating we get pan well body besiness en we self for take part.* |
| **Country baseline** | **Under 5 mortality:**  The current under 5 mortality rate in the country is 156 deaths per 1,000 live births, for the past five years preceding the 2013 SL Demographic Health Survey (DHS).  Over 2/3rds of under five mortality are caused by preventable conditions like malaria, pneumonia, diarrhoea, and neo-natal cause.  **For universal coverage:** data for different interventions can be found in the Demographic and Health Survey 2013. | **Primary Education:**  According to the Education Sector Plan 2014-2018, the Primary Proxy Completion Rate (PCR) is 76% between 2010 and 2013 which is below the EFA target of 100%.  75% of Primary school–aged children were enrolled in school pre-Ebola.  Primary pupil: trained teacher ratio 65:1 and only 48% of Primary teachers are qualified.  **Junior Secondary Education:**  62% Gross Enrolment Rate (GER – ESP 2013-2018).  48.6 % completion rates (ESP 2013-2018).  **Learning outcomes:**  The UNICEF EGRA results 2014 indicate that only 1% of children in Grade 4 can read with fluency and comprehension.  No baseline for % of SC supported schools that meet QLE standards | **Violence against children:**  Baseline quantitative information on incidents of violence against children is difficult to obtain due to weak documenting systems. There may be information on reported incidents, but not on prevalence rates.  No district social welfare has a functioning CP case management system in any of the14 districts of SL.  Child Welfare Committees are functional, supported & sustainable in 0% of chiefdoms in SL.  MSWGCA annual budget allocation is 0.9%.  No national NGO’s that SC works with have robust child safeguarding systems. |
| **Country 2030 target** | Reduce <5 mortality by two-thirds of the 2015 level by ensuring no child dies of preventable diseases.  Attain universal coverage of all key child survival interventions across the country. | 90% completion rate for Primary Education.  90% of primary school–aged children are enrolled in school.  68% of primary teachers are qualified (20% increase in 15 years  from 48% to 68%).  75% Gross Enrolment Rate in Junior Secondary Schools.  60% completion rate in Junior Secondary Schools.  20% increase in number of grade 4 children able to read with fluency and comprehension.  85% completion rate in Primary Schools.  At least 60% of SC supported schools meet Quality Learning Environment standards. | MSWGCA has functioning CP case management systems in all the 14 districts of SL.  With improved case management systems you would anticipate an increase in reporting.  Child Welfare Committees are functional, supported & sustainable in 80% of chiefdoms in SL.  MSWGCA annual budget allocation is increased to 3%.  All national NGO’s partners have robust child safeguarding systems, including reporting and referral processes supported by Ministry of Social Welfare Gender and Children’s Affairs (MSWGCA). |
| **Our value proposition** | Within Save the Children the Sierra Leone CO becomes a leader in delivering integrated programmes.  Within Sierra Leone, Save the Children is the organisation known as giving a voice to children.  In order to attain our ‘survive’ breakthrough in Sierra Leone by 2030 we aim to demonstrate Kailahun as a model district health system for rural areas, with universal coverage of all health related child survival interventions. This will be advocated for as a model for replication by SC and other agencies to scale up interventions nationwide under the leadership and ownership of MOHS. | | |

1. **Scope**

**Global Steer:** *We will aim to reach the most deprived children across full spectrum (e.g. including both humanitarian and development work) and will ensure that policies and national resources established as an outcome of our programming are designed to benefit the most deprived. SCI will measure our results in terms of the tangible improvements they make in the lives of the most deprived children.*

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| **Which children** | **Survive:** SC will focus on girls and boys under the age of 5 years, with a special focus on new-borns and infants in the communities and families who are most deprived and vulnerable to public health issues and threats to survival. This will include Ebola survivors and their families.  **Learn:** By advocating for improved access to learning SC will aim to reach all girls and boys across Sierra Leone, not only through traditional and formal education but through creative learning environments and tools. Priority will be on getting the most marginalised children (out of school children, children whose parents or care givers have died due to EVD, street children, child mothers, child-headed households and children from poor households in remote rural areas and urban slum communities) to return to school, stay in school and learn.  **Be protected:** SC will strive to work with the hidden children in society including those in kinship care or harder to reach communities and slums, out of school children, and those who have been impacted by the recent Ebola crisis. SC will protect them by strengthening community protection and safeguarding structures and linking these with more formal protection systems and services. Gender differences related to children’s vulnerability will be explored and integrated into our programming to serve the needs of boys and girls.  **Across all programming:** through our advocacy and campaigns SC aims to achieve health, education and protection improvements for all children in Sierra Leone, including child Ebola survivors, by empowering children and CSO’s to hold government to account for their provision of essential services. | |
| **Which contexts** | Sierra Leone is currently in an ongoing EVD outbreak. Although hopes are for this outbreak to be over by 2016, it is difficult to predict how the tail of the epidemic in Sierra Leone and its neighbours Liberia and Guinea will manifest itself. In an outbreak of such unprecedented scale and geographical reach, no previous experience exists to anticipate the patterns and best approaches for eradicating the last pockets of infection.  SC in SL is committed to continuing emergency response and support to the government in maintaining the fight until EVD is eradicated in the region. Our response and support will continue SC are confident that a resurgence of cases is unlikely. Even at that time our projects will maintain an element of community surveillance support, disaster risk reduction and resilience building, particularly in children. As the country commences its early recovery planning, our projects will support district councils and ministry departments to plan appropriately and implement with partners. SC with partners will use our CERA as a platform to strengthen the voice of children and enable them to monitor progress of the government.  SC will improve the holistic integration of our projects and activities to ensure that children benefit from a range of interventions and strengthened services that are appropriate to them and not in silos activities. To achieve this, our teams will listen to each community of children individually in order to understand their needs and situations better and provide targeted assistance. SC believes in a full spectrum approach to addresses the rights of children as well the range of phases from emergency through to development.  Our programmes will provide a specific focus on hidden children particularly those affected by the EVD, in urban slum communities, and harder to reach communities in our rural and peri-urban districts. These children are often ignored or left off the agenda because they are difficult and costly to reach.  The government of SL is starting to recognize Civil Society as a key player in democratic processes, creating a more enabling environment for local organizations to flourish. Major challenges for many CSOs, (including SCI partners) however are their weak internal systems and governance structures as well as their limited technical capacities. During the Ebola recovery period, SC will focus on capacity strengthening of our core local partners for them to become strong, well-managed organizations that function as change agents in SL. | |
| **Which geographies in country** | Maintain: | Kailahun, Pujehun, Western Urban (12 City sections Rokupa, Kuntolar, Susan’s Bay, Mabella, Kroo Bay, Grey Bush, Murray Town, Aberdeen, Cockle Bay, Hill Station, Wilberforce).  SC will reach children nationally through CRG, and the implementation of global advocacy and campaigns. |
| Exit: | None |
| Enter: | Western Rural: 5 immediate communities around Kerry town (enter during 2015) (Tombu, Kent, York, MacDonald and Tokeh) |

1. **Thematic and Sub-thematic Results:**

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| **Child Poverty** | | | |
| **Sub-thematic results** | | | |
| **Sub-Themes** | **Global Sub-Thematic Results 2030** | | **Country Contribution to Sub-Thematic Results by 2018** |
| **1.1 Child sensitive social protection** | Both female and male care-givers have sufficient income at all times to meet the essential needs of their children for survival, learning and protection | | **Test & Invest:** Targeted families and their children consume a diet sufficient in quality and quantity, without using harmful coping strategies. Families also secure basic incomes, reducing risks for children in extreme poverty and/or without family care. 3 years |
| **1.2 Child sensitive livelihoods** | In all societies, poor families are resilient against disasters and shocks and continue to invest in their children's survival, learning and protection. | | **Test & Invest:** Targeted families and their children have access to basic incomes which help them meet their basic needs, reduce malnutrition and other food/poverty related illnesses and protect livelihoods through the restoration of assets and reduced use of harmful coping mechanisms in times of crisis and beyond. 3 years |
| **1.3 Adolescent skills for successful transitions** | In all societies, adolescent girls and boys have the opportunity to build the skills, networks and self-esteem they need to make the transition to safe and decent livelihoods. | | **Maintain:** Targeted adolescents and young people are equipped with competencies they need to be successful in earning future decent livelihoods, both for themselves and for the survival, learning and protection of their own children in turn. 3 years |
| **1.4 Combined result for social protection and livelihoods** | All countries will have adopted national and/or sub-national targets for the reduction of Child Poverty and its associated deprivations. | | **Test & Invest:** SC in Sierra Leone’s food security and livelihoods analysis is improved to contribute to national and regional policy dialogue and advocacy for children. 3 years |
| **How we will achieve these results through our Theory of Change** | | | |
| SC is currently implementing a USAID funded project entitled ‘Kailahun Food for Emergency Ebola Virus Disease Support’ in Kailahun District. The project runs from 1 March 2015 to 31 January 2016. The project aims to Increase the resilience of vulnerable communities and households; expanding markets and trade and enhance human and institutional capacity development through (i) unconditional cash transfer to most vulnerable households affected by EVD; (ii) conditional cash transfer to predominantly female petty traders; and (iii) training of small scale Female traders on entrepreneurship and accounting.  The child poverty strategy will assist in the recovery of EVD affected population by ensuring that people and their communities are at the centre of the response and that the recovery process builds upon the important work in social mobilization and community participation happening as part of efforts to stop the virus. Restoring livelihoods and building community resilience would involve, among other measures, providing emergency livelihood assistance to EVD affected communities to secure the upcoming agriculture campaign; restoring trade flows and ensuring the smooth functioning of markets of agricultural products and inputs; and restoring food security and tackling malnutrition in the most-affected communities. It would involve providing targeted cash transfers to Ebola-affected communities; implementing safety net interventions through programmes such as cash for work and cash grants.  The elderly, people with disabilities, chronically ill persons and people living with HIV and other groups are already vulnerable and are now facing additional hardship and social exclusion. Their families are often facing income losses due to the economic slowdown and are unable to continue extended family support. This often leaves many such persons in precarious circumstances with little or no alternatives to make a living on their own. Ebola is also exacerbating existing problems of child labour, gender-based violence and exploitation of, and violence against, women and children. Recovery efforts through the child poverty strategy will prioritize support to these vulnerable groups, including by providing psychosocial support services to affected populations. To address this situation, it is necessary to **build partnerships** with other sectors to strengthen child protection, psychosocial support and welfare services for children and families in communities heavily affected by EVD, including children that have lost one or two parents or a primary caregiver, child survivors and their families. While caring for these vulnerable groups, it will also create resilient systems of social protection and livelihoods to minimize the risk of aggravating vulnerability in case of future outbreaks.  The child poverty strategy entails the setting up of financial support mechanisms for families and small businesses affected by Ebola, which would mitigate the immediate social and economic impact of Ebola on poor households and could become the platform for a sustainable social protection system that reduces social vulnerabilities in the long run. It also requires rigorous child safeguarding measures to protect benefices from the negative impacts of programming and the potential for abuse to occur in high risk programmes.  The strategy also ensure that youth are central to the recovery process as the population of SL is very young and that young people can play a significant role as agents of change in the recovery process given the right investments in their employment, education and empowerment through reinforcement of their skills and job-rich strategies.  **Result 1.1 Child sensitive social protection:**   * Households have sufficient income at all times to meet the essential needs of their children for survival, learning and protection through Integrated Food Security & Livelihoods Needs Assessments including markets; supporting the development of multi-purpose cash transfer programming in emergencies, supporting the identification of a minimum expenditure basket and / or a basket of multi-sector needs through improved assessment processes; delivery of Cash Transfer Programming activities (un/conditional cash, vouchers and Cash-for-Work); and where appropriate distribution food and non-food assistance (food aid). * Child Safeguarding measures are mainstreamed to ensure beneficiary selection, child consultation and asset delivery programmes are as assessed and as safe as possible to reduce the negative impacts on beneficiaries. Asset transfer programmes will be fully accountable with beneficiary communities and have fully accessible complaints and feedback mechanisms, regular community reviews of feedback and response mechanisms. Programme development, will be child focused from proposal, design and delivery to closure. * Integrated approaches to increase or bolster the earned income and/or production of poor households in order to benefit children, manage risks and threats to their incomes/assets, recover from shocks and/or find pathways out of extreme poverty. Interventions include provision of productive assets for expanding or recovering production for basic livelihoods and for strengthening family food security; and livelihoods training and wider measures such as strengthening production marketing and extension systems among poor families. * Child poverty interventions are well integrated with child protection and other sectors, to help integrate considerations around traditional household relationships and gender dynamics into social protection programmes. Consideration of these issues is critical to ensuring that the benefits of social protection at the household level are translated down to women and children, and that children are actually benefiting from improved nutrition, health, education and protection as a result of the assistance received at the household level.   **Result 1.2 Child sensitive livelihoods:**   * Poor and very poor households are resilient against disasters and shocks and continue to invest in their children's survival, learning and protection through livelihood protection, strengthening, restoration, provisioning and diversification. * Humanitarian response is informed by routine and consistent assessment and analysis which is carried out on time and used to inform action. Humanitarian principles of accountability and child safeguarding are incorporated into a response. * Integrated approaches to secure basic incomes and reduce risks for children in extreme poverty and/or without family care. Interventions include cash and non-cash transfers intended to increase, bolster and maintain basic family consumption and spending with a focus on children; market strengthening; and food aid and non-food distributions in emergencies.   **Results 1.3 Successful transitions**:   * Youth who are deprived have the opportunity to build the skills, networks and self-esteem they need to make the transition to safe and decent livelihoods through vocational skills training, job placements and livelihood support. Child Safeguarding measures will ensure vocational training is safe and does not lead to exploitation or other forms of abuse.   Integrated approaches and interventions supporting children, adolescents and young people in their transitions to safe work and decent livelihoods (including as a way out of harmful child labour).  **Result 1.4 Combined child sensitive social protection and child sensitive livelihoods:**   * Interventions include strengthening of coordination forums; development of programme policy and tools developed ensuring that children are at the centre of the growth; and mechanisms and policy advocacy intended to protect family consumption. * SC will lobby for a welfare scheme (e.g health insurance, education funds) that caters for the total wellbeing of children and their families and for orphans who have become vulnerable as a result of Ebola. | | | |
| **Exit or scale down strategies**  (Only for programmatic work that you will exit or scale down over the next strategy period) | | This is a new thematic area for SC in Sierra Leone as such all the sub-themes are placed into ‘test and invest” although through our Education programme the last CSP 2012-2014/15 there was a small Employment for Youth Empowerment (EYE) progamme. | |
| **Thematic capability needs**  **(includes gender and resilience)** | | Trainings on Food Security & Livelihoods; Entrepreneurships; Markets; Cash Transfers Programs; Vocational Training & Employment - (i) To respond early to prevent or mitigate the impact of crises through flexible programming approaches and developing approaches for integrating FSL, Nutrition, Child Protection and Education programming; (ii) better understanding of labour markets for designing of livelihoods protection and recovery programming; (iii) develop a portfolio of programmes which utilise markets as entry points for the sustainable and resilient realisation of access to income opportunities, basic goods and commodities; and (iv) develop Save the Children’s multi-modality food assistance approach. | |

**Strategy Alignment:** The child poverty strategy has been aligned with the Sierra Leone’s Government Recovery Plan; Recommendations from the SCI’s Real Time Review on Alleviating Child Poverty/Food Security and Livelihoods; and Recommendations from ‘A Summary Report on Recovering from the Ebola Crisis’ (United Nations, The World Bank, European Union and African Development Bank)

**Recommendations from ‘A Summary Report on Recovering from the Ebola Crisis’ (United Nations, The World Bank, European Union and African Development Bank)**

* In improving and strengthening the livelihood of the affected population, recovery interventions (especially infrastructure works) in both rural and urban areas should be delivered using employment-friendly approaches to create employment and business opportunities to the affected population;
* Provide cash transfer to poor households and vulnerable groups, therefore benefitting local economies and allowing households to invest their cash transfers into livelihood inputs, particularly in agriculture;
* Cash transfers must be considered as an option for alleviating income insecurity for all families facing EVD-induced hardship. These represent a majority of households in many urban districts as well as in several rural areas; the efficiency of universal benefits should be considered to avoid unnecessary, costly and subjective administrative systems usually associated with targeted programmes;
* Recovery activities must aim to restore lost livelihoods to the vulnerable groups, low-income groups and young people and to promote projects that support youth employment*.*

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| **Child Protection** | | | |
| **Sub-thematic results** | | | |
| **Sub-Themes** | **Global Sub-Thematic Results 2030** | | **Country Contribution to Sub-Thematic Results by 2018** |
| **2.1 Appropriate care** | All children, including those on the move and in emergencies, have appropriate care either from their own families or community-based alternatives. | | ***Maintain:*** In 4 districts of SL, all children affected by the Ebola epidemic are living with families or extended/foster families by the end of 2015, and are receiving follow-up case management to monitor their well-being and prevent further separation or unsafe movements. Child safeguarding systems will be promoted with all partners. One-year post-Ebola for the majority and 3 years for the most vulnerable children and families. |
| **2.2 Protection of Children from Violence** | Children are protected from Physical and Humiliating Punishment (PHP) in the home and in school | | ***Test and Invest***: Effective strategies to enable key socio-cultural leaders to influence attitudes and behaviour on child discipline approaches are developed and tested in 4 districts, then replicated districtwide. 3 years  ***Maintain:*** 80% of schools supported by Save the Children have Code of Conduct (CoC) reporting & response systems in place; 80% of students demonstrate knowledge of the CoC contents. 3 years |
| Children are protected from sexual violence. | | ***Maintain:*** GBV referral & response systems are functional and provide monthly data on incident reports in 4 districts. More effective responses lead to increased reporting and a better understanding of the scale of the problem, leading to greater government efforts to address both prevention and response. Child safeguarding referral and response to be promoted with governments. 3 years |
| Children are protected from violence in conflict situations. | | ***Scale down:*** This is not currently relevant in SL however, it should be considered as part of DRR and emergency response planning. |
| **2.3 Protection of Children from Harmful Work** | Boys and girls are protected from harmful work | | ***Invest and test***: An increased understanding of the push/pull factors that cause boys and girls to engage in harmful labour which will enable SC to design and pilot effective strategies to address them in 4 districts (in collaboration with government & other agencies). 3 years |
| **2.4 Child Protection Systems** | All children are protected through a strong national Child Protection System, integrating both formal and informal components. | | ***Maintain***: All children in 4 districts of SL will benefit from a national case management system that effectively links with chiefdom structures in supporting vulnerable children. 3 years |
| **2.5 Child Protection Policies** | All child protection policies are effectively implemented at national, districts and community level | | ***Invest & test:*** Improvement in the implementation of all child right related policies. |
| **2.6 Investment in Children** | Increase investment in and effective utilization of national resources for children, education, health and protection issues. | | ***Maintain:*** Government of SL will make children a priority in their agenda by investing in their health, education and social protection. |
| **How we will achieve these results through our Theory of Change** | | | |
| **Result 2:1 Appropriate care:**  As a result of the Ebola epidemic, large numbers of children have lost one or both parents to the disease. Many of these children have since been reunited with extended relatives or foster families, although a few still others remain in interim care centres. SC will continue to support the Ministry of Social Welfare, Gender and Children’s Affairs (MSWGCA) to enforce national policies pertaining to alternative care of children and to support natural community care systems that may have weakened during the Ebola outbreak but which are now recovering. SC will also work closely with the MSWGCA, partners and communities to monitor the well-being of children that have been placed with extended or foster families to ensure they are safe and properly cared for. This may include working with the other sectors to provide integrated packages of support to the family, to ensure that the children are receiving essential services, including interventions to address livelihood issues and strengthening the family’s economic capacity to provide appropriate care for all children in the household (and prevent risk of further separation). SC will also monitor trends of children on the move within SL and the Mano River region to identify potential underlying factors and design interventions to address them.  Result 2.2 Protection of Children from Violence:  SC recognizes that definitions of what are considered harmful practices towards children can vary considerably in SL and is often related to deep socio-cultural attitudes and traditions of what is considered normal or desirable in terms of relationships between adults and children, and approaches used for discipline. As stated in the previous section, despite the passage of numerous national laws and policies upholding child rights in line with international standards, the actual implementation of these laws and policies has not reached the majority of communities, where they are not considered relevant, but rather socio-cultural traditions are generally considered to be the most applicable ‘law of the land’. This includes accepted harmful approaches to raising and disciplining children, as well as the continued implementation of harmful cultural practices such as FGM and early marriages which are either not considered harmful or are considered necessary for overriding social reasons. It also includes practices that are widely considered to be harmful, such as sexual abuse, but which are not reported or discussed publicly for socio-cultural reasons. SC will continue to act as referral support in cases of serious sexual violence within communities and coordinate support to those affected and provide a safe confidential reporting system for all internal and high level external concerns. Child Safeguarding awareness and preventative methods are in place to ensure SC is a safe organisation and the organisations we work with are too. And finally it includes practices that may equally be considered harmful, but are maintained to meet the economic needs of the household (such as withdrawal from school and engagement in dangerous or exploitative labour activities).  SC will strengthen its work with traditional leadership structures and influential stakeholders in SL, to gradually influence a change in attitudes around violent discipline and traditional adult-child relationships, providing training and information on alternative approaches to discipline as well as information on relevant child development issues. This will include testing more creative approaches to advocate for duty bearers to uphold children’s rights using language and issues that are meaningful to them and not seen as those that are externally imposed by Western NGOs and therefore ‘irrelevant to the Sierra Leone context’. It is anticipated that this more subtle approach can encourage key stakeholders to realize that Child Rights is and can be seen as an indigenous concept applicable to the SL context, and that the existing legislative and policy framework is relevant to ALL communities in Sierra Leone. These types of more intensive and participatory dialogues will also be used to encourage discussion on other sensitive harmful traditional practices, such as FGM and early marriage. These activities will be facilitated in partnership with locally recognized organizations where possible, so as to ensure that our engagements are culturally and socially relevant to the local context.  SC will continue to work with the MSWGCA to disseminate existing national legislation and policies on child rights and protection, and to help ensure that the community engagement activities described above are appropriately linked to and supported by the national legislative and policy framework and formal service delivery systems.  SC will strengthen collaboration between the Protection and Education thematic programmes to improve safety in schools by improving the implementation of the Code of Conduct and reporting mechanisms for students in the schools we support. A child safeguarding assessment will be made of the CoC and reporting systems to ensure a safe and confidential reporting system is in place. This will include training for teachers and school officials on basic child development issues and alternative disciplinary approaches. It will also include training for students to understand their rights under the CoC. It is anticipated that this additional training for students, coupled with support for school management committees to establish clear and confidential systems for reporting and response, will encourage more students to come forward to report CoC violations. As more violations are reported and addressed, it is anticipated this will serve as an additional deterrent to many teachers who may be aware of the CoC, but do not follow its provisions. These activities will include both physical abuse as well as sexual abuse to help improve the safety of schools for all children.  ***Children are protected from sexual violence***: SC will continue to work with government and other agencies that are providing services to GBV survivors to help ensure that referral systems are functional within our districts of operation, known to our target communities, and provide appropriate care for survivors. SC recognizes that the ability of children and families to report incidents of GBV incidents is sensitive and complex, and will only happen once there is confidence in services and there is public awareness of GBV’s harmful effects. We also recognize that it is equally important to focus on GBV prevention and attitude/behaviour change, which we will do through our other community engagement activities and programs with children and adults, both male and female. As the research on teenage pregnancy in SL indicates, there is a range of inter-related social, cultural and economic factors that influence teenage sexual activity (most of it unprotected), some of which are under varying degrees of individual control, while others are tied to force, influence, and pressure, thereby reducing individual decision-making power. In all cases, girls may be at risk of pregnancy and other harmful consequences. All partners and indirect partners such as schools will be incorporated into our Child Safeguarding system, with the aim of developing safe systems for all organisations we work with to report concerns confidentially.  **Result 2.3 Protection of Children from Harmful Work:**  Although accurate statistics are not yet available, SC recognizes from its experience in 2014 that one impact of the Ebola epidemic and subsequent closure of schools in SL was that large numbers of children were engaged in work activities to support families that had lost their primary income earners. SC will ensure collaboration between its Education and Protection thematic programmes (and new livelihoods programmes) to identify and support families to re-enrol their children in school, recognizing the opportunity costs related to lost incomes from the child/s previous work activities. We also recognize that the increased presence and activity of large-scale agricultural and extractive industries in SL (minerals and oil) has already started to have an impact on such issues as child labour, sexual exploitation, and migration to seek employment opportunities. SC will continue to work with other traditional and political leadership structures at the national level and local levels where we work to understand these impacts on children living in the neighbouring communities and design initiatives to address them in collaboration with key indigenous and international agencies working on similar issues. It is anticipated that this work will be well integrated with SC’s education and livelihoods programming.  **Result 2.4 Child Protection/Safeguarding Systems:**  SC will provide technical inputs and financial resources where appropriate into the design and development of a national case management system that comprises standard protocols of assessment, service delivery, and follow-up. This includes adapting the Child Protection Information Management System (CP-IMS) for use in SL, along with an accompanying set of case management protocols and guidelines for standardized use nationwide. SC is a member of the technical working group on CP-IMS at the national level and supports the MSWGCA at the district level for coordination, monitoring, and documentation. In our four target districts, SC will continue to support district-level coordination mechanisms for Child Protection, if these change after the Ebola crisis. SC will work with other agencies to review the roles and responsibilities of the Child Welfare Committees in each district in order to ensure they are functional and relevant to their communities; maintain equitable gender representation and inclusiveness; are sustainable over the long term, and well linked to the formal systems at district levels (in our four target districts).  SC recognizes that a functional child protection system depends on a strong, qualified and capable work force. To this end, Save the Children will work closely with the MSWGCA and Ministry of Education, Science and Technology (MEST) to explore options for establishing a professional education programme (preferably within the existing university system) for graduating trained, qualified, and professional social workers in Sierra Leone; and one that promotes and maintains equitable gender representation in its workforce. Save the Children also recognizes that a functional national child protection system depends on strong financial investment and sustained political commitment. The CP, CRG and CS teams will link up with our advocacy team to advocate for increased financial resource allocation to the MSWGCA and its partners for the effective management and implementation of a functional national child protection and safeguarding system.  **2.5 Child Protection Policies:**  Save the Children will use the experience gained from the implementation of the EVERYONE Campaign to advocate for effective implementation of all child right policies at national and global level.  **2.6 Investment in Children:**  Adequate resources are critical for children to attain their right to survival, education and protection. In addition, resources must be utilized effectively to ensure children needs are addressed. SC through the EVERYONE Campaign have been leading INGOs and CSOs consortia on health budget tracking and advocacy and influencing government budget policy and processes.  As measured above, the advocacy team will collaborate with the CP and CRG thematic programmes to expand our work on budget tracking, analysis and advocacy. SC will strengthen children’s group to facilitate children’s lead budget campaigns, building their capacities in budget tracking, analysis and advocacy.  **Note on Partnerships**: Save the Children’s Child Protection programme has historically worked in various forms of partnerships with national organizations, child-led organisations, and government agencies in implementing the majority of its projects. In particular when addressing issues that may be initially perceived as sensitive (child rights, FGM, harmful discipline) SC works in partnership with locally recognized organizations who can ensure that discussions are held in a socio-culturally relevant and acceptable manner. Indigenous organizations are essential for ensuring that effective interventions and approaches are maintained and sustained into the future. SC will continue to maintain these partnerships and in order to maximize the impact of its capacity building efforts, SC will reduce the overall number of partners while providing more investments in organizational development for this limited number. SC also seeks to engage its partners in relationships across programmatic sectors where possible, thereby creating more opportunities for both institutional and technical capacity building. SC will work towards developing strategic partners’ Child Safeguarding systems for accountability and complaints, creating a climate of child safe organisations working towards a coordinated nationwide referral system and reporting mechanisms. SC will actively work with organisations to develop COC and reporting systems supporting partners through the transition. Save the Children will continue to work closely with the MSWGCA and related government structures with a focus on long-term capacity building to help the Ministry assume its leadership role in Child Protection effectively and sustainably. | | | |
| **Exit or scale down strategies** | | None for Child Protection except violence in conflict situations which is not currently a significant issue for the majority of children in SC. | |
| **Thematic capability needs**  **(includes gender and resilience)** | | **Gender**: SC staff will benefit from a deeper understanding of the differential experiences of boys and girls around protection risks and opportunities available to report violations. SC staff will also increase their knowledge of how we can work with communities, the government, and service providers to address some of the underlying causes related to gender discrimination and gender based violence. For example, girls may be more vulnerable to sexual violence, but boys that experience sexual violence may not be encouraged or supported to report. Boys may be more vulnerable to various forms of harmful external labour (construction, mining etc.) while girls may be more exposed to sexual exploitation and harmful labour in households. As children get older, opportunities to socialize and learn may be easier for boys, while girls may be more restricted to household tasks or less able to socialize freely and safely with their peers. Both girls and boys are at risk with respect to harmful traditional practices but in different ways.  **Resilience**: SC works to support children’s internal resilience in terms of a child’s wellbeing and ability to build on natural ‘resilience’ to cope through crisis; which forms the basis of our community and school based psychosocial support programs. Staff may benefit from understanding how our programming can tap into the natural resilience of children, families, and communities, and building on these strengths, rather than creating something that is separate. This could include restoring previously existing community child protection/safeguarding mechanisms in Ebola affected communities (rather than relying only on distant government services that may not be effective). It can also include ensuring that Ebola affected children are in safe and caring households, have opportunities to socialize with other children, and return to school, to enhance their natural resilience and ability to recover from Ebola.  **Other**:  Psychosocial Support: The EVD epidemic has highlighted the need to ensure that staff and partners working with vulnerable children and families have strong basic skills in the integration of psychosocial issues into all aspects of our programming. Staff would benefit from additional training in these areas. | |

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| **Child Rights Governance** | | | |
| **Sub-thematic results** | | | |
| **Sub-themes** | **Global Sub-Thematic Results 2030** | | **Country Contribution to Sub-Thematic Results by 2018** |
| **3.1 Demand for Child Rights** | Improved accountability for the rights of the most deprived children | | ***Test and Invest***: By 2018, the government of Sierra Leone will report an increase in the country’s performance against 50% of the key recommendations of the UNCRC and ACWRC on the rights of children in Sierra Leone, which will be confirmed by parallel complimentary reports from the CRC Sierra Leone. |
| **3.2 Governance capacity to deliver child rights** | Open and resilient institutions deliver children’s rights | | ***Scale Up:*** By 2018, as a result of SC support, the National Commission for Children will demonstrate capacity to advocate effectively on behalf of key issues affecting children, including in emergencies and the Human Rights Commission will effectively integrate at least 3 children’s issues into its normal advocacy work. |
| **3.3 Children’s Citizenship** | Children influence local and national governance to ensure their survival, learning and protection | | ***Invest and test***: By 2018, children’s national level networks (CFN and CRC-SL) will have advocated successfully for at least one new national policy and/or increased government funding for one key issue affecting children in SL. Children’s networks in Kailahun & Pujehun will be recognized by local councils through meaningful participation in public consultations and participation in annual planning and budgeting processes. |
| **3.4 Public investment in children** | Increased and improved quality of public spending on essential services for child rights | | ***Scale Up***: As a result of advocacy from Save the Children and others, the SL national government will increase its budget allocation to the Ministry of Social Welfare, Gender, and Children’s Affairs from 1% to 3%, with additional increases of 2% each to the Ministries of Health and Education respectively.  The MSWGCA and District Councils in Pujehun and Kailahun will invite NGOs to participate in their annual budget planning, and will provide public expenditure reports each year. |
| **How we will achieve these results through our Theory of Change** | | | |
| **Result 3.1 Demand for Child Rights:**  According to the Convention on the Rights of the Child, to which Sierra Leone is a signatory, governments bear the primary responsibility for ensuring the fulfilment of all children’s rights in all situations, including emergencies. Several laws and policies have been enacted in Sierra Leone which help to provide the legal and policy framework for children to realize their rights. However, these laws are rarely enforced, and policies are not always backed by resources and commitment to ensure their implementation. An active and vibrant civil society is critical to holding government accountable for meeting the needs and rights of its people, including children. While civil society in SL is growing stronger, there is a noticeable absence of children’s voices, partly due to socio-cultural practices. SC recognizes this gap of children’s voices in public advocacy efforts and also realizes the critical role that children play in ensuring that policies, services, and programmes to address children’s issues are relevant to the rights and needs of children. As a result, SC has a long history of working with child-led organisations, such as the CFN and the SL Child Rights Coalition. Over the next three years SC will continue its collaboration and capacity building with these networks, ensuring that they are inclusive and representative of diverse groups of children and are able to effectively represent the rights and needs of children and bring their voices to the broader discussions around government accountability for their citizens also during emergencies.  **Result 3.2 Governance capacity to deliver child rights:**  The National Commission for Children (NCC) is a new and independent body created through an act of Parliament, which is designed to play a strong role in monitoring the situation of children in SL, advocating for their rights, and ensuring their protection and well-being. The Human Rights Commission has a longer history of establishment in Sierra Leone, but has largely focused on issues pertaining to adults or the population more generally. SC will work with both groups, building capacity of the NCC and helping to promote children’s voices and issues into the work of the HRC so that both structures can advocate jointly on behalf of children, along with other key advocacy groups, and influence government action on behalf of children. This may include, for example developing new policies or implementing existing ones; enforcing legislation; and increasing budget allocations for child health, education, and protection services. All of this work will be relevant before, during and after emergencies.  In Pujehun and Kailahun Districts, SC will work with the District Councils and MSWGCA to establish and support a Children’s Desk within the District Council which will focus on children’s issues. SC will help support these structures, work with others to clarify their roles and responsibilities and advocate for local government funding to support these positions. Training, resource mobilization, and networking with other agencies that are addressing children’s issues will help to provide broad-based support to sustain these structures into the future.  **Result 3.3 Children’s Citizenship:**  Boys’ and girls’ Children participation on issues affecting their lives will be increased, building the capacity of children to engage on varying issues affecting them through different media outlets. Save the Children has had a long history of working with the Children’s Forum Network (CFN) at national and district levels, which is an organisation led by children that advocates on their behalf. SC also has a long history of working with the Child Rights Coalition in SL, which provides monitoring and advocacy around the country’s success in complying with the provisions of the UN Convention on the Rights of the Child, and the Child Rights Act of Sierra Leone (which is a national legislation that domesticates the provisions of the CRC). Both networks have a national presence and affiliates in each district, with which SC works closely. Save the Children will continue to build the capacity of the CFN and CRC-SL, helping them to broaden their membership to ensure inclusiveness and diversity, ensure they are advocating with children on their rights and in the interest of all children in Sierra Leone and helping them to build their networks with other key advocacy groups that are working on similar issues to expand and strengthen their influence on government action at the local and national levels. SC will also support the design and implementation of child-led research (such as the child-led early recovery research currently taking place) to ensure that the rights and interests of children are directly gathered, analysed, and expressed by children themselves.  During the EDV outbreak, the health and social welfare systems were compromised, resulting in significant numbers of children who were not registered at birth or who now have uncertain legal status as orphans. SC will link with existing initiatives on birth registration and legal advocacy networks and services for children, to help ensure that all boys and girls who are not yet registered receive birth certificates, and that the legal status of children orphaned by Ebola is maintained such that they are able to enjoy the same legal protection as all other children in Sierra Leone. It is important to ensure a gender lens on this work particularly in view of the large numbers of single and young mothers.    **Result 3.4 Public investment in children:**  Public investment in children’s issues remains quite low in education and health, and particularly low in child welfare and protection. The MSWGCA which has the central mandate to address children’s issues receives less than 1% of the total national budget each year. Meanwhile the other key ministries tend to perceive of all issues pertaining to women and children as the responsibility of the MSWGCA, and thus do not always realize their own responsibilities in ensuring that all children in Sierra Leone have access to fundamental rights such as quality health care, education and protection.  SC already has existing relationships with several strong national organisations and networks led by and serving children. However, these networks do not always have the level of power needed to influence budget-related decisions. Therefore, Save the Children will strengthen its collaboration with the Budget Advocacy Network and other like-minded organisations to advocate for increase budget allocations, not only to MSWGCA but to the Ministries of Education and Health respectively, to ensure that there is sufficient public investment in rebuilding the systems that are essential for children’s right to health and well-being. This advocacy work will also draw on the global attention that Sierra Leone has received during the Ebola crisis, in which it has been highlighted that strong systems for good governance and basic service delivery are critical to helping prevent such a crisis in the future. In addition SC recognizes that the main responsibility for managing and delivering services takes place at district level, which was managed by the District Councils prior to the Ebola outbreak. SC will continue to work with the District Councils, MSWGCA and other lead government agencies for strengthening good governance and managing services at the district level to ensure that funds are allocated and utilized for the provision of basic services, including education, maternal & child health, emergency preparedness and child protection/welfare.  **Partnerships**: CRG work during the Ebola recovery period and through 2018 will be done together with existing partnerships that SC has had with child-led organisations and other organisations that have strong reputations and are working to address children’s rights issues. Over time SC has provided significant capacity building in particular to the Child Rights Coalition and the Children’s Forum Networks, both of which have affiliated branches in every district of the country. In addition SC will increase its partnership investments in the National Children’s Commission and work closely with the Human Rights Commission and Budget Advocacy Network, to ensure that well-known and established networks are also collectively influencing the national government to invest more in children and help them to realize their essential rights.  **Child Safeguarding**: At the operational level, child safeguarding will be integrated into all monitoring and accountability mechanisms of which children and communities are actively involved in reporting concerns and allegations relevant to breaching of the child safeguarding policy and Codes of Conduct. All programme interventions are assessed and potential risks to children are identified.Save the Children will also enforce an agenda for government involvement, in particular the NCC to promote child safeguarding to all NGO/INGO’s operating in Sierra Leone, ensuring accountability and transparency in dealing with all abuse issues in country.  SC will develop an innovative inter-agency working group on Child Safeguarding, to allow for the development of a set standard for training and focus on capacity development of national partnership organisations; to establish a national referral network for case management; and set in place with the government Child Safeguarding standards and training, ensuring contract agreements are supported with CS principles and training. Integral to this is the involvement of children and child led organisations and informing them of their rights and the behaviours to expect from | | | |
| **Exit or scale down strategies** | | None for CRG in Sierra Leone | |
| **Thematic capability needs**  **(includes gender and resilience)** | | **Gender:** Gender equality and non-discrimination is one of the core principles of the CRC. Poor child rights governance can result in widespread gender inequality. Important gender issues related to CRG are women and girls’ representation in society, women/girls in policies and law (inheritance, divorce etc). Policies that promote women/girls equal access to services. Although it differs from one context to another it is well known that girls/women and boys/men experience emergency situations differently. SC staff would benefit from a deeper understanding of the differential experiences, opportunities and barriers to participation between boys and girls and how these differences can be addressed to ensure that both boys and girls are able to freely and comfortably express their views on matters concerning them.  **Resilience**: CRG work contributes to resilient governance institutions being able to deliver children’s rights in all contexts. This means work to ensure children rights are embedded in legislation and translated into *resourced* policies and plans, for instance making sure adequate resources are budgeted in order to do DRR work, having preparedness plans in place, and having resources set aside for child friendly responses in countries with recurrent natural disasters. | |

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| **Education** | | | |
| **Sub-thematic results** | | | |
| **Sub-themes[[10]](#footnote-10)** | **Global Sub-thematic results 2030** | | **Country Contribution to Sub-Thematic Results by 2018** |
| **4.1 Early Childhood Care and Development** | Deprived children attend good quality inclusive early childhood care and development (ECCD) and transition successfully into basic education. | | **Test and Invest:** 8 community and centre based ECCD in Kailahun district with 3-5 year olds enrolled in effective ECCDs have the performance and progress of children who pass through the ECCD centres monitored in the early grades in the period 2016 – 2018. |
| **4.2 Basic Education** | Deprived children attend good quality inclusive basic education and demonstrate relevant learning outcomes. | | **Maintain and increase:**  A 5% increase in the net enrolment rate (NER) to 80% by 2018 with more marginalised children in school, including Ebola survivors  60,000 vulnerable boys and girls access good quality and inclusive basic education  Increase outcomes on reading levels for P4 from 1% to 5% by 2018 in SC supported schools.  A 260% increase in the overall number of SC supported primary schools to 600.  Increased capacity of 4,000 teachers across 600 schools on pedagogical |
| **4.3 *Combined result across both sub-themes*** | Effective governance systems exist to ensure that deprived children have equitable access to good quality basic education and demonstrate relevant learning. | | **Maintain and increase/strengthen:**  80% of schools with strengthened school management systems (SMCS/CTAs) which create environments with equal opportunities in school for boys and girls and ensure deprived children access basic education. |
| **4.4 *Combined result across both sub-themes*** | All girls and boys affected by humanitarian crises have continuous access to a quality basic education. | | **Maintain:** 80% of children and teachers in SC supported schools and communities in emergencies build resilience to face disasters when they emerge, have disaster risk reduction plans and access quality education in the circumstances.  Schools are supported to meet the minimum School reopening protocols. MEST supported to improve the quality of the ongoing radio education programme and future EiE Coordination, planning and response |
| **How we will achieve these results through our Theory of Change** | | | |
| **Result 4.1: ECCD:**  SC will test and invest on ECCD as a strategy to promote age appropriate entry into primary school, build children’s socialisation skills and lay foundations for improved early grade reading outcomes.  The draft national policy (2010) and the education sector plan calls for establishment of 2-3 years of pre-primary education for children. However, only 13% of children are enrolled in ECCD before transition to primary education with the majority of ECCD centres concentrated in urban centres. There is limited MEST capacity to ensure quality of ECCD provision in the country due to resource constraints and lack of Minimum Quality Standards and guidelines for quality ECCD provision.  SC will pilot an ECCD model with 8 ECCD centres annexed to primary schools, incorporating strong community participation to ensure sustainability. SC will work with MEST to develop the ECCD Minimum Quality Standards and train care-givers to enable them to provide quality ECCD services to children. The pilot will be documented and evidence shared on the benefits of providing quality ECCD for children. SC will use this to advocate for ECCD opportunities to give children a good foundation for their later learning. SC will continue to learn from other partners who are already implementing ECCD and will work closely with MEST particularly the change unit, during the pilot. The health sector will provide support on nutrition aspects and growth monitoring in collaboration with the DHMT at district level.  This work will be done and monitored jointly by community members, MEST officers and District Health Management Team (DHMT) staff. Children’s voices on their experiences in the ECCD centres will be captured and used to tell their story in these centres.  **Result 4.2: Basic Education:**  SC will ensure 60,000 boys and girls in SL reach their full learning potential through the removal of all barriers and obstacles to access to appropriate quality basic education. SC will support over 800 schools in our operational areas to reopen safely and we will sustain back to school messaging and support MEST radio lesson programme through 2016 to ensure children affected by EVD return to school, remain in school and learn.  Emphasis will be on improving the quality of the delivery of the current MEST Accelerated Learning programmes through extra tutorials and the adaptation of curriculum to cover local language in the next strategy. In the long term, SC will focus our work to cover 600 schools in four districts building on our existing basic education work by improving the quality of the learning environment for children. SC will continue to work in partnership with likeminded organisations using consortia approach to reach children at scale, with targeted interventions aimed at increasing access to improving learning outcome for the most vulnerable children.  The experience from the Education Consortium project will be used as a basis to scale up quality interventions to other communities and districts. The existing tools will be used to train teachers on pedagogical skills in literacy instruction, classroom management, lesson preparation, positive discipline and learners’ involvement through child centred active learning methods. Untrained and unqualified teachers will be supported to gain qualifications through distance learning. SC will also pilot technology based approaches as an innovative way to improve literacy skills for children through the use of tablets with literacy and numeracy content.  **Partnerships:**SC will use strategic partnerships with like-minded organisations and institutions such as MEST, Teacher Training Colleges, UNICEF, Education Consortium members (IRC, Plan international, IBIS, and Concern) and EFA-SL Coalition and other partners to leverage for a holistic programme to reach learners at scale. The experiences and outcomes of the Basic Education interventions will be a basis for influencing other actors and bringing change to the lives of children especially around the experiences in school where learning is made exciting and challenging for learners to want to keep coming to school. Evidence gathered from the implementation of activities for the marginalised learners will be a launch pad for advocating the Quality Learning Environments approach.  **Results 4.3 Across both sub-themes (inclusive education):**  ***Combined result across both sub-themes* :**  SC will continue to build on existing leverage in the communities to strengthen governance systems at school, community and district level. At school level SMCs/CTAs will be trained and engaged in school management and planning process, SC will support SMCs to develop their school development plans taking into consideration the requirements for meeting the learning needs of children and quality of the learning environment. The plan will help SC to work with SMCs/CTAs to be the voice for advocacy and lobby government and other partners to provide resources to implement the school development plan.  We will strengthen children’s participation in school decisions through the children’s clubs. We will work with the School Advocacy Teams to develop case studies on issues affecting children, including special needs and other marginalised children, and will us the evidence to be the voice for children by demonstrating the importance of creating learning opportunities for all children. At district level SC will continue to build the capacity of MEST and the district council to plan and effectively coordinate implementation of education interventions at the district level.  **Result 4.4 Across both sub-themes (resilience):**  Lessons will be derived from the 2014 -2015 Ebola response on providing alternative learning opportunities to children through radios and community based learning when the schools are closed. SC will continue to work with MEST at national level to improve the quality of the delivery of the radio lesson programme and other alternative learning approaches as effective strategy for providing accelerated learning opportunity for children to complement lost contact hours during the school closures during Ebola. SC will also build the capacity of teachers, SMC’s/CTAs and children on risk mapping, planning and implementing activities to reduce risks around School Health and Hygiene. The lessons that will be articulated will show the level of resilience developed in communities to deal with likely hazards to ensure safety for children and their communities in post Ebola period.  An integrated approach will be used to ensure sustainable safe environment of schools.  WASH: Collaboration on provision of water and sanitation facilities in schools, hygiene promotion, creating awareness on the best hygiene practices and providing technical advice on WASH construction design and implementation.  CP/Health: Engaging school communities to address issues on child labour, teenage pregnancy and FGM which has negative impact on girls’ education and contributes to drop out.  Child Poverty: SC will engage with the Child Poverty sector to address livelihood related barriers to education access for marginalised children from poor households by designing livelihoods intervention that can build the capacity of households to meet the hidden cost of basic education (school uniform, basic scholastic materials, etc). | | | |
| **Exit or scale down strategies**  (Only for programmatic work that you will exit or scale down over the next strategy period) | | The Education for Youth Empowerment (EYE) has transitioned into the new thematic area of Child Poverty. | |
| **Thematic capability needs**  **(includes gender and resilience)** | | There will be a continued focus on girls access to education, and a high emphasis teenage mothers in particular.  Female teachers wishing to be included in distance learning will be given preference to help improve the balance between male and female teachers in our target schools.  Resilience for children will be included through the nationally supported PSS programme and teacher training. In addition the health team community surveillance activities with the district will include the school environment. | |

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| **Health and Nutrition** | | | |
| **Sub-thematic Results** | | | |
| **Sub-theme** | **Global Sub-thematic Results 2030** | | **Country Contribution to Sub-Thematic Results by 2018** |
| **5.1 Maternal, newborn and reproductive health** (MNRH) | Preventable newborn deaths are eliminated | | In our operational districts:  25% reduction in neonatal mortality rate compared to the level reported by DHS 2013.   * 25% increase in FP use rate from the level reported in DHS 2013. * Attain universal coverage of TT protection for neonatal tetanus . * Increase to and maintain coverage of skilled health provider’s assistance for delivery to around 90%. * Attain 90% coverage of PNC visit to mother and baby. |
| **5.2 Child Health** | Children under five do not die from infectious disease, e.g., pneumonia, diarrhoea, and malaria, through provision of high impact life-saving interventions | | 50% reduction of <5 children’s deaths from diarrhoea, pneumonia and malaria from the level of 2013.  Achieve 90% or increase by 50% (whichever is less) from the level of 2013 for the coverage of the interventions below:   * Children sleeping under ITN * Care seeking for pneumonia * Antibiotic for pneumonia * ORS for diarrhoea * DPT3 immunization * Measles immunization |
| **5.3 Maternal, infant and young child nutrition** (MIYCN) | Global stunting rates are halved and wasting is eliminated | | Prevalence of stunting is reduced by at least 10% and Global Acute Malnutrition is reduced by at least 25% by 2018.  50% increase in coverage of following nutrition indicators from the level of 2013:   * Early initiation of breast feeding * Exclusive breast feeding * Feeding of infant and young child as per the IYCF guideline. |
| **5.4 Adolescent sexual and reproductive health** | All women and girls have access to and use quality sexual and reproductive health services. | | All the health facilities supported by SC will score over 90% with the criteria for Adolescent Friendly Health Facilities.  SC will continue to support the National Secretariat for the Reduction of Teenage Pregnancy (NSRTP) to improve adolescents’ access to quality SRH services and reduce teenage pregnancy by 30%. |
| **5.5 WASH** | *No global result* | | All the health facilities supported by SC will have minimum standard of WASH facilities required for implementation of standard IPC measures/practices in HF.  All the health staff at HF supported by SC follow the standard IPC protocol in practice at HF settings.  At least 40% of all the schools supported by SC will have minimum standard of WASH facilities owned and managed properly school management committee.  Through consortium partnerships (Freetown WASH Consortium and Ebola Response Consortium), and in collaboration with the MoHS, MWR and MEST, a significant progress of 40% increase will be made in improving WASH at schools and at community level. |
| **5.6 HIV** | *No global result* | | SC will continue to mainstream HIV within the MNRH, Child Health, and ASRH sub-themes to increase access to PMTCT and supportive messages for PLHIV. We will aim to achieve:   * >90% of HIV-positive pregnant women (out of those targeted by SC) who receive antiretrovirals (either initiated or continuing) to prevent mother-to-child-transmission of HIV * >90% of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth |
| **5.7 Emergency Medical Services** | All children in humanitarian contexts have equitable access to frontline delivery of trauma care and surgical services and Mental Health Psychosocial Support Services (MHPSS). | | SC will implement effective Emergency Health Responses to prevent excess mortality among <5 children affected by humanitarian emergencies including public health emergencies like disease outbreaks in Sierra Leone reaching at least 25% of affected children within SC emergency response strategy and plan.   * Under 5 MR in humanitarian emergencies <2.0/10,000/day * CFR during disease outbreak below the international benchmark for the specific disease of concern. |
| **5.8 *Combined result across H&N subthemes*** | All children who are deprived have equitable access to priority health and nutrition services | | SC will achieve sustainable increase in the coverage of key child survival interventions across the continuum of care delivered free of cost at the point of delivery. We will strive for attaining universal coverage for selected key interventions in the target districts maintaining minimum service quality standards. .   * At least 25% of the key child survival interventions attain universal coverage with minimal/no equity gap between the poorest and wealthiest wealth quintiles * All the key child survival interventions available free of cost at the point of delivery with no financial barrier for use * >90% of the essential positions for qualified health workers in the supported HF filled and they are well trained for delivery of the key child survival interventions * >90% of the HF meeting minimum service standard based on the set criteria for delivery of priority interventions * >90% of the HF submitting quality HMIS data in timely manner and each DHMT using the data for management of health system and services from the health facilities * >90% of HF without stock out for essential medicines required for key child survival interventions. |
| **5.9 Health systems strengthening** | A robust and functional health system, providing basic health needs for all under five children in Sierra Leone. | | **Maintain:** through advocacy strengthen partnership and collaboration with CSOs, health advocacy INGOs and children to lobby for improvement in the health systems to ensure basic health care services reach every child in Sierra Leone no matter their location, gender or ethnic background. |
| **How we will achieve these results through our Theory of Change** | | | |
| Restoring essential health services with stronger health system and infection prevention and control are put as the health sector priorities for the first nine months of recovery process. The government has acknowledged the crucial roles of international partners, civil society and community organisation in the recovery processes.  The SC health strategy will be aligned to the national MoHS and Ministry of Water Resources (MWR) standard guidelines and strategies. It aims to contribute towards reaching the national health goals by ensuring quality access and availability of basic health services for the most vulnerable women, children and adolescents within our areas of operation through a more resilient, well-resourced and managed functional health system.The lessons from the past strategy period have provided SC with exciting opportunities for the future for contributing to our global breakthrough, *‘no child dies from preventable cause before reaching the fifth birthday’*.  SC need to consolidate and further scale up the achievements for universal coverage, expand our focus to cover the key interventions in uncovered areas like nutrition and WASH and universalise the coverage for all the key interventions across the continuum of care. SC also need strengthen the holistic programme approach for attaining the results at scale for children. In doing so, SC will focus on building the existing health system addressing various building blocks to make them better prepared for all possible public health risks including cholera, another EVD, measles, meningitis and other emerging public health threats in the recovery and post recovery periods.  Through support from the MEAL team, there will be a focus on staff capacity and systems to generate data and evidences for better monitoring and management of the programme and strengthen accountability mechanism. SC will analyse and monitor closely health and nutrition data to improve our understanding and actions about any inequity in service delivery and coverage of key interventions with regard to gender, geography, ethnicity, wealth quintiles, disability and other important variable of vulnerability ensuring none of the vulnerable and marginalised individuals and communities are excluded from their access to health services. SC will work collaboratively with MOHS, MOWR and President’s Office at central, level and with DHMT and District Council and Ward Councils and PHUs and district hospital at district and community levels for strengthening health system and service coverage with active involvement of communities and more accountable processes. SC will inspire stakeholders and CSO partners with our breakthrough and mobilize them towards attaining our breakthrough by 2030. Links between the programme and advocacy work will be strengthened with more evidences from programme to support advocacy for better impact at scale. SC will continue to support CSO partners at national, district and community levels helping to build further their capacity and participation in programme delivery, monitoring and advocacy. SC will expand our work with children and youths in schools and communities in specific issues such as school health, teenage pregnancies, DRR, beyond our engagement with general programme.    **Result 5.1 Maternal, Newborn, and Reproductive Health (MNRH):**  SC intends to increase healthcare access of women and new-borns through strengthening of PHUs to deliver Family Planning (FP) in pre-pregnancy and postpartum period, at least 4 ANC visits including TT protection for neonatal tetanus during pregnancy, skilled assistance for delivery and timely PNC visit for both mother and newborn including, Basic Emergency Obstetric Care (BEmOC) and though rehabilitation, construction and provision of medical equipment and supplies to PHUs. SC will work in conjunction with the MOHS and DHMT to support these results through policy development engagement, standard setting and dissemination to all levels of health facilities.  SC will advocate for and support improvements in BEmOC services such as birth waiting homes with health stakeholders. SC will identify prioritised training and capacity support to health workers working on reproductive health to contribute to better and more resilient health services. SC will build on lessons learnt from the Ebola response to improve key competencies such as infection prevention and control (IPC) in our supported facilities including for other diseases. SC will support the newly established community health pillar in providing access to MNRH services for women and children at community level, and investigate and act on major causes of maternal and infant mortality.  **Result 5.2 Child Health:**  Malaria, diarrhoea and pneumonia remain the main causes of under-five morbidity and mortality. Progress made over the last four years has been disrupted by the Ebola outbreak. SC will work closely with the DHMTs in rebuilding the health system and continue to be supportive of the FHCI delivery. CHW programming on community case management has been recognized nationally as a sustainable way to have impact on health indicators and attain community ownership. Through effective advocacy, SC will continue to push for the incorporation of CHWs into the national payroll system to keep them motivated in providing low cost life-saving interventions to beneficiaries.  SC will support national immunisation campaigns and follow up on routine vaccination to attain 95% coverage of under-five children immunized against five infectious diseases. Our focus will be on building the capacity of PHU staff on quality continuum of care by delivering the full package of the integrated management of neonatal and childhood illness (IMNCI) in line with WHO standards. PHU staff will also receive full training and support on reporting safeguarding concerns regarding the welfare of children that go through their units.  **Result 5.3 Maternal, Infant, and Young Child Nutrition (MIYCN):**  SC will prevent, detect and refer for treatment acute malnutrition, through both direct and indirect interventions including: (0)Detection through surveillance by CHW using MUAC (i) Community-Based Management of Acute Malnutrition (CMAM), (ii) prevention of micronutrient deficiencies; (iii) protection, promotion and support of appropriate Infant and Young Child Feeding (IYCF) practices focusing on ensuring timely, context-appropriate IYCF-E programming that includes emergency preparedness and support to systematic national assessments; (iv) linked interventions in collaboration with food security and livelihoods and health, e.g. nutrition education with cash vouchers to prevent deterioration of nutritional status. SC will focus on the following:   * Women and children have improved access and referral mechanisms to quality nutrition care and support. * Access to quality nutrition care is available for all at the health facility level and in the community. * Improved IYCF practices are used for children <24 months old.   **Result 5.4 Adolescent Sexual and Reproductive Health (ASRH):**  Teenage pregnancy is one of the major contributors to the country’s very high maternal mortality. The President in 2013, launched a campaign and established the NSRTP with a strategic objective of creating an enabling environment that protects children by preventing and responding to teenage pregnancy in Sierra Leone by 2016. Various reports show that the Ebola outbreak has had a major impact on adolescents. SC will continue our partnership with the NSRTP and provide support to the four pillars of intervention:   * Improved Legal and Policy Environment that prevents teenage pregnancy in Sierra Leone by 2015 * Improved access to quality SRH, Protection and Education services for teenagers in Sierra Leone by 2015 * Communities, adolescents and young people empowered to prevent and respond to teenage pregnancies * Effective coordination, monitoring and evaluation mechanism in place   SC is already a leading partner of the NSRTP. Prior to the EVD SC in Sierra Leone had been accepted for a Signature Programme on Reducing Teenage Pregnancy. Our teams will continue to request this and to form a Consortium of NGOs to enable a national and holistic response. Through our practical work on the ground:   * SC will work with DHMT to support PHUs to comply with the standard criteria for adolescent friendly health facility/services breaking the barriers for their access to SRH services. * SC will support the NSRTP on the completion the national Life Skill package and support roll out in our 4 operational areas. * SC will support the NSRTP and work with education team to incorporate life skill curriculum in the formal and informal education programme * SC will work with CRG and CP team to include issues related to teenage pregnancy in the child protection system at national, district and community levels * SC will mobilize CSO and adolescents and youths, to work with them for policy advocacy and programme strategy including monitoring of the activities related to reduction of teenage pregnancy providing useful information and support to NSRTP.   Our existing partnership with community-based, civil society organisations and child led networks provides the platform and opportunity to implement a social mobilisation and mass media campaign activities to effect positive and sustainable change amongst in and out of school adolescents and teenagers. SC will harness the results of the research on Mobile phones to develop materials and information on internet safety and child safeguarding, and use social media as a tool for reaching teenagers.  **Result 5.5 WASH:**  Water and sanitation remain a significant challenge in Sierra Leone where only about 60% of the population has access to improved source of drinking water and only 10% of the population have improved sanitation. Awareness on specific WASH behaviours is high but translating knowledge into action is a major problem impacting on the overall health goals. SC have identified these challenges and will scale up on WASH delivery at the three levels of operation – PHU, school and community – and look at a longer-term possibility of establishing a standalone WASH program with strategic coordination across sectors.  Through the Freetown WASH Consortium, SC will maintain strong partnership with the MoHS and MWR to expand WASH coverage to an additional 20% of beneficiaries within our supported districts. SC will focus our intervention on infrastructural development, policy review and promoting behaviour change approaches on open defecation, hand washing, water safety and solid waste management. Due to the complex nature surrounding solid waste management, focus will be placed on changing behaviours around this and not infrastructural system development.  Contractors and suppliers will undergo rigorous child safeguarding assessment during recruitment and hiring followed by monitoring, training and awareness raising. Rigorous risk assessments and monitoring of water points to ensure our programming outputs minimise harm to beneficiaries and in particular children.  **Result 5.6 HIV:**  HIV programming will be maintained through continued mainstreaming across maternal, newborn, child and adolescent health delivery. HIV prevalence in the country remained at 1.5% since 2008. The prevalence rate for men was 1.2% while that for women was 1.7%. HIV Prevalence among females peaked at 30 to 34 years (2.4%) while their male counterparts peaked at 45 to 49 years (2.1%). There are no consistent patterns of HIV prevalence by age among either women or men; rather the levels fluctuate by age group. Once again, the Ebola outbreak has affected service delivery and increased the risk of death from AIDS and related infections, through compromised access and trust in health facilities.  SC will complement the efforts made by the National AIDS secretariat (NAS) to maintain and reduce new HIV Infections, discrimination against people living with HIV, and AIDS related deaths, focusing on using social mobilisation and awareness raising campaign about HIV/AIDS.  **Result 5.7 Emergency Medical Services:**  Following the Ebola outbreak and response in Sierra Leone, SC has decided to test and invest on Emergency Health Provision in order to better respond to future health emergencies and not limited to Ebola.  The population in need will have improved access to emergency and basic care in SC’s areas of operation. In 2015, a humanitarian and medical assessment need to be conducted in order to:   * Elaborate a context analysis and identify emergency scenarios where lives of population in need are threatened * Design, test and implement an Emergency Response Operational Model supported by:  1. Standby teams to be quickly deployed 2. Prepositioned funding and supplies, including emergency kits 3. Partnership with key actors (MOH, UN Agencies, academia, NGOs, partners) for strategic positioning and effective response 4. Implementation of protocols and SOPs, to ensure consistency, effectiveness and quality in the response   **Result 5.8: Across H&N sub-themes:**  **CHW program –** This component of service delivery impacts across all sub-themes. SC will ensure that each theme is sufficiently strengthened to meet set indicators.  **Ebola Response** – Through collective efforts, SC will support communities and national institutions to eradicate cases of Ebola in Sierra Leone whilst strengthening and building resilient systems and services to support the health of children in these countries. Our focus will include:   * Maintain and strengthen the community mobilisation, referral and contact tracing feedback loop * Enhance the IPC ‘mind-set’ throughout PHUs * Develop a general IPC focused behaviour and commitment among HCWs and beneficiaries * Support decontamination of ‘holding zones’ * Support strong maintenance of WASH in hospitals and PHUs * Effective re-location of hygienists and other skilled workers (response scale-down) * Overall, generate confidence in the health system (support DHMT) * Child safeguarding and protection principles have to be integral to planning and design of emergency medical response, ensuring response is safe and supported with rigorous monitoring.   **Result 5.9:Health Systems strengthening:**  SC advocacy will build the skills of the local CSOs and other partners for monitoring of the development and implementation processes of the *SL Ebola Recovery & Resilience Strategy*.  Key areas of focus for advocacy:   * Basic care services are available in all PHUs – IPC, drug, MNCH services * Skilled and motivated health care givers are evenly distributed nationally ensuring there is adequate service provision at all levels of care for all pregnant women and children under five. * Adequate resources are allocated and disbursed according to national and district health plans. * A free health care service is strengthened, maintained and sustained beyond 2015, reducing preventable child deaths. * Functional logistics, infrastructure and basic essential services are strengthened. * Effective community / PHU relationship building through strengthened Health Management Committees (HMC’s). | | | |
| **Exit or scale down strategies** (Only for programmatic work that you will exit or scale down over the next strategy period) | | Over the next 3 years, the DHMT will be supported to bring their iCCM/MNH program on budget and plan. SC will continue to provide support to the DHMT in ensuring that key gaps are identified and addressed accordingly. | |
| **Thematic capability needs**  **(includes gender and resilience)** | | SC will invest on improving mainstreaming of gender and DRR/resilience in the programming. SC will improve gender disaggregation in the coverage data for key interventions and address if there is any unwanted gender disparities in access and coverage. SC will work with WHO, MOHS and DHMT for strengthening communicable disease surveillance and early warning and response system at facility and community levels.  Urban slum in Freetown – SC will continue our DRR work for prevention and preparedness for flood and disease outbreaks with communities, with greater involvement of children and other stakeholders specially Office of National Security for development and implementation of Annual National and Community Preparedness Plan. SC will learn more about Child-led DRR from other countries and expand holistic DRR work to Kailahun, Pujehun and Western Rural districts based on the disaster risk assessment results working closely with other stakeholders at district and community levels. | |

1. **Non-Thematic Strategy 2016 – 2018**

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| **Global priorities** | **Country Strategic Objectives** | **Capabilities needed** |
| **Strong operational capability in toughest contexts (Operations Platform Strengthening)** | Build a strong and scalable operational platform, with an emphasis on delivery.  Encourage increased investment by SC in front funding critical positions within the operational platform.  **Safety & Security:** Work with stakeholders to conduct risk analysis workshops to identify and prioritize risks by locality.  Develop a multi-year Planning Training and Evaluation (PTE) cycle based on risk priorities. | Support through implementation and funding of the CO Management Improvement Plan.  Increase in unrestricted funding.  **Improve logistics efficiency**  In order to create efficiency for the country operations the logistics system setup in terms of fleet, communications and human resources requires investment. Sufficient financial resources are required to bring the logistics infrastructure up to a standard and fully operational level. This should be accompanied by a clearly established capacity building plan for national staff.  The Real Time Review shows that investment normally seen in Country Offices following an Emergency of this scale has been diverted to the site of the Ebola treatment centre, support from Members to enable the CO to provide the level of response for recovery and reach our ambition for children is required over the coming months.  **Safety & Security:** Increase in unrestricted funding and continue to include appropriate allocation in all budgets, for safety and security, including staffing. |
| **Strong humanitarian capability** | Develop a credible in-country humanitarian response capacity  Develop a credible emergency preparedness capacity, including supplier based stocks of Non Food Items  Enable national staff to gain international experience in emergency response through short deployments.  **Safety & Security:**  Communication process to roll out strategic safety and security objectives to SC SL. | Staff who have a robust knowledge on Sphere and equivalent standards.  Support from SC on undertaking emergency preparedness planning.  SMT to be aware of categorised emergencies and able to promote staff for deployment. |
| **Knowledge culture, capacity & systems** | Ensure that the Theory of Change and key SC initiatives are disseminated and understood by all SC staff and partners in SL.  Staff throughout SC in SL are able to access and make use of shared information through an online knowledge management system.  **Safety & Security:**  Implement the PTE cycle over the course of three years while instituting an improvement planning process that includes lessons learned and corrective actions to measure progress and improve learning outcomes.  Build on staff training and empowerment to effectively manage the day-to-day operational and tactical needs of the organization. | Support from Advocacy and Communications.  Development of a CO knowledge management system appropriate to context and growth piloting the use of the Onenet system with SCI.  To contribute to improved coordination and information exchange within the country programme, the region and at international level  To ensure public access to the project materials, documents and other relevant information  **Safety & Security:**  Technical training capability to foster capacity and skill building throughout SL SC.  Capacity to manage day-to-day tactics and small scale incident management. |
| **Strong advocacy and campaigning** | 60% of all Children in S/L realise their right to health, education and Protection through functional system and policy program implementation.  Advocate through CSOs and communities for an enabling environment for Children to Thrive in Health, Education and Protection.  Ensure CO aligns to global SC advocacy campaigns aimed at ensuring government delivers on its global commitments and domesticates them nationally. | Integration of advocacy and improved collaboration across all field bases and technical team.  Building on our strong Everyone Campaign knowledge and experience, create an advocacy team that supports all thematic areas and magnifies to the voice of children.  Ensure adequate advocacy budget by the implementation of the SCI essential standard of a minimum 5% funding of country budget for advocacy and campaigns.  Capacity building of all staff on advocacy.  Enhanced quality of documentation, and collation of up to date and relevant case studies, stories and quality images to use for improving our country profile. |
| **Global brand** | To build awareness about the activities and achievements of Save the Children among targeted audiences within and outside the country of operation.  To improve knowledge of Save the Children among targeted groups  To develop and implement a country specific branding/communications strategy | Introduce and sustain a budget line strictly for Information and Communications that is charged with the management of global branding  Establish a network of information/communications team across all field offices to remotely manage activities  Build capacity of all country staff on implementing and managing global brand as an essential part of overall programming |
| **Increased unrestricted income and a diversified funding base** | Active engagement (people and money) is provided to SC in SL from increased numbers of member agencies. | Members’ engagement, including through organisation of a Members’ Forum meeting in SL. |
| **Efficiency & effectiveness** | Quality programming reaches an increased number of children in an appropriate and cost-effective manner. | Investment of the right resources at the right time – punctuality of appropriate level of investment. |
| **Strong & diverse leadership** | Gender balance, diverse cultural backgrounds, making SC an attractive organisation where staff are committed for long term engagement.  Country Office Gender Equity Policy is revised annually. | Career path is apparent for staff within the Country Programme with opportunity for professional development.  Open-ended contract for SMT members and opportunity for them to move within the Region. |
| **Global culture** | Organisational shift to a position where people are encouraged and expected to deploy to acute humanitarian emergencies.  Innovative programmes designed, tested and scaled up based on new thinking. | Enhanced induction process; standard questions at interview.  Investment in the number and scope of pilot projects and inter-country learning exchanges. |

## **Additional Country Level Strategic Objectives**

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| **Country level strategic objectives** | **Capabilities needed** |
| Work with stakeholders to set/finalize protocol development and training priorities, with a particular focus on humanitarian response and emergency preparedness skill building within Safety and Security. | Increase unrestricted funding.  Participatory planning process to set priorities. |
| Build on staff training and empowerment to effectively manage day-to-day operational and tactical needs of the organization. | Reporting capacity and mechanism to facilitate capture and dissemination of situational awareness at all levels.  Capacity to manage day-to-day tactics and small scale incidents.  Build out CO large-scale humanitarian response structure and corresponding staff skill development.  Technical training capability to foster capacity and skill building throughout SL SC. |
| Build and mainstream child safeguarding procedures and practices in the strategy delivery:   * All staff are trained annually and given regular thematic refresher sessions when appropriate. * Child Safeguarding is integrated at proposal level and staff time is accounted for in budgets with actionable activities and measurable indicators listed in budgets. * Child participation and consultation are incorporated into programming and community response mechanisms are fully integrated with safe procedures and risk assessments common practice for all staff. * Strategic partners safeguarding capacity is built to allow for each organisation to develop policies and reporting systems. National referral networks should be in place to allow for a coordinated response and national focus for gap identification and capacity building. | The SMT is responsible for ensuring CS is fully resourced and implemented and that progress is regularly monitored and evaluated. Thematic staff have strong knowledge on mainstreaming activities.  Job Descriptions for all staff involve child safeguarding practices. SMT to have higher level requirements built into their job descriptions with Child Safeguarding accountability and performance management measured against child safeguarding quality framework. |
| Ensure a strong focus on partnerships in all programs and build high-quality relationships with our partners that contribute to the strengthening of local capacities and structures.   * Empowering, mutually beneficial partnerships are established and maintained with 6 core partners through adequate processes, documentation and resources for both partnership management and partner capacity strengthening. * Minimum standard partnership processes and essential capacity strengthening activities are guaranteed for all other partners. * A specific partnership strategy and approach for working with government partners is developed and implemented.   All SC staff is trained in partnership management. | Adequate human and financial resources for partnership work and partner capacity strengthening through integration in proposals.  Coordination and strategic alignment between programs to ensure the appropriate selection of core and other partners and the focus of their capacity strengthening.  Strong partnership management skills for all staff. |

1. **Structural Implications**

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| **Structural implications** | The Sierra Leone structure needs to be scalable over the next 3 year period. Given the extent of the rebuilding and recovery process coupled with Save the Children’s long term commitment to the children of Sierra Leone, it is likely that the country programme will be requested expand our national reach and strengthen our district focus. Basic service provision in Sierra Leone before the Ebola crisis was weak and there is little to suggest that there will be a substantive new investment by the government to rebuild and strengthen. As a result, both the strengthening and delivery of basic services will fall to and be requested of the international community.  Save the Children International needs to invest in terms of finance and people to build a Country Team structure that will be responsive to the challenges that lie ahead. The emphasis should lie on people and there is a significant opportunity for member agencies to identify and deploy staff from their respective headquarters to be part of the structural strengthening and capacity building process. |

1. **Annex1: Acronyms**

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| BAN | Budget Advocacy Network |
| CERA | Child led Early Recovery Assessment |
| CFN | Children’s Forum Network |
| CHW | Community Health Worker |
| CO | Country Office |
| CoC | Code of Conduct |
| CP | Child Protection |
| CP-IMS | Child Protection Information Management System |
| CRC | Child Rights Coalition |
| CRG | Child Rights Governance |
| CS | Child Safeguarding |
| CWC | Child Welfare Committee |
| DHMT | District Health Management Team |
| DRR | Disaster Risk Reduction |
| ECCD | Early Childhood Care and Development |
| EiE | Education in Emergencies |
| EVD | Ebola Virus Disease |
| FGM | Female Genital Mutilation |
| FSL | Food Security Livelihoods |
| GBV | Gender Based Violence |
| HRH | Human Resource for Health |
| IPC | Infection Prevention and Control |
| IYCF | Infant and Young Child Feeding |
| MEST | Ministry of Education, Science and Technology |
| MOHS | Ministry of Health and Sanitation |
| MSWGCA | Ministry of Social Welfare, Gender and Childrens Affairs |
| MoWR | Ministry of Water Resources |
| NCC | National Commission for Children |
| NSRTP | National Steering Committee for the Reduction of Teenage Pregnancy |
| QLE | Quality Learning Environments |
| SAT | School Advocacy Team |
| SC | Save the Children |
| SL | Sierra Leone |
| SMC | School Management Committee |

1. Sierra Leone Post-Ebola Recovery Strategy March 2015 [↑](#footnote-ref-1)
2. 2012-13 Annual School Census, MEST [↑](#footnote-ref-2)
3. Education Sector Plan, 2013-18, MEST [↑](#footnote-ref-3)
4. UNICEF EGRA Report, 2014 [↑](#footnote-ref-4)
5. Education Country Status report 2013, MEST [↑](#footnote-ref-5)
6. ACAPS: Ebola Outbreak – Monthly Overview February [↑](#footnote-ref-6)
7. ACAPS Sierra Leone: Country Profile, December 2014 [↑](#footnote-ref-7)
8. “Crisis” defined as IPC Phase 3 – “would be in need of immediate assistance to protect livelihoods and prevent malnutrition”. [↑](#footnote-ref-8)
9. “Stressed” defined as IPC Phase 2 – “at risk of further deterioration, and strengthening their capacity for resilience is essential for preventing worsening outcomes” [↑](#footnote-ref-9)
10. Wording of global sub-themes may have minor changes; draft subject to approval at 2015 Members Meeting [↑](#footnote-ref-10)